



**VISITOR AND
SHORT-TERM TEAMS
PRE-FIELD
INFORMATION BOOKLET
FOR
FHI BOLIVIA**

2002 Edition

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FOOD FOR THE HUNGRY INTERNATIONAL - BOLIVIA

WHO ARE WE AND WHAT ARE WE DOING?

Food for the Hungry International began operations in Bolivia in 1978 with a child sponsorship program near Lake Titicaca, employing a staff of less than ten people. The next few years brought little growth in the program since FHI was awaiting official recognition from the government of Bolivia. In 1983, when Bolivia was among the countries affected by the El Niño drought, FHI was one of the organizations asked to participate in the relief efforts. Staff size and program variety subsequently increased. Today, FHI Bolivia employs more than 180 staff members working in the four departments of La Paz, Potosí, Chuquisaca and Cochabamba.

One of FHI Bolivia's key goals has been to increase food security among the most vulnerable populations in the altiplano and valley regions while ministering to them spiritually. Many rural Bolivians live below the poverty line. In addition, the harsh climate and high altitudes associated with the altiplano (high-plain) and valley regions perennially contribute to food insecurity. At any given time, a significant number of people are lacking one or more of the three basic components of food security, i.e., food availability, food access and food utilization/consumption. In the past several years there have been pockets of drought and food shortages in all of the departments where FHI Bolivia operates its programs.

In an attempt to conserve and preserve food security, combined with the desire to care for God's creation, FHI Bolivia has recently launched its Natural Resources Management Program. The depletion and un-wise use of natural resources continues to be an issue for many Bolivians who live hand-to-mouth (a situation which often results in a lack vision for the future). Working in cooperation with the preservation of Bolivia's natural resources is the proper and efficient use of those resources. The Agricultural Production and Rural Incomes Program trains rural farmers in new agricultural techniques that both preserve the environment and increase production. Instruction is also given in improving methods of distribution for the purpose of income generation.

FHI Bolivia is also working to improve child survival and maternal health through preventative medical care and training in improved health, sanitation, and nutrition. The Integrated Health Program focuses on both education and improving water resources and sanitation. It is estimated that only 43% of the rural Bolivian population has access to potable water and only 39% has adequate sanitation (UNICEF, 1998). These percentages are estimated to be even lower in the poorer departments where FHI Bolivia is working, such as Potosí and Chuquisaca.

In Potosí, Cochabamba, and most recently Chuquisaca, FHI Bolivia operates its Child Development Program (CDP), which brings a variety of services and changes to communities. Through CDP, children and their families have benefited from various health, education, spiritual ministry and community development projects. Despite the name, the program is interested in the spiritual development of the entire family, offering such programs as community banks for mothers and lectures on Christian family life and marriage for both parents. Both the Potosí and one of the Chuquisaca programs operate in periurban areas that have received many migrants from rural areas seeking better health care, education and job opportunities. The Cochabamba and two of the Chuquisaca programs are rural and are based in several different areas.

In all areas and all projects, FHI Bolivia works to incorporate spiritual ministry alongside its ministry to the physical needs of the communities in which we work. Bible studies, youth programs, church planting and friendship evangelism are just some of the ways that FHI/B attempts to bring the gospel to Bolivia.

In summary, FHI Bolivia implements the following programs to help meet physical and spiritual needs:

- Natural Resources Management
- Agricultural Production and Rural Incomes
- Integrated Health Program (includes the Mother/Child Health Programs)
- Child Development Program (both peri-urban and rural)

NATURAL RESOURCES MANAGEMENT PROGRAM

Food security, health, and wealth of all people depend upon the quality of natural resources, but those directly using natural resources are often the first to experience decline in the quality of those resources. On the Bolivian *altiplano* and highland valleys, the majority of people still depend primarily on agriculture, livestock production, and forestry for their livelihood. Protecting their natural resources from depletion and degradation directly affects these people's health and livelihood potential. Because of the fundamental link between natural resources management and food security, FHI addresses both the process of resource degradation and the underlying causes of unsustainability. The program integrates support from FHI Agricultural Production and Rural Incomes activities with those of Integrated Health, Water and Sanitation to optimize NRM efforts.

FHI seeks to manage natural resources based upon appropriate integrated micro-watershed management. A watershed is the physical spatial division that binds the natural resources together at the local and regional levels. Watersheds permit resource management within specific geographic regions and allow for defining institutional responsibility for managing resources found in those regions. Reforestation and forest management, soil reclamation and management, flood control, landslides, erosion, and environmental contamination are all aspects of environmental management that are best managed within the framework of watersheds. Micro-watershed management is particularly important for Bolivia, a country with complex watershed characteristics.

FHI Bolivia's Natural Resource Management Program allows for sustainable increases in food availability and access by conserving and rehabilitating the natural resource base which sustains agricultural productivity and rural Bolivian economies. Biological utilization also improves by promoting and implementing natural resource management practices that ensure sustainable access to clean water and a healthy physical environment.

AGRICULTURAL PRODUCTION AND RURAL INCOMES PROGRAM

The Agricultural Production and Rural Incomes Program provides improved food availability by generating increases in productivity and production. These increases result from program interventions including improved productive infrastructure (access roads, irrigation systems, greenhouses, etc.), transfer of improved crop and livestock technologies through improved access to inputs (seeds, fertilizers, tools, etc.), and by reducing activities which deplete the natural resource base. Food access is increased by marketing surplus production to generate resources to obtain appropriate foods for a nutritious diet, some of which may not be produced on-farm. Food utilization is also improved by promoting and implementing agricultural practices that protect water resources from agricultural contaminants and promote a healthy physical environment.

Technology transfer practices include the validation of on-farm practices and promotion of technologies for sustainable improvement of crop and livestock production. These and other practices within FHI Bolivia's APRI program result in improvements in soil fertility management, pasture management, integrated pest management (IPM), control of livestock parasites, productive infrastructure (rural access roads, irrigation systems, greenhouses), post harvest facilities, processing centers, livestock shelters, and drinking troughs. Other extension and technology transfer assistance includes training in agribusiness management and marketing, and facilitating access to working capital through community revolving funds.

INTEGRATED HEALTH PROGRAM

FHI Bolivia's Integrated Health Program works to improve biological food utilization by improving access to clean water and sanitation services; improving prevention, detection and treatment of childhood diseases; and creating sustainable changes in household and community health and nutrition, food handling, and water & sanitation knowledge and practices. The program also improves food access by temporarily providing food rations to at risk women and children and promoting equitable food allocation within the household. Proper nutrition reduces lost work days due to illness, thereby increasing food production and availability.

Past and present FHI Integrated Health programs have focused on child survival, maternal health, nutrition education, and improved W&S activities and these remain focuses within the present program. However, renewed emphasis is now being given to integration, coordination, and capacity building to sustain program results. Sustainable nutritional improvements have been enhanced by introducing the Hearth or Positive Deviance

Nutritional Model. This approach examines why certain children in any given community are healthy and seeks to replicate the type of diet and care they receive amongst their peers within that same community. Local health capacity is further sustained through collaboration with a newly established network of voluntary health workers. The target diseases and interventions remain the same, but the methodology of Integrated Management of Childhood Illness creates the framework for maximum improvement in the health of children under five. Gender equity and the empowerment of women is also promoted through the WARMI (Quechua for “woman”) methodology of participatory development for the health and W&S programs.

CHILD DEVELOPMENT PROGRAM (CDP)

Despite the name, the Child Development Program benefits the entire community, not just the children who are matched with a sponsor. Strong emphasis is placed on participatory planning, and the CDP staff work closely with the established authorities in the community to determine what types of activities would be most appropriate for the needs of the children and their community.

Typical activities at a CDP center would include:

- Educational support to the children in the program through provision of school supplies
- Literacy and adult education courses (English, computers, knitting/weaving, dressmaking)
- Vocational school scholarships
- Development of libraries and study halls in which students can receive help in order to excel in their studies
- Evangelistic campaigns
- Emergency financial assistance to families abandoned by the breadwinner and to orphans
- Vaccination campaigns
- Training in nutrition and preventative health
- Primary health care through agreements with local clinics for reduced fees
- Community infrastructure projects such as sewer, water and sanitation systems, improved public lighting, etc.

SPIRITUAL MINISTRY

While Spiritual Ministry was formerly a separate program within FHI BOLIVIA, we are currently integrating it into all of the existing programs. Efforts are particularly focused on strengthening existing evangelical Christian congregations or starting congregations where none exist. "Model communities" in each region serve as hubs for concentrated activities, which may include leadership training, Sunday school for children, formation of cell groups, and training in evangelism. Strong urban churches are paired with the rural congregations to provide a long-term source of assistance and accountability for the rural churches.

This integrated approach is based upon Food For the Hungry International's comprehensive plan called the "Vision of Community". The VOC provides a strategy which seeks to develop, teach and support leaders in communities, churches, and families by instructing them about God's plan for their lives and how they can accomplish the vision that God has for their communities. The program also works with FHI's own staff to teach and train them on Biblical development principles and how to incorporate the message of VOC into each program's curriculum.

BOLIVIA



GENERAL INFORMATION

Bolivia is the only landlocked nation in South America. The topography runs from peaks of 20,000 feet (6,100 meters) to lush, subtropical valleys; the lower eastern areas have a hot, humid semitropical climate.

Bolivia is a developing nation in the lower half of the world's economies. Facilities for tourism are adequate, but vary greatly in quality. Adequate private medical care is available in La Paz and Santa Cruz but is not up to the standards of industrialized countries. In urban areas private facilities are better staffed and better equipped than public hospitals. Medical care is substandard outside La Paz and Santa Cruz.

Bolivia is a large country with about three times the land area of Japan, but with a population of only about 8 million people. It was conquered by the Spanish in the 1500s and exploited for its vast amounts of metals and minerals, in particular silver. It became independent in 1825, but there was much conflict and turmoil during its early years as an independent nation. There were a continual string of wars with neighboring nations and political takeovers within the government until 1982. Since that time there has been civilian rule and relative political stability. There was significant economic instability in the early 80s as well, with hyperinflation reaching 20,000% per year. However, this too came to an end during the mid 80s. While there is a slight recession currently, things are both politically and economically stable in Bolivia at this time.

BOLIVIAN CULTURE

Bolivia is a very unique country in South America. While most countries in South America have a large population of European decent, and an even larger percentage that is a mix between the natives and the Europeans, Bolivia is different in that over half of the population is made up of indigenous native peoples. This has resulted in a culture whose people who are generally quite reserved, quiet and non-confrontational. It has been noted that people from Asian countries relate well to Bolivians, due to some similar cultural traits. The following are some general points about Bolivian culture.

Family Life

- The family is very important to Bolivians, and many expectations are placed upon family members. Most single Bolivians live with a family member, usually the parents. Women usually will not consider moving to another city for a job unless there is a family member there for them to live with.
- Lunch is the big meal of the day and it's usually expected that people eat at home with their families unless they work too far from home to get back for lunch.
- The extended family is very important. Grandparents very often live with the family and cousins are important friends. Many Bolivians do not have strong friendships outside of the family and therefore it can be difficult for them to make friends with foreigners – they don't know how to do it.

- Machismo: With many married couples it is not permissible for a woman to socialize without her husband.
- Bolivia has a large number of children who are raised by a single parent. However, the parent and children are most often found living with extended family members. This allows the parent to work, while a grandparent (for example) watches the children.
- In social situations, preschool children are NOT generally expected to sit or play quietly (this includes church, weddings and other formal social events). This means that the noise level in social situations can be more than foreigners are used to. Since it is considered impolite to discipline someone else's child it is recommended simply that you adjust to this cultural difference. Expectations rise for children who are already in school.

Church Life

- In general the Bolivian people are very religious. While Bolivia officially remains a Catholic State, this should not be understood as pure Roman Catholicism. Bolivians are very syncretistic in their beliefs, combining elements of the Roman Catholicism that was forced upon them by the Spanish conquerors with their indigenous native beliefs and superstitions. There is much interest in appeasing spirits, especially Pachamama, the earth goddess to whom they offer various gifts when building houses, planting crops, etc. These can include blood sacrifices, and many other practices that mirror the practices of Wicca (witchcraft) and other earth religions.
- A rapidly-growing portion of Bolivia's population now call themselves evangelical Christians. They are becoming more active, and in general more respected in the country, but they do face opposition in some areas, particularly from some of the more devout Catholics.
- In general, Bolivian Christians tend to be very conservative in their lifestyles. While there are many churches in the larger cities founded upon solid doctrinal teaching, churches in the rural areas often lack sound Biblical teaching. This is due in large part, to the fact that many pastors have very little training and illiteracy rates are extremely high. Very few members of a rural church would be able to read, possibly even including the pastor.
- Bolivian churches, particularly smaller ones, usually hold some kind of event almost every night and expect that a good Christian will come to all of them. The reasoning is that if you're not in church you're doing something immoral or illegal, which is often the case in very small towns where there are very few healthy diversions to occupy oneself with. They take note if people do not come to everything.

Communication

- Body Language
 - Bolivians generally use very controlled, non-abrupt movements, avoiding broad, exaggerated gestures.
 - In rural settings it can be considered rude for you to sit on the ground even if everyone else is doing so. At formal meetings, if you are the visitor or guest of honor, there may be a lot of people you think deserve a chair more than you do....but let them do the deciding. Guests of honor do not sit on the ground.
 - It's impolite to go barefoot or even shoeless in someone else's home, unless they ask you to remove your shoes because they are dirty.
- Voice:
 - Bolivians do not speak loudly, even in an argument. People generally cover their mouths when they laugh, and laugh quietly. However, they are a fun-loving people who enjoy having a good time and laughing with each other.
- Greetings:
 - Bolivians normally greet everyone when they both enter and exit a room.
 - The normal greeting between men is a handshake and then a soft pat on the shoulder followed by another handshake.
 - The normal greeting between women is a handshake accompanied by a light kiss on the cheek.

- Between men and women there is some variety. It can be only a handshake, or it can be a handshake accompanied by a light kiss on the cheek. In general do the same thing that the person that is greeting you is doing. Being a foreigner, Bolivians most likely only greet you with a handshake.
- Table manners:
 - Eat quietly with your mouth closed.
 - Keep both hands above the table, and the napkin next to the plate.
- Clothes: The way people dress is a form of communication.
 - In general Bolivians are formal people. Both in the office and at social gatherings Bolivians wear nice clothes. It is expected that FHI workers will not wear worn out or tattered clothing while working in the rural areas. FHI employees realize that they are representing the organization to the community and dress appropriately for the circumstances.
- Aspects of work culture
 - Bolivians do not always have the same concept of efficiency that people coming from developed countries have. In general they work at a slower pace, but may work longer hours to make up the difference. This can often be a source of frustration for visitors, but it must be accepted as part and parcel of the culture.
 - Bolivians are very conscious of the authority structure. They closely respect the channels of communication. While in the central office in La Paz relationships between employees are more casual, the regional offices have a more formal feel, even in the language that is used.

BOLIVIA AT A GLANCE

CAPITAL CITY:	La Paz (Governmental), Sucre (Judicial)
POPULATION:	Approximately 8 million
POPULATION URBAN:	59.5%
AREA:	424,165 square miles (approx. the size of California & Texas)
GOVERNMENT:	Full democratic government since 1985
LANGUAGES:	Spanish, Aymara, Quechua and Guarani
RELIGION:	Roman Catholic, 89.5%; Evangelical Christians, 11.5%
CURRENCY:	The Boliviano, \$1 = 7.3 Bs (always rising)
GNP/CAPITA:	\$1019 (in 2001)
ALTITUDE:	Sea-level to 22,000 feet
CLIMATE:	Cold and dry in the highlands, to hot and humid in the lowlands
TIME ZONE:	Atlantic Time Zone. It is the same as Eastern Standard Time (ETS) during daylight savings time (Northamerican summer) and one hour ahead of ETS during Standard Time (Northamerican winter).
LIFE EXPECTANCY:	61 years
FLAG:	Horizontal bands of red, yellow and green
FLOWER:	The Kantuta
INDEPENDENCE DAY:	August 6, 1825

THE NEEDS OF BOLIVIA AT A GLANCE

LITERACY:	79.09% of persons 15 years and older nationwide
EDUCATION:	Of women aged 15-49 the average have spent a total of 5.6 years in school. Of men aged 15-49 the average have spent a total of 6.87 years in school. 69.54% of girls between 10-18 years of age currently attend school. 75.59% of boys between 10-18 years of age currently attend school.
POVERTY:	43.91% nationwide lives in a situation of chronic poverty – 25.53% of the urban population - 75.92% of the rural population
MALNUTRITION:	Acute malnutrition in children under age 5 is 7.35%
RESPIRATORY INFECTIONS:	39.68% in children under the age of 5.
INFANT MORTALITY	Infant deaths per 1000 live births within the country 60.60: rural 90, urban 60 The chief causes of this are diarrhea & acute respiratory infections, complicated by malnutrition.
IMMUNIZATIONS*:	Only 25% of children ages 12-23 have completed a vaccination schedule.
MATERNAL MORTALITY RATE*:	Mothers' deaths per 100,000 live births: rural 563, urban 262.
PRE-NATAL CARE*:	Women who receive no pre-natal care: rural 46.7%, urban 30%
POPULATION WITH ACCESS TO POTABLE WATER*:	**Rural 19%, urban 81%
POPULATION WITH ACCESS TO SANITATION*:	**Rural 17%, urban 63%
POPULATION LIVING IN HOMES WITH ELECTRICITY:	Rural 24.83%, urban 90.55%

This data comes from the Bolivian National Institute of Statistics. www.ine.gov.bo

*This data comes from the USAID, Bolivia Title II Mid-Term Evaluation, published in June 1999.

**This data (as noted in the USAID report) is from 1992 and is the most current reliable data, however, the numbers have changed from 1992.

BOLIVIAN HOLIDAYS

National Holidays

January 1	New Years Day
March 6-7 (date varies)	Carnival (the Sat, Sun, Mon, Tues before Ash Wednesday)
March – April (date varies)	Holy Week – Good Friday is a holiday
May 1	Labor Day
June 22 (date varies)	Corpus Christi
August 6	Bolivia Independence Day
November 2	All Saints (<i>Todos Santos</i>)
December 25	Christmas Day

Departmental Holidays

February 10	Oruro	September 14	Cochabamba
April 15	Tarija	September 24	Santa Cruz
May 25	Chuquisaca	September 24	Pando
July 16	La Paz	November 10	Potosí
		November 18	Beni

Important Bolivian Dates

March 8	International Day of the Woman
March 19	Fathers Day
March 23	<i>Día del Mar</i> (Day of the Sea)
April 7	<i>Día de la Salud</i> (Day of Health)
April 12	<i>Día del Niño</i> (Day of the Child)
April 22	<i>Día de la Tierra</i> (Day of the Land)
April 26	Secretaries Day
May 27	Mothers Day (1/2 day off for moms so they can attend school programs)
June 5	<i>Día del Medio Ambiente</i> (Earth Day/ Day of the Environment)
June 6	Teachers Day
August 2	<i>Día del Indio</i> (Day of the Indian)
August 17	<i>Día de la Bandera</i> (Day of the Flag)
September 21	<i>Día de la Juventud</i> (Day of the Youth)
October 1	<i>Día del Arbol</i> (Arbor Day/ Day of the Tree)
October 5	<i>Día nacional del Agua</i> (Day of the Water)
October 11	<i>Día de la Mujer</i> (Day of the Woman)
October 12	<i>Día de la Raza</i> (Columbus Day/ Day of the Human Race)

ALTITUDE SICKNESS

INTRODUCTION

FHI Bolivia works almost strictly in the highland areas of Bolivia and for this reason, all visitors should be prepared to recognize and respond to the symptoms of altitude illness. When visiting FHI Bolivia, you will encounter elevations ranging anywhere from 8,400 ft. (2,500 meters) in Cochabamba to in excess of 12,000 ft (3600 meters) in some of our rural work zones.

Altitude sickness results from the lower levels of oxygen available at high elevations. Although the human body can adjust to changes in altitude, the process (called acclimatization) takes time. Acclimatization is not completely understood, although there is some evidence that suggests genetic factors might play a part in an individual's response to altitude. Each person has their own "acclimatization line." Below it you probably won't experience altitude illness, but going above it causes symptoms to begin. For most people, this line initially lies somewhere near 9,000 feet (2,700 meters), but it can be adjusted by following preventive techniques.

PREVENTION

The simplest way to avoid or reduce the symptoms of altitude illness is to *ascend slowly* (whenever possible) to give your body time to become accustomed to changes in oxygen concentration. It's also important to increase your fluid intake to counteract symptoms of dehydration induced by dry mountain air and increased respiratory rate. The following are some simple precaution you can take to minimize the effects of adjusting to high altitudes:

- Water: Drink, drink and drink. You should drink at least two liters a day. Water is generally safe when boiled in the cities. Bottled water is readily available and is the safest option.
- Physical activity: The oxygen deprivation hits everyone differently, but most feel the effects to some degree. To avoid getting sick, take it easy for the first 48 hours or so. Walk slowly - take cabs - give yourself time to get where you need to go. Get a good night's sleep.
- The lack of oxygen affects your ability to digest food. Eating light meals can help you with the acclimatization process, freeing up extra energy for your body to perform other regular functions.
- Avoid drinking alcohol or using any unnecessary medications, since their effects may be increased at high altitudes. Sleeping pills, tranquilizers and narcotic-based pain relievers, in particular, can cause serious problems at high altitudes because they can decrease breathing rate. Consult with your health care provider about any medications you plan to bring with you.

SIGNS AND SYMPTOMS

All people, even healthy and fit persons, will feel symptoms of hypoxia (lack of oxygen) upon arrival at high altitude. Most people will have increased respiration and increased heart rate. Many people will have headaches, difficulty sleeping, lack of appetite, minor gastric and intestinal upsets, and mood changes.

Symptoms of altitude illness occur during ascent, not descent.

Danger signs include severe headache, extreme fatigue or breathlessness (especially while resting), and any neurological problems such as stumbling, confusion, poor judgment or changes in consciousness.

It is crucial to descend until symptoms begin to diminish if these signs are present.

FLYING OR DRIVING TO HIGH ALTITUDES

Flying or driving directly to a mountain destination does not allow the human body enough time to adjust to the altitude. As most visitors to FHI Bolivia arrive by plane it's a good idea to consult with your health care provider before you leave and discuss your need for medications to prevent and/or treat altitude illness. And remember, the same advice that applies to professional mountain-climbers applies to anyone at a high altitude: watch for signs of altitude illness, drink extra water, don't do too much too fast, and avoid alcohol and unnecessary medications, especially those that decrease breathing rate such as sleeping pills, tranquilizers and narcotic-based pain relievers.

HEALTH CONDITIONS

There is a good chance that those who have had altitude illness once will have it again at high elevations. If you have had altitude problems previously, if you have heart or lung problems, or if you are planning to go to extremely high altitudes, consult your health care provider to discuss your options for prevention and treatment of illness.

For those with diabetes, only the blood glucose meter called One Touch II works properly at altitudes over 6,000 feet. Other models give incorrect readings of blood sugar levels.

Please Note: The U.S. State Department's Office of Medical Services does not allow any official U.S. Government travelers to visit La Paz if they have any of the following:

- Sickle cell anemia or sickle cell trait: 30 percent of persons with sickle cell trait are likely to have a crisis at elevations of more than 8,000 feet.
- Heart disease: A man 45 years or older, or a woman 55 years or older, who has two of the following risk factors (hypertension, diabetes, cigarette smoking, or elevated cholesterol) should have a stress EKG and a cardiological evaluation before the trip.
- Lung disease: Anyone with asthma and on maximum dosage of medication for daily maintenance, or anyone who has been hospitalized for asthma within the last year should not come to La Paz.

HEALTH CONCERNS

VACCINES and MALARIA

Consult your doctor or local travel clinic for current recommendations on vaccinations. Below is a list of vaccines and medicines generally recommended when traveling to Bolivia. However, most of FHI Bolivia's work-zones are located in the highlands and outside of high-risk malaria and yellow fever areas

Yellow fever: An official yellow fever vaccination certificate may be required depending on your itinerary, plus being protected by the yellow fever vaccine is usually recommended if you'll be traveling outside of urban areas in regions where there is risk of yellow fever transmission.

- **Requirement:** A yellow fever vaccination certificate is required for travelers coming from infected areas.
- International health authorities consider Bolivia to be a yellow fever "infected" country because human cases of the disease have been reported in these departments: Cochabamba, El Beni, La Paz, Santa Cruz. Authorities also consider it "endemic" because the potential for disease transmission exists in areas that may not currently report human cases.
- **Other vaccines:** Depending on your itinerary, your personal risk factors, and the length of your visit, your health care provider may offer you vaccination against hepatitis A, typhoid, hepatitis B, rabies, or influenza. Routine immunizations, such as those that prevent tetanus/diphtheria or "childhood" diseases, should be reviewed and updated as needed.
- **Malaria:** Determine whether you'll be at risk for malaria and what preventive medicine you should take if you are.
 - Risk (predominantly *P. vivax*) exists throughout the year, excluding all urban areas and excluding Oruro Department, the provinces of Ingavi, Los Andes, Omasuyos, and Pacajes (La Paz Department), and southern and central Potosi Department (southwestern areas of Bolivia). Risk is highest below 8,200 feet (2,500 meters). *P. falciparum* malaria more likely occurs in El Beni and Pando (northeastern areas bordering Brazil), especially in the localities of Guayaramerin, Puerto Rico, and Riberalto. No risk on many typical itineraries including all urban areas and high altitude destinations such as Lake Titicaca or the Inca trail.
 - Medicines that protect against malaria in this area include mefloquine (Lariam), doxycycline, or atovaquone/proguanil (Malarone). Each has potential side effects and may be inappropriate for some people.
 - Because no malaria drug is 100% effective, if you have traveled in an area of malaria risk, seek immediate medical attention for any fever or flu-like illness occurring within 3 months of your return home. Be sure to tell your health care provider your travel history.

OTHER HEALTH ISSUES

- **Insect-borne diseases:** Insects transmit a variety of diseases in this country. Risk for most of these diseases will vary considerably according to your itinerary and activities. Mosquitoes, in particular, transmit yellow fever, malaria, and dengue fever, but are they are almost never encountered in the highland regions where FHI Bolivia works. Personal protective measures are important if you will be traveling to the lowland areas of the country including Santa Cruz. In certain highland areas, chagas is a risk. The carrier of this disease is the vinchuca bug which can often be found living in thatched roofs or wherever animals are present in high-risk zones. Teams and visitors will be advised if they will traveling into these zones and appropriate safety measures will be taken.
- **Food- and water-borne diseases:** Quite a few diseases, including hepatitis A and typhoid fever, are transmitted by unsanitary food handling procedures and contaminated water. Food and beverage precautions are essential in order to reduce chance of illness. The most common of this type are digestive disorders and stomach illnesses. Anti-diarrheal drugs and antibiotics such as ciproflaxin (cipro) may be brought or purchased within Bolivia as needed.
- **Tuberculosis** is common in all developing countries. However, this country has a prevalence of over 100 cases per 100,000 population, the highest WHO risk category. Most teams and visitors to FHI Bolivia come

for short periods of time reducing the risk of encountering the disease. However, travelers planning to stay more than 3 months should have pre-departure PPD skin test status documented. Avoid crowded public places and public transportation whenever possible. Domestic help should be screened for TB.

OTHER IMPORTANT INFORMATION

IMPORTANT PHONE NUMBERS AT A GLANCE

(All numbers are shown as if dialing from North America)

FHI Bolivia Contact Numbers

<i>FHI Offices</i>	<i>Numbers</i>	<i>English Speakers</i>
La Paz Central Office	011-591-2-222-9426	Diane Carazas, Patricia Salinas, Alfredo Fernandez
Cochabamba Regional Office	011-591-4-437-8407	Tricia Peterson, Christian Zavaleta
Sucre Regional Office	011-591-4-645-5515	Chris Parker, Jana Hofer

Emergency Contact Numbers

Steve Robertson	011-591-717-18111 (cell) 011-591-4-437-8407 (office) 011-591-4-428-7153 (home)	International Staff Coordinator
Diane Carazas	011-591-2-222-9426 (office)	Country Director

Embassy and Consulate Numbers

US Embassy, La Paz	011-591-2-243-0251
Japanese Embassy, La Paz	011-591-2-236-3860, 011-591-2-237-3151
Canadian Consulate, La Paz	011-591-2-243-1215

IN-COUNTRY LONG-DISTANCE PHONE CALLS

Pre-paid phone cards tend to be the most economical way of making long-distance calls within the country or to other parts of the world. Entel is the most frequently used long-distance provider and cards can be purchased on many street corners in the cities or in stores and Entel offices.

If you wish to place a collect call from within the country you can contact an ATT operator by dialing:

800-10-1111

BANKING AND MONEY

The national currency of Bolivia is the boliviano. In October of 2002, one US dollar will buy 7.38 bolivianos. Visitors bringing cash should exclusively bring US dollars, as exchanging other currencies can be a problem. Money can be exchanged both in banks and on the street from moneychangers. Rates are often slightly better on the street, but there is a lot of counterfeit money in circulation and street-changers are more apt to pass off bad bills to foreigners.

Major Credit cards and travelers checks can be used all the major cities in Bolivia. Credit cards however, are usually available for use in upper-end restaurants, stores and hotels. ATM machines are also available in all the cities where FHI has a regional office. Money can be withdrawn in both US dollars and bolivianos.

If you plan on traveling outside the cities, bolivianos are the only form of payment that will be accepted in rural areas.

SAFETY CONCERNS

Travel Advisories

Travel advisories are available from government websites or Departments of State in most developed countries. The advisories provide specific information for citizens wishing to travel to Bolivia. *The material below is reprinted from the U.S. Department of State. Information regarding health measures, if given here, may differ from what is presented elsewhere in this report.*

Consular Information Sheet - October 17, 2002

COUNTRY DESCRIPTION: Bolivia is a developing country with a growing economy. Tourist facilities are adequate, but they vary greatly in quality. The capital is La Paz.

ENTRY AND EXIT REQUIREMENTS: A valid U.S. passport is required to enter and depart Bolivia. U.S. citizens do not need a visa for a stay of one month or less (that period can be extended upon application to 90 days). Visitors for other purposes must obtain a visa in advance. U.S. citizens whose passports are lost or stolen in Bolivia must obtain a new passport and present it, together with a police report of the loss or theft, to the Bolivian government immigration office in La Paz, Cochabamba, or Santa Cruz to obtain permission to depart. An exit tax must be paid at the airport when departing Bolivia. Travelers who have Bolivian citizenship or residency must pay an additional fee upon departure. For further information regarding entry, exit, and customs requirements, travelers should contact the Consular Section of the Bolivian Embassy at 1819 H Street, N.W, Suite 240, Washington, DC 20006; telephone (202) 232-4827/4828; or the Bolivian consulate in Houston, Los Angeles, Miami, New Orleans, New York, San Francisco, or Seattle.

ADDITIONAL REQUIREMENTS FOR MINORS: Minors (under 18), who are citizens or residents of Bolivia and who are traveling alone, with one parent or with a third party, must present a copy of their birth certificate and written authorization from the absent parent(s) or legal guardian, specifically granting permission to travel alone, with one parent or with a third party. When a parent is deceased, a notarized copy of the death certificate is required in lieu of the written authorization. If documents are prepared in the United States, the authorization and the birth certificate must be translated into Spanish, notarized, and authenticated by the Bolivian Embassy or a Bolivian consulate within the United States. If documents are prepared in Bolivia, only notarization by a Bolivian notary is required. This requirement does not apply to children who enter the country with a U.S. passport as tourists, unless they hold dual U.S./Bolivian citizenship.

SAFETY AND SECURITY: Violence and civil unrest, primarily associated with anti-narcotics activities in the Chapare region between Santa Cruz and Cochabamba, and the Yungas region northeast of La Paz, periodically create a potential risk for travelers to those regions. Violent confrontations between area residents and government authorities over coca eradication occasionally result in the use of tear gas and stronger force by government authorities to quell disturbances. U.S. citizen visitors to the Chapare or Yungas regions are encouraged to check with the Consular Section of the U.S. Embassy prior to travel.

Demonstrations by various local groups protesting government or private company policies occur frequently in urban areas, even in otherwise peaceful times. Protesters occasionally use explosive devices and, in some cases, the police have used tear gas and force. Strikes and other civic actions can occur at any time and can disrupt transportation on a local or national level.

Civil unrest has become more generalized, spreading to regions throughout the country, both in urban and rural areas. Protesters have blocked roads with stones, trees, and other objects, and they have reacted violently when travelers attempted to pass through or go around roadblocks. U.S. citizens should avoid roadblocks and demonstrations at all times. U.S. citizens considering a visit to Bolivia should keep apprised of current conditions and monitor local news sources before considering overland travel within the country.

Although there have been no terrorist-related attacks against U.S. official or private interests or persons in Bolivia

since 1995, there is a potential for such incidents. U.S. citizens have not been targeted in recent bombing incidents, which are normally intended to cause only property damage.

CRIME INFORMATION: Street crime, such as pick-pocketing and theft from parked vehicles, happens with some frequency in Bolivia. Theft of cars, particularly late-model four-wheel-drive vehicles, is relatively common. Hijacking of vehicles has been known to occur, and travelers should take appropriate precautions to avoid being victimized.

Muggings and thefts of bags and backpacks have become a problem in certain sections of La Paz, primarily in the downtown area near Calle Sagarnaga and in the Cementerio area. In a typical mugging, the victim is grabbed from behind in a choke-hold, while an accomplice robs the victim of passport, money, and credit cards. Often the victim is rendered temporarily unconscious. In other cases, the thief surreptitiously places a disagreeable substance on the clothes or backpack of the intended victim, and then offers to assist the victim with the removal of the substance. While the person is distracted, the thief or an accomplice will grab the bag or backpack and flee. In such a situation, the visitor should decline assistance and walk briskly from the area. Visitors should avoid being alone on the streets, especially after 6:00 p.m.

Recently, female tourists reported being drugged and raped by a tourist guide in the city of Rurrenabaque, in the Beni region. Visitors should be careful when choosing a tour operator and should not accept any type of medication or drugs from unreliable sources.

The loss or theft abroad of a U.S. passport should be reported immediately to the local police and the nearest U.S. embassy or consulate. U.S. citizens can refer to the Department of State's pamphlet, *A Safe Trip Abroad*, for ways to promote a more trouble-free journey. This publication and others, such as *Tips for Travelers to Central and South America*, are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402; via the Internet at http://www.access.gpo.gov/su_docs or via the Bureau of Consular Affairs home page at <http://travel.state.gov>.

MEDICAL FACILITIES: Medical care in large cities is adequate for most purposes, but it is of varying quality. Medical facilities, even in La Paz, are not adequate to handle serious medical conditions, such as cardiac problems.

MEDICAL INSURANCE: The Department of State strongly urges Americans to consult with their medical insurance company prior to traveling abroad to confirm whether their policy applies overseas and if it will cover emergency expenses such as a medical evacuation. U.S. medical insurance plans seldom cover health costs incurred outside the United States unless supplemental coverage is purchased. Further, U.S. Medicare and Medicaid programs do not provide payment for medical services outside the United States. However, many travel agents and private companies offer insurance plans that will cover health care expenses incurred overseas, including emergency services such as medical evacuations.

When making a decision regarding health insurance, Americans should consider that many foreign doctors and hospitals require payment in cash prior to providing service and that a medical evacuation to the United States may cost well in excess of \$50,000. Uninsured travelers who require medical care overseas often face extreme difficulties. Most air ambulance services cannot fly into La Paz, as their aircraft must be pre-certified for landing and taking off at La Paz's airport, located at an altitude of over 13,000 feet (4,000 meters) above sea level. When consulting with your insurer prior to your trip, please ascertain whether payment will be made to the overseas healthcare provider or if you will be reimbursed later for expenses that you incur. Some insurance policies also include coverage for psychiatric treatment and for disposition of remains in the event of death.

Useful information on medical emergencies abroad, including overseas insurance programs, is provided in the Department of State's Bureau of Consular Affairs brochure, *Medical Information for Americans Traveling Abroad*, available via the Bureau of Consular Affairs home page or autofax: (202) 647-3000.

OTHER HEALTH INFORMATION: Information on vaccinations and other health precautions may be obtained from the Centers for Disease Control and Prevention's hotline for international travelers at 1-877-FYI-TRIP (1-877-394-8747); FAX: 1-888-CDC-FAXX (1-888-232-3299); or via the CDC's Internet site at <http://www.cdc.gov>.

HIGH-ALTITUDE HEALTH RISKS: Prior to departing the United States for high-altitude locations over 10,000 feet above sea level, such as La Paz, travelers should discuss the trip with their personal physician and request information on specific recommendations concerning medication and lifestyle tips at high altitudes. A useful web site is www.high-altitude-medicine.com. Although coca-leaf tea is a popular beverage and folk remedy for altitude sickness in Bolivia, possession of these tea bags, which are sold in most Bolivian grocery stores, is illegal in the United States.

TRAFFIC SAFETY AND ROAD CONDITIONS: While in a foreign country, U.S. citizens may encounter road conditions that differ significantly from those in the United States. The information below concerning Bolivia is provided for general reference only, and it may not be totally accurate in a particular location or circumstance.

Safety of Public Transportation: Poor
 Urban Road Conditions/Maintenance: Poor
 Rural Road Conditions/Maintenance: Poor
 Availability of Roadside Assistance: Poor

Road conditions in Bolivia are extremely hazardous. Although the major population centers of La Paz, Santa Cruz, and Cochabamba are connected by improved highways, less than five percent of all roads in Bolivia are paved. For trips outside the major cities, especially in mountainous areas, a four-wheel-drive vehicle is highly recommended. Travel during the rainy season (November through March) is extremely difficult because most routes are potholed, and many roads and bridges are washed out. Added dangers are the lack of formal training for most drivers, lack of lights on speeding vehicles at night, and drunk drivers, including commercial bus drivers. Fatal crashes, fender-benders, and car/pedestrian accidents are commonplace.

Drivers of vehicles involved in traffic accidents are expected to remain at the scene until the arrival of local police authorities. Any attempt to leave the scene would be in violation of Bolivian law and could place the driver and passengers at risk of physical harm. The U.S. Embassy is aware of three incidents in Santa Cruz during 2001 in which a vehicle involved in an accident was surrounded by local citizens who pounded on the sides of the vehicle and made threats against the driver. There have been no reports of actual physical attacks on drivers or passengers involved in accidents, although the potential does exist. The Embassy believes that any attempt to flee the scene of an accident would place the driver and passengers at greater risk of harm than if they were to remain at the scene until the arrival of local police.

For additional general information about road safety, including links to foreign government sites, please see the Department of State, Bureau of Consular Affairs home page at http://travel.state.gov/road_safety.html.

AVIATION SAFETY OVERSIGHT: The U.S. Federal Aviation Administration (FAA) has assessed the Government of Bolivia's Civil Aviation Authority as Category 1 -- in compliance with international safety standards for oversight of Bolivia's air carrier operations. For further information, travelers may contact the Department of Transportation within the United States at tel. 1-800-322-7873, or visit the FAA's Internet web site at <http://www.faa.gov/avr/iasa/>.

The U.S. Department of Defense (DOD) separately assesses some foreign air carriers for suitability as official providers of air services. For information regarding the DOD's policy on specific carriers, travelers may contact the DOD at tel. (618) 229-4801.

CUSTOMS REGULATIONS: The Bolivian government has very strict laws concerning attempted theft or removal from Bolivia of any item that it considers to be a national treasure. The Bolivian and U.S. governments are currently completing renewal of a cultural property protection agreement. In addition to the traditional examples of pre-Colombian artifacts, certain historical paintings, items of Spanish colonial architecture and history, and some native textiles, the Bolivian government also considers certain flora, fauna, and fossils as national treasures. It is illegal to remove any such items from Bolivia without prior written permission from the appropriate Bolivian authority. Any type of fossil excavation, even picking up a fossil, without prior written authorization from the appropriate Bolivian authority, is also illegal. Violation of the law can result in lengthy jail sentences and fines. Please contact the Embassy of Bolivia in Washington, D.C. or one of Bolivia's consulates in the United States for specific information regarding customs requirements.

CRIMINAL PENALTIES: While in a foreign country, a U.S. citizen is subject to that country's laws and regulations, which sometimes differ significantly from those in the United States and may not afford the protections available to the individual under U.S. law. Penalties for breaking the law can be more severe than in the United States for similar offenses. Persons violating Bolivian laws, even unknowingly, may be expelled, arrested or imprisoned. Penalties for possession, use, or trafficking in illegal drugs in Bolivia are strict, and convicted offenders can expect lengthy jail sentences and fines. Incarcerated persons can expect to wait longer than two years before being sentenced. Prison conditions are very primitive, and prisoners must pay for their own room and board.

SPECIAL CIRCUMSTANCES: It often takes years to reach a decision in Bolivian legal cases, whether involving property disputes, civil, or criminal matters. The court sometimes orders a defendant held in jail for the duration of the case. Lists of local Bolivian attorneys and their specialties are available from the Consular Section of the U.S. Embassy in La Paz and the U.S. consular agencies in Santa Cruz and Cochabamba.

Civil marriage in Bolivia of U.S. citizen non-residents to Bolivians is possible if all documentary requirements are met. The Bolivian potential spouse should check with the Office of the Civil Registry in La Paz (tel. 591-2-2316-226 or 2338-884) (fax 2390-919) to determine what documents are required. An affidavit that the U.S. citizen is single is required and may be notarized at the U.S. Embassy. The U.S. Embassy does not authenticate U.S. civil documents, such as birth certificates, for local use. All required U.S. documents must be translated and authenticated by a Bolivian consular officer in the United States.

CHILDREN'S ISSUES: For information on international adoption of children and international parental child abduction, please refer to the Department of State's Internet site at http://travel.state.gov/children's_issues.html or telephone (202) 736-7000.

REGISTRATION/EMBASSY LOCATION: U.S. citizens living in or visiting Bolivia are encouraged to register at the Consular Section of the U.S. Embassy in La Paz and obtain updated information on travel and security in Bolivia. The Consular Section is open for U.S. citizen services, including registration, from 8:30 a.m. to 12:30 p.m. weekdays, excluding U.S. and Bolivian holidays. The U.S. Embassy is located at 2780 Avenida Arce in La Paz; tel. (591-2) 2433-812 during business hours 8:30 a.m.-5:30 p.m., or (591-2) 2430-251 for after-hours emergencies; fax (591-2) 2433-854; Internet: <http://www.megalink.com/usemblapaz>. There are also U.S. consular agencies in Santa Cruz and Cochabamba, which are open weekday mornings from 9:00 a.m.-12:00 noon, excluding U.S. and Bolivian holidays. The Consular Agency in Santa Cruz is located at Calle Guemes 6, Barrio Equipetrol; tel. (591-3) 3363-842 or 3330-725; fax (591-3) 3325-544. The Consular Agency in Cochabamba is located at Avenida Oquendo 654, Torres Sofer, Room 601; tel. (591-4) 4256-714; fax (591-4) 4257-714.

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This replaces the Consular Information Sheet dated October 23, 2000, to update sections on Entry and Exit Requirements, Safety and Security, Crime, Other Health Information, Traffic Safety and Road Conditions, Aviation Safety Oversight, and Registration/Embassy Location; and to include a section on Special Circumstances.

DETAILED MAP OF BOLIVIA

ENDNOTES

THREE TYPES OF ALTITUDE SICKNESS

1. Acute mountain sickness (AMS) typically appears at altitudes above 8,000 feet (2,400 meters), though illness can begin at elevations as low as 5,000 feet (1,500 meters) in some individuals. Symptoms usually appear within a few hours of ascent, and may include one or many of the following:

- headache
- insomnia
- irritability
- dizziness
- muscle aches
- fatigue
- loss of appetite
- nausea or vomiting
- swelling of the face, hands and feet

If you experience mild AMS symptoms, limit your activity level and remain at the same altitude for a day or two before resuming the climb. Aspirin or ibuprofen can be used for headache. If symptoms become worse during a day of rest, it is very important to descend until you begin to improve.

The sulfa drug acetazolamide¹ has been shown to prevent or lessen AMS symptoms by increasing breathing rate and helping with acclimatization. For prevention, 125-250 mg twice a day is commonly recommended, to be started the day before ascent and continued for several days at altitude. The same dose has been effective in treating AMS when given at the onset of symptoms and continued for 1 day after symptoms have cleared.

Dexamethasone² can improve symptoms long enough for severely ill climbers to descend to safety and medical help, but it is not curative and does not promote acclimatization. The dose typically recommended is 4 mg every 6 hours. It is not recommended for AMS prevention.

Depending on the severity of the illness, additional drugs and oxygen treatment may be necessary. Consult your health care provider or travel medicine specialist for specific recommendations about prevention and treatment.

2. High Altitude Cerebral Edema (HACE) can be thought of as a worsening of AMS symptoms, with the addition of changes in consciousness and/or a loss of coordination as intracranial pressure increases. Those affected may hallucinate, appear confused and begin to stumble or stagger. They can have severe headaches and incapacitating fatigue. This is a dangerous form of altitude illness, and it can lead to coma and death. Dexamethasone² (usually 4 mg every 6 hours) can often improve symptoms long enough for severely ill climbers to descend to safety and medical help, but it is not curative and does not promote acclimatization. *It is crucial for the victim to descend and receive drug and oxygen treatment.* Climbers need to watch each other for symptoms, since victims may be unable to grasp the problem. People who have experienced HACE should not be allowed to begin climbing again, even if they have improved.

3. High Altitude Pulmonary Edema (HAPE) is a buildup of fluid in the lungs that can occur along with HACE or as a separate illness. Like HACE, it is a medical emergency. Those affected will be breathless and very tired when walking, and have a sense of fullness or pressure in the chest. Eventually victims will be short of breath even while resting. At this point the illness can rapidly progress to death. *Victims must be guided back down and receive drug and oxygen treatment as soon as their illness is recognized as HAPE.* They should be kept warm and assisted as much as possible, since exertion will make their condition worse. Drug treatment often includes 10 mg of Nifedipine³ every 8 hours to reduce pressure in the pulmonary artery. Some people have chosen to ascend again after recovering from HAPE, but this is not recommended.

OVERVIEW OF MEDICATIONS

1. Acetazolamide may cause tingling in hands and feet or nausea in some people. It is commonly used as a diuretic, and will usually increase urination. It should not be used by those with allergies to sulfa drugs, with kidney or liver disorders, on high-dose aspirin therapy, or by women who are pregnant or nursing. Always consult your health care provider for specific recommendations.

2. Dexamethasone is a steroid, commonly used to reduce inflammation. Since its use in altitude illness is usually of short duration, side effects caused by prolonged steroid use do not usually apply. If used for over 10-14 days, it may cause changes in blood sugar, blood pressure, immune system function and thought processes. Always consult your health care provider for specific recommendations.

3. Nifedipine improves blood flow and reduces the need for oxygen. It is commonly used to relieve heart pain and hypertension. It can cause a drop in blood pressure, which typically makes people feel weak and dizzy. It can also cause headache, nausea, dizziness, and swelling of the legs in some people. It should not be used by women who are pregnant or nursing. Always consult your health care provider for specific recommendations.