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# GENDER BACKGROUND REPORT

## VOLUME II: GENDER-FOCUSED RECOMMENDATIONS AND ACTION PLAN FOR USAID/BOLIVIA

**May 2012**

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## ACRONYMS

<b>ACOBOL</b>	Association of Bolivian Women Mayors and Council Members ( <i>Asociación de Alcaldesas y Concejalas de Bolivia</i> )
<b>ACS</b>	Community Health Agent ( <i>Agente Comunitario de Salud</i> )
<b>ALS</b>	Local Health Authority ( <i>Autoridad Local de Salud</i> )
<b>AORs</b>	Agreement Officer's Representatives
<b>APROSAR</b>	<i>Asociación de Promotores de Salud de Área Rural</i>
<b>ARCo</b>	Rural Competitiveness Activity ( <i>Actividad Rural Competitiva</i> )
<b>BDP</b>	Productive Development Bank ( <i>Banco de Desarrollo Productivo</i> )
<b>BOLFOR</b>	Bolivian Forestry Project
<b>BPC</b>	Bolivian Productivity and Competitiveness Project
<b>BS</b>	Bartolina Sisa (see CNMCIOB below)
<b>CABI</b>	Guarani Captaincy of Upper and Lower Izozog (Capitanía de Alto y Bajo Izozog)
<b>CAI</b>	[Health] Information Analysis Committee (Comité de Análisis de Información)
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CEPAL</b>	Comisión Económica para América Latina y el Caribe (Economic Commission of Latin America and the Caribbean)
<b>CDCS</b>	Country Development Cooperation Strategy
<b>CIDA</b>	Canadian International Development Agency
<b>CIDEM</b>	Center for Information and Women's Development ( <i>Centro de Información y Desarrollo de la Mujer</i> )
<b>CIDOB</b>	Confederation of Indigenous Peoples of Bolivia ( <i>Confederación de Pueblos Indígenas de Bolivia</i> )
<b>CIES</b>	Center for Investigation, Education, and Services
<b>CIMTA</b>	Consejo Indígena de las Mujeres Tacana (Council of Indigenous Takana Women)
<b>CISTAC</b>	Social and Appropriate Technology Research and Training Center ( <i>Centro de Investigación Social, Tecnología Apropriada, y Capacitación</i> )
<b>CLS</b>	Local Health Committees
<b>CMS</b>	SAFCI Municipal Health Council ( <i>Consejo Municipal de Salud</i> )
<b>CNMCIOB</b>	National Confederation of Indigenous Original Peasant Women Bartolina Sisa ( <i>Confederación Nacional de Mujeres Campesinas Indígenas Originarias de Bolivia Bartolina Sisa</i> )
<b>CNS</b>	SAFCI National Health Council ( <i>Consejo Nacional de Salud</i> )
<b>CONAMAQ</b>	National Council of Ayllus and Indigenous Communities of Qullasuyu ( <i>Consejo Nacional de Ayllus y Markas de Qullasuyu</i> )
<b>COP</b>	Conference of the Parties of the United Nations Framework Convention on Climate Change
<b>CPE</b>	Political Constitution of the Plurinational State of Bolivia (Constitución Política del Estado) 2009
<b>CORs</b>	Contracting Officer Representatives

<b>CRTM</b>	Regional Council of Tsimanes-Mosetenes
<b>CSUTCB</b>	Unified Confederation of Workers and Peasant Unions ( <i>Confederación Sindical Única de Trabajadores Campesinos de Bolivia</i> )
<b>DDCP3</b>	Democratic Development and Citizen Participation Project
<b>DHS (ENDSA)</b>	Demographic and Health Survey ( <i>Encuesta Nacional de Demografía y Salud</i> )
<b>DILOS</b>	Local Health Directorate ( <i>Directorio Local de Salud</i> )
<b>DO</b>	Development Objective
<b>FP</b>	Family Planning
<b>FtF</b>	Feed the Future
<b>GA</b>	Gender Analysis
<b>GBV</b>	Gender-based Violence
<b>GHI</b>	Global Health Initiative
<b>GPSB</b>	Government of the Plurinational State of Bolivia ( <i>Gobierno del Estado Plurinacional de Bolivia</i> )
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>ICAA</b>	Initiative for Conservation in the Andean Amazon
<b>IFFI</b>	Feminist Integrated Development Institute ( <i>Instituto de Formación Femenina Integral</i> )
<b>IFS (ISA)</b>	Integrated Food Security Project ( <i>Proyecto Integral de Seguridad Alimentaria</i> )
<b>INE</b>	National Statistics Institute ( <i>Instituto Nacional de Estadística</i> )
<b>INRA</b>	National Institute of the Agrarian Reform ( <i>Instituto Nacional de la Reforma Agraria</i> )
<b>IR</b>	Intermediate Result
<b>LAC</b>	Latin America and the Caribbean Region
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender community
<b>LSMS (MECOVI)</b>	Living Standards Measurement Study ( <i>Medición de las Condiciones de Vida en América Latina y el Caribe</i> )
<b>MARPS</b>	Most at Risk Populations
<b>MCHIP</b>	Maternal & Child Health Integrated Program
<b>MDGs (ODM)</b>	Millennium Development Goals (Objetivos de Desarrollo del Milenio)
<b>MECOVI</b>	<i>Medición de las Condiciones de Vida en América Latina y el Caribe</i>
<b>MMR</b>	Maternal Mortality Ratio
<b>MoH</b>	Ministry of Health and Sports ( <i>Ministerio de Salud y Deportes</i> )
<b>MSM</b>	Men who have sex with men
<b>NRM</b>	Natural Resource Management
<b>PAHO (OPS)</b>	Pan American Health Organization ( <i>Organización Panamericana de Salud</i> )
<b>PDM</b>	Municipal Development Plan (Plan de Desarrollo Municipal)
<b>POA</b>	Annual Operational Plan ( <i>Plan Operacional Anual</i> )
<b>PROCOSI</b>	Coordinated Integrated Health Program ( <i>Programa de Coordinación en Salud Integral</i> )

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<b>PROSIN</b>	<i>Proyecto de Salud Integral</i>
<b>SAFCI</b>	Family and Community Intercultural Health ( <i>Salud Familiar y Comunitaria Intercultural</i> )
<b>SDE</b>	USAID/Bolivia Office of Sustainable Development and the Environment
<b>SIDA</b>	Swedish International Development Agency
<b>SLIMs</b>	Municipal Integrated Legal Services ( <i>Servicios Legales Integrales del Municipio</i> )
<b>SNIS</b>	National Health Information System ( <i>Sistema Nacional de Información de Salud</i> )
<b>SpD</b>	Partners for Development/PROSALUD ( <i>Socios Para el Desarrollo</i> )
<b>SRH</b>	Sexual and Reproductive Health
<b>STIs</b>	Sexually-transmitted diseases
<b>TA</b>	Technical Assistance
<b>TCOs</b>	Original Communal Territories
<b>UDAPE</b>	Social and Economic Policy Analysis Unit ( <i>Unidad de Análisis de Políticas Sociales y Económicas</i> )
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Fund for Population Action
<b>UNICEF</b>	United Nations Children's Fund
<b>UNWOMEN</b>	United Nations Entity for Gender Equality and Women's Empowerment (includes former UN units of UNIFEM, OSAGI, DAW, and INSTRAW)
<b>USAID</b>	United States Agency for International Development
<b>VIO</b>	Vice Ministry of Equal Opportunities/Ministry of Justice ( <i>Vice Ministerio de Igualdad de Oportunidades/Ministerio de Justicia</i> )

## EXECUTIVE SUMMARY

In 2013 USAID/Bolivia will develop a new Country Development Cooperation Strategy (CDCS) in support of Bolivia's National Development Plan. The two prospective development objectives (DOs) in health and environment are likely to focus on reducing the social and economic exclusion of historically disadvantaged Bolivian populations. Activities under the new strategy are expected to focus predominantly on Bolivia's peri-urban and rural populations. As part of its background work for the development of its new CDCS, USAID Bolivia requested support from the Bureau of Economic Growth, Education, and the Environment, Office of Gender Equality and Women's Empowerment for a two-volume background report that would provide the foundations for a gender assessment.

The two-volume background report includes a gender analysis that summarizes the gender disparities in key programmatic sectors in which USAID has been working, examines why they exist, and suggests some possible approaches to reduce inequalities. The gender analysis presented in Volume I is based on a thorough literature review, and discussions and interviews with individuals representing a wide range of governmental, civil society, and foreign assistance groups, as well as USAID Bolivia's current implementing partners. The primary objective was to identify gender-based inequalities and gaps within and across Bolivia's diverse cultures and ecologies that adversely restrict women's and men's (girls' and boys') opportunities for economic and social development.

This report, Volume II is a draft gender action plan, consisting of an application of the gender analysis findings to strategic planning for the health and environment sectors. It aligns the findings of the gender analysis with the strategic priorities of the Government of the Plurinational State of Bolivia (GPSB) as they relate to USAID Bolivia's current (health) and prospective (environment) DOs and Intermediate Results (IRs). The strategic gender priorities as they relate to the Environment DO and IRs are projections, based on the current strategy and programming, as the new DO and IRs will not be developed until next year. The gender action plan identifies opportunities for making USAID's health and environment program results more equitable and suggests indicators for measuring progress and impact. Recommendations for the health and environment are part of Volume II and also incorporate key cross-cutting findings and recommendations from the sustainable economic development and democracy and governance analysis contained in Volume I.

During the last 20 years, Bolivia has demonstrated a steady political commitment to reducing gender inequalities. Bolivia committed to the objectives of the World Conference on Women in Beijing in 1995 and signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1989. The initial legislation and policies on gender treated women as a vulnerable and excluded target group rather than as citizens and workers. During the last decade, there has been an important effort to support women's political participation. A number of laws and policies in different sectors aimed to ensure that women and men have equal opportunities to participate fully in all areas of Bolivian society. The new Constitution (CPE), adopted in 2009, integrates language on gender equality and rights throughout the document. Implementation of the progressive policy framework and advances on gender equality has been uneven. While there has been progress in closing the gaps in education and employment, other

key indicators demonstrate continuing or only slight changes. Indigenous women in all three geographic regions are at the greatest disadvantage on key indicators in comparison with men and with non-indigenous women. Sex differences in education, employment, and income generation are wider among the indigenous population than in the non-indigenous population, which indicates that exclusion is a greater factor in producing gender inequalities than discrimination for indigenous women.

### **Key Gender Inequalities, Gaps, and Promising Practices in Sustainable Economic Development**

Inequality in levels of land tenure and other asset ownership persist and limit women's productive and commercial opportunities in rural and urban areas.

Two important gender-based constraints hinder improving food security of Bolivian rural households. The first is inequality in property rights and assets held by men and women. The lack of entitlement to land restricts access to credit for critical agricultural inputs. The second constraint is restrictions on women's membership in producer associations. This is due to rules governing community organizations that confer to men the right to represent households in community and producer associations

There are three kinds of gender gaps that impede economic competitiveness and earning potential of women-owned business: 1) the hidden costs of the care economy, 2) persistent salary gaps, and 3) the division of labor. In Bolivia, women's insertion into the labor market is conditioned (even restricted) by the burden of their responsibilities for the care of children, and other elderly and sick household members, often leaving them less time than men to allocate to remunerated economic activity. Salary differences between men and women are still significant in Bolivia, although lower in sectors where women are the majority of workers. The gaps in public and private sectors for professional employment suggest that earning differences exist independent of levels of education. Wage gaps between indigenous women and men are even greater than wage gaps between non-indigenous women and men.

Women's businesses are less likely to be formalized. There is evidence of productivity gaps among companies based on their size. Women business owners also encounter gender-based constraints that affect profitability, such as access to credit and other assets. Women's business owners also encounter time conflicts between their businesses, child care, and other domestic chores.

Given the current uncertainty of USG funding for Latin American and Caribbean (LAC) countries, it is likely that the new CDCS' focus will need to be reduced to address a narrower set of poverty reduction measures. Within the Sustainable Development and Environment (SDE) portfolio, it is expected that the number of implementing mechanisms will be reduced from eight to three, namely: 1) Integrated Food Security Project (IFS), 2) Bolivian Productivity and Competitiveness Project (BPC), and 3) Integrated Development and Conservation in the Bolivian Amazon Project.

Based on the analysis of the existing portfolio, there are promising practices that can redress gender gaps and disparities. As the Mission will now focus on conservation and climate change



activities, below are a few of the lessons learned from sustainable economic activities that are applicable to the Sustainable Landscapes portfolio.

- The promotion of women's full participation in productive associations is necessary to ensure equitable access to economic opportunities. Based on the experience of the Agricultural Rural Competitiveness Project (ARCo), producer associations that altered their membership rules to no longer require a land title as a condition of membership, significantly increased women's participation and full membership.
- Introducing joint shares for married partners changes asset ownership in the tourism sector and other commercial enterprises. The Amazonas Project support for the extension of joint shares to married couples in Takana run ecotourism enterprises increased women's active participation in and benefits from the businesses.
- Adjusting the location, scheduling, and length of workshops increases women's participation and capacity building. By responding to gender-based constraints with altered workshop hours and daycare, the Productivity and Competitiveness Project was able to increase women business owners' participation in workshops designed to make their businesses more competitive.

### **Key Gender Inequalities, Gaps, and Promising Practices in Sustainable Landscapes**

Bolivia is composed of very diverse ecologies, many of which are highly fragile and subject to both natural and human-made disasters. Rural and urban populations in Bolivia are both periodically and permanently adversely affected by climate change and human actions that put biodiverse areas of the country at risk.

Many of the gender-based constraints faced by women in relation to their access to and control over natural resources and their capacity to implement conservation measures, are similar to those faced by women in agriculture. These include lack of secure land tenure, time and mobility constraints, and cultural norms that confer upon male heads of households the authority to speak and vote on behalf of the entire households in community and municipal meetings.

Women and men interact with the natural environment in different ways and their access to and control over resources is conditioned by gender-based norms, which vary across different ethnic groups. The effects of global warming also have differential impacts on men and women, which affect their role as users of natural resources and producers.

Despite a strong policy framework supporting equal rights of men and women, in many Bolivian ethnic groups women do not have equal rights to resources or control over their allocation and disposal. Moreover, men are often in a stronger position to advocate for the primacy of their rights as they occupy the majority of indigenous leadership posts, speak Spanish with greater facility, and have achieved more education than women. As men are often the interlocutors with people from outside the communities, such as government officials and other development agents, in many parts of the country women have little influence over the design and delivery of development programs.

Although, the specific priorities in the GPSB's new strategy for the environment have not yet been established, it is likely that USAID will continue to support activities analogous to current programs that aim to reduce threats to biodiversity in the Bolivian Amazon and around Lake

Titicaca in the Andean highlands. USAID's current priorities are to address the erosion of the natural resource base that is undermining biodiversity and rural Bolivians' food security.

There are several promising practices in conservation and climate change developed under previous USAID/Bolivia programs:

- **Community Analysis and Tools for Gender-responsive Monitoring and Evaluation.** The Bolfor Project implemented a gender plan of action, an internal gender policy to address institutional constraints, a monitoring and evaluation process to assess the impact of broadened participation and attention to equity in the distribution of benefits, and adaptation of regional strategies to account for variation in gender relations across different types of settlements and ethnic groups. This led to both increased engagement and decision making of women in environmental planning and surveillance.
- **Equitable Participation and Women's Active Participation.** Lessons learned from the Bolfor and IFS projects suggest effective ways to promote the equitable participation of women, such as addressing women's time constraints. By making adjustments to the timing and location of meetings, or investing in time saving technologies and strategies, projects can increase women's benefits from sustainable enterprises, as well as enable them to fully participate in and exercise leadership in producer, resource management, and water users associations. One example is the vicuña conservation groups supported by the Integrated Food Security Project (IFS), which are composed of both men and women who plan, implement, and decide jointly. Women play leadership roles in the groups and share equally in making decisions about the use of the funds generated from shearing. One factor that has contributed to equitable participation is that several of the veterinarians and agronomists involved in the project are women.

### **Key Gender Inequalities, Gaps, and Promising Practices in Health**

Gender inequalities contribute to poor sexual and reproductive health outcomes. Most rural women lack full agency and decision-making abilities over their sexuality and reproductive health. One of the greatest barriers to gender equality in Bolivia is the lack of equitable access to modern contraceptive methods. The primary barriers to access are social, cultural, and gender-based.

The maternal mortality ratio (MMR) is, arguably, a leading indicator of gender equality in a given country. In Bolivia, although there are varying measurements for MMR, the lowest ratio during the last ten years is 229 per 100,000 live births. MMR is influenced by social and economic determinants. Seventy percent of the women who died had less than six years of education. Indigenous women are the most vulnerable to dying in childbirth, especially those who live in rural areas.

The quality of care, particularly in rural areas, is one of the reasons that so few women decide to give birth in healthcare facilities. It is well documented that women and their families often experience poor and abusive treatment by healthcare providers. Other factors include absence of personnel in the health facilities and challenging distances and lack of transport.

The use of modern family planning (FP) methods is extremely low in comparison with other countries in the LAC region. Women encounter numerous gender-based barriers in trying to realize their desired family size. In rural areas, women have twice the number of children that they say they desire<sup>1</sup>, reflecting interpretations of masculinity, among other things, that associates use of modern FP methods with sexual promiscuity and marital infidelity. Based on inadequate information or misinformation, men also frequently oppose their partners' use of FP for fear of adverse health consequences. Women cite men's opposition to FP and fears of health dangers as the principal reasons they do not seek out FP.

**Discrimination against members of the lesbian, gay, bisexual and transgender (LGBT) communities and commercial sex workers and gender power imbalances discourage open discussion about HIV/AIDS and safe sex practices.** HIV/AIDS in Bolivia, for the most part, affects Most at Risk Populations (MARPs), such as men who have sex with men (MSM) and commercial sex workers. The vast majority of Bolivians perceive HIV as an affliction of others, which makes all women, outside of MARP populations, potentially vulnerable to transmission as well.

Women's lack of power to decide when to have sex, with whom, and with what protection constrains their capacity to negotiate the use of condoms or refuse sexual relations with both short-term and long-term partners whom they may view as putting them at risk of transmission of STIs. Bolivia has one of the highest incidences of STIs in the region.

**Gender-Based Violence (GBV) affects Bolivians of all sexes, although women and girls are at greater risk.** The DHS estimates that more than 40% of women in unions or ever in unions have experienced physical, sexual, or psychological violence since the age of 15. Accurate data on actual incidence does not exist but indications are that it is likely higher than recorded by the DHS. Despite strong laws against domestic and sexual violence, there is little effective detection through the health and social welfare sectors and even less enforcement on the part of the security and justice sectors. Few health care providers are aware of their legal obligation to report incidents of violence that come to their attention when women seek medical care. Many prefer not to get involved for fear of repercussions from enraged male partners or getting bogged down in the red tape of the justice system.

The USAID Health Strategy 2012-2017 incorporates the equity and rights framework to respond to Bolivia's new paradigm of strengthening women's participation in decision making levels. The health portfolio to be implemented under the 2012-2017 strategy offers the opportunity to reassign activities to address gender gaps and to develop, disseminate, and scale-up gender promising practices. For example:

- Establishing an institutional accreditation process for certifying that member health services provide gender equitable quality of care, based on PROCOSI's (Coordinated Integrated Health Program) experience with an institutional accreditation process for certifying that health services of its members provide gender equitable quality care.
- Engaging men and women in communities in a gender-equitable process of identifying and solving critical health problems, through the adaptation and application of the *WARMI*

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<sup>1</sup> According to the 2008 DHS (p.128), rural women on average desire 2.4 children and have 4.9. For the country as a whole, actual fertility is 3.5 children, versus the desired 2.0, i.e. nearly double.

Methodology developed by PROCOSI and its variations developed by the Center for Investigation, Education, and Services (CIES), PROSIN (*Programa de Salud Integral*), Manuela Ramos in Peru, and Partners for Development (SpD).

- Building community awareness and action to prevent and reduce GBV through adaptation and replication of the *Avances de Paz* methodology that was designed and implemented by Cultural Practice, LLC, and subsequently adapted and adopted by PCI, APROSAR (*Asociación de Promotores de Salud de Área Rural*), and CIES, among others.<sup>2</sup>
- Improving access to and quality of sexual and reproductive health services for adolescents; and participation in sexual and reproductive health and nutrition education, based on successful programs developed by CIES and Save the Children, especially in large peri-urban areas of El Alto and Plan 3000 in Santa Cruz.

In addition, experiences supported by USAID/Global Health (Men as Partners) and by other bilateral and multilateral partners, such as the United Nations Fund for Population Action's (UNFPA) support to the Social and Appropriate Technology Research and Training Center (CISTAC) and the Association of Bolivian Women Mayors and Council Members (ACOBOL), offer opportunities to work with men on changing the dimensions of masculinities that adversely affect women's, men's, and children's health.

### **Key Gender Inequalities, Gaps, and Promising Practices in Democracy and Governance**

Women's (including indigenous women's) participation in politics relative to men's has increased notably in the last ten years, particularly since 2007. The proportion of women in the Senate has increased from 17% in 2002 to 44% in 2012. Gains in the lower house of Parliament have been more modest, from 17% to 23%. In 2011, President Evo Morales decided to appoint women to half of all Ministerial posts. Between 2004 and 2010 women's election to municipal councils more than doubled from 19% to 43%. Women have been less successful in gaining seats as mayors, governors, and among departmental assemblies.

**Despite notable changes in the balance of men's and women's political participation and leadership at the highest reaches of government, women still lag behind men in numbers and in effective exercise of power.** While the increases in women's participation in all three branches of government represent important advances they also mask continuing institutionalized discrimination as well as the barriers that women face in running for and getting elected to office, and in carrying out their responsibilities of office once elected. The series of recent laws, along with the CPE, have clearly had an impact on women's greater political participation by setting quantitative (now set at 50%) and procedural (alternating placement with men on party lists) benchmarks for equitable participation.<sup>3</sup> The lower house of Parliament lags behind the Senate because the rules for gender equality do not apply to the 68 out of 130 uninominal seats.

There are indications from some studies that women elected to office find it difficult to advocate for and pass legislation that is responsive to women's interests that differ from men's priorities.

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<sup>2</sup> This activity was supported by USAID/GH through the Health Policy IQC, Task Order 1 under a contract to Constella-Futures.

<sup>3</sup> In recent elections, as the 50 percent participation applies to both titular and alternate positions, women are still a minority of titular judges and council members while being a majority of alternates.

Most of the women council members view their leadership role as supporting investments that respond to the needs and interests of the groups that supported their candidacy.

**Another important challenge is that few women elected to office are successful in getting re-elected.** This limits women's effectiveness as legislators and executives, as they have limited opportunity to acquire and use their experience. As a political class, women will remain at a disadvantage as long as the individuals who are elected to office are always the most newly elected.

**In Bolivia, political harassment and violence is the most fundamental gender-based constraint impeding women's political participation.** Although ACOBOL and other women's organizations have gathered considerable evidence on its occurrence and published documentation of specific cases, there are few programs or actions underway to address this form of gender-based violence. Its continued occurrence is an indication that national and local governments have been unwilling or unable to guarantee female elected officials the necessary personal security and safety to carry out the functions of their elected. After more than 12 years of lobbying by women's groups, on May 21, 2012 the Bolivian Congress passed a new law to criminalize political assault and violence against women, however, there are still significant challenges related to enforcement and prosecution.<sup>4</sup>

USAID's Program in Democracy and Governance was suspended in 2010 in response to a request from the GPSB. Since that time, discussions have been had about USAID support for municipal infrastructure. The Mission intends to focus on strengthening municipal service delivery as a crosscutting dimension of health and environment. These efforts are likely to build on USAID's previous experiences in the three phases of the Democracy Development and Citizen Participation (DDCP Phases 1, 2, and 3) and the more recent Municipal Infrastructure Development Project. The gender strategy for the DDCP3 Project focused on two strategic objectives:

- Empowerment of women to make decisions that affect the economic, and social, political dimensions of life in the municipality.
- The participatory design and implementation of gender equitable policies at the municipal level.

The strategy emphasized leadership training of councilwomen and the strengthening of ACOBOL to promote empowerment. It focused on the development of gender inclusive planning methodologies, development of communication messages to increase women's participation in municipal decision-making, and mechanisms to ensure women's participation and inclusion of their demands in municipal plans and budgets. Training and development of procedural manuals were at the heart of the strategy.

The *Instituto de Formación Femenina Integral* (IFFI) implemented the UNDP gender budgeting methodology at the municipal level in the Department of Cochabamba to strengthen the implementation of gender-designated funds. IFFI examined gender integration into municipal budgets from two perspectives: 1) the extent to which they reflected women's interests as well as

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<sup>4</sup> The name of the law is: *Ley de Acoso y Violencia Política contra Mujeres*. It revises the penal code to include sanctions of 2-5 years of incarceration for perpetrating acts of pressuring, persecution, hostage taking, or threats against women elected officials.

men's and their proposals (e.g., funding for SLIMs, or productive infrastructure that supports the development of business run by women and men), and 2) the extent to which funded activities were aimed at reducing gender inequalities (e.g., removal of gender-based barriers to property ownership or to accessing financial services). This is a tool that may be useful for both the health and environment sectors in order to hold municipal governments accountable for implementing gender equal investments in their respective sectors.

## INTRODUCTION

There are several priority areas that the Mission can focus on as it moves forward in its strategic planning process in the next year.

Volume I provides critical sex disaggregated information on key areas of the Bolivian economy and identifies gender gaps and inequalities in other key sectors that USAID/Bolivia has invested in, such as sustainable economic development, the environment, health, and democracy and governance. This information is presented to assist those developing the CDCS to articulate the DOs and Intermediate Results that will be part of the new strategy.

Volume I also identifies key variations in gender relations in different regions of the country while cautioning that given the large number of ethnic groups in Bolivia and even variation within groups that share a common language, it is necessary for each program to conduct a gender assessment prior to developing its initial work plan and PMP.

A key finding from this report is that in order to achieve the anticipated DOs, gender gaps faced by indigenous women in economic and political spheres need to be addressed in ways that are supportive of local cultural values. As the DOs and Intermediate Results are articulated, it is important to prioritize interventions that remove structural barriers that exclude women's equitable participation in setting local and regional development objectives and planning.

While many previous interventions have focused on individual opportunities for women, such as microcredit programs and training, the Mission should now prioritize institutional changes. As part of a transition plan for the CDCS, USAID should consider establishing gender equitable guidelines (similar to those developed by the Bolfor Project) for their implementing partners that:

- Set clear targets to ensure equitable participation in producer and natural resource management associations, with mechanisms to ensure the application of quotas (similar to those developed nationally which require political parties and social movements to include 30% women among candidates listed by parties in alternating order, and 50% women on alternating lists of municipal candidates. Insist that all implementing agencies demonstrate how they identify and respond to constraints to men's and women's participation in program sponsored activities.
- Hold health implementers responsible for engaging men effectively in nutrition and reproductive health education programs, while making sure that Family and Community Intercultural Health (SAFCI) health management committees and councils in regions supported by USAID also set gender equitable rules for selecting local health authorities (ALS) and members of the committees and councils.
- Strengthen the management and service delivery capacity of rural and medium-sized urban municipal governments in support of USAID's priority sectors with an emphasis on providing differentiated capacity-building that is adjusted to women's and men's different needs.

- Specify the indicators and type of analysis required on progress in closing gender gaps and inequalities in quarterly reports and the type of measurement expected for establishing a baseline and at the end of projects to assess impact.

As part of the government-to-government policy dialogue, a key strategic focus is to identify and discuss with the GPSB incentives and supports to move businesses from the informal to formal sector, with a particular emphasis on transforming women's informal businesses into formal businesses.

The current report, which encapsulates the second step of a two part process, helps the Mission to prioritize objectives and related actions to reduce gender inequalities in Bolivia during the process of developing the CDCS. After submission and approval of the CDCS, Volume II can be used as a strategic action plan by the Mission to guide the design, implementation and monitoring of gender integration into the health and environment programs. The suggestions presented are based on the gaps and inequalities identified in the gender analysis in Volume I and on a review of promising practices that can serve as the basis for the CDCS areas of intervention and strategic focus. Finally, this information in the aggregate can provide the basis for the Mission to develop program and project level gender action plans in conjunction with their current and future implementing partners.

## 1. HEALTH

### 1.1 Summary of Strengths and Weakness of Current USAID/Bolivia Health Projects to Address Gender-based Gaps, Constraints, and Inequalities

This section is based on the new Global Health Strategy issued in March 2012. The strategy states that it will support “women’ and men’s equitable participation through both separate and joint approaches that seek to reduce the incidence of GBV and engage men in exploring how differential constructs of masculinity can support or undermine the health of both men and women...” All of the proposals for the new health projects describe plans to address gender inequalities and some also specify the types of methodologies they intend to use. The Gender Assessment Team found, during its visits, to project sites, interviews, and review of project documents, that there is still a deficit in the operational capacity of many implementers to turn plans into action. There is also a lack of clarity about how to establish measurable gender objectives and how to monitor them.

**The PROSALUD Healthy Communities Project** has three components: 1) participation and leadership; 2) equity and rights; and 3) social mobilization. It intends to address gender inequalities principally through the equity and rights component by working with local health committees (CLS) on sexual and reproductive rights and responsibilities. It also aims to increase access to health services by working on making health services more user-friendly and approachable by using the Community Empowerment/Action Cycle methodology (an adaptation of WARMI) which was used by CIES and SpD in the CARE led Enlace Maternal Health Project. While this methodology has shown immediate useful results, it has not been evaluated against other methodologies or for its long term sustainability. The staff of the Health Communities Project suggested that it would be useful to systematize USAID/Bolivia’s previous experiences on health and gender and to conduct an assessment of what works best under different



circumstances. They also intend to work on the prevention and response to GBV but did not yet have a clear strategy for doing so.

**The CIES OPTIONS Project** builds on CIES' institutional policy of mainstreaming gender across its services and programs. Under the Options Project it intends to focus on adult and young women. It will conduct research on best practices for addressing masculinities that adversely affect women's and men's sexual and reproductive health. In urban areas CIES intends to work on GBV. It also wants to identify best practices that can reduce the gap between unmet need (relatively high) and actual use (very low). In order to increase coverage, CIES will work in peri-urban and rural Amazonian areas of Bolivia, where there is greater cultural acceptance of FP. It aims to target adults younger than 30 years old, with an emphasis on sexual education and sexuality as a right. CIES currently sex-disaggregates all its service statistics which it intends to analyze in order to develop differentiated strategies by gender and age. While CIES has always put an emphasis on gender in its policies, actual implementation of programs has occasionally been restricted by budgetary constraints, which are both real and reflective of decisions about priorities. In the OPTIONS Project, there is an opportunity to prioritize gender by committing to measurable objectives and targets and reporting regularly on progress in reducing gender gaps and inequalities.

**The PROSALUD PROMESO (Social Marketing) Project** recognizes that it is necessary to analyze what gender-based access constraints are faced by women and men. They also recognize the need to think about gender inequalities when developing criteria for hiring healthcare providers. While this opens access to urban middle class women, they are not the women who experience the greatest limitations in accessing information and methods. PROSALUD and CIES are in the process of analyzing a survey of women in different regions of the country about their knowledge, attitudes and practices with regard to FP. One of the potential dangers faced by the project is that there are strongly held stereotypes by providers and project implementers about women's preferences for particular methods in different regions. For instance, there is a perception that women in the altiplano do not want to use oral contraceptives because they don't want their husbands to know they are using FP, or that given their low level of education they are not able to understand how to take them. Providers therefore tend to steer them towards IUDs or injectables. The project intends to use WARMI to engage men and women. It sees the standard daily method as a bridge to other methods. It is not clear how PROMESO will differentiate messages in order to change gender norms that currently impede women's access to FP, especially in rural and peri-urban areas in the valleys and altiplano.

## 1.2 Recommendations for Health

The purpose of this section is to provide illustrative sub-IRs and indicators under all three IRs that more explicitly demonstrate the strategy will address gender disparities and gaps in outcomes. These IRs and indicators reflect the following recommendations from the gender analysis presented in Volume I.

### **Ensure a gender-based approach in the implementation of ongoing programs**

- Assign a partner/person to be responsible for gender and intercultural integration, supervision and monitoring on the National Directorate and Technical Committee of FORTALESSA.

- Identify a technical assistance (TA) team to review gender and intercultural indicators (disaggregation by ethnicity and sex of quantitative indicators and development of qualitative indicators to measure acceptability and accessibility) of FORTALESSA and community programs to identify opportunities.
- Incorporate in program design an opportunity for exchange visits to other partners in Bolivia and neighboring countries to learn about promising practices for gender integration.

**Ensure women’s effective participation in health management and services of SAFCI by focusing on the removal of gender-based barriers to participation and decision-making**

- Set goals for equal opportunities for women and men to participate in health management (*e.g.*, *CMS*, *DILOS*, *CNS*) and develop indicators for measuring progress.
- Analyze and address the impact of women’s work, care burdens and other constraints, on their participation as “ALS” or “ACS.”
- Measure and report on women’s and men’s participation and leadership at baseline and at the middle and end of programs

**Strengthen gender skills within the USAID Health Team and partners**

- Identify and design gender-based follow-up system and indicators.
- Develop training modules and tools to analyze gender disparities as reflected in health information (*e.g.*, *in CAIs*, *DILOS*, *SNIS*, *etc.*).
- Establish periodic meetings of health program implementing partners to exchange information on challenges and promising practices.
- Strengthen the capacity of USAID implementing organizations to operationalize gender integration in program implementation and monitoring and evaluation, through:
  - Dissemination of best and promising practices through a interagency fair or exposition with mini-workshops
  - Hands-on training workshops on the toolkit of existing methodologies
  - Development of guidelines for monitoring, analyzing and reporting sex-disaggregated data and qualitative gender indicators

**The health program is already working on increasing men’s involvement, but would benefit by expanding their reach to organizations beyond health education meetings.** It is recommended that the USAID Health Team encourage the United Nations Children’s Fund (UNICEF), CIES, PROSALUD, IFS and Healthy Communities to develop activities that support men in their role as fathers and partners by involving nontraditional health educators, such as agricultural and natural resource management extension agents, male school teachers, and community and municipal political leaders. Cross-sectoral work would benefit from strong support between the technical teams and the Gender Focal Point in the Program Office to educational activities on:

- Children’s health and nutrition, sexual and maternal/neonatal health, and family planning (particularly to address local beliefs about health risks of modern contraceptives) in workshops for producers and water user associations
- Benefits to men of having engaged relationships with their children as a standard topic in ante-natal and FP counseling, and in school and health committee meetings.

- Gender equality and the benefits of equal opportunities for sons and daughters, and sexual and reproductive health for adolescents in pre- or post-CAI meetings.
- Involving men in preventing and responding to gender-based violence in community and municipal governance meeting, health and school committees, and producer associations.

### 1.3 Recommendations for Cross-cutting Democracy and Governance for Health

1. Strengthen women's participation and leadership at the municipal level by:
  - Requesting implementing partners to work with municipal governments to develop/support networks for the prevention of gender-based violence, and to monitor their effectiveness
  - Developing/adapting mechanisms to improve planning, budgeting, and implementation of projects/activities identified by women's constituencies
  - Engaging civil society in advocacy to include funding for GBV prevention and response networks in POAs, and to monitor the expenditure of gender designated funds during the fiscal year<sup>5</sup>
2. Support equitable participation and decision-making in development of new municipal legal framework and autonomous charters (*Cartas Orgánicas*) by:
  - Supporting gender analysis, development of advocacy tools, and meetings between women's groups with autonomous authorities and municipal officials to ensure development of gender-equitable statutes and planning and budgeting guidelines
  - Sponsoring workshops for council members and mayor's staff on gender and gender-based violence
3. Increase capacity of women and men to effectively and equitably administer, supervise, and monitor public investments in health by:
  - Engaging men, women, community leaders, and municipal officials in gender and social equity analysis of proposed interventions and investments by the Municipal Development Plan (PDM) and Annual Operational Plan (POA), and monitor expenditures during the fiscal year.
  - Requesting implementing partners to work with civil society organizations (e.g., *ACOBOL*, *CONAMAQ*, *CNMCIQB-BS*, *CIMTA*, *CNAMIB* etc.) to strengthen women's political and management skills, and to provide outreach and engagement around sexual and reproductive health (SRH) and FP, in particular
  - Developing/adapting mechanisms to improve planning, budgeting, and implementation of projects/activities identified in the sector

### 1.4 Gender Strategic Action Plan for Health

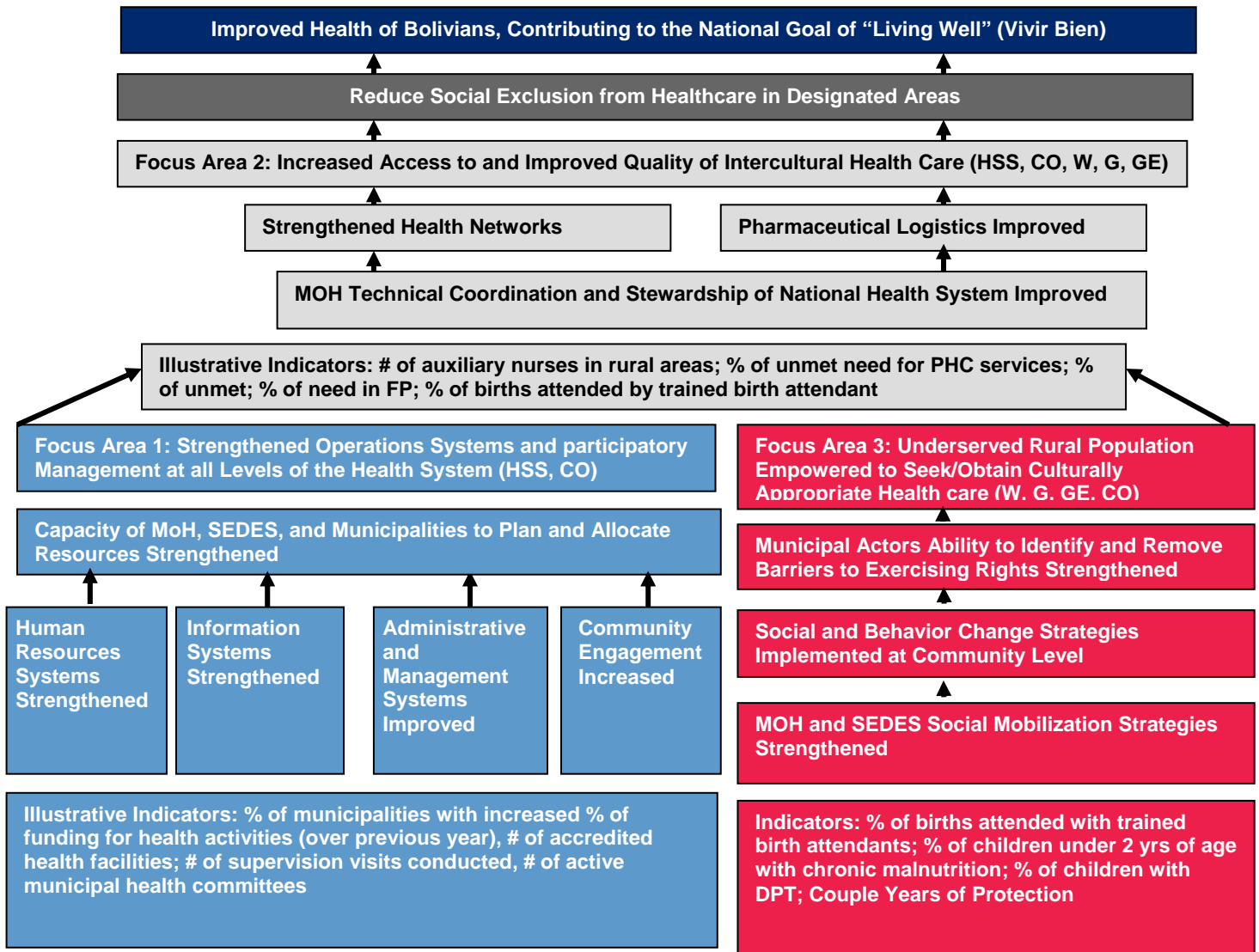
The matrices on the following pages present suggestions for gender-focused objectives, actions, and indicators with a focus on removing gender-based constraints that restrict women's and

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<sup>5</sup> Funds are often programmed but rarely spent; therefore it is critical to engage civil society groups in monitoring of expenditures in addition to advocating for budget allocations. The funds can be re-programmed at midyear, therefore it is critical to make sure citizen advocates stay engaged throughout the year.

men’s equal decision-making and agency over their own health and that of their families. The objectives, actions, and indicators are illustrative, not prescriptive. They offer options to the health team to more effectively support implementation and monitoring of planned gender objectives and activities under the new strategy.

**Figure 1: USAID/Bolivia Health Strategy 2012-2017**



**Table 1: Gender Strategic Action Plan for Health**

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Focus Area I: Strengthened Operations Systems and participatory Management at all Levels of the Health System</b>			% of municipalities with increased % of funding for health activities (over previous year)
<b>Human Resources Systems Strengthened</b>			<b># of supervision visits conducted</b>
New midwives and auxiliary nurses (mostly women) get little support and supervision from providers in higher levels of care. Their own gender constraints (such as burden of household duties, and isolation/insecurity going to and from work; etc.) affect ability to deliver quality care.	Conduct analysis of provider gender-based constraints that affect ability to deliver care. Include these issues in CLS to support joint provider and community problem solving. Through programming, support more frequent visits between lower and higher level facilities, such as week-long internships/clinical training in hospitals for community-level providers and periodic visits of hospital staff to health centers.	Connect community-based health care providers via mobile phones for regular technical assistance and supervision calls.  Institute periodic rotations of personnel within networks between different levels of care.  Facilitate problem solving in CAI and other fora to reduce gender-based constraints of community-level auxiliary nurses and midwives.	% of auxiliary nurses and midwives in community health posts and centers who have regular contact and supervision from higher levels of care
Rural women prefer to give birth at home because of a perception of disrespectful attitudes and treatment by healthcare providers.	Certification of health facilities should include criteria for gender equality, women's rights, and culturally appropriate care.	Train providers on respectful care.  Include criteria for gender-equitable and culturally respectful care on supervision forms (e.g., greets and addresses the woman and respectfully; explains procedures, respects her preferences for birthing position; allows her partner or other relative to accompany her if desired, etc).	% of health care providers in USAID support networks that have been trained in gender and intercultural healthcare
Providers are reluctant to screen women for GBV and even more reluctant to report incidences of violence for fear of being targeted by their partners or pulled into court cases, even though they are obligated by law to report.		Train providers on proper screening and reporting.  Develop and implement accountability measures such as periodic visits by trained "mystery victims".	% of healthcare providers trained on legal responsibilities and on how to conduct GBV screening, and where and how to report incidents of violence.

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Information Systems Strengthened</b>			
No consistent collection and reporting of GBV, and maternal and neonatal mortalities/near misses in SNIS, which contributes to the invisibility of GBV and maternal deaths and the inability to measure impacts of interventions designed to reduce GBV and maternal mortality.	In conjunction with PAHO, work with the MoH and SEDES to more effectively implement national guidelines on reporting GBV and maternal near misses and deaths.	Monitor GBV reporting (regularity of reporting and quality of data) from health facilities in USAID supported health networks.  Include identification of gender-based barriers as part of the analysis of contributing factors by maternal deaths and near miss audit committees.	% of health facilities routinely collecting and reporting data on GBV  % of secondary and tertiary hospitals that record and analyze maternal near misses and deaths
Sex-disaggregation of data is not practiced across reporting of all diseases and conditions or service delivery statistics.	Disaggregate health indicator data by sex (Although national-level data on child health and nutrition and on adult TB incidence, for instance may not demonstrated sex differences, these differences may occur at the local level). <sup>6</sup>		% of health facilities routinely collecting and reporting sex-disaggregated data
Poor record keeping and resulting shortages limit men's and women's choice of contraceptives.		Disaggregate information by sex for indicators on number of people counseled and number of people adopting FP methods.	% of health posts/centers tracking demand by men and women for different contraceptive methods in relation to supply
<b>Administrative and Management Systems Improved</b>			<b># of accredited health Facilities</b>
There are not universally applied standards for gender-equitable services.	Develop national measures (using the criteria developed, implemented, and evaluated by PROCOSI for certifying services as gender-equitable) to be included as part of certification criteria.	Develop/adapt measures.  Test criteria.  Develop certification and recertification process.	% of health facilities supported by USAID programs that are certified as gender-equitable
<b>Community Engagement Increased</b>			<b># of active municipal health committees</b>
More men than women are selected to be ALS and on Municipal Health Committees.	Strengthen women's participation and leadership at the municipal level.	Develop (benchmarks) for #/% of women selected as ALS, similar to quota for municipal council candidates.  Develop/adapt mechanisms to improve planning, budgeting, and implementation of projects/activities identified by women's coalitions.	% of women and men who are ALS % of women and men on municipal health committees % of communities/health posts collecting, reporting, and analyzing sex-disaggregated data in CAI % of proposals put forward or supported by women's groups/coalitions that are funded in POA

<sup>6</sup> For instance, it would be interesting to know: if boys or girls with severe malnutrition are more likely to come to the attention of health services; if boys or girls are more likely to be brought in for care for diarrheal and acute respiratory disease; and sex disaggregation of adolescent healthcare services users; and of men and women's attendance at health education events.

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Focus Area 2: Increased Access to and Improved Quality of Intercultural Health Care (HSS, CO, W, G, GE)</b>			# of auxiliary nurses in rural areas; % of unmet need for PHC services; % of unmet; % of need in FP; % of births attended by trained birth attendant
<b>Strengthened Health Networks</b>			
Health networks do not adequately prevent or respond to the needs of women, men, and boys and girls affected by GBV.	Strengthen the capacity of health networks to train and supervise health facility staff to screen and report on GBV.	Work with MoH and SEDES to make network directors aware of the importance of screening and their legal obligation to report on GBV. Strengthen the network's capacity to collect and report information on GBV to the SNIS. <sup>7</sup>	% of health facilities in USAID supported networks that routinely screen adult women, girls/boys, and adolescents for GBV during antenatal visits. RH/FP counseling, and child health visits  % USAID supported health networks offering gender-equitable adolescent health care (differentiated youth friendly) services
<b>Pharmaceutical Logistics Improved</b>			
<b>MoH Technical Coordination and Stewardship of National Health System Improved</b>			
Despite supportive policy framework, there is little operationalization of gender integration in public health in Bolivia.	Ensure a gender-based approach in the implementation of ongoing programs.	Assign a partner/person to be responsible for gender and intercultural integration, supervision and monitoring on the National Directorate and Technical Committee of FORTALESSA.  Identify a TA team to review gender and intercultural indicators (disaggregation by ethnicity and sex of quantitative indicators and development of qualitative indicators to measure acceptability and accessibility) of FORTALESSA and community programs to identify opportunities.  Incorporate in program design an opportunity for exchange visits to other partners in Bolivia and neighboring countries to learn about promising practices on gender integration.	# of times gender issues appear on the meeting agenda of the technical committee and are recorded in minutes of meetings  Review completed and reported on

<sup>7</sup> One way to do this is to contract with CIDEM which has been responsible for collecting information from NGOs and SLIMs on GBV, to train health network administrators and SEDES on the process they have used.

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Focus Area 3: Underserved Rural Population Empowered to Seek/Obtain Culturally Appropriate Health care (W, G, GE, CO)</b>			% of births attended with trained birth attendants % of children under 2 yrs of age with chronic malnutrition; % of children with DPT; Couple Years of Protection
<b>Underserved Rural Population Empowered to Seek/Obtain Culturally Appropriate Health care (W, G, GE, CO)</b>			
Lack of gender-equitable differentiated youth-friendly public and private sector services.	Replicate successful efforts of adolescent-focused experiences of CIES, Save the Children, and CARE in targeted health networks to expand the availability and access to gender-equitable adolescent SRH services.		% adolescent girls and boys that access gender-equitable SRH services and education in USAID supported health networks and private providers (e.g., PROSALUD and CIES)
Men are not sufficiently engaged in health education and care, thereby limiting their access to information which results in poor decision making about their own health and that of their partners and children.	While the health program is already working on increasing men's involvement, they would benefit by expanding their reach to organizations beyond health education meetings. It is recommended that the USAID Health Team encourage UNICEF, CIES, PROSALUD, ISA and Healthy Communities to develop activities that support men in their role as fathers and partners by involving nontraditional health educators, such as agricultural and natural resource management extension agents, male school teachers, and community and municipal political leaders. This kind of cross-sectoral work would benefit from strong support between the technical teams and the Gender Focal Point in the Program Office.	<p>Include activities on:</p> <ul style="list-style-type: none"> <li>--Children's health and nutrition, sexual and maternal/neonatal health, and family planning (particularly address beliefs around modern contraceptives) in workshops for producers and water user associations.</li> <li>--Benefits to men of having engaged relationships with their children, as a standard topic in ante-natal and FP counseling, and in school and health committee meetings.</li> <li>--Gender equality and the benefits of ensuring equal opportunities for sons and daughters, and sexual and reproductive health for adolescents in pre- or post-CAI meetings.</li> <li>--Involving men in preventing gender-based violence in community and municipal governance meeting, health and school committees, and producer associations.</li> </ul>	<p>% of men participating in health education activities</p> <p>% of men who state they are willing to take care of children while their partners attend training workshops or community/municipal meetings</p> <p>Relative # of hours men/women spend in childcare and housework</p> <p>% of men/women who state it is not acceptable to use physical violence for any reason against a partner</p>



Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Social and Behavior Change Strategies Implemented at Community Level</b>			
<p>Many indigenous rural and peri-urban women in Bolivia continue to give birth at home without skilled birth attendants because of experiences and perceptions of disrespectful and culturally inappropriate care.</p>	<p>Eliminate disrespectful and abusive labor and delivery care in all USAID funded networks.</p>	<p>Develop a monitoring and evaluation instrument based on the TrAction Project Landscape Analysis.</p> <p>Conduct research like that being done by Population Council in Kenya and AMDD in Tanzania to identify causes of disrespect and abuse during clinic-based childbirth, and to understand how abuse deter skilled birth care.</p> <p>Adapt URC's Ecuador materials for intercultural MNH services for use in Bolivia.</p>	<p>Study designed</p> <p>Study completed</p> <p>Recommendations implemented and evaluated in 3 networks by 2014, and in all networks by 2017</p>
<p>Men in many areas of Bolivia are the principal opponents of the use of Family Planning. Men's concepts of masculinity view women's use of FP as a motive for infidelity.</p>	<p>Engage men's groups in discussions of gender, power, masculinities, and SRH/FP.</p>	<p>Take advantage of WARMI to engage both men and women around these topics.</p> <p>Have PROSALUD, through PROMESO provide nontraditional distributors of contraceptives to exhibit gender-equitable messages along with FP methods (e.g., on condom packaging).</p>	<p>% of men/women who can explain the benefits of FP (i.e. for children's or women's health, or capacity to work outside the home, etc)</p>
<p>Indigenous men and women have strong beliefs about side effects of contraceptive methods which deter use.</p>	<p>Use toolkit of participatory methodologies (e.g., WARMI's paper vest exercise) to engage men and women on these concerns openly with communities and to explore the relative risks and benefits of FP, spacing of pregnancies, and unwanted pregnancies. Then use findings from these discussions to develop mass media messages that address concerns and support SRH women's and men's choices.</p>	<p>Have PROSALUD (through PROMESO) prepare nontraditional distributors of contraceptives to provide accurate information on use and side effects and to refer buyers to health services for counseling.</p> <p>Increase healthcare providers understanding of indigenous conceptions of physiology and well being in order to respectfully address health concerns about side effects.</p>	<p>% of men and women who state that side effects of FP methods are the reason they do not want to use them (target= decrease in %)</p>

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Municipal Actors Ability to Identify and Remove Barriers to Exercising Rights Strengthened</b>			
Women's decision making and contribution to municipal planning is more limited than men's.	Support equitable participation and decision-making in development of new municipal legal framework and autonomous charters ( <i>Cartas Orgánicas</i> ).	Support gender analysis, development of advocacy tools, and meetings between women's groups with autonomous authorities and municipal officials to ensure development of gender-equitable statutes and planning and budgeting guidelines.  Provide workshops for council members and mayor's staff on gender and gender-based violence.	% of discussions of draft local laws that analyze the draft laws for gender equity
	Increased capacity of women and men to effectively administer, supervise, and monitor public investments.	Develop/adapt mechanisms to improve planning, budgeting, and implementation of projects/activities identified by women's constituencies (e.g., municipal management of SPD).  Train women/men council members in gender budgeting analysis.	% of women and men elected/selected by their communities as ALS  % of men/ women ALS able to carry out functions of ALS as detailed in MoH Procedural Guide for Participatory Local Management (MoH 2009)
Lack of adequate prevention response to GBV at the municipal level.	Request implementing partners to work with municipal governments to develop/support networks for the prevention of gender-based violence.	Apply <i>Avances de Paz</i> or similar methodologies to engage communities, healthcare and other service providers (e.g., police, teachers, and judges) and municipal and community leaders on GBV prevention and response.  Provide opportunities for municipal governments to visit other municipalities with functioning networks.	% of Municipalities supported by USAID implementers with functional GBV prevention networks  % of municipal budgets with funding for GBV prevention and response
<b>MoH and SEDES Social Mobilization Strategies Strengthened</b>			
While all USAID implementing partners have plans for gender integration in their program activities, there are only a few that have experience in effectively implementing plans.	Strengthen gender skills within the USAID Health Team and partners.	Develop training modules and tools to analyze gender disparities as reflected in health information (e.g., in CAIs, DILOS, SNIS, etc.).  Agree on a standard set of gender focused and sex-disaggregated indicators for each partner, and on the type of analysis expected in the quarterly reports.	% of implementing partners routinely reporting on gender disparities and progress in closing gaps  # of comments/ questions on gender indicator data in quarterly reports by USAID CORs/AORs

Identified Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
	Establish periodic meetings of health program implementing partners to exchange information on challenges and promising practices.	Disseminate best and promising practices through an interagency fair or exposition with mini-workshops.  Conduct hands-on training workshops on the toolkit of existing methodologies.	
	Strengthen the capacity of USAID implementing organizations to operationalize gender integration in program implementation and monitoring and evaluation.	Develop guidelines for monitoring, analyzing and reporting sex-disaggregated data and qualitative gender indicators.  Identify and design gender-based follow-up system and indicators.	

## 2. SUSTAINABLE LANDSCAPES

### 2.1 Summary of Strengths and Weakness of Current USAID/Bolivia Sustainable Landscapes Projects to Address Gender-based Gaps, Constraints, and Inequalities

USAID provides training and technical assistance in environmentally and economically sustainable agricultural, forest management, and ecotourism practices in Bolivia. Currently the Mission has two projects, one in the highlands, Pollution Management in the El Alto-Lake Titicaca Watershed (PRO LAGO), and the other in the lowlands, The Integrated Development and Conservation in the Bolivian Amazon Project (Amazonas).

One of the major hurdles facing the USAID COR and project contractors in this sector is strong misperceptions about gender relations in both areas. For instance, there is a perception that women do not participate actively **in the Amazonas Project**, because its emphasis on sustainable timber extraction excludes them as a result of their not having the physical capacity to cut wood, or because their lack of expertise in hunting makes them less useful in contributing to natural resource management plans. Nevertheless, the predecessor project, Bolfor, in the process of implementation, had developed a gender action plan to involve women in both natural resource management (NRM) planning and income generating activities. During a visit to Rurrenabaque, the GA team found that women, especially Takana women were actively engaged and benefitting from ecotourism activities. The Takana women have formed their own organization, the Council of Indigenous Takana Women (CIMTA). In addition, the Regional Council of Tsimanes-Mosetenes (CRTM) formed a secretariat of women that met for the first time in July 2011. With the help of WCS, a partner of the Amazonas Project, the CRTM developed a 10 year natural resource management and life plan for the Pilon Lajas Protected Area. The plan includes an objective to support the equal participation of men and women in the implementation of the plan.

**In the PRO LAGO Project**, staff said that women do not participate in workshops on more sustainable management of animal waste because they are too busy. This was confirmed by men and women in the area who stated, ironically, that women were too busy taking care of the cattle and other animals to attend. During the visits, the GA team noted that women were actively involved in the transformation of dung into potting soil and into methane gas for cooking. Extension agents said that they found that they had to repeat the information and skill building covered in workshops at each homestead so that the women, who are most directly involved in tending the worms and collecting the dung, were sufficiently knowledgeable to implement the practices introduced by the project.

Although the Amazonas and PRO LAGO projects benefit both women and men to some degree, women are not full partners or participants in either. There is a general reluctance on the part of the implementing partners to explicitly address gender inequalities because of a fear that it would constitute an interference with local cultural beliefs and practices, or that it would create disequilibrium in relationships between men and women. The attitude seems to be more common among the higher levels of leadership than among the staff implementing the programs on the

ground. Women are active in the activities of both projects, although often more by default than by design. The indigenous organizations in the Amazon also seem to be ahead of project leadership on setting gender equality objectives. One of the major limitations facing USAID in assessing the degree to which women and men are active participants is that the projects do not analyze or report sex-disaggregated information even when they collect it.

## **2.2 Recommendations for Sustainable Natural Resource Management and Conservation of Biodiversity**

As the Mission is still in the process of developing its DO and IRs for this sector, the recommendations are linked to the development objectives and intermediate results of the LAC Regional Initiative for the Conservation of the Andean Amazon (ICAA) which will support activities in Bolivia, Columbia, Ecuador, and Peru. While the actual USAID/Bolivia environment program may ultimately differ from the regional project, it is likely to focus on similar strategic and programmatic directions, as it has in the past.

- 1. Use the Bolfor community analysis and tools for gender-responsive monitoring and evaluation as a model for the design of future natural resource management and conservation of biodiversity programs.** The Bolfor Project implemented a gender plan of action, an internal gender policy to address institutional constraints, a monitoring and evaluation process to assess the impact of broadened participation and attention to equity in the distribution of benefits, and adaptation of regional strategies to account for variation in gender relations across different types of settlements and ethnic groups. This led to both increased engagement and decision making of women in environmental planning and surveillance.
- 2. As each ethnic group has distinct gender relations and identities, it is necessary to conduct a gender analysis of men's and women's knowledge, roles, and activities in protected and vulnerable areas prior to the design and implementation of program activities.** The process should include consultations with men and women (and boys and girls) at different stages of the life cycle, since gender specific responsibilities and the division of labor may change over a lifetime.
- 3. Work with both men and women to develop measures to eliminate legal, social, and economic constraints affecting women's ability to attend training courses, community meetings, and producer association activities that take place outside of the household.** These may include: the provision of daycare during training; changing the timing of courses and meetings; providing two sessions of the same training at different times so that spouses can alternate when they attend; and/or clarifying that the attendees should be those who actually perform the work related to the training, which requires prior knowledge of the division of labor in the areas where the projects work.
- 4. Adapt technical assistance to the availability, educational level, and languages spoken by women in different communities in order to involve women and men as equal participants.**

5. **Consult men and women separately to elicit ideas about their interests and how to address the different barriers they may experience when trying to participate in the development of management plans, training, and meetings.** If necessary, consider providing women with additional training in literacy and numeracy skills, and leadership and management skills, so they can organize and actively participate in decision making.
6. **Provide incentives, positive social support, and feedback to men who volunteer to shoulder a greater burden for childcare, food preparation, and other household chores,** so their partners can participate more fully in income generation, natural resource management, and conservation activities.
7. **Ensure that all program support for mapping and titling of lands around protected areas guarantees equal access to women in line with the CPE and the National Institute of the Agrarian Reform (INRA) Law.**
8. **Support the elaboration of community directives to ensure joint property rights to assets (e.g., Takana directives for joint shares of community tourism enterprises).**
9. **Develop gender indicators to measure women's and men's involvement, decision-making, and benefits from conservation activities for all new procurement, and request that existing and future programs report and analyze sex-disaggregated data to USAID.**
10. **There is also a great opportunity for USAID to work with Bolivian universities, environmental research institutes, NGOs, and indigenous social movement organizations to build their capacity in gender and conservation, particularly in support of:**
  - Biodiversity and Cultural Protection
  - Fostering organic and ecological production
  - Community Forestry and Fair Markets
  - Development of Community Eco-tourism
  - Sustainable and nutritional agricultural production
  - Mitigation and adaptation strategies in response to climate change
11. **New environmental legislation should ensure participation and incorporate the interests of indigenous men and women.** Urban-based women's advocacy groups historically have had less interest and involvement in the environmental sector than in economic and social sectors. This is an area that provides an opening for indigenous women's organizations to take the lead on setting the agenda, which USAID can support with resources for implementation.
  - Provide greater support for and monitoring of the adoption of proposals put forth by groups of women or the organizations that represent them in community and producer associations.
12. **Create adequate conditions, opportunities and incentives for growth of women's businesses (e.g., training, credit, asset ownership, membership in associations, and linkages to buyers).**

- Reduce barriers to women's participation in the promotion and commercialization of local products.
- Prioritize investments in time-saving technologies and practices that will free up women's time and contribute to the production and processing of higher value non-timber forest and agricultural products.

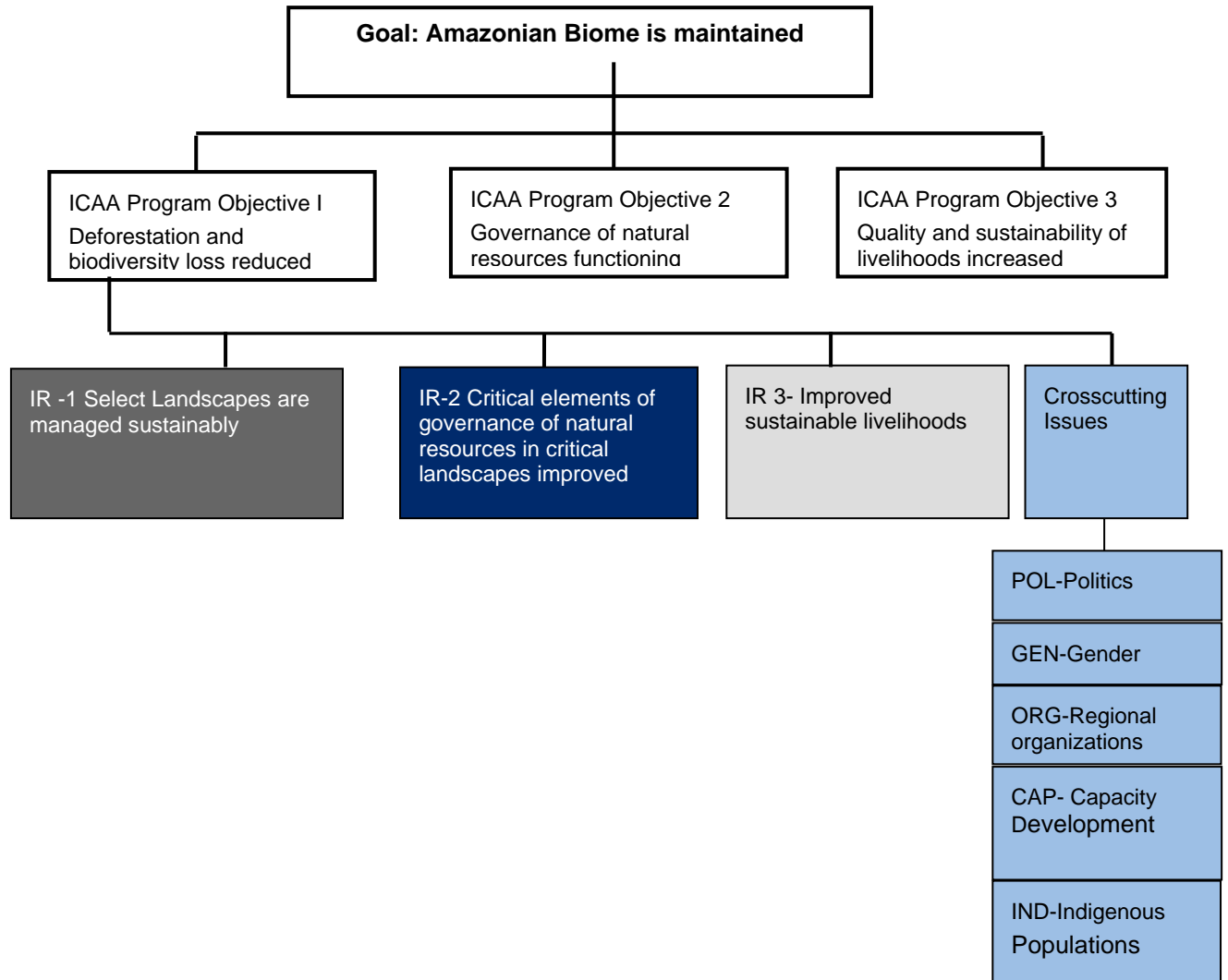
### **2.3 Recommendations for Cross-cutting Democracy and Governance for Sustainable Landscapes**

- 1. Strengthen women's participation and leadership at the municipal level in NRM and conservation planning.**
  - Develop/adapt mechanisms to improve planning, budgeting, and implementation of projects/activities identified by women's constituencies.
- 2. Support equitable participation and decision-making in development of new municipal legal framework and autonomous charters (*Cartas Orgánicas*) and policies, laws, statutes, and regulations affecting NRM and conservation.**
  - Support gender analysis, development of advocacy tools, and meetings between women's groups with autonomous authorities and municipal officials to ensure development of gender-equitable statutes and planning and budgeting guidelines.
- 3. Increase capacity of women and men to effectively and equitably administer, supervise, and monitor public investments.**
  - Engage men, women, community leaders, and municipal officials in a process to analyze the gender and social equity of proposed interventions and investments by the PDM and POA.
  - Implementing partners should work with civil society organizations (e.g., ACOBOL, CONAMAQ, CNMCIOB –BS, etc) to strengthen women's political and management skills.

### **2.4 Gender Strategic Action Plan for Sustainable Landscapes**

Table 2 present suggestions for gender-focused objectives, actions, and indicators with a focus on removing gender-based constraints that restrict women's and men's equal economic decision-making, leadership, and management of natural resources. The objectives, actions, and indicators are illustrative, not prescriptive. They offer options to the SDE Team to more effectively support design, implementation and monitoring of gender equality objectives and activities in the new strategy.

**Figure 2: ICAA II Results Framework**





**Table 2: Gender Strategic Action Plan for Sustainable Landscapes**

ICAA II Intermediate Results	Illustrative ICAA IR 1 Indicators
Select Landscapes are managed sustainably	<ul style="list-style-type: none"> <li>• Number of hectares in areas of biological significance under improved management as a result of USG assistance</li> <li>• Number of hectares in areas of biological significance and/or natural resource showing</li> <li>• improved biophysical conditions as a result of USG assistance</li> <li>• Number of people receiving USG-supported training in natural resources management and/or biodiversity conservation.</li> <li>• % of persons trained who have increased knowledge of natural resource management and/or biodiversity conservations</li> <li>• Number of organizations, institutions, and/or networks key capacities increased</li> </ul>

Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Management of Indigenous territories improved</b>			
NRM and Conservation programs are not analyzing or reporting on sex-disaggregated data and gender-focused indicators, even when they collect it.	Increase accountability of implementing organization and USAID CORs/AORs for gender equitable development.	<p>Require specific indicators to measure reductions in identified gender gaps or inequalities in PMPs.</p> <p>Require reporting on gender-focused indicator and sex-disaggregated data in baselines, quarterly reports, and evaluations.</p>	<p>Number of USAID supported NRM and conservation programs that collect, analyzed, and report sex-disaggregated data and gender focused indicators in quarterly reports</p> <p>Number of comments/questions on gender or sex-disaggregated information presented in quarterly reports by USAID CORs/AORs</p>
Indigenous women are excluded from conservation management activities and decision-making.	<p>As each ethnic group has distinct gender relations and identities, it is necessary to conduct a gender analysis of men's and women's knowledge, roles, and activities in protected and vulnerable areas prior to the design and implementation of program activities.</p> <p>The process should include, as Bolfor did, consultations with men and women (and boys and girls) at different stages of the life cycle, since gender specific responsibilities and the division of labor may change over a lifetime.</p>	Set clear quotas to ensure equitable participation in producer and natural resource management associations, with mechanisms to ensure the application of quotas (similar to those developed nationally which require political parties and social movements to include women on candidate lists).	<p>% of indigenous men and women trained in natural resource management and/or conservation through USAID/Bolivia supported activities</p> <p>% of indigenous men and women trained who have increased knowledge of natural resource management and/or biodiversity conservation</p> <p>% of indigenous organizations, institutions, and/or networks key capacities increased that represent women's interests</p>

Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<p>Women have less control and decision-making over land use and other assets</p>		<p>Support the elaboration of community directives to ensure joint property rights regarding assets (e.g., Takanas' Directives for joint shares of community (tourism enterprises)).</p>	<p>% of officially proposed, adopted or implemented policies, laws, agreements or regulations promoting natural resource management and /or biodiversity conservation that are gender equitable</p>
<p>Women participate to a lesser degree in natural resource and biodiversity mapping and surveillance activities.</p> <p>Stereotypes about the division of labor (e.g., men hunt and women gather) overlook women's and men's multiple, varied, and complex interactions with the environment. For instance, in some Tsimane groups women accompany their partners when hunting while in other groups they don't.</p>	<p>Ensure that all programs support mapping and titling of lands around protected areas guarantees equal access to women in line with the CPE and the INRA Law.</p>	<p>Interview women and men about their activities.</p> <p>Identify and remove barriers to women's participation.</p> <p>Provide opportunities, incentives, and consider quotas to ensure women have equal opportunities to participate in community mapping and surveillance, and to serve as park guards.</p>	<p>% of men and women who participate in mapping, surveillance, and land titling activities sponsored by USAID funded programs</p> <p>% of men's, women's, and joint titles</p>
<b>Management of protected areas improved</b>			
<p>Women and men use and manage different resources and may use the same resources differently. They also perceive, react to, and are affected by climate change differently.</p>	<p>Consult men and women separately to elicit ideas about their interests and how to address the different barriers they may experience when trying to participate in the development of management plans, training, and meetings.</p> <p>If necessary, consider providing women with additional training in literacy and numeracy skills, and leadership and management skills, so they can organize and actively participate in decision making.</p>	<p>Adapt technical assistance to the availability, educational level, and language spoken by women in different communities in order to involve women and men as equal participants.</p> <p>Technical offices should coordinate with the Mission's Gender Focal Point in the development of indicators to measure women's and men's involvement, decision-making and benefits from conservation activities for all new activities, and encourage existing programs to report and analyze sex-disaggregated data.</p>	<p>% of women's and men's enterprises that receive technical assistance from USAID funded programs</p> <p>% of business owned by women/men with annual increases in net revenues</p> <p>Number of USAID supported NRM and conservation programs that collect, analyzed, and report sex-disaggregated data and gender focused indicators in quarterly reports</p>

Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Management of private lands</b>			
Indigenous women are excluded from conservation management activities and decision-making because they are not considered to be land owners.	Support the elaboration of community directives to ensure joint property rights regarding assets.	Implementing agencies should read TCO plans and remind men and women that they mostly state that women and men should have equal say in management decisions.	Number of program activities that involved indigenous women's organizations
Women and men use and manage different resources and may use the same resources differently. They also perceive react to, and are affected by climate change differently.	<p>Consult men and women separately to elicit ideas about their interests and how to address the different barriers they may experience when trying to participate in the development of management plans, training, and meetings.</p> <p>If necessary, consider providing women with additional training in literacy and numeracy skills, and leadership and management skills, so they can organize and actively participate in decision making.</p>	<p>Adapt technical assistance to the availability, educational level, and language spoken by women in different communities in order to involve women and men as equal participants.</p> <p>Develop gender indicators to measure women's and men's involvement, decision-making and benefits from conservation activities for all new procurement, and encourage existing programs to report and analyze sex-disaggregated data.</p>	<p>% of women's and men's enterprises that receive technical assistance from USAID funded programs</p> <p>% of business owned by women/men with annual increases in net revenues</p>
<b>Management of non-indigenous community lands improved</b>			
Indigenous and other women settlers/migrants are excluded from conservation management activities and decision-making.	Conduct a gender analysis of men's and women's knowledge, roles, and activities in protected and vulnerable areas prior to the design and implementation of program activities. The process should include, as Bolfor did, consultations with men and women (and boys and girls) at different stages of the life cycle, since gender specific roles change over the course of the life cycle.	Use tools for this purpose developed by IUCN.	<p>% of men and women (indigenous/settlers/migrants) on community lands trained in natural resource management and/or conservation through USAID/Bolivia supported activities</p> <p>% of men and women (indigenous, settlers, migrants) on community lands trained who have increased knowledge of natural resource management and/or biodiversity conservation practices</p>
Women and men use and manage different resources and may use the same resources differently. They also perceive react to, and are affected by climate change differently.	Consult men and women separately to elicit ideas about their interests and how to address the different barriers they may experience when trying to participate in the development of management plans, training, and meetings. If necessary,	Adapt technical assistance to the availability, educational level, and language spoken by women in different communities in order to involve women and men as equal participants.	<p>% of women's and men's enterprises that receive technical assistance from USAID funded programs</p> <p>% of business owned by women/men with annual increases in net revenues</p> <p>Number of USAID</p>

Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
	consider providing women with additional training in literacy and numeracy skills, and leadership and management skills, so they can organize and actively participate in decision making.	Develop gender indicators to measure women's and men's involvement, decision-making and benefits from conservation activities for all new procurement, and encourage existing programs to report and analyze sex-disaggregated data.	supported NRM and conservation programs that collect, analyzed, and report sex-disaggregated data and gender focused indicators in quarterly reports
<b>Critical elements of governance of natural resources in critical landscapes improved</b>			<b>Number of adopted or implemented policies, laws, agreements or regulations that promoting natural resource management and/or biodiversity conservation Increased</b>
Women's rights to land in TCOs with communal property rights have not been clarified by INRA and women are not included on lists of communal property owners	Engage men and women in activities about INRA and development of organic laws and statutes	Involve women's organizations in dispute resolution processes	Number of dispute resolution activities that involve indigenous women's groups
Cultural practices and conceptions affect gender-based division of labor in environment and biodiversity activities.  Unbalanced participation of women and men in TCOs Organizations (e.g., Regional Council Tsimane and Mosekene - CRTM).	Identify constraints to women's participation in community and municipal meetings.  Engage TCO organizations on giving women a greater voice in decision making, especially as most TCO plans presented to the GPSB have statements on the equal participation of men and women ( <i>Plan de Manejo y Plan de Vida de la Reserva de la Bosfera y Tierra Comunitaria de Origen Pilón Lajas 2007-17:103</i> ).	Provide economic or other incentives for women to participate in meetings.  Provide incentives, positive social support and feedback to men to shoulder a greater burden for childcare, food preparation, and other household chores, so their partners can participate more fully in natural resource management and conservation activities.  Ensure that women are involved in agenda setting as well as being involved in deciding on alternative options. <sup>8</sup>	Number of adopted or implemented policies, laws, agreements or regulations promoting natural resource management and/or biodiversity conservation that include attention to gender equity.

<sup>8</sup> As mentioned in the analysis section of the report (Volume 1) men in community for a often say that they consult their partners after a meeting about their opinions on matters before community organizations. While women may weigh in on which options they prefer, they are not given an opportunity to set the agenda or to put forward options themselves. True participation allows for both.

Gender Gap or Inequality by Result	Recommendations to Address Gender Gaps/Constraints	Concrete Actions to Address Gender Gaps/Constraints	Gender Focused Indicators
<b>Improved sustainable livelihoods</b>			
<p>Women are often segregated into less lucrative economic opportunities because of time constraints, domestic obligations related to their gender roles, and less access to assets (e.g., land and credit), as well as stereotypical ideas about women's physical and intellectual capacities.</p>	<p>Create adequate conditions, opportunities and incentives for growth of women's businesses (e.g., training, credit, asset ownership, membership in associations, and linkages to buyers).</p>	<p>Reduce barriers to women's participation in the promotion and commercialization of local products.</p> <p>Prioritize investments in time-saving technologies and practices to allow for women to produce and process higher value non-timber forest products.</p> <p>Remove barriers to women's membership in and leadership of producer associations.</p>	<p>% of men and women with increased economic benefits derived from sustainable management and conservation of natural resources as a result of USAID/Bolivia assistance</p> <p>% of men and women receiving credit</p> <p>Average size of loans to men and women</p>
<p>Women and men face, perceive and experience differential and unequal affects of climate change.</p>	<p>Prioritize activities that reduce women's time constraints.</p>	<p>Fuel efficient stoves</p> <p>Grinding mills</p> <p>Water wells/taps near homes.</p> <p>Incentives/motivation to encourage men to assume greater responsibility for domestic chores.</p>	<p># of hours spent by men and women on procuring fuel and water</p>
<p>Women and men respond differently to climate change. There is some indication that men react by using more resources while women react by using resources more efficiently.</p>	<p>Encourage programs to engage both men and women in problem solving and developing responses to mitigate and adapt to climate change.</p>	<p>Consult men and women when they have available time (times might be different).</p> <p>Direct funds for CC activities equitably in support of men's and women's responses and solutions.</p>	<p># of investments supporting men's and women's adaptive strategies</p>

### 3. MISSION-WIDE RECOMMENDATIONS

Sector-specific recommendations do not take into account Mission capacity for implementation. If there are gaps in the ability of the Mission to implement any of these recommendations, assistance should be sought from other parts of USAID, as well as local and international gender consultants. Concomitantly, the Mission should be investing in building its own capacity to lead and manage gender-equitable projects and programs.

1. Conduct training for Mission staff and implementing partners to:
  - Develop the gender capacity of local staff, with online and short trainings, available in-country or abroad, to increase the knowledge of USAID gender requirements and skills among CORs, AORs and partners;
  - Strengthen roles/responsibilities of DO Team Leaders, CORs, AORs, and Implementing Partners to support, monitor, and evaluate application of gender integration in their programs and projects; and
  - Increase knowledge and know-how of CORs, AORs, and partners to inform, support, and supervise projects to improve their monitoring, analysis, and reporting on reductions in gender gaps and inequalities as a result of their interventions.
2. Provide greater support to Gender Focal Point in the Program Office. This includes:
  - Dedicating a budget (even a small one) and additional staff time (intern, fellow, virtual team, etc.);
  - Facilitating a participatory process that engages representatives from all offices of the Mission in the development of a new Gender Order;
  - Allocating sufficient time apart from other responsibilities to work with technical offices on gender integration; and
  - Encouraging technical teams to consult with the Gender Focal Point on the development of gender indicators, monitoring, analysis, and reporting on gender issues.
3. Form a gender working group to strengthen links between technical work and support functions. Ensure the group:
  - Has access to training opportunities;
  - Decides on clear tasks and functions, such as the review and comment on quarterly reports, new RFPs and RFAs, and PMPs;
  - Provides technical assistance and training to other Mission staff; and
  - Liaises with gender-focused groups in Bolivia (e.g., Comité Inter-Agencial de Género-CIAG, la Coordinadora de la Mujer, VIO, and CNMCIOB/BS).
4. Select a small set (2-3) cross-cutting gender indicators, which measure identified gaps, that all projects can report on and the Mission can aggregate. Examples may include:
  - The average time women in project areas spend on care and household activities compared to men (targets: decrease for women and increase for men).

- Number/percent of municipalities/TCOs supported by USAID health and biodiversity programs that apply a gender-budgeting process in the development of POAs (especially for health, infrastructure, and water and sanitation investments).
  - % of women and men in leadership positions in producer associations, health committees, water user groups, etc in communities/neighborhoods (or other levels –e.g., TCOs or municipalities) supported by USAID programs.
5. Add specific questions to guidelines for strategy development and project design process requesting new information on:
    - What are the gender constraints affecting your project?
    - How do you plan to address them (or use guidelines for each sector, such as GHI and FtF Gender Guidance)?
    - What is your proposed periodic review process to monitor how your program supports development of equal opportunities for men and women?
  6. Technical offices should be encouraged to use the gender plans proposed in the current document to guide implementation and design of IRs, activities, and PMPs. Once projects are awarded, CORs, AORs, and the Gender Focal Point should familiarize project implementers with the Bolfor approach to gender integration which includes:
    - A project-level gender analysis (based on secondary or primary data as necessary);
    - A gender plan of action;
    - An internal gender policy to address institutional constraints;
    - A monitoring and evaluation process to assess the impact of broadened participation and attention to equity in the distribution of benefits; and
    - Adaptation of regional strategies to account for variation in gender relations across different types of settlements and ethnic groups.
  7. Request implementers to:
    - Conduct gender analyses at the beginning of new projects and subsequent qualitative assessments of changes in gender relations; and
    - Develop project level indicators to capture changes in gender relations.
  8. Create/update list of local gender experts and area of specialty by sector or program focus:
    - Offer information to local experts to familiarize them with USAID programs, policies (e.g., ADS regulations), and practices.
    - Call on local gender specialists to:
      - Become part of project implementation teams;
      - Support the Mission in its gender-focused data collection and analysis (surveys, focus groups, interviews); and
      - Conduct specialized studies and gender analyses on specific sectoral topics.



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