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Technical Meeting Tenth Conference of Spouses of Heads of State and Government of the Americas

Lima, Peru
June 26 - 29, 2000

GENERAL INFORMATION

Background

The Spouses of Heads of State and Government of the Americas have been meeting for nine years, to swap experiences and share new initiatives for the promotion of social policies, programs, and projects which will be an effective contribution to help their respective governments address their countries' common problems.

These meetings began in 1980, with the participation of the Central American countries. Starting in 1991, in Venezuela, the First Ladies of Latin America and the Caribbean voted to hold these meetings annually. In 1994, the meetings became an "hemisphere event" when, for the first time, Canada and the United States of America took part. The nine earlier conferences took place in Canada (1999), Chile (1998), Panama (1997), Bolivia (1996), Paraguay (1995), Santa Lucía (1994), Costa Rica (1993), Colombia (1992) and Venezuela (1991).

During this time, the Spouses of Heads of State and Government of the Americas have been able to share, assess and expand the results achieved, through an updating of concepts, knowledge and capacities, and the sharing of innovative experiences, and thus they have been able to contribute to development efforts, and benefit from such efforts, in the areas they consider to be of greatest concern.

Regional Participation

Since 1991, Peru has played an active role in these events, recognizing and reaffirming its regional commitment to face common challenges, in particular those relating to the health and education of women, children, and adolescents; promoting the introduction of effective social policies which, in conformity with the national priorities and the agreements and commitments entered into by the

countries at summit meetings and world conferences, help to boost the development and well-being of the societies and to underpin the processes of integration and cooperation among our countries.

In this context, Peru, aware of the importance of these opportunities for sharing and growth among the countries of the region and of the need to guarantee the continuity of these Conferences, especially now that their tenth anniversary, is celebrated, is pleased to accept the role of host country and rise to the challenge of organizing the Tenth Conference of Spouses of Heads of State and Government of the Americas.

Tenth Conference

The Tenth Conference of Spouses of Heads of State and Government will take place in the City of Lima from October 4 to 6, 2000.

Since adolescents today account for more than a fifth of the total population of the region, it was felt necessary to give priority attention to them. Some 160 million adolescents have been found to be at serious risk as far as their health is concerned as a result of accidents, adolescent pregnancies and AIDS, and for many of them, exclusion from society means getting involved in situations of violence, delinquency, and a lack of social recognition. There are few societies in the region which offer them opportunities for participating in the life of the community or its political organizations. For these reasons, and because of the energetic and creative potential that these adolescents bring to the immediate future of their countries, the main theme suggested for the Tenth Conference is "Adolescents in the Americas", and the motto selected for the Conference is "Adolescents of the Americas: Forgers of a New Millennium".

As established in the previous conferences, the host country is, also, responsible for organizing a Preliminary Technical Meeting prior to the main Conference. The Technical Meeting will be held this year from June 26-29, to enable the delegates and government technical advisers of each country, as well as the international cooperation agencies, to carry out a follow-up of the projects endorsed at the previous conferences, and submit new projects for the information and/or consideration of those present. At this meeting, the delegates also study and revise the provisional Conference documents and discuss their logistics and security provisions, which, once approved, will be backed by the First Ladies during the Conference and reflected in the Declaration to be signed.

It should be noted that the international cooperation agencies provide significant support through their active participation, and their close cooperation in support of regional and sub-regional initiatives which embody the interests and needs of the most impoverished segments of the population. On this occasion, the international agencies will present follow-up reports on the projects endorsed at the previous conferences, regional assessments on the four sub-topics of the Conference, as well as new projects and proposals to help improve the situation of our adolescents.

Participating agencies include the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), The United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Office (ILO), the Pan-American Health Organization (PAHO), the Latin-American Youth Organization (OIJ), the Inter-American Institute of Agricultural Sciences (IICA), the Inter-American Commission on Women (CIM) and the Organization of American States (OAS).

Forum for Adolescents of the Americas

The Organizing Committee of the Tenth Conference, in a departure from tradition, deemed it important that the topic not be addressed solely by those responsible for drawing up and enforcing social policies in their respective countries; rather, they wanted the voice of the main actor on the receiving end of these policies to be heard. For this reason, a Forum for Adolescents of the Americas has been planned - "The Voice of a New World" - to take place concurrently with the Technical Meeting.

The participation of adolescent leaders from the different countries of the Americas in this Forum will encourage a sharing of experiences with its consequent enriching of their knowledge and skills, and the Forum will be a source of additional strength to them. The event will, also, provide the participants with an overview of the region's social panorama from the adolescent viewpoint. Their analyses will give a more direct, more realistic insight into their genuine concerns, their main problems, and their proposals and suggested solutions.

The product of this event will be a compilation of the statements of each one of the adolescent participants, to form a tangible proposal which will enable the decision-making authorities of each country to design and strengthen the social policies that they develop in relation to adolescent boys and girls.

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3

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History and Ongoing Projects from Previous Conferences

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting

History and Ongoing Projects from Previous Conferences

I. Background

The Spouses of Heads of State and Government of the Americas have been meeting for the past nine years with the purpose of approving a social agenda of the Americas to promote the social policies of the governments of their countries.

During these years, the Spouses of Heads of State and Government of the Americas have acknowledged that their countries face common challenges, particularly in relation to the health and education of women, children and adolescents; and they have consequently reiterated their full support towards the promotion of national and regional projects and programs to achieve the development and welfare of their countries.

Within this context, the actions adopted in the Conferences are currently being developed according to the needs, priorities and national policies pursuant to the agreements and commitments adopted by the countries at World Summits and Conferences, as well as with those proposed by the International Cooperation Organizations.

Below you will find a summary of the priorities adopted by the First Ladies and Spouses of Heads of State and Government of the Americas throughout these nine events:

First Latin American and Caribbean Encounter of First Ladies "Meeting of First Ladies in Aid of Childhood, Youth, Women and Family"
Declaration of Venezuela (Caracas, Venezuela, September 1991)

Objectives:

1. Jointly promote and support governmental initiatives and policies aimed at the strengthening of processes for the integration and cooperation of our countries, with emphasis on the protection of the most vulnerable sectors of our societies.
2. Prepare a Directory of Social Projects.

Priority Areas:

- a) Child survival
- b) Daily childcare
- c) Minors at risk and in particularly difficult circumstances
- d) Pregnancy in teenagers
- e) Responsible parenthood
- f) Creation of productive projects

Second Meeting of First Ladies of Latin America and the Caribbean

"In Aid of Childhood, Youth, Women and Family"

Declaration of Colombia (Cartagena de Indias, Colombia, September 1992)

Objectives:

1. Develop regional projects and initiatives in aid of childhood, youth, women, in particular, in the Inter-American Development Bank (IDB) and the Inter American Institute for Cooperation in Agriculture (IICA).
2. Promote integration channels between countries.

Priority Areas:

- a) Elimination of neonatal tetanus in the region
- b) Breastfeeding/nursing
- c) Pregnancy in teenagers
- d) Rural women
- e) Drug smuggling and consumption
- f) Native communities

Third Meeting of First Ladies of Latin America and the Caribbean

Declaration of Costa Rica (San José, Costa Rica, September 1993)

Objectives:

1. Foster initiatives aimed at the design of family orientated integrated public policies that respect their diversity and cultural identity.
2. Contribute towards the promotion and proposal of governmental actions aimed at preventing child labor.
3. Join efforts for the execution and consolidation of National Action Plans in favor of Childhood, particularly those related to breastfeeding, immunization programs for women and children at risk, in particular for neonatal tetanus and measles.
4. Support the design and execution of educational projects that promote the creative and healthy use of free time by family members.

Priority Areas:

- a) Rural women
- b) Child labor
- c) Urchins and children on the street
- d) Promotion of the International Year of the Family

**Fourth Conference of Spouses of Heads of State
and Government of the Americas -"Women"**

Declaration of Santa Lucía (Castries, Santa Lucía, October 1994)

Objectives:

1. Institutionalize the perspective according to gender in the National Development Plans.
2. Develop actions aimed at achieving changes for the incorporation of women under equal opportunities.

Priority Areas:

- a) Prevention of pregnancy in teenagers
- b) Aid for street children consumers of psychoactive substances (drugs).
- c) Prevention of cervix and breast cancer
- d) Child labor
- e) Rural women

**Fifth Conference of Spouses of Heads of State and Government of the Americas –
“Health and Education of Women and Children”**

Declaration of Paraguay (Asunción, Paraguay, October 1995)

Objectives:

1. Promote strategies and activities to improve the health and education of women and children, giving priority to rural and marginal urban areas.
2. Promote the access of girls and women to official and non-official educational programs to ensure their full participation in society under equal opportunities.

Priority Areas:

- a) Health of women and children
- b) Education of women and children

**Sixth Conference of Spouses of Heads of State and Government of the Americas-
“Women’s and Children’s Rights Within the Context of Sustained Human Development”**

Declaration of La Paz (La Paz, Bolivia, December 3 - 6, 1996)

Objectives:

1. Promote and protect the exercising of rights and fundamental freedom of the population of the Americas to improve their quality of life by the development of actions aimed at supporting the social policies of their respective governments, particularly in favor of women and children.
2. Join efforts aimed at complying with the commitments approved at the Declaration of Spouses of Heads of State and Government of the Americas and the Platforms and Action Plans of El Cairo, Copenhagen, the Summit of the Americas, Beijing and the goals of the World Summit in aid of Childhood.

Priority Areas:

- a) Education and training of women and girls.
- b) Health of women and children
- c) Domestic violence
- d) Women’s participation in decision making and positions of power
- e) Childhood and adolescence rights

**Seventh Conference of Spouses of Heads of State and Government of the Americas-
"Let us Build America's Future with Human Rights and a Culture of Peace"
Declaration of Panama (Panama City, Panama October 8 and 9, 1997)**

Objectives:

1. Combine efforts to improve accessibility and the quality of overall health care services aimed at children and adolescents, respecting their ethnic, social-cultural background and sex.
2. Sensitize and promote training activities aimed at the educational sector and other governmental bodies, family clusters, the private sector, the media and base-line groups to facilitate, support and adopt a new schooling model, developing positive and respectful attitudes towards the rights of children and adolescents.

Priority Areas:

- a) Prevention of pregnancy in teenagers
- b) Cancer prevention and control
- c) Eradication of measles
- d) Elimination of all forms of violence
- e) Reduction of morbidity and -mortality in mothers
- f) Performance of childhood rights and duties
- g) Improvement of the quality of educational systems in childhood
- h) Equitable access of children (boys and girls) to education
- i) Reasonable access of women to decision-making processes

**Eighth Conference of Spouses of Heads of State and Government of the Americas –
"Today America Builds the Paths of the Year 2000"
Declaration of Santiago (Santiago, Chile, September 28 to 30, 1998)**

Objectives:

1. Establish specific needs and promote the development of social programs aimed at contributing towards the reduction in the rate of pregnant teenagers in the Region and the maternal mortality rate caused by HIV/AIDS.
2. Impel the promotion of child development
3. Promote equal opportunities and treatment for women, as an indicator of the effective progress made in the consolidation of democratic mechanisms intended to strengthen women's skills, with particular emphasis on the promotion and development of their leadership.

Priority Areas:

- a) HIV/AIDS prevention
- b) Education in rights and peace culture
- c) Public health surveillance
- d) Health promotion in schools
- e) The elderly

**Ninth Conference of Spouses of Heads of State and Government of the Americas –
“Women of the Americas: Agents for Progress”**

Declaration of Ottawa (Ottawa, Canada, September 29 to October 1, 1999)

Objectives:

Through the exchange of ideas and opinions develop the building of cooperation in the hemisphere and the integration of efforts between the countries in the Region for the struggle against poverty and the full exercise of equal rights and opportunities for all.

Priority Areas:

- a) Reproductive health
- b) Violence prevention
- c) Equitable access to adequate health services
- d) Integral development of early childhood

II. Report on Ongoing Projects Approved at Previous Conferences

Subject: Prevention of all Forms of Domestic Violence

Project: Prevention of Domestic Violence

Endorsed: First Latin American and Caribbean Encounter of First Ladies.
Venezuela 1991

Violence, in particular domestic violence, constitutes a problem of public health and human rights, the consequences of which are evidenced in the psychological and physical health of women, children (boys and girls), youngsters and the elderly. Similarly, this problem represents a high social and economic cost for countries due to the low productivity of women in the labor market, the low performance of boys and girls in school as well as the high cost adopted by governments for the treatment of the victims of this type of violence, through its different public services.

At this Meeting, the Spouses of Heads of State and Government of the Americas have officially stated their support for the preparation and implementing of educational policies and campaigns aimed at the prevention and elimination of all forms of violence at a regional level.

Project: Regional Initiative in Support of the Prevention, Sanction and Elimination of Domestic Violence

Endorsed: Sixth Conference of Spouses of Heads of State and Government of the Americas, Bolivia 1996

Domestic violence continues to encounter much resistance for its control and eradication, and therefore seeking direct and specific actions to find alternatives for solution continues to be imperative.

This project was approved, with the purpose and commitment to support the prevention, sanction and elimination of domestic violence within a regional perspective, promoting the ratification of the "Belem do Pará" Inter American Convention as well as its strict performance.

At the Seventh Conference held in Panama in 1997, the project continued under the name of "Prevention and Control of all Forms of Domestic Violence", seeking a consensus with the different social agents for the issuing of laws that may contribute towards its development and consolidation.

Project: Legislation, Legal Systems and the Education of Judges, Protection for Children in Schools and Practical Operating Systems in Each Country

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

In view that violence also reduces the productivity of persons, the quality of their lives and their capacity to contribute towards the development of society, the proposed project is aimed at preventing acts of violence against the most vulnerable

members of the family, through the participation of the State and civil society. This project is being developed in ten countries of the Region: Belize, Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Peru.

The participation of the Ministries of Education in this effort should be highlighted, in countries such as: Belize, Panama and Peru that have been incorporating the subject of domestic violence in the curricula of Primary schooling, the curricula of the Police Academy in the case of Nicaragua, and the incorporation of prevention strategies within National Plans, through training, control and information systems on domestic violence, in the case of Bolivia and Honduras. In this sense, Latin American countries have made significant progress in the eradication of violence, particularly in the penalization of physical and sexual abuse.

Subject: Promotion and Strengthening of the Rural Woman

Project: Women's Participation in Rural Development

Endorsed: Second Meeting of the First Ladies of Latin America and the Caribbean, Colombia 1992

The support of the Inter American Development Bank (IDB) and the Inter American Institute for Cooperation in Agriculture (IICA) was requested to promote new initiatives related to this subject. In that opportunity, the research project "Women as Food Producers for the Andean Region, the Southern Cone and the Caribbean" was introduced, the results of which were presented in 1995, by an assessment on the situation of producer women in 18 countries of the hemisphere.

Using the assessment presented in 1995 as a reference and aware of the needs and particularities of each country in the Region, at the Sixth Conference held in Bolivia in 1996, the First Ladies informed the Inter American Agricultural Board (JIA) about the need to establish a program to improve the socioeconomic conditions of women and their participation in decision making processes, with a view to generating sustained and reasonable development, a proposal which was approved.

Project: Hemispheric Program for the Strengthening of the Integration of Rural Women. Socioeconomic Democratization of Productive Activities and Marketing

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas, Panama 1997

This program supports and promotes the efforts aimed at improving the living conditions and the insertion of women in the rural development process in Latin America and the Caribbean, through three lines of action: institutional and organizational support, design of policies and development of events and, finally, the strengthening of corporate productive chains.

Furthermore, the Action Plan of the Eighth Conference supported the Hemispheric Conference. To this effect, the Program for the Business Development of Rural

Women (PADEMUR) is being developed , through public and private sector institutions and organizations and civil society, to serve the rural sector, sensitizing and incorporating the perspective of gender in sector policy. Its main achievements are, amongst others, the creation of National Committees of PADEMUR in the Region of Central America and Panama, following the mandate of the Ministers of CAC, emphasizing the preparation of national assessments on rural women. The National Committee has also been consolidated in Chile. This program also intends to effectively contribute towards the promotion of financing mechanisms to adequately materialize the business efforts of rural women, facilitating their access to the activities within the productive-business chain, by the Creation of a Loan Fund for Rural Women (FERURAL). This Program received the approval of the participating First Ladies.

Subject: Women's Health

Project: In Aid of the Prevention of Pregnant Teenagers

Endorsed: Third Meeting of First Ladies of Latin America and the Caribbean
Costa Rica 1993

The project promotes the creation of national technical teams in charge of developing policies, programs and projects on the subject of the reproductive health of the adolescent, particularly on the prevention of early pregnancy.

Project: Prevention of Cancer of the Cervix

Endorsed: Fourth Meeting of First Ladies of Latin America and the Caribbean. "Women".
Santa Lucía 1994

This project (Latin America Against Cancer) is basically aimed at the development of informative, educational, preventive actions and the early detection of breast cancer and cancer of the cervix, to reduce maternal mortality due to cancer in all Latin American countries.

Project: Action Plan to Accelerate the Reduction of Maternal Mortality.

Endorsed: Fifth Meeting of First Ladies of Latin America and the Caribbean,
Paraguay 1995

Maternal mortality continues to be a serious challenge for public health in the Americas. Each year, approximately 25000 cases of maternal death occur due to causes related to complications arising during pregnancy, delivery or abortion. Since 1993, the Spouses of Heads of State and Government have undertaken to promote and foster the development and strengthening of national and regional program aimed at the speedy reduction of maternal mortality, renewing their commitment and support of this initiative in each one of the conferences. The main objective of this plan is to contribute towards the reduction of maternal mortality in the Americas by supporting specific regional and national plans. In 1996, at the Conference of First Ladies held

in La Paz, Bolivia, an agreement was signed on the Regional Initiative for the Reduction of Maternal Mortality.

Since then, a significant increase in coverage is evidenced in the attention of deliveries by qualified staff, that has increased from 4 to 8,46 percentage points in the majority of the 11 countries, members of the Program (Bolivia, Brazil, Dominican Republic, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru). Another significant progress made is that these 11 countries have policies and programs for the reduction of maternal mortality.

Project: Program for the Prevention and Control of Malnutrition due to a Deficiency of Micronutrients (Iron, Calcium, Iodine, Zinc, Vitamin "A" and Fluoride).

Endorsed: Sixth Conference of Spouses of Heads of State and Government of the Americas, Bolivia 1996

Approximately 20% of maternal mortality is caused by nutritional anemia. The above referenced initiative faces this serious problem through programs for the enhancement of food products consumed by pregnant women, supplying the micronutrients that are indispensable to their health. It also includes, educational and awareness campaigns on the subject.

The project seeks to contribute towards the accelerated reduction of maternal mortality by the creation and/or strengthening of national policies that promote information, communication and education regarding the importance and consequences of maternal mortality.

Project: Sexual Education for Girls

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

The objective of this project is to contribute towards the reduction in the rates of pregnant teenagers through sexual education. This initiative offers technical assistance to the Spouses of Heads of State and Government of the Americas, to determine specific needs and develop programs that may assist them more effectively.

Project: Prevention of HIV/AIDS in Youngsters

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

HIV/AIDS is one of the main causes of mother-child mortality in the world. A specific project within this initiative is the application of a model for the formation of professors and students on the prevention of HIV/AIDS and sexually transmitted diseases and the prevention of pregnancy in teenagers, in the schools of the different countries of the Region. Although this project was endorsed at the Eighth Conference, it was not executed.

Subject: Health In Childhood

Project: Eradication of Measles

Endorsed: Fifth Conference of Spouses of Heads of State and Government of the Americas, Paraguay 1995

After the approval of the Action Plan for the Eradication of Measles During the Fifth Conference in Paraguay and consecutive Conferences of Spouses of Heads of State and Government of the Americas, held in 1996, 1997, 1998 and 1999, the First Ladies have acknowledged the efforts and success achieved by all countries in their struggle against this disease and those that may be prevented by immunization. In addition, they have confirmed their willingness to continue supporting actions and strategies established as a national priority in their respective countries and to maintain a wide vaccination coverage to fulfill the goal of eliminating measles by supporting the perfecting of the epidemiological surveillance system.

The Region of the Americas has managed to reduce the incidence of measles by up to 94%, as a direct result of the high level commitment of the countries for the successful conclusion of this continental public health goal. However, the transmission of measles continues to affect some countries, which makes it necessary for all the nations in the Americas to become extremely alert and to secure additional years of intensive surveillance, so that the Region may be officially declared free from the transmission of measles.

Project: Eradication of Child Labor

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas., Panama 1997

The integral care of childhood has been a constant concern in all the Conferences of Spouses of Heads of State and Government of the Americas. To this effect, the Seventh Conference of First Ladies agreed to join efforts to promote and develop the adoption of policies, in their respective countries, that collect and incorporate the recommendations and actions proposed by International Labour Organisation for the eradication of child labor in the hemisphere aimed at protecting boys and girls under 14 years of age, who are economically exploited and who carry out dangerous activities, placing their physical, mental, social and emotional development at risk.

The results have been somewhat positive with the subscription, by the Ministries of Labor, of 15 Memorandums of Understanding, the creation of National Committees for the Eradication of Child Labor in 12 countries of the Region and 14 National Tripartite Commissions, as well as the development of Action Plans on Child Labor in six countries and the subscription and ratification of Agreement 138 in 4 additional countries of the 8 that have already signed it.

Project: Multilateral Project for Horizontal Cooperation “Technical Strengthening and Organizational Management for Preschool Education and Child Development Programs”

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

This project was approved by the First Ladies in Chile with the purpose of promoting child development, facilitating women’s access to employment, particularly those living in poverty, through the exchange, counseling and transfer of successful management experiences of programs in public and private organizations aimed at implementing actions in favor of preschool education and the growth, protection and overall development of boys and girls under the age of six.

The foregoing program designed to be executed over a three-year period only obtained funding for January to December 1999. Among the actions contemplated in the project, several encounters, meetings and seminars have been held with for the exchange of experiences with the Coordinators of each of the participant countries.

5-day apprenticeships have also been organized so that the technical and management teams of the regional programs may visit those institutions with a successful organizational performance. These activities have contributed to the technical and organizational management strengthening of the Preschool and Child Development Programs existing in the Region.

Subject: Education

Project: 21st Century Schools: Life Formation

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas, Panama 1997

During the Seventh Conference, the First Ladies undertook to promote the development of a school model that may foster essential skills, knowledge, responsible attitudes and behavior for life in children and adolescents, as well as to promote the creation of healthy environments with the necessary conditions to guarantee the rights and sustained human development of children (boys and girls) and adolescents; as well as peace and fairness in schools, the family and the community.

The activities proposed in the midst of the program “Health Promoter Schools” of the Pan American Health Organization (PAHO) and the School Health and Nutritional Program of the World Bank, in support of the Proposal “21st Century Schools” have been carried out during 1998 and 1999 with certain difficulty due to the limited funds during that year. In addition, the projects Public Health Surveillance and “CARMEN” of the PAHO is being implemented in the different countries complementarily to the development of priority actions proposed within the frame of the project “21st Century Schools”.

Project: Human Rights and Peace Culture Education

Endorsed: Seventh Conference of Spouses of Heads of State and Government of the Americas , Panama 1997

Eighteen countries participated in this project, executing national and continental initiatives by means of educational and cultural activities that contributed towards the promotion, strengthening and development of social policies aimed at achieving equality among sexes, the development of women's, children's, youngster's potential and those of the elderly by their respective governments, and how to increase public awareness on the subject. These actions implemented by the First Ladies have achieved a greater vision of women's participation in the building, consolidation and promotion of human rights and a culture of peace in the hemisphere.

Subject: The Elderly

Project: The Elderly

Endorsed: Eighth Conference of Spouses of Heads of State and Government of the Americas, Chile 1998

The above referenced subject was officially incorporated to the agenda of this conference in the Action Plan for 1998, aimed at promoting the establishment, design, preparation and enforcement of national policies in aid of the elderly within the countries of the hemisphere. The policy shall be aimed at improving the quality of life of the elderly in the Region, through the support of programs for a cultural change in the overall perception of the aging process, as well as the improved treatment and awareness of this age group's value to society. In addition, this initiative will tend to raise living standards, fostering recreation, the use of free time, active participation in routine living with a view to improving and expanding the availability of social services to the elderly, particularly with respect to health and welfare.

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4

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Regulations of the Plenary

Tenth Conference of Spouses of Heads of State and Government of the Américas

Reference

REGULATIONS OF THE PLENARY

CONFERENCE OF SPOUSES OF HEADS OF STATE AND GOVERNMENT OF THE AMERICAS

GENERAL PROVISIONS

Article 1 **Participants**

Heads of Delegation, Technical Advisors, and Guest Delegates make up the delegations of the countries attending the Conference of Spouses of Heads of State and Government of the Americas.

Article 2 **Types of Participants**

The Heads of Delegation are defined as the First Ladies. They are the Spouses of Heads of State and Government, or their daughters who have officially assumed that role, and the Government Delegates from those countries where there is no First Lady.

The Government Delegates are defined as the participants designated by the governments where there is no First Lady. The rights of participation of the Government Delegates shall follow the order of precedence.

The Technical Advisors are defined as those members of the team of the First Lady or Government Delegate responsible for coordinating the substantive aspects of the Conference.

The Guest Delegates are defined as the representatives of International Organizations and the representatives of Non Governmental Organizations.

NOTE: Technical Advisors and Guest Delegates are alternate delegates, and are subject to protocol precedence.

CONFERENCE ORGANIZATION

Article 3 **Language**

The Pro-Tempore Secretariat will provide English-Spanish simultaneous interpretation and translation services.

Article 4 **Quorum**

Quorum shall be constituted by one half plus one of the Spouses of Heads of State and Government and the Government Delegates participating in the Conference.

Article 5 **Speech Rules**

The Pro-Tempore Secretariat will offer the floor to the speakers according to the order established prior to the meeting. The Pro-Tempore Secretariat may call a speaker to order when his/her observations do not relate to the subject being discussed.

Article 6 **Speech Limitations**

- a) The Pro-Tempore Secretariat shall determine the maximum time granted to each Head of Delegation to make her country's speech based on the time availability and the order defined in the Agenda. The order will be based according to the issue and the order of submission.
- b) The Pro-Tempore Secretariat may reduce the time for an alternate delegate's intervention to a period shorter than that granted to the Head of Delegation.
- c) During a debate, the Pro-Tempore Secretariat may read the list of speakers and declare the list as closed. However, the Head of Delegation may be granted the right to respond if a speech given after the closing of the list makes it advisable.

Article 7 **Proposals and Amendments**

Countries shall submit their observations to the Draft Declaration within the time limit established by the Pro-Tempore Secretariat. Any specific additional observation may be submitted during the debate scheduled for this purpose in the agenda.

Article 8 **Designation of Alternate Representation**

If working groups are to be established, counselors, technical advisors, experts or individuals of a similar category designated by the First Lady or Government

Delegate may act as members of said working groups. However, these persons may not participate in plenary sessions.

Article 9 Voting Right

Each Delegation shall have the right to one vote. The Head of Delegation, or the person designated by the latter as her alternate, shall be vested with said voting right.

Article 10 Decision-Making Procedure

- a) Decisions shall preferably be made by consensus.
- b) In the event any delegation requests to vote on a proposal, voting shall be carried out by roll call and hand raising.
- c) Proposals shall be approved by majority vote of the attending delegations.

Article 11 Organization of Sessions

Recognizing the value of the debate, and in order to make the best use of time during this Conference, the following dispositions are to be observed:

- a) **Extension of the Plenary.**
Each Plenary should not extend beyond three hours so that all Heads of Delegation may have the opportunity to expound within the time limit set by the Pro-Tempore Secretariat.
- b) **Closing of the speaker's list.**
The organization of the debate demands that the list of speakers who wish to participate be finalized one week prior to the Conference.
- c) **Extension of the interventions.**
The time of the programmed interventions must not exceed the limit established by the Pro-Tempore Secretariat. Any extempore intervention during the Plenary cannot exceed the time allotted for the scheduled interventions. It is suggested that the extempore interventions do not exceed two minutes.

Article 12 Response Rights

- a) During the sessions, the delegations may use the right to respond at the end of the Plenary, within the established time limit.

Regulations of the Plenary

- b) Each delegation, using its right to respond, shall be allowed only two interventions per theme in a single session.

FINAL DISPOSITIONS

Article 13 Conference Host Country

When deciding on the country that in each opportunity shall be the host country for the Conference, the following order should be observed:

The hemisphere has been divided into 5 Regions:

- _ North America
- _ Central America
- _ Caribbean
- _ Andean Pact
- _ South Cone

One of the countries of each Region shall be the host country for the Conference according to the consecutive order set forth above. Should none of the countries in the corresponding Region express its willingness to be the host country for said event, one of the countries in the next successive Region will be invited to be the host country for the Conference. In this case, the proposal shall be decided with the vote of the Heads of Delegations attending the meeting.

Article 14 Participation

All countries of the region that have expressed their interest in implementing the programs proposed in the final Declaration of the Tenth Conference of Spouses of Heads of State and Government of the Americas have the right to participate in them.

- b) Each delegation, using its right to respond, shall be allowed only two interventions per theme in a single session.

FINAL DISPOSITIONS

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Divider Title: _____



Follow-up Report on the Commitments Adopted in the Action Plan Endorsed at the Ninth Conference of Spouses of Heads of State and Government of the Americas

Tenth Conference of Spouses of Heads of State and Américas

Report for the Technical Meeting.

**Follow-up Report on the Commitments
Adopted in the Action Plan Endorsed at the
Ninth Conference of Spouses of Heads of State and
Government of the Americas**

The Prevention of Domestic Violence

1. Project: Prevention of Domestic Violence Through Children Education (PREVIDA)¹

Report

Belize has prioritized a change in attitude in the adult-relationship based on respect, with the participation of the family, the school, and government agencies. The program: "Positive Strokes and Negative Strokes" has been implemented with emphasis on the child's rights at school. A National Conference has been organized for alternative child disciplinary methods and the regulations enacted by the Ministry of Education which prohibit the physical punishment of children, resorting to work in coordination with parents for the adoption of more adequate sanctions, the ultimate being the child's expulsion from school. Complaints of child mistreatment have increased due to a greater awareness of the problem.

In **Bolivia** the mechanisms for the timely detection of this problem is undertaken by the Municipal Networks for the Prevention and Attention of Interfamily Violence and the Inter-institutional Work of the Councils for the Defense of Childhood and Adolescence. Research and instruments have been developed for the prevention and treatment of violence and the clarification of procedures, obligations, responsibilities and prohibitions in the Childhood and Adolescence Code.

In **Canada** a Federal Initiative has been set up to fight against family violence, to focus on the prevention, protection and treatment of identified cases of family

¹ This project has been unable to be executed due to a lack of financing. However, having informed the countries regarding the actions taken on the subject, it is our intention to report them.

violence, which seeks to improve awareness of the public and of the Canadian systems of criminal justice with regard to the issue. Educational programs have been set up on issues of leadership development, the imparting of knowledge, and the consolidation of the National Center for the Exchange of Information on Family Violence. The results obtained concentrate on the development of an effective, efficient and coordinated federal policy, and the scheduling on problems of family violence; as well as greater prevention and a better response on the part of the community in face of the violence.

Colombia, through the Counseling Department of the Presidency (Executive Cabinet) of the Republic, designs policies aimed at reducing domestic violence and developing peace in order to strengthen individuals, families and communities in their mission to transmit the principles and values leading to social cohesion. The constitutional legal framework has been modified and the necessary regulatory development strategy has been contemplated to produce the required change in culture and attitudes for the effective enforcement of this policy. The government, with the support of the United Nations acting through the United Nations Development Program (UNDP) and the United Nations Population Fund (UNFPA) has designed the project Development of Models for the Attention of Sex Crimes based on a strategy that includes identification at three levels of participation: national, departmental and district and municipal.

Costa Rica has prepared the project "Creating Violence-free Environments at School and in the Community", developed by the Ministry of Public Education with the technical coordination of the National Institute of Women, within the scope of action of the National System for the Prevention and Care of Domestic Violence, aimed at achieving a model for the prevention and care of violence in the educational sector and the detection and reporting of the affected persons in school, family and community environments. The project "Education in Peace" has been developed jointly with the institution PANIAMOR in six educational institutions. The Law Against the Sexual Exploitation of Minors has been enacted and the National System for the Care and Prevention of Domestic Violence, which is a coordination agency with government institutions and NGOs, is providing the necessary support.

Since 1997, **Cuba** has the Work Group for the Prevention and Care of Domestic Violence, constituted amongst other institutions, by the Federation of Cuban Women. Its lines of action are amongst others: training, prevention, attention (legal and health), guidance, research and dissemination. The gender perspective is the backbone of training programs aimed at women, families, Cuban police forces and public entities. The regulations governing the protection against violence and human rights are subjects developed in the training programs. The treatment of domestic violence is viewed as a process of cause and effect in order

to obtain a wider vision of the magnitude of the problem. Four television programs exist: "Azotes", "La Vida y sus Retos", "Hablemos de Salud" and "Haciendo Caminos"; and three educational materials have been prepared against violence and on the subject of the Cuban laws that protect women and families from domestic violence.

Ecuador is developing the project "Integral Youth Center" managed by the Center for the Formation of Promotion and Action for Women (CEPAM), Guayaquil. This program is targeted at youngsters between 12 and 24 years of age with the objective of contributing towards a change in ideas, attitudes, and practices regarding sexuality, sexual relations, and human rights of youth in schools and marginal sectors. To this effect it has adopted some strategies such as training, advice to youngsters and professionals and the formation of juvenile promoters, resulting in the development of approximately 49 workshops on sexual and reproductive rights and domestic violence and 5 workshops on new ways of communication with sons/daughters.

El Salvador has an Action Plan 2000-2004 on National Women's Policy (PNM) that incorporates actions for the prevention of domestic violence and violence between genders through the media. A specialization course on domestic violence has been incorporated in the curricula of the careers of medicine and law. Counseling was carried out to evaluate domestic violence programs through the National Secretary's Bureau for the Family with the purpose of deciding its implementation locally.

Haiti has started an S.O.S. TI MOUN Program (telephone line that enables the victimized children to call for help). Children's rights and duties are also broadcast on television and radio programs with the participation of institutions such as: Radio Nationale, Kiskeya, Galaxie, Solidarité, Caraïbes, Tele Haïti, Vision 2000, Telemax and Television Nationale.

On the issue of domestic violence, **Honduras** has a law in force since 1998. The Attorney General's Office for Childhood and Adolescents also exists with the unit for "child victims" aimed at the prevention of abuse and violence and integration to society. Allies such as NGOs and government bodies like the Honduran Institute for Childhood and Family, Municipalities, Courts, Women's Police Force, Preventive Police Force, Secretary's Office for Health and Education and the Office of the First Lady are helping in the execution of initiatives on the subject.

In **Nicaragua**, the National Plan for the Struggle Against Violence is currently being prepared, through a process of participation that is in its counseling phase at local levels. It has five components: Prevention, Detection, Attention, Sanction

and Institutional Development. School has been identified as the ideal venue for the prevention of domestic violence, articulated by the transformation of the curricula and the establishment of Student Councils with the participation of students, parents and community leaders, thereby fostering democracy together with the School for Parents aimed at changing relationships between fathers, mothers and sons/daughters.

Panama is implementing a Communication Project for Equality and Justice Between the Gender, the National Network Against Violence Project aimed at Women, Children and the Family and the Project for the Communication and Education of Women's Rights.

In **Peru**, this year has been declared "The Year for the Struggle Against Domestic Violence". There is a Multisector Desk for the Prevention and Care of Domestic Violence managed by the Ministry for the Promotion of Women and Human Development (PROMUDEH) in close coordination with the different ministries, cooperation organizations and NGOs. Networks for the prevention and care of mistreatment and sexual abuse of children have been created together with a Multisector Program for the Prevention and Care of Domestic Violence for the Year 2000, that proposes an effective Information, Education and Communication Plan (IEC) – aimed at producing changes in the attitude and behavior of families affected by the problem, increasing the community's sensitivity vis-a-vis domestic violence and the formulation of a Consolidated Registration System for cases of child mistreatment.

The Dominican Republic has projects such as "Along the Paths of Rights" and "Vaccine Against Violence" along the line of community training aimed at children and adolescents with the purpose of increasing sensitivity on the subject of violence. The institutions responsible for these initiatives are the Technical Executive Management of the Founding Organization and the Institute for the Family (IDEFA); the National Council for the Prevention and Struggle Against Domestic Violence constituted by all governmental and non-governmental institutions working on the subject; and the Inter-institutional Committee for the Celebration of "April, Month for the Prevention of Child Abuse".

Santa Lucía has set in motion, through its Ministry of Health, Human Services, Family Affairs and Gender Relations, a project called "Struggle Against Gender-Based Violence", sponsored by CIDA/FONDO. This project will last one year. Its goal is to reduce gender violence, to enable women and children to lead healthy, productive lives and thus develop to their full potential. The project includes activities of dissemination and communication, training, and the production of educational material. It should be noted that this project is in conformity with the terms of The Equality of Opportunity and Treatment in Employment and

Occupation Act. (1999), which came into force on April 1, 2000, and which contains provisions against sexual harassment.

Women's Health

1. Project: Improvement Of Maternal And Child Health Services (DESAPER) ²

Report

In **Belize** immunization campaigns have been implemented for the basic vaccination PROGRAM increasing its coverage to more than 85%. A certification has been obtained for the course of the Caribbean Epidemiology Center (CAREC) of Trinidad, which accredits the Measles and German Measles Inspection System with a 99% detection rate. The follow-up and registration of birth control methods for mothers, the supply of vitamin and iron supplements to children under the age of one, the recording of the afterbirth and family history of children, the promotion of breastfeeding and the follow-up of the child's development have been considered a priority.

In **Bolivia** the DESAPER project aimed at the development of prenatal health in collaboration with the Latin American Center for Perinatology (CLAP), the Ministry of Health, the Pan American Health Organization (PAHO) and financed by the Canadian Government, has been discontinued.

In **Canada** the Department of Health and the Institute of Child Health have published the Family-Centred Maternity and Newborn Care: National Guidelines (4th edition) which will help hospitals and health organizations to plan, implement and assess mother-child programs and services. A Prenatal Nutrition Program is being implemented, designed to provide food supplements, advice on nutrition, support and education to those pregnant women most likely to bear babies with health problems; and the System of Perinatal Observation of Canada has been instituted, which seeks to set up a system of timely national

² This project started on 1989 and its last phase ended on December 1999; it was presented by the PAHO as a case of success.

control for the gathering of data, analyses and responses on perinatal health and its results.

Colombia has given great importance to the promotion of the Sex and Reproductive Health Plan with emphasis on adolescents, including intersector actions in response to the country's problem. This Plan is a priority within the 1998-2002 National Development Plan "Change to Build Peace" and has a permanent follow-up program undertaken by the Advisory Board for Social Policy of the Presidency (Executive Cabinet) of the Republic, with special emphasis on the reduction of morbidity and mortality rates in the different priority public health events where sexual and reproductive health are a priority.

In **Cuba** the National Health System aimed mainly at pregnant women and the newborn, provides primary attention with different ways of reaching the population. Pregnant women undergoing health risks are profited by Perinatal Care Units (1987), where more than 1500 deliveries are attended per year; on the other hand 99,9% of deliveries occur in health institutions (1997) and are attended by highly qualified professionals. The Federation of Cuban Women has health brigades for mother-child care. The Network of Maternity Homes has 241 institutions that in 1999 benefited 50 409 pregnant women in remote areas and with nutritional and social problems.

Ecuador is implementing projects such as Municipality, Sexual and Reproductive Health and Local Development and Integral Health Care Unit for Pregnant Teenagers with the purpose of improving the quality of health services by means of activities such as training, the prevention and attention of domestic violence through support services, medical, psychological and social guidance with activities in teaching and research, involving approximately 4000 adolescents (mothers, fathers, pregnant women and women with high risk pregnancies). Municipalities, government institutions, and cooperation organizations are amongst the supporting institutions.

El Salvador is not part of this project; however, it is developing similar actions for the improvement of health services for mothers and its incorporation to the regular vaccination program against German measles in women of childbearing age and against Hepatitis B, as well as the prescription of iron and folic acid for pregnant women, labor induced deliveries by qualified personnel (60%), the promotion of breastfeeding, advise on family planning for the population of childbearing age, the community distribution of contraceptive (birth control) methods, including coordination between institutions for the preparation of the National Law on Family Planning and the Inter-managerial coordination with NGOs for the improvement of services.

In **Honduras** the initial phase of the project is based on supporting technologies for participation and Perinatal histories. Its second phase deals in the microprojects that have been executed in two out of the five projected communities. A third phase is based on training in social participation and childcare for the trainees to replicate the experience. The Health Board is currently developing activities aimed at the La Paz and Yoro areas and is providing ongoing support in increasing the sensitivity of leaders and community mobilization.

In **Peru**, the third phase of the DESAPER project (1999) consisted basically in the formation of a National Training Team in medical components based on evidence and the participation of the community, with emphasis on Perinatal-mother health and constituted by representatives of the Central National Health Programs. The formation of trainers was carried out by the Latin American Center for Perinatology (CLAP) and the International Division for Canadian Development (DID) experts. The dissemination of the methodology "Education of Adults" amongst the staff executing community work, as a strategy for approaching communities, was fully performed in two DISA's in Lima.

In the **Dominican Republic** a National Plan for the Reduction of Mother-Child Mortality (1997) has been implemented. The institution responsible for the initiative is the Secretary of State's Office for Public Health and Social Security (SESPAS). The health care method has been reformed to ensure the quality and equity of services, with the intervention of the Committee for the Reform and Modernization of the Ministry of Health, enabling the decentralization of the Health System and incorporating the Secretary of State's Office for Education, the Office of World Summits, the Secretary of State's Office for Women as promoting agents of health care activities. In addition, it has the support of international cooperation organizations.

In **Santa Lucía** health services are provided free of cost to mothers and children. These services include the clinic, vaccinations and iron tablets. Follow-up is also being made of mother-child health care through a home visit program. The Ministry of Health, Human Services, Family Affairs and Gender Relations is the institution mainly responsible for these projects, and receives support from PAHO and WHO.

2. Project: Early Childhood Survival: Prevention of HIV/AIDS in Woman and Children

Report

In **Belize**, a National Assistance Committee has been created to prepare strategies and policies for national intervention where the prevention is considered but and where the protection and support of those suffering of HIV is also considered, while developing a joint work between the different international cooperation organizations and associations. In 1999, emphasis was placed on preventive measures such as the interruption of the mother-child vertical transmission of the disease, the delivery of condoms free of charge to the participants in the AIDS educational programs and the insertion of the AIDS issue in courses on human sexuality in schools with the support of youth organizations and NGOs.

In **Bolivia** the National ETS/AIDS Program of the Ministry of Health is responsible for ascertaining the impact of the disease and the progressive increase of ETS/HIV/AIDS through joint actions, multisector interventions and the active commitment of civil society. At present, the following lines of action have been proposed: defense and survival, epidemiological surveillance, social education and communication, the provision of health care services, laboratories and blood banks, technical and administrative management, which have operated successfully. The need to cross-sect the problem according to sex was also taken into account, not forgetting the generation and intercultural gaps, with the purpose of generating a greater political commitment of the government and civil society on the issue, at a national and regional level. It is estimated that 40% of the established goals have been achieved.

The University of Ottawa in **Canada** is carrying out a national qualitative study on the perceptions of women regarding the risks and benefits of the VIH test during pregnancy. In 1996 a federal/provincial/territorial group was formed in relation to VIH and pregnancy to deal with problems relating to policy and programs, and to coordinate the Canadian responses in the prevention of VIH. In this reference, the results of the study are being awaited in Canada to determine the implications in the development of the policy and the program.

Colombia intends to reduce and eliminate HIV transmission and to this effect it carries out identification and prevention activities by means of promotion, information, and communication campaigns; screening tests and support for investment in medicines for treatment during pregnancy and post delivery. The Ministry of Health, the responsible institution, together with public institutions and civil organizations, coordinates actions aimed at reducing HIV transmission and the stigma associated with the virus. The structure of the legal framework has

been modified by the implementation of Guidelines for Integral Health Care. The National Council for AIDS (CONASIDA) was created to provide counseling on ETS/HIV/AIDS prevention policies.

In **Costa Rica**, the HIV/AIDS control test is voluntarily practiced on all pregnant women. The Social Security of Costa Rica is legally obliged to provide treatment to infected mothers. A prevention campaign has been prepared which includes pregnant women. The AIDS Law was published last year and the National Board for the Comprehensive Treatment of HIV-AIDS was consolidated, resulting in a Joint Plan with different actors of civil society.

In **Cuba**, the National Program for the Prevention and Control of HIV/AIDS (1986) has been implemented. Its components: epidemiological surveillance, medical assistance, and research and education has been implemented. The National Prevention Center for Sexually Transmitted Diseases and HIV/AIDS was created and concentrates on the education of groups at risk. In 1999 the Women and AIDS Project was designed within the work plan of the FMC as well as the Women's Guidance Centers which has been approved by the public health sector agencies and by the Thematic Group UNAIDS. The main objectives of these two institutions are the opening of venues for the joint discussion of the subject and the training of health promoters and brigadiers to improve their work with infected women and groups of pairs.

In **El Salvador**, a Network Against AIDS (PREVENSIDA) has been created. It is composed of governmental, non-governmental, and international institutions. In addition, a study on the incidence of AIDS in adolescents has been carried out. It is considered that the databank system only reports 50% of the cases of persons infected with HIV/AIDS.

Haiti has developed an experimental program for education in family life and youth congresses have been held on reproductive health care in ten departments of the country, complemented with the preparation and dissemination of a brochure on sexuality and adolescence, a didactical guidebook for professors and students for a total of 5 000 youngsters.

Honduras is designing a Pilot Program for the Prevention of Mother-Child Vertical Transmission of HIV to be executed in Tegucigalpa and San Pedro, in order to reduce the probability of pregnant women becoming infected by 50%. Several allies such as health sector institutions and groups for the self-support of patients are used to execute the project. In addition, a protocol has been developed for the integral prenatal and postnatal attention of pregnant women with HIV in Tegucigalpa and San Pedro Sula. A stock of HZT has been obtained for the onset of the Pilot Program.

In **Nicaragua** HIV/AIDS has been incorporated in the Ministry of Health (MINSA) National Program for the Control and Prevention of ETS. Similarly, it has a National Center for Diagnosis and Reference. Coordination between sectors has been established, particularly with the Ministry of Education, Culture and Sports and a National Strategic Plan Against ETS/HIV/AIDS has been prepared. In the future, the strengthening of inter-institutional coordination shall continue, as well as the structuring of the National Council for AIDS (CONSIDA), the Seminar on Ethics, the follow-up of the supervisory role played by the SILAIS, the follow-up of the Nordic Project and the Follow-up of the Operating Plan 2000 which is incorporated in the National Five-Year Plan.

Panama has designed the National Campaign for the Prevention of HIV/AIDS in Pregnant Women of Childbearing Ages. At present, infected women at the Santo Tomas Hospital and the newly born children infected with AIDS are being supplied with AZT. Law Number 3 (enacted on January 5, 2000), that provides for the regulation of childcare (boys and girls) has been sanctioned, particularly if transmission occurs in the womb. Coordination has been made with the University of Texas and the International Agency PASCA for the study of pediatric AIDS and the manner to approach the issue. Based on the fact that the test for the detection of HIV is costly and is not provided free of charge, funds are being sought for the design and execution of campaigns for the prevention of the vertical transmission of the disease.

In **Peru**, the ETS and AIDS Control Program (PROCETSS) of the Ministry of Health has been working since 1996 on the prevention of HIV/AIDS in mothers and sons (daughters). One of its objectives is to reduce the sexual, blood, derivatives of blood and vertical transmission of ETS/HIV. No strategic alliance has been established for this task with other government agencies, international organizations, civil society nor NGOs. At present, PROCETSS has achieved coverage of 17,25% for pregnant women and 25,74% of the infected pregnant women have been provided with full treatment packages. The treatment package includes antiretrovirus for infected pregnant women, antiretrovirus for her newly born, and artificial breastfeeding for the newly born children of infected mothers.

In the **Dominican Republic** the Preventive Program for the Vertical Transmission of HIV has begun, managed by the General Board for the Control of Sexually Transmitted Diseases and AIDS (DIGECITSS) formerly PROCETS, an agency of the Secretary of State's Office for Public Health and Social Security (SESPAS). It has the support of cooperation organizations to provide training and the supply of reagent medication.

In **Santa Lucía** a project is being developed for the prescription of AZT during pregnancy. The Ministry of Health, Human Services, Family Affairs and Gender

Relations is mainly responsible for such initiatives, and is supported by Inter-Caribbean Funds, the Martinique Midwife Association (ASFM), the Hospital University of Martinique, PAHO, CAREC and the French Ministry for Cooperation. There has been an increase in the number of health professionals trained to work in this field, and to distribute anti-retrovirus medicines to pregnant women.

Early Childhood Health Care

1. Project: Strategy for the Integrated Management of Childhood Illness (AIEPI)

Report

In **Bolivia**, the Ministry of Health is in charge of enforcing the Strategy for the Integrated Management of Childhood Illness (AIEPI). This strategy was incorporated as an essential component of the Government Plan called "For Quality Life". Its application is backed by international cooperation that provides technical-financial support and by a Committee for Interagency Coordination, as well as by the Bolivian Pediatrics Society and the university system, which has initially incorporated AIEPI training in pre-graduate courses of the Schools of Medicine and Nursing.

In **Canada**, the Bureau of Reproductive Health and Children will complete and distribute the First Report on National Perinatal Health. A national workshop has recently been implemented on the Observation of Abnormalities (the leading cause of mortality) and progress has been made on the Forensic Medical Project, whereby a data-base is to be set up on mortality at the national level. Also, since 1996, through the Canadian International Development Agency (CIDA), financial support to less developed countries has been increased (Ecuador, Peru, Cuba, Colombia and Caribbean countries) to support programs to fight tuberculosis, food-aid programs, and programs to improve vaccination systems. Together with PAHO, Canada supported an immunization program in El Salvador, Nicaragua and Honduras in the aftermath of Hurricane Mitch.

In **Colombia** the main project developed by the Ministry of Health was the Preparation of Standards and Guidelines for Integral Health Care, which are

compulsory for the health promoters. This sector planned its actions through welfare plans such as the Compulsory Health Plan and the Basic Health Care Plan, which develop priority actions in the interest of childhood by applying promotion strategies such as: information, education, and communication (IEC) of the rights and duties of social security.

For the development of this initiative, **Cuba** has adopted strategies for the provision of widely covered free vaccination services with the participation of the community in support of campaigns and primary attention. Bilateral relations have been established between the Ministry of Health, cooperation organizations and NGOs, which provide 4% of the financial support. Diseases like measles, polio and lethal diseases such as tubercular meningitis and neonatal tetanus have been eliminated. Also a program for the Prevention of Hemophilic Influenza (1999) has been implemented for children aged one and under, achieving a coverage of 97%, a reduction in child morbidity by 59% and a stable mortality rate under 7%. A surveillance system was created for the control of vaccines against Hepatitis in persons under the age of 20. Thus, causing a 97% reduction in the incidence of Hepatitis B in children aged one and under, and a 95% increase in coverage for the vaccination of children under the age of two.

Costa Rica has given priority to the reduction of child mortality with the participation of all health sector institutions. A technical commission and local commissions for the analysis of child mortality were created to establish specific action. To date, 70% of children's deaths have been analyzed. A National Plan for the Care of Adolescent Mothers "Building Opportunities Program", has been developed together with a National Vaccination Plan. The results obtained are the reduction in the child mortality rate from 12,6 to 11,8 over a period of one year (it is projected that the rate will be 10,3 for the year 2002) and an increase in vaccination coverage nationwide.

In 1999, **El Salvador** constituted an interdisciplinary and inter-institutional group between the Ministry of Health and the Pan American Health Organization (PAHO), for the implementation and application of the Strategy for the Integrated Management of Childhood Illness (AIEPI) through the dissemination and training of technical standards and guidelines for integral childcare. In addition, the National Secretary's Office for the Family in coordination with the Ministry of Health and the Social Security Institute started the project "Nurturing with Love". The results achieved by the strategy report the following; registration of children under one year of age (87%), aged one to two (13%), aged two to four (4%), breastfed (21,2%), DPT vaccination of children under the age of five (85%), OPV in children under five (85%), BCG in children under five (95%), and measles in children under five (86%). The goals achieved to date represent 25% of the proposals.

Haiti, through the Ministry of Public Health in coordination with the Service and Development Agency (SADA) and Catholic Relief Service (CRS) is currently preparing strategies aimed at improving the health of children under five years of age, strengthening the training of the persons responsible for health care units at a departmental and municipal level, making families aware of the prevention and care of children (boys and girls). This has resulted in the vaccination of 30 000 children between the ages of 2 and 10, and the awareness of 5 000 mothers on this matter.

Honduras has been implementing the Strategy for the Integrated Management of Childhood Illness (AIEPI) since 1996. The Healthy Schools Project is also being developed through the systematic application of fluoride on children's dentures with the creation of the National Advocacy Committee, constituted by salt, sugar and flour producers in coordination with the Health Board and international cooperation agencies and the First Lady's Bureau. The following results have been obtained: 1 291 health volunteers, have been trained in 392 communities in 5 regions; 1 550 volunteers have been trained in the standardized treatment of pneumonia in 855 communities, and 54 workshops with 1 113 promoters trained in the integrated care of childhood diseases have been offered, which means that 90% of children aged 5 and under have been served and 94% of children aged 1 and under have been assisted with VIT "A" (Vitamin A Supplement).

Nicaragua attacks the main causes for death in children through the Strategy for the Integrated Management of Childhood Illness (AIEPI), by training health care staff; and subsequently following up on training; provision of supplies, particularly medicines; information, education and communication of the population. Inter-managerial coordination has been established nationwide and at a local level with technical cooperation organizations for the application of this strategy, which has achieved its implementation nationwide, as well as a 100% guarantee of medicine supply by the Japanese Government, the approval of a new follow-up sheet of the clinical record which will enable the improved control of the strategy and the supply of 80% of the health care units with medicines.

In **Panama**, the Strategy for the Integrated Management of Childhood Illness (AIEPI) has been developed in the poorest sectors. Thus, the nationwide vaccination campaigns by stages and the hygiene, dental health and medical evaluation programs are carried out particularly in marginal areas of extreme poverty, through monthly tours in different communities where integral treatment is provided to an average population of 2 500 persons per tour, of which 75% are children. Children (boys and girls) are thereby vaccinated against DPT, polio, measles, MMR, MR, BCG, DT, TF and are supplied with antiparasitic medicines and vitamins. It is expected that financial support will be obtained to cover 90% of the child population with vaccination, as well as the eradication of

whooping cough appearing in indigenous areas and the deworming of 100% of treated children.

In **Peru**, the Health Program for Women and Children, envisages the Strategy for the Integrated Management of Childhood Illness (AIEPI), aimed at reducing morbidity and mortality in children under the age of five and improving the quality of the attention they receive in health services and at home. The implementation of the strategy is currently being coordinated with Technical Cooperation Agencies and NGOs that having trained 785 health care professionals responsible for the treatment of children under the age of five have implemented it in 21 of the 34 Regional Health Boards. The timely detection of prevalent diseases and the eradication of immunopreventive diseases through control activities as well as the Program for the Control of Intestinal Parasitosis is being developed. During 1999, 519 835 cases of acute diarrhea diseases and 702 000 cases of intestinal parasitosis have been identified in children aged 5 and under, including 2 035 813 cases of acute respiratory infections (ARI) and 155 178 cases of asthma in the same age group.

The **Dominican Republic** has put into practice a new health care module by means of the Strategy for the Integrated Management of Childhood Illness (AIEPI). The responsible institution is the Secretary of State's Office for Public Health and Social Security (SESPAS) in coordination with the Provincial Health Boards, NGOs and Technical Cooperation Agencies. In order to achieve these objectives, the General Health Law and the Social Security Law are being discussed in Congress. Furthermore, the Standards for the Treatment of Children were designed and are being executed at the health centers, obtaining the integration of all sectors in this strategy, the increase in the quality of treatment and the implementing of the strategy in 50% of the provinces of the country.

Santa Lucía has developed a National Immunization Program, and has successfully administered the following vaccinations: BCG and MMR 100%; DPT and Polio 89%. Ninety percent (90%) of the country's infants and under-fives have had medical examinations. The Public Health Law includes the stipulation that by the time they are five years of age, before entering primary school, children must have completed their vaccinations. These projects are carried out thanks to the joint action of the Caribbean Epidemiological Center (CAREC), and revolving loan funds provided by the Pan-American Health Organization (PAHO).

Education

1. Project: Registration of Children Across The Americas

Report

In **Belize**, the registration of children at vital statistics offices is a right, however work is being carried out to improve the scope and accuracy of the registration system, particularly in the rural areas where cultural factors influence the low registration rate of children. Facilities are being provided for mothers to register their child (boy or girl) immediately after birth and through the means for the registration of children.

In **Bolivia**, with the support of public organizations, international cooperation, the Catholic Church, teenagers, and NGOs, progress has been made in the promotion of Supreme Decree 25230, which enables the registration of children aged 0 to 7. Until April 2000, 89 480 entries have been obtained. The National Program for the Care of Children Aged Under Six (PAN) achieved the registration of 75% of its beneficiaries. During this year, optimal registration results have been obtained in view that it exceeded last year's registration of children by 80%. The enactment of a Restated Minors and Adolescents Code in 1999, which establishes the registration and certification, free of charge, of children during their first year of life has constituted one of the pillars for the efficiency of the project. However, it should be taken into consideration that difficulties have been encountered such as the disinterest of parents and the lack of resources to fund certification campaigns in remote areas.

In **Colombia**, the program promotes the creation of a new system for civil registration and vital statistics that have been started-up throughout the country since 1998. To this effect, different ongoing civil registration campaigns are being executed in coordination with public agencies, NGOs and international organizations. The purpose of this program follows the logic of service proposed by the government for the country, creating the Inter-institutional Committee to Reform Decree Law 1260 and 1970 and thereby adjusting the existing regulations to comply with the needs and urgencies of the country. In November 2000 the First Lady of the Nation will launch the program "Registration Provides Rights"; a program for civil registration and vital statistics and the identification of special population groups, with emphasis on children.

In **Cuba** the registration of children (boys or girls) has not constituted a priority. No action beyond legal action (Law 51 for the Registration of Marital Status, Law 1279 for the Identity Card and Filing of Addresses) has been taken for the population to register their children (sons and daughters).

In **El Salvador**, a Technical Cooperation Agreement has been reached with the Inter American Child Institute (INN) in coordination with the Institute for the Protection of Minors of El Salvador (ISPM) and the El Salvador Institute for the Development of Women (ISEDEMU) for the execution of the project, through the strengthening of the Childhood Information System as of October 1999, which consists of three sub-systems: The Protection and Reeducation Area, the Primary Care Centers and the Subsystem for the Registration and Supervision of NGOs, and the implementation of a Center for Family and Childhood Information (CINFA). The National Registry of Individuals is in charge of the project in close coordination with the 262 municipalities throughout the country that have Offices for the Registration of Family Status.

In **Haiti**, the Ministry of Justice has taken some initiatives that provide access to birth certificates, free of charge.

In **Honduras**, the registration of children takes place at municipalities which are currently developing a nationwide registration campaign: "Every boy and girl has the right to a name and a nationality" managed by the First Lady of the Nation in coordination with technical cooperative organizations, public agencies and NGOs. Based on this support the construction of four registration offices has been completed, another four are in progress. Registration operations and campaigns have been carried out and 250 registrars have been trained.

Although a legal structure exists that grants the right of registration, the effective performance of the regulation is yet to be achieved due to a lack of political will to facilitate registration, the cultural difficulties of the population that fails to acknowledge the benefits of registering their children (sons and daughters), together with economic factors and geographical location.

In **Nicaragua**, a national information campaign on registration with the participation of the different sectors of society was created. The extension of the terms for collaboration and participation with the pertinent authorities of municipal governments, the establishment of functional-administrative cooperation agreements, and the opening of registration booths at hospitals has been carried out through the Supreme Voting Board and technical cooperation agencies. Government bodies have also contributed to the increase in the number of registrations and finally to the implementation of the Minors and Adolescents Code (1998).

Panama protects the right of every person to a name and a nationality by Law 100 (December 30, 1974). The perfecting of birth entry instruments and the articulation of a database will allow an increase in the number of registrations of children nationwide. The promotion of mass registration in rural and indigenous areas and among the disabled population is sought within this context. The Technical Committee for Vital Statistics has been constituted in different sectors, responsible for drawing-up a consolidated document for the effective presentation of medical/clinical reports and accessible to all bodies. It is expected that the effectiveness of these actions shall be quantified after the population census carried out on May 14, 2000.

In **Peru**, the promotion and dissemination of the "Right to a Name" has been undertaken through the 1 200 Centers for the Defense of Children and Adolescents (DNA) with the cooperation of public and private entities, organizations and the organized community with local campaigns held between January and September 1999. Extemporaneous Birth Registrations (4 129 cases) have been reported among the 377 DNA. Since the Committee for the Review of the Minors and Adolescents Code was created it has obtained the repeal of laws that contradict the performance of the "Right to a Name." Other achievements are the preparation and publication of the Manual of Procedures for the Attention of Cases in the DNAs, and the attention of 60% of the cases contributed to the reduction of children (boys and girls). Also the number of adolescents without a name, the education of the population on the importance of these rights, and a greater requirement for registration has diminished

Since the Action Plan was adopted in October 1999, the Dominican Republic initiated an appraisal of the situation and the installation of Official Civil Boards at public maternity wards for the entry of childbirth in the same hospital as they were delivered. The Technical Division of the Governing Body of the System manages the project for the Protection of Minors and Adolescents, which established alliances with public and technical cooperation agencies in order to strengthen the mother-child protection system. A registration of 90% of newborn children was achieved.

Santa Lucía has no problems with the registration of births, since each hospital is responsible for registering the births occurring therein. Once the birth has been recorded, the baby is issued with a health passport, to be presented for the vaccination program at a health center. The institution responsible for this area is the Ministry of Health, Human Services, Family Affairs and Gender Relations

2. Project: Early Childhood Care for Survival, Growth and Development ECC-SGD

Report

Belize is currently developing some initiatives to make pre-school formation accessible to children (boys and girls). Support is mainly aimed at minors in rural areas through government subsidies granted to preschool centers such as the Summer Preschool Experience Program for Beginners, Support to Health and Physical Education Areas and Early Stimulation Units for Retarded and Blind Children.

In **Bolivia**, the National Program for the Treatment of Children Aged Under Six (PAN) continues to be executed under the supervision of the Ministry of the Presidency (Executive Cabinet). This program is covered nationwide through 2 994 centers, 7 973 educators and 197 facilitators, providing attention to 65 788 children, of which 45% whose integral development is at risk, overcome this condition after one year of participation in the program; 63% of the treated children have a full vaccination scheme and 65% of the children have been insured under the Basic Health Plan. The training provided to educators allows them to improve their possibilities of employment and increase their income by offering lectures and training to the parents and the family, thus strengthening their bonds and development.

In **Canadá** a variety of initiatives have been put into practice, such as: "Understanding the Early Years", which involves pilot projects in five communities and evaluates the way children learn and develop before they reach school age; "Community Action Program for Children", which provides attention to 70.000 children from 0-6 years of age and their parents each week; "The Aboriginal Head-Start Program", with more than 3 000 children participating in project activities; "Lesion Reporting and Prevention Program in Canadian Hospitals", which involves researchers who assess high-risk situations for the children; and the "Canadian Program for the Observation and Control of Cancer in Children".

Colombia offers programs for the prevention and treatment of childhood through the development of a strategy based on the humanization of life. To this effect, the Community Educational Teaching Project based on the strengthening of Community Welfare Homes, Child Homes, the Pre-school Rural Bond and the distribution of Bienestarina ("welfarine", a food supplement) in learning spaces has been designed to guarantee the best conditions for their integral development and enrich their relation with their parents and siblings.

Costa Rica has created a Solidarity Plan (Rodríguez Echevarría Administration for the struggle against poverty) and; the program "Hand in Hand" arose in accordance with this governmental policy, aimed at early childhood care (0 to 5 years) in different socioeconomic strata. Its objective is the stimulation and motivation of children for their overall development and family support. This program has three lines of action:

- Educational and formative: didactic, motivational and permanent training of the family to improve upbringing and cohabitation with the underage child.
- Expansion of services for the poorest sectors, improving the use of the existing resources and underused communal infrastructure together with other modalities for child attention.
- Design and implementation of a locally based information system.

The care of early childhood in **Cuba** is basically developed in the areas of health and educational, where the State plays the role of promoter and shares responsibilities with the other actors involved. Emphasis has been given to the evaluation of ongoing early childhood educational and development programs, the specialization and formation of teachers in the different teaching areas. The also to the formation of groups for preventive education with the collaboration of Women and Family Guidance Centers and the creation of centers which carry out research and are made known and aired in the international events held in Cuba every two years.

A Community Preschool Education Program called "Educate your Son" works with children ages 0-6 in the prevention of illnesses and the education of children through the performing arts using different visual aids is being implemented. This program will help the child with the development of psychological, emotional and motor skills in order to ensure their improvement of integration in school life. The main actors in this area are: the Ministries of Education, Public Health, Culture, Labor and Social Security, professionals in communications, educators, and parents.

Emphasis has also been placed on the nutritional development of children with the intervention of Health Boards and the Family Medical Board for the provision of nutritional and feeding education and the control of balanced diets both in the family and at school.

In **El Salvador** the Ministry of Education and the Ministry of Health and Social Welfare in coordination with the El Salvador Institute manage this project for the Protection of Minors (ISPM). This institute is currently strengthening Preschool Education in the Child Welfare Centers (CBI) and in the Integral Development

Centers (CDI). This institute has initiated a training process in the Central Region under a new methodology prepared by the caring mothers themselves with the technical support of the NGOs: Plan Internacional and Save the Children. The results obtained are the design and reproduction of support modules on the working methods of the program, promotion workshops for technicians (men and women), supervisors and boards of directors of the Communal Association for Education (ACE), as well as promoter mothers of the CBI and CDI. Alliances have been established with the El Salvador Institute for the Protection of Minors (ISPM), NGOs and with the United Nations Children's Fund (UNICEF), for the design and execution of the program.

Honduras has prioritized two components for the overall care of children (boys and girls); the first aimed at community promotion and prevention (AIN) and the second at the treatment of childhood diseases (AIEPI). Other initiatives being implemented is the Hospital Amigo de los Niños (IHAN-Children's Friend Hospital) and the Counseling Board on breastfeeding/nursing in the community; the standardized handling of medical records, pneumonia and diarrhea incidences in the community; as well as the communication plan through the radio and television media on child health, childbearing health and the diarrhea-cholera problem.

In **Nicaragua**, according to the commitments adopted in the Action Plan for Childhood and Adolescence, the following may be mentioned: educational programs by the attention of formal and non-formal school programs (community preschoolers – services provided to children from 3 to 6 years of age), the formulation of the National Education Plan (preschool education – children from 0 to 6 years of age), the Program for the Integral Treatment of Nicaraguan Children (PAININ), which provides overall attention to children aged 0 to 6 living in poverty, in rural communities and marginal urban communities. The Health and Nutrition Program through the strengthening of food products to resolve the deficiencies in micro-nutrients, iodizing of salt, the control of parasitic infections, child soup kitchens, and the fostering of breastfeeding in all health units nationwide. The Ministry of Education, Culture and Sports (MECD), the Ministry of Health (MINSA) and the NGOs joined efforts to achieve the objectives.

In **Panama**, the government and NGO's developed several programs through the coordination of government and NGOs, aimed at expanding non-formal preschool education programs in rural, indigenous sectors and in dispersed communities. The expansion of the scope for the treatment of children under the age of six through this modality has been carried out by guiding parents to interact with them in educational responsibilities, with a population of 6 250 students and 6 000 parents in 185 correctional centers. In addition, 116 mothers and radio

announcers that attend the rural and indigenous sectors have been trained, profiting 1 740 mothers and 5 220 boys and girls. Regarding the prevention of learning disabilities, the promotion of specialized early stimulation centers is projected.

In 1999, **Peru**, through the WAWA WASI (Child's House) Program of the Ministry for the Promotion of Women and Human Development (PROMUDEH) began applying a new operating strategy for the integral treatment of children between six months and three years of age focussed on areas of extreme poverty, in coordination with the National Program for Food Support (PRONAA) and the Ministry of Health (MINSA), universities, NGOs, grassroots organizations, churches, etc. Important achievements were obtained, such as the integral treatment of 23 800 children representing 25% of the total goal (95 000 children) under the modality of community management, providing 4 500 mothers with the possibility of receiving income, the construction of 22 community WAWA WASI in areas of extreme poverty and the equipping of 3 000 WAWA WASIS.

The **Dominican Republic** has initiated the implementing of a new health model containing 25 basic actions for the overall care and development of early childhood. The last pre-school year was also established as a public service, developing a series of strategies for its education and development. The institutions responsible for the project are the Ministries of Health and Education in coordination with the World Summits Office and the Technical Board of the Governing Body of the System for the Protection of Minors and Adolescents, UNICEF and NGOs. To date a reduction of child morbidity and mortality, the coverage of up to 65% of the last preschool year and an overall vision of early childhood treatment, have been obtained.

Santa Lucía has implemented an outreach program in two marginal communities of Santa Lucía, to increase access to pre-school education. A pilot test has also been made for a child-raising program in a health center, for parents of 3-6-month old babies (activity in conjunction with the community nurse). A research study has recently been started to assess the impact of pre-school education on children's performance at primary school over the past 20 years. On January 4, 2000, the new Education Law came into force, and now has the pertinent rules and regulations applicable to educational services.

Countries which have presented the report on the expected date:

Country	Report Delivery Date
Perú	3 de mayo
Honduras	5 y 24 de mayo
Haití	8 de mayo
Ecuador	8 de mayo
Colombia	15 de mayo
Belize	17 y 26 de mayo
Panamá	19 y 23 de mayo
Uruguay ³	19 de mayo
Costa Rica	19 de mayo
El Salvador	22 de mayo
Paraguay ⁴	22 de mayo y 7 de junio
Cuba	23 de mayo
República Dominicana	26 de mayo
Santa Lucía	5 de junio
Bolivia	7 de junio
Nicaragua	8 de junio
Canadá	9 de junio
TOTAL	17 PAÍSES

Countries which delayed the presentation of their report:

Chile	13 de junio
México	14 de junio
Argentina	16 de junio
Venezuela	19 de junio
TOTAL	4 PAISES

14 pending countries on the presentation of their report:

Antigua y Barbuda, Bahamas, Barbados, Brazil, Dominica, United State, Grenada, Guatemala, Guyana, Jamaica, St. Kitts & Nevis, St. Vincent & Grenadines, Suriname and Trinidad & Tobago.

³ A complete presentation of the Follow-up report has been requested.

⁴ There's insufficient information to prepare the systematization of the report.

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6

Divider Title: _____



Report on Country Office Activities Related to the Right to a Name and a Nationality (1998 – 1999)

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for technical meeting



Regional Office for Latin America and the Caribbean (TACRO)

Child Rights Area

Report on Country Office Activities Related to the Right to a Name and a Nationality (1998 – 1999)

Bolivia

In September of 1999, the National Electoral Court and UNICEF signed a cooperation agreement for the development of a culture of awareness regarding children's rights through public and educational information. At the same time, the agreement proposes to promote the right of Bolivian children under the age of seven to birth registration, thus complying with Supreme Order 25230, issued by the Bolivian Government in November of 1998.

Several organisations, both governmental and non-governmental, together with the Church, participate in the agreement. At present, work is being carried out with regard to the creation of local and national committees for promoting birth registration. Each organisation has committed itself to cooperating in promotion and in the distribution of pertinent information using its own human resources and organisational structure.

Supreme Order 25230 facilitates the registration of children under seven and of individuals over 56 without the problems created by previous legal procedures. UNICEF is working on the dissemination of the Supreme Order through the production of educational materials composed of:

- production of a television commercial
- a poster and information brochure

The content of the educational materials has the intention of creating awareness of the importance of birth registration and also of the need to possess a "birth certificate", emphasising that an individual "does not exist or does not have rights" if he or she does not have a certificate.

The National Electoral Council has assumed responsibility for transmitting the TV and radio commercials, while UNICEF has taken responsibility for transmitting a short radio programme over the network of educational radio stations.

Likewise, work is being done on organising a registration day that will take place twice in ten areas of high concentration of population in rural areas of the nine provinces of the country in which the lack of birth registration is highest. Registration officials will be required for that day, *without paying their usual daily fee in order to reduce the cost of issuing birth certificates.*

The new Children's and Adolescents' Code, which enters in force next June, refers to the "right to identity" in Book I, Title III, Chapter II, as one of the first stipulations in which some important advances are introduced:

- It is established that both registration of birth and issuing of the birth certificate shall be free of cost.
- Should the identity of the parents be unknown, the family surname will be given to children in both the birth registration and the birth certificate in order to avoid future discrimination.
- A temporary regulation establishes that registration and certificates shall be obligatory and free for all children and/or adolescents under the age of eighteen during a *specified period of time*. This measure will facilitate registration and issuing of certificates to such persons as are currently without identity documents.

UNICEF Bolivia considers that the new Code constitutes a great advance in the area of the right to a name and nationality since the new statutes obligate the State to adopt the procedures necessary for overcoming the current situation. While official figures regarding the number of unregistered children do not exist, it is estimated that around 35% of the population lack birth registration or birth certificates, a circumstance that especially affects individuals under eighteen years of age.

Brazil

Approximately 3,200,000 children are born in Brazil each year. According to the Brazilian Institute of Statistics, of this total almost one million are not registered. The IBGE itself estimates that the total number of individuals lacking birth certificates may be as much as 25 million.

An initial observation is that unregistered individuals belong to the poorest population groups. There are several reasons for this. The most important may be that registration is the responsibility of Public Notaries rather than being a public service provided by the State. The Brazilian Constitution of 1988 explicitly grants the registration of persons to notaries, for which reason the State can not intervene. As the notaries are private businesses, their interest in the subject is relative.

In addition, until March of 1998 birth registration and the corresponding certificates had a cost that varied from half of the daily minimum wage to the minimum wage for three or four days, depending on the region of the country, a fact that reduced to a minimum the number of individuals who had access to birth registration.

The phenomenon of under-registration also resulted from cultural factors, as the poorest sector of the population does not perceive the birth certificate to be an important document. These people only bother to obtain this document when it

becomes indispensable - for example, when the time comes to enroll children in school. Also, families in the northeastern part of the country, where infant mortality is quite high, are accustomed to registering their children only when there is some certainty that they will survive.

Based on the situation described above, in 1997 *Comunidad Solidaria* - an organisation presided by the wife of the President of the Republic - and UNICEF promoted the enactment of a law that universalises the gratuitous character of this right. This law was signed by the President on 10 December, 1997, and entered in force three months later. However, the notaries continued to charge for the service and declared themselves in rebellion, alleging the supposed unconstitutionality of the law.

UNICEF commenced sensitisation work through ANDI (News Agency for Children's Rights) and several journalists interested in the issue. Several cases of irregular charging by notaries gave rise to reports in print news media and on the Globo television network.

Little by little, diverse State agencies assumed their responsibility in making the law effective, the Ministry of Health being one of the first. Later, organisations of civil society, such as the Brazilian Paediatric Society, and some legislators participated. UNICEF also promoted rapprochement with the owners of notarial offices, who had remained reluctant to negotiate.

Based on all of the above, an intensive campaign was designed (November, 1999) to use birth registration as a point of departure for permanent action to eliminate under-registration.

The campaign was carried out with the support of the Presidency, the Ministry of Justice, the Ministry of Education, the Ministry of Health, the National Conference of Bishops of Brazil, the Brazilian Pediatric Society, the National Association of Notaries and Registrars, Banco do Brazil, the Secretary of State for Social Aid, *Comunidad Solidaria* and the Instituto Promundo, among others. At present, UNICEF Brazil is preparing a report on the results of the registration days.

Colombia

Estimates regarding the number of children not registered each year do not exist at present, but it is presumed that given the armed conflict suffered by the country (and the internal displacement of population it causes) the resulting human rights problems have also affected the right to an identity. Law 387, on aid for displaced persons, includes some regulations regarding birth registration and issuance of special ID cards to the uprooted population. However, being the country that has the third largest number of displaced persons in the world it is estimated that State assistance only covers 2.5% of the total number of displaced persons (CODHES, 1996).

At present, UNICEF and UNHCR are carrying out joint efforts for the registration of displaced children. Likewise, UNICEF Colombia is carrying out

some programmes for border populations and the Urabá region, as well as in municipalities with a high proportion of Afro-Colombian population.

In 1999, UNICEF Colombia and the Fundación CIMDER carried out a study regarding the right to a name and nationality among children enrolled in school, initially in ten schools in Nariño and five in Cauca (two Departments in the south of the country). This study determined that Nariño has a large number of unregistered children, in contrast to Cauca, where 90% of the students are registered. These results led UNICEF to promote the holding of registration days in the thirty municipalities of the Department. However, the days were not held due to their high cost and the refusal of the National Registrar's Office to finance them.

In Guapí (Cauca; Afro-Colombian context) a similar study was carried out that also covered 131 houses and 30 community homes. The results indicated that in rural areas unregistered children can total as much as 70% of the population of children, while in the urban area the percentage of registered children is 78% in the community homes and 89% for children surveyed in their own homes.

UNICEF is currently promoting the creation of a mobile registrar's office for the localities of greatest concentration of rural population in the area bounded by the rivers Napi, Guajuí and Guapí.

Ecuador

In 1999, UNICEF Ecuador and various national agencies carried out a National Campaign for Late Registration, which it is estimated achieved the registration of 50% of the unregistered children (150,000).

After this campaign, a process of legislative reform of the registration law began, with the aim of simplifying the processing of registration that previously required the intervention of lawyers, civil court proceedings, payment of fines, personnel of the respective hierarchical level for inclusion in the register of births and other procedures. The legislative reform was achieved in 1997 with the support of the same agencies that carried out the National Campaign for Late Registration, obtaining the elimination of the lengthy procedures that could be causing the non-registration of children. The procedure currently employed is that which was described in the section on legislation.

In 1999, UNICEF Ecuador, with the Registration Office and INFFA carried out a late registration campaign on the northern border. In only three months (March-July) 2,000 children were registered.

UNICEF Ecuador recommends leading new registration processes for children of ten Indian nationalities (approximately twelve municipalities). With the help of other governments, it is hoped to carry out this process on the southern and northern borders of Ecuador.

Guatemala

In 1999, UNICEF supported a study to determine the estimated number of unregistered children that provided data for five regions of the country. The study determined that the problem of under-registration is relatively small in the municipalities studied and that a large majority of Guatemalan children are registered in Civil Registration Offices.

However, a significant number of those births are registered extemporaneously, which is possible thanks to the temporary law for the registration of people displaced by violence. UNICEF has already seriously criticised the laxness of this law, as it makes possible the extemporaneous registration of children with the mere presentation of a single witness.

The field study also indicated the need to implement and institutionalise support and training programmes for registrars and other officials who can positively and significantly affect timely and correct registration.

In the juridico-institutional area, the conclusions of the study suggest revision and uniformity of registration procedures in all municipalities, which would contribute to gathering and registering births in a central archive (which does not currently exist). It likewise requests enactment of legislation to regulate and facilitate the implementation of flexible procedures for registration that allow access to this service even in the regions whose geography makes access most difficult.

UNICEF Guatemala considers that a more extensive study regarding the registration of children in Indian regions is necessary.

Honduras

Some 180,000 births take place in Honduras each year. In 1997, it was estimated that of the total population of the country about 3,200,000 individuals were under eighteen years of age.

For diverse reasons (institutional, social, economic, cultural, and of geographic access being among the most important), thousands of Honduran children do not enjoy the right to a name and nationality. During the first months of 1998, the average registration in the most important cities of the country was approximately 87%. However, this figure in no way reflects the registration situation of children in the rural areas of the country, which is where the majority of the population is located.

It is estimated that as a result of Hurricane Mitch (in October of 1998) a large number of the 298 Municipal Registration Offices were seriously damaged, ten percent being completely destroyed. The destruction of the Municipal Registration Offices does not refer merely to damage to the physical infrastructure but also to the loss of hundreds of thousands of birth certificates and other civil documents of the people of Honduras.

UNICEF is currently executing a national-level project whose efforts and resources are concentrated in the Departments and municipalities where under-registration is estimated to be greatest, and which also are on the path followed by the hurricane. The institutions participating in and responsible for execution of the project are the Office for National Registration of Persons, municipal governments, the Instituto Hondureño de la Niñez y la Familia, the National Commissioner for Human Rights, COIPRODEN, Coordinadora Interinstitucional Una Oportunidad para la Niñez y la Adolescencia, and the School of Law of the National University.

The project, whose cost totals 250,000 dollars, is composed of various phases:

Phase 1. This phase includes the creation of coordinating bodies at the central, departmental and local levels for organisation of the project and participatory planning of activities.

Phase 2. Training on children's rights for participants in project coordination and operation.

Phase 3. Design of the campaign promoting the right to a name; production of materials necessary for implementation of the project - registration books, manuals, educational and dissemination materials.

Phase 4. Project implementation: national mobilisation for the right to a name, revision of the National Registration of Persons Law, revision and implementation of reforms to the National Registration System.

Phase 5. Project monitoring, analysis of indicators of birth registration and replacement of birth certificates.

Nicaragua

According to 1994 and 1995 data of the Nicaraguan Institute of Statistics and the Census (INEC), the proportion of unregistered children varied between 40% and 47%. A new study, carried out by the National Electoral Council in 1998, revealed that under-registration was 36%. This means that around 820,400 children are not registered.

The largest part of the unregistered population is located in rural areas in the northern, central and Atlantic coast areas of the country. With regard to the first two areas, it was found that the unregistered population is composed of individuals demobilised from the armed conflict and repatriated individuals. In the Atlantic coast area, the unregistered population belongs to various ethnic groups.

Since 1997, UNICEF has been supporting programmes to achieve the opening of registration windows in diverse maternity hospitals, with the purpose of massively reducing under-registration through coordination with national-level agencies to eliminate obstacles, formulate and apply new laws and promote administrative change. UNICEF has likewise been supporting statistical and juridical analysis of

the right to a name and nationality, as well as the printing of booklets and preparation of campaigns on the importance of birth registration.

In general terms, the activities of both the Supreme Electoral Council and the Office of the Mayor of Managua that have been supported have cost, since the projects began, approximately US\$250,000.

Summary of activities - Nicaragua

- Support to the Director of the Central Register of Persons for exchange of experience on the subject with Peru and Ecuador.
- Preparation of a statistical study of registration data.
- Preparation of a juridical analysis of the current situation of the Office of the Registrar of the Civil Status of Persons.
- First national meeting with the 147 registrars of civil status of the entire country, to motivate them regarding this issue.
- Meeting of registrars of civil status, civil court judges, mayors, and personnel of the Ministry of Health and Ministry of Education of the Departments of Matagalpa and Jinotega (in the north of the country).
- Meeting of registrars, civil court judges, mayors, and personnel of the Ministry of Health and Ministry of Education of the Departments of León and Chinandega.
- Opening of registration windows in maternity hospitals:

Managua.....	3
León	1
Chinandega	1
Estelí	1
Jinotega	1
Bluefields	1
Matagalpa	1
- Preparation of information materials: posters, flyers, triptychs, blankets.
- Activities for the registration of children in thirteen municipalities in the north of the country, taking advantage of the infrastructure for issuing citizenship cards.
- Registration, in their own communities, of children under one year of age and replacement of birth certificates for those over one and under fifteen in District Five of Managua. This project was carried out by the Office of the Mayor of Managua.

Venezuela

As a result of UNICEF encouragement, an interesting and historic process of mobilisation regarding children's right to a nationality and name has taken place. All bodies of the State and civil society have been involved in this process, which has permitted the promulgation of a Regulatory Decree regarding the issuing of birth certificates, in which the principle of immediate identification and definition of kinship was made explicit. The Decree defined various mechanisms that without any doubt constitute an institutional network that advances as one of the factors of prime importance for the integral protection of children and adolescents.

Press information indicates an estimate of 600,000 unregistered children in the Federal District alone. In 1986, the INAM identified 407,000 unregistered children in five regions of the country.

With UNICEF support, the first registration window for newborn children was opened in August of 1999 at the Hospital del Estado de Zulia (considered the region with the highest rate of under-registration).

UNICEF currently supports dissemination of the regulations and training regarding them in the government institutions responsible for applying them. During the last quarter of 1999, CONGANI (Coordinadora de ONGs en Defensa de la Niñez y la Adolescencia: Coordinator of NGOs for the Protection of Children and Adolescents), under the auspices of UNICEF, held days for implementing the regulations, which went from promotion and education at the grass-roots and family levels to social mobilisation for the creation of birth registration units in hospitals and participation in special child registration campaigns in the communities.

These days, whose cost totals more than US\$300,000, will continue to be held during the year 2000. The activities will be carried out in eleven states covering the western, eastern and central areas of the country.

Peru

Coordination with the National Registrar of Identification and Civil Status (RENIEC)

The opening of registration windows in maternity hospitals in order to facilitate automatic registration of newborn children is being coordinated, as well as the development of software to facilitate computerisation of the registration of births, initially at the level of hospitals and later in the municipalities that possess the necessary technical capacity. At the request of the General Manager of RENIEC, support was provided for compiling information on the care provided to mothers at the Hospital María Auxiliadora of the San Juan de Miraflores district, in order to evaluate the opening of a registration office at that health institution.

The Computing Advisory Office of RENIEC has been provided with orientation regarding the operation of registration offices in the country, and the Miraflores

registration office and Logistical Area have been visited with regard to compilation of vital statistics recorded during the years 1997 and 1998. These activities have the object of preparing a computer programme for computerisation of birth registration.

The right to a name campaign among native communities of the Department of Amazonas

In the context of the right to a name campaign commemorating the anniversary of the Convention on the Rights of the Child, the Condorcanqui Province Health and Right to a Name Project Activity Planning Workshop was held in the city of Bagua Chica. Representatives of the native communities of the Santiago River belonging to the Consejo Aguaruna Huambisa, including the president of the Consejo, and of the native communities of the Cenepa River organised in ODECOFOC, including this organisation's president, participated in the workshop for the training and operation of registration offices in the area's communities, the holding of the training seminar for the registrars of these communities, and the execution of the right to a name campaign in the Indian communities.

Activities coordinated with the National Institute of Statistics and Computing (INEI)

With the National Institute of Statistics and Computing, Directorate of Demography, we are coordinating and supporting the computer processing and publication of the vital statistics of Lima Province, using the information included in the birth certificates of 1998 and 1999. It has been more than five years since this processing and publication has been done.

Support to the Gerencia de Promoción de la Niñez y la Adolescencia

Technical assistance is currently being provided to the Oficina de Defensorías of the Gerencia de Promoción de la Niñez y la Adolescencia of PROMUDEH for the right to a name campaign that will be carried out by that office during the next few months.

Support was likewise provided for training of the technical team of the project for strengthening community defenders of the Comité Coordinador de Organizaciones Sociales de Base (composed of women's organisations) for protecting the rights of children, adolescents and women at the central level, and of the district representatives of the Comités de Acopio of Lima.

Right to a name campaign for PROANDES Andean communities

During the first half of 1999, the right to a name campaign for PROANDES Andean communities was carried out. In the Department of Cajamarca, training courses were held for registrars, local authorities of the health and education sectors, the Fiscalía, the National Police and municipal authorities in the capitals of the provinces of Cajabamba, Hualgayoc and San Marcos. Health promoters, Chasquiwuawas (young community promoters) and midwives of the communities

were called upon to promote the right to a name campaigns and achieve the registration of unregistered children and adolescents by their parents, relatives or authorities as stipulated by law. In the Department of Cuzco, training seminars were held for registrars and authorities of the provinces of Cuzco, Acomayo, Canas and Paruro and the District of Huanquite. With the support of the Comité de Gestión de Cusco Urbano, fifty people were trained in the city of Cuzco to carry out campaigns promoting the timely registration of unregistered individuals. RENIEC personnel participated in the events held in Cajamarca and Cuzco.



Early Childhood Care for Survival, Growth and Development in Latin America and the Caribbean

Tenth Conference of Spouses of Heads of State and Government of the Americas

**Report for technical meeting
Overview of project implementation during the 1999-2000 period.**



Regional Office for Latin America and the Caribbean (TACRO)

Education Area

Note for the Reader

The following report includes a brief overview of UNICEF's participation in and/or support for Early Childhood Care for Survival, Growth and Development initiatives in Latin America and the Caribbean Region and advances made in relation to the proposal presented in the IX Conference of Spouses of Heads of State and Governments of the Americas.

The specific format for this report document includes: sections of the original document text presented in the IX Conference for those readers unfamiliar with the original document; and highlights of regional and country actions undertaken and preliminary results achieved, which were directly or indirectly related to UNICEF's co-operation in Early Childhood Care for Survival, Growth and Development in region (information presented in shaded boxes) .

The content of this document certainly does not reflect the complete richness of country (government and non-governmental) guided actions in ECC-SGD nor does it include the wide-range of important support of other agencies.

Early Childhood Care for Survival, Growth and Development in Latin America and the Caribbean

Report for technical meeting
Overview of project implementation during the 1999-2000 period.

A. Justification (as presented in the original document)

We have taken several centuries to recognise explicitly that learning begins at birth. It is precisely the learning that takes place from the first hours of life and continues until girls and boys enter the formal basic education systems, that can provide them with the skills and values necessary for each of them to become what she or he wants to be, and have a greater chance of living well. Thus education, which previously was understood to be a process that began at the age of six or seven and ended with the end of adolescence, now is recognised as a process that begins with life itself and never ends, and which should guarantee that every human being can make the most of himself or herself.

UNICEF is convinced that early childhood cannot only be seen as a period where the child needs care to ensure survival, physical growth and protection against illness. Care and education should provide the cognitive and psychosocial development of all children without any sort of discrimination. It should guarantee the satisfaction of his or her needs and give priority to the acquisition of skills and capacities that have been shown to be the keys to life. These include linguistic skills, the development of intelligence and socio-affective capacities that strengthen creativity, a critical attitude and the construction of knowledge as part of every child's development.

Therefore, UNICEF talks of **"Early Child Care for Survival, Growth and Development"** (referred to as ECC-SGD in the rest of the document) as an integral approach that prepares children for life and learning, and trains teachers, parents and members of the community who care for children, to respect, protect, facilitate and made effective children's rights to survival, growth, protection, development and participation. From UNICEF's perspective, ECC-SGD should be **centered on children, focused on the family, supported socially and promoted globally.**¹

Three types of arguments have been designed to show the importance and validity of actions related to Early Child Care for Survival, Growth and Development:

¹ Taken from the draft document that was produced in the discussion held at the Innocenti Seminar in October 1998.

- Because of their preventive nature, ECC-SGD actions are seen as a medium- and long-term social investment, which is highly profitable in human, social and economic terms.
- A synergistic effect of early child care and education activities, especially at the local level. Interventions in early childcare and education have a high capacity to mobilise and involve multiple social actors and to generate actions and inter-sectoral plans with a high level of community participation.
- There is a third kind of argumentation – socio -psychological in nature – that concerns children and their right to life, to development, to being cared for and protected by their families and social institutions, to express themselves and communicate, to learn and be educated, whose spokesperson and champion par excellence has been and should continue to be UNICEF.

Lessons Learned in the Programmes in Our Region

Among the most important aspects for guaranteeing a good development and outcome from the early child care programmes for development and learning, we find the following:

- Strengthening of national capacities and political will to give priority to actions and care programmes for early childhood.
- Integral strategies that guarantee the development of the child in all his or her facets, with equity between the genders. Participation of the Family and Community to ensure the creation of appropriate environments for the healthy development of children.
- Monitoring and evaluation of the programmes to guarantee their follow-up and effectiveness
- Strategies and mechanisms for promoting, disseminating, and educating through the communications media
- Valid strategies for forming and training educators and social actors

B. The Strategic Proposal

1. UNICEF's objectives in the area of ECC-SGD in the region, 1999-2001

1.1 General objective

To promote the development of policies, strategies and programmes in line with the rights and gender approaches that favour the increase of coverage and the improvement of the quality of child care and early education services, to guarantee the integral development of the children's potential during their early childhood.

In this way ECC-SGD actions become an important vehicle for reaching goals of the World Summit for Children.

1.2 Specific objectives

- To promote the formulation of policies including legal and budgetary measures that give priority to ECC-SGD strategies in the countries addressing working women and adolescent mothers, including regional actors like the church, the productive sector and other organisations
- To promote and disseminate successful experiences and programmes from the region, especially those that contribute to motivate the role of the family and the community in providing attention for the smallest children, within the rights and gender approaches.
- To promote the integral approach and full coverage in ECC-SGD programmes – including health, nutrition, growth, development of psycho-affective and cognitive capacities – that are being developed by the governments in every country of the region, with special emphasis on the child population between 0 and 3.
- To create regional mechanisms for supervision, follow-up, analysis and communication of the programmes implemented by the governments including the elaboration of criteria and basic quality indicators to orient follow-up and monitoring.

2. Activities proposed to the achieving of objectives:

- Development of a research or documentation process on “Best practices on ECC-SGD” for the region. We will start documenting the cases of those countries more relevant for different criteria such as the coverage of the attention, integral approach of the programme, results achieved, etc. The first countries to analyse are: Colombia, Costa Rica, Brazil, Chile, Jamaica, Cuba, and Mexico.

In regards to this activity, the country-based documentation process on “Best Practices on ECC-SGD” has been completed for all countries, except Costa Rica. (A decision was made to include Costa Rica in future documentation actions.) The documentation process included field visits to all mentioned countries and contacts with a wide range of Early Childhood programme experiences. The specific components and models documented included the following: multiple service strategies; parent education initiatives; decentralised staff training; integrated health-education-family actions; and others. Projects included in the documentation process covered both governmental and non-governmental initiatives.

As an integral part of this process, an information/training kit is now being prepared by CINDE, which will include: global discussion points related to the topic of ECC-SGD; individual case studies; lessons learned; and recommendations. A draft version of the information/training kit will be finalised during the first weeks of June.

This study and documentation process is a co-operative effort of the UNICEF Regional Office for Latin America and the Caribbean and CINDE “Centro Internacional de Educación y Desarrollo Humano” (under the direction of Dr. Marta Arango).

- Development of audio-visual resources on ECC-SGD successful to achieve a greater impact on advocacy and resource mobilisation.
- Edition of a video tape with testimonies, interviews with ECC-SGD program managers in the field, extracts of experts' positions on the topic and direct exhibition of some projects on the field and results observed by the families and communities. A long version of the video will be showed in specialised meetings. A short version will be showed to policymakers in the governments, and supranational organisations.

Initial steps are now underway to prepare visual materials for mobilisation and training activities. During country/field visits – as part of the documentation process – steps were taken to construct a detailed list of people responsible for ECC-SGD programmes in the region who are willing to collaborate with this specific project task. In addition, contacts have been established with other international experts in the field of Early Childhood Care and Development to assist in the design and production process. Numerous visual materials (videos) were provided by national institutions of countries included in the documentation process. During the next three-month period, steps will be taken to design the visual package and content for this project component.

Country level initiatives supported by UNICEF:

- Chile – support for the development of a national TV campaign “Let´s Play” with positive and constructive messages oriented to adults to improve their communication with their children through plan. This campaign will contribute to advocate for improved child rearing practices and to reduce abusive treatment of children.

- Organisation of the ECC-SGD network in the region using a team of specialists and institutions from various countries in the region.
- Contact with experts on the ECC-SGD academy, experts on child mobilisation, practitioners.
- Organisation of regional meetings to exchange ideas and knowledge and designing a regional strategy for the action.

Initial efforts were undertaken during this period to identify and establish contacts with key individuals and institutions in the ECC-SGD field (regional and international) for: (1) strengthening existing Early Childhood Care and Development networks; (2) establishing new lines of co-operation and partnerships; and (3) promoting joint co-operation between countries.

Participation in the following events were utilised to establish contacts and to identify potential partners for the further development of networking initiatives:

- International meeting of the World Association of Early Childhood Educators – “Reunión de la Asociación Mundial de Educadores Infantiles”, Cartagena, Colombia
- Internal UNICEF Meetings of Education Focal Points and Country Office Representatives.
- EFA E9 Meeting in Recife, Brazil
- EFA Regional Meeting in Santo Domingo
- Human Development Week – World Bank, Washington DC.
- International Seminar - “Una Educación Infantil para el siglo XXI” Junji, Chile

- ECD Seminar, World Bank, Washington DC
- World Education Forum Meeting – EFA, Dakar

Through contacts established and discussions undertaken, a clearer vision has been achieved as to the importance of strengthening networks and as to the critical areas of joint co-operation. The main areas identified include: development of training strategies and materials; preparation of mobilisation plans and support tools; exchange of experiences; and provision of technical assistance.

Country level initiatives supported by UNICEF:

- Costa Rica – as part of UNICEF technical support to the national council on children and adolescents in generating a comprehensive and multi-sectoral childcare policies for children under five, technical exchange and support was provided by Ecuador and Cuba in discussions with the government of Costa Rica and key counterparts.

- Development of materials and tools for the improvement of the educational components of ECC-SGD programs, such as:
 - Indicators of accomplishment of psychosocial development of children, well differentiated by age.
 - Strategies for forming and training educators, caregivers and parents
 - Curricula of educational activities, reinforcing the integral approach and institutionality of the programs
 - Development of alternative modes of attention, with emphasis on the participation of the family and the community.
 - Promotion of the development of models of sustainable management.
 - Incorporation of the rights and gender approaches from an evolutionary perspective.

During this time period, several activities have been initiated and/or completed in line with this project activity and sub-components. Some of the key efforts included:

- Initial steps to establish ECC-SGD indicators. The proposed objectives of this global research initiative includes the following products:
 - Comprehensive list of indicators, with values and their secular profile, complementing those provided in the technical guidelines for the EFA 2000 assessment.
 - Quantitative and factual analysis of developments in each of the EFA regions 1990-2000, summarising recommendations and actual endorsement of major regional and international conferences related to the topic area.
 - Synthetic analyses of factors leading to success and failure (constraints) in policy implementation in the topic area under consideration, comparing and contrasting such factors on the basis of cultural differences, modes of implementation etc.
 - Impact assessment, especially on children's learning ability, in the context of follow-up to major international social sector conferences such as Copenhagen, Cairo, Beijing, Rio de Janeiro.
 - Proposed lines of action promoting further development in the field, especially as oriented to remove constraints found, in the forthcoming decade 2001-2010.
 - A hypothetical scenario of what achievements, and main limiting factors, might be forecasted by 2010.

- Preliminary discussions, review and design of training strategies. During the course of ECC-SGD workshops and events, in-depth discussions and reviews were undertaken pertaining to the issues of training and capacity-building. Key partners were identified for future actions in the region. As part of the ECC-SGD documentation process, one country (NGO) initiative was included in the documentation process (Brazil – CECIP). Through the support of UNICEF funding and including the participation of UNICEF Country Offices and external technical staff, a preliminary training system strategy will be prepared – which will focus on educators, health staff, caregivers and parents. For this purpose, a country leadership initiative will be designed, stimulating joint co-operation between regional countries and institutions.

Country level initiatives supported by UNICEF:

- Argentina – support to community-based childcare centres in one province (“Casas del Sol”) in aspects pertaining to staff training and training material development.
- Bolivia – expanded support for the creation of the National Committee for the promotion of pre-school education; assistance in education/communication initiatives for the family (in health, nutrition, hygiene and women rights components); financial and technical assistance for the Wawa Wasi (day care) programme for expanded parent and staff training.
- Caribbean Area Office – support for a holistic approach for ECC-SGD including early stimulation, health, nutrition, hygiene, care and education; and strengthening of institutions involved in special education and supporting multi-country study on childhood disabilities.
- Ecuador – technical and financial assistance for a wide-range of ECC-SGD initiatives including: the establishing of child development networks in different municipalities; and expansion of parents education programme “Improving my Family”.
- El Salvador – support was provided to the Ministry of Education to include early childhood education in 50 schools of the EDUCO programme to improve parent capacity to support learning processes.
- Dominican Republic - Strengthening the decentralisation of early childhood programmes through the consolidation of local working teams, production of materials, development of parent education strategies and mobilisation of new partners.
- Honduras – As part of post Hurricane Mitch assistance and expanding existing UNICEF support for Early Childhood Care and Development, financial and technical assistance was directed to re-establish and strengthen services of the non-formal CENPENF model.
- Jamaica – through the support of the national integrated policy making body, further steps are underway to strengthen an integrated, parent/community-based ECC-SGD strategy for children 0-6 years of age.
- Nicaragua – Support for pre-school services in 30 priority municipalities, including teacher training, capacity-building for parents, supervision activities. Additional assistance was provided for the attention of children with disabilities.
- Peru – Continual support was given for non-formal approaches for pre-school and the parent education programme “Iniciativa Papá”.
- Suriname – support given for the training of day care centre staff, development of curricula and training/teaching materials.

- Construction of systems of basic indicators of quality.
- Reinforce the monitoring and evaluation part of every program on ECC-SGD.

Project activities for this component were included in the previous description.

Country level initiatives supported by UNICEF:

- Jamaica – as part of a multi-country initiative, support is being provided to establish a set of key indicators for monitoring and evaluation of ECC-SGD programmes.
- Brazil – as part of the World Bank Early Childhood Study, important base-line data has been established and a municipal level information system developed for long-term mobilization, planning and monitoring actions. This effort is combined with a specific UNICEF supported initiative in the State of Ceara that focuses on a statewide municipal level indicator monitoring and mobilization process.
- Belize – support to institutionalise the monitoring of standards in social sector institutions (including day care centres and pre-schools).

- Technical assistance to groups of countries in the design of projects to be financed by donor countries and other organisms.

Limited progress has been made for this proposed project component, except for specific countries that have received direct assistance from individual UNICEF Country Offices.

During the 2000-2001 period, UNICEF will be working with government and NGO counterparts in the major number of countries in the region to prepare the new five-year co-operation plan. It is proposed for the region to strengthen UNICEF's co-operation plan in the areas of ECC-SGD. Joint discussions are now underway between international agencies and regional institutions to develop a more co-ordinated fund-raising strategy to support Early Childhood Care and Development initiatives in the region.

Country level initiatives supported by UNICEF:

- Internal UNICEF meetings with Country Offices – key technical staff from Chile and Cuba provided technical input for internal UNICEF staff training and orientation.

- Influencing and advocacy to promote:
 - Budgetary changes leading to social investment in early childhood within the framework of the 20/20 Initiative.
 - Legislative changes that affect women and children, and facilitate ECC-SGD services for all the children in the country.
 - Laws that facilitate maternity for working women, with help for child rearing, in terms of both leaves and care services.

During the course of the reporting period, numerous global advocacy actions were undertaken to promote increased political will, government commitment and public demand for expanded ECC-SGD actions. This include the participation of a wide-range of international agencies (UNESCO, OAS, UNICEF, World Bank, IDB, etc.) and government counterparts.

As previously mentioned, the following events were utilised to: review the existing situation (based on the analysis of EFA decade results); propose new and/or strengthen actions for the coming decade; and achieve a clearer consensus in the region.

- International meeting of the World Association of Early Childhood Educators – “Reunión de la Asociación Mundial de Educadores Infantiles”, Cartagena, Colombia
- EFA Regional Meeting in Santo Domingo
- Human Development Week – World Bank, Washington DC.
- International Seminar - “Una Educación Infantil para el siglo XXI” Junji, Chile
- ECD Seminar, World Bank, Washington DC
- World Education Forum Meeting – EFA, Dakar

Important products were prepared during the 1999-2000 period that will serve as a basis for future advocacy efforts:

- Regional EFA Framework of Action (regional event organised by UNESCO, UNICEF, WORLD Bank, UNDP and UNPF)
- Theme paper prepared by Robert Myers on Early Childhood Care and Development for the World Education Form – EFA (Dakar)
- World Bank Study on Early Childhood – Brazil.
- UNICEF visual materials and position papers on ECC-SGD.

During the course of this year (2000), other key events will be held which will provide additional opportunities to advocate for expanded and improved ECC-SGD efforts:

- X Ibero-american Summit and specific ministerial meetings (organised by OEI);
- V Ministerial Meeting, to be held in Kingston, to review country level progress in relation to World Summit for Children goals.
- UNESCO Ministers’ meeting - Evaluation of the “Principal Project”.

Country level initiatives supported by UNICEF:

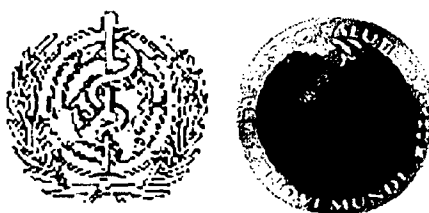
- Brazil – as previously mentioned, results of the World Bank Early Childhood Study will be utilised for the development of an advocacy strategy to increase debate and demand for increased funding, resource targeting and resource investment for ECC-SGD in Brazil.



Reports on Progress in Health in the Americas

Tenth Conference of Spouses of Heads of State and Government of the Americas

Reports for Technical Meeting



Pan-American Health Organization



Reports for the Tenth Conference of Wives of Heads of State and Government of the Americas

Pan American Health Organization

Includes:

- Progress in the Eradication of Measles in the Americas
- Progress in the Integrated Management of Childhood Illness (IMCI)
- Progress in the Eradication of Domestic Violence
- Progress in the Reduction of Maternal Mortality

Washington, D.C., 30 May 2000



Progress in the Eradication of Measles in the Americas

Introduction

The Americas was the first in the Region in the world to eradicate smallpox in 1971, and in conquering poliomyelitis in 1991. Significant progress has been achieved in reaching the goal of measles eradication from the Western Hemisphere set for the year 2000, and the ground is being prepared for a regional strategy to eradicate rubella and congenital rubella syndrome (CRS). These initiatives are protecting the health of children at their most fragile years, but are also resulting in substantial savings from the cessation of immunization of eradicated diseases, and from the disability costs associated with these illnesses.

Eight months remain to reaching the goal of eradication of indigenous measles transmission in the Americas, and subsequently two additional years of intense surveillance will be required before formal certification of eradication takes place. The Pan American Health Organization is calling for heightened national and international coordination in countries that still have measles transmission, to prevent the spread of the disease into other areas. Support is needed for health workers in all countries in the Americas to strengthen surveillance to find the last chains of measles transmission and to implement timely vaccination responses whenever virus circulation is detected. These cases are usually found in the poorer, hard to reach marginal areas surrounding high-populated cities. Support is also needed to supervise the effective investigation of measles outbreaks, which includes the rapid deployment of people and strengthening of laboratories diagnostic capabilities.

The hemispheric measles eradication goal has benefited from the active participation of the First Ladies of the Americas, beginning in 1995 when the First Lady of the United States, Mrs. Hillary Rodham Clinton pledged the financial support of the United States towards measles eradication in the Americas. The following report updates on progress achieved during 1999 in the *Plan of Action for Measles Eradication* developed by the First Ladies of the Americas during their Fifth Conference held in Paraguay in 1995.

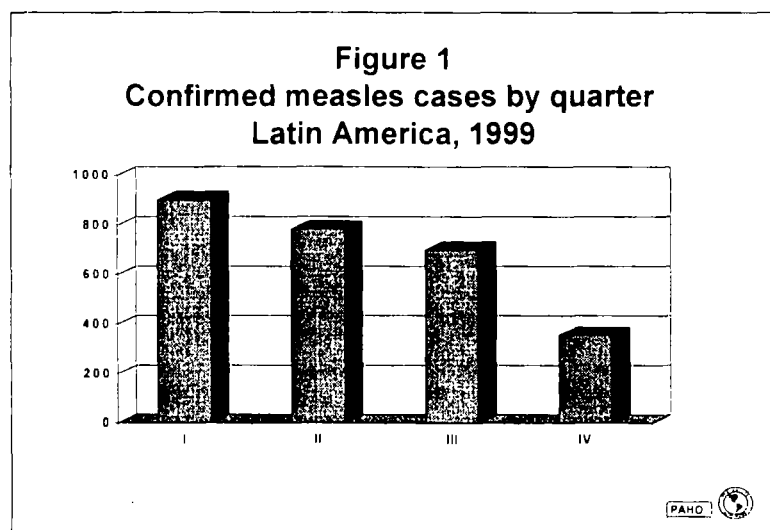
Measles Situation in the Americas

The Region of the Americas has made significant progress in reducing the burden of measles in the Americas, a direct result of the high-level commitment of countries to the successful completion of this hemispheric public health goal (Figure 1). Countries that have followed the vaccination strategy for measles eradication recommended by PAHO are successfully controlling the disease and preventing the occurrence of large measles outbreaks. During 1999 there were 3,022 confirmed measles cases in the Americas, a decline of 94% from a high of 53,683 cases in 1997. These cases occurred in 11 countries, of which only Bolivia,



Brazil, Argentina and the Dominican Republic had indigenous transmission of measles: Bolivia reported 1,445 cases (48% of the total of the Region), Brazil 789 (26%), Argentina 247 (8%), and Dominican Republic 2,274 (9%).

Health authorities in the countries with measles transmission have vowed to take all necessary measures to control the disease. This has included the implementation of a dual strategy of intensive measles (*mop-up*) vaccination activities of municipalities that fail to reach ≥ 95 coverage, combined with bimonthly active search of measles cases is being carried out in these countries.



Bolivia was the most affected country by measles, with 48% (1,445 confirmed cases) of all 1999 confirmed cases in the Region, especially due to large areas of under-immunized populations. The majority of these cases have affected children under five years of age, followed by school-age children (5-19) and young adults (20-29). Measles virus transmission initially clustered in urban centers and subsequently moved to some selvatic regions. A Plan of Action was launched by the Ministry of Health to effectively stop the measles outbreak and interrupt virus transmission. The Plan mobilized the technical and financial support from the Government of Bolivia and PAHO, as well as the financial assistance of the World Bank, the Inter-American Development Bank, UNICEF and local non-governmental organizations. The Ministry of Health further issued a Ministerial Resolution supporting the implementation of a comprehensive national vaccination campaign held in December of 1999. For the year 2000, Bolivia has confirmed 37 cases of measles, with the last confirmed case reported February 26.

In the Dominican Republic, a measles outbreak began in a tourist area due to an importation from Argentina in 1997. Despite two vaccination efforts in 1998, the virus continued to circulate and subsequently spread throughout the country in 1999. Over 50% of the cases were reported from the Santo Domingo metropolitan area, where pockets of un-immunized children, overcrowding in urban areas and low coverage rates from previous *follow-up* campaigns have helped to spread the disease. Similar to Bolivia and other outbreaks in the Region, the majority of cases are found in children under 1 year of age. The country's health authorities and PAHO organized a Task Force to ensure the implementation of effective control



measures. Active searches for suspected measles cases and *mop-up* vaccination in areas where the virus is circulating are also being conducted. In February of 2000, a five-year Plan of Action for immunization developed by the Ministry of Health with PAHO's technical collaboration received funding in the amount of US\$13 million from the World Bank, the United States Agency for International Development, the Japanese International Development Agency and PAHO. For the year 2000, there have been 101 confirmed measles cases

In Brazil, most states are showing a decrease in transmission in spite of intense surveillance activities by 27 additional epidemiologists hired as part of a special Task Force formed in 1998. Overall, measles vaccination coverage in 1999 reached 93%, but 59% of the municipalities report coverage under 95%. Up to April 22, 2000 there were 27 confirmed measles cases from four states and distributed in 14 municipalities, compared to 81 at the same time last year. The majority of the cases have been reported from the state of Acre, followed by the state of Sao Paulo. Of the 14 cases in the state of Acre, 13 are among un-vaccinated population, mostly children between 1-9 years of age. A *follow-up* measles campaign is scheduled June of 2000 targeting children 5 years up to 15 years of age in some states.

Progress is also evident in Argentina, which reported the majority of cases in 1998. A provisional total of 789 measles cases were confirmed in 1999 compared to 2,930 confirmed measles cases in 1998. Age group most affected in 1999 was children under 1 year of age, followed by children 1 year of age, and 2-5 year olds. Up to early May of 2000, eight measles cases have been confirmed, compared to 113 during the same time in 1999. These eight cases are all from the province of Cordoba. An Emergency Plan was developed and additional national epidemiologists were hired to collaborate with Argentine health authorities in the eradication efforts.

While measles transmission is particularly affecting the countries mentioned above, all nations in the Americas need to be highly vigilant at this critical stage of the measles eradication initiative. As it happened during final stages of the 1994 successful poliomyelitis eradication campaign, increased efforts will be needed for an additional two years after December 2000, until the Americas can be formally declared free of measles virus transmission. During this time, periodic and intensive active search activities of measles cases will be conducted to find remaining sources of the virus, especially in municipalities at high risk for measles outbreaks. In those countries failing to reach $\geq$ 95% measles vaccination coverage, special focused measles vaccination will be implemented of municipalities with disease transmission.



Obstacles

Major obstacles to measles eradication in the Americas

- Insufficient dissemination and promotion of the measles eradication goal.
- Lack of full implementation of PAHO's recommended vaccination strategy for measles eradication in all countries.
- Children under 1 year of age still lacking vaccination.
- Municipalities with less than 95% measles vaccination coverage.
- Shortages of vaccine supplies to deal with emergency situations and to carry out scheduled immunization campaigns.

Immediate Actions for the First Ladies

Immediate Actions for the First Ladies of the Americas

- Coordinate with the First Ladies of every state or province the availability of sufficient resources for the successful completion of the measles eradication goal at the local level.
- Urge Ministries of Health to strengthen measles surveillance to ensure that countries are free of measles transmission.
- Coordinate the effective and timely implementation of Public Service Announcements that promote measles vaccination efforts at all levels.
- Support the implementation of measles emergency plans in Argentina, Bolivia, Brazil, the Dominican Republic and Haiti.
- Call upon all sectors of society to support the eradication of measles from the Americas.
- Promote the establishment of vaccine laws that assure a specific budget line to cover recurrent costs of vaccines and other inputs in order to maintain countries free of measles.



Progress in the Integrated Management of Childhood Illness (IMCI)

Objectives

The strategy of Integrated Management of Childhood Illness (IMCI) aims to achieve three fundamental objectives:

- Reduce infant mortality, particularly from communicable diseases and nutritional disorders.
- Diminish the frequency and severity of episodes of childhood illness.
- Improve the quality of child health care, both in the health services, and in the home and community.

Background

Every year, more than half a million children in the Region of the Americas die before reaching their fifth birthday. Approximately one of every three of these deaths is due to diseases and health problems for which there are available measures of prevention, early diagnosis and effective treatment, such as infectious diseases and nutritional disorders. The majority of these deaths occur in the developing countries of our Region, and particularly in those that register the highest figures of infant mortality, higher than 30 per 1,000 live births. This situation reflects the lack of equity in health conditions in children. It can be counteracted by providing all families access to knowledge and basic interventions of prevention and treatment, making it possible to avoid or reduce the severity of the diseases that affect children under 5.

The IMCI strategy was developed jointly by PAHO/WHO (Pan American Health Organization/World Health Organization) and by UNICEF (United Nations Children's Fund) to respond to this situation and contribute to achievement of more equitable child health conditions. The strategy unites the principal existing interventions for the prevention and treatment of the most common diseases and health problems, and it can be adapted in relation to the different epidemiological situation of the countries. It can also be adapted to the different operational realities of health care, adjusting the participation of the different professional actors: technical, auxiliary and community, to achieve maximum utilization of the available resources for children.

The IMCI strategy also incorporates a community component directed to improve the capacity of the family and the community to provide adequate care of child health. Through this component aimed to child health promotion,



implementation of the IMCI strategy makes an important contribution to strengthening the family's problem-solving ability with regard to child health problems. It also improves the family's capacity to identify warning signs that should lead them to seek care outside the home. This will contribute to the early detection and rapid administration of the most effective treatment.

Since its introduction in the Region of the Americas in February 1996, the IMCI strategy has been adopted by a majority of the developing countries as the principal intervention to improve health conditions in children. To this achievement we must count not only the contribution of political decisions of the health authorities of each country, but the support that the IMCI strategy has incited among the international organizations, international bilateral cooperation agencies and Nongovernmental Organizations (NGOs). In the past years, implementation of the IMCI strategy has bolstered measures carried out toward the achievement of the Goals of the World Summit for Children. For this reason, increasing the populations access to IMCI was incorporated as a complementary goal in follow-up meetings.

Currently, the IMCI strategy is considered the principal tool available for continuing to reduce infant mortality into the next millennium. The focus of care will expand progressively from the control of communicable diseases and nutritional disorders to include the struggle to reduce other prevalent health problems. Ways to integrate perinatal disorders, accidents, violence, child abuse, and other diseases and problems that are gaining ever-increasing importance in light of the decrease in morbidity and mortality from infectious diseases are all under consideration.

Given the potential that the IMCI strategy has to improve child health from so many angles, guaranteeing universal access becomes the countries principal challenge to ensure the benefits that knowledge and technology in health are provided to all the children under 5 of the Region of the Americas.

Progress in the past year

In 1999, significant progress was observed in the implementation of IMCI in the Region. This was confirmed by the consolidation of national and international commitment to achieve universal access of the infant population to the benefits of this strategy, and to increase and expand its activities. This includes the components directed to improve the performance of health workers, to improve the organization of the health services, and to improve the family and community's capacity to achieve disease prevention and health promotion in childhood.

Strengthening National and International Commitment to IMCI

After its presentation in 1996, IMCI's inclusion among the strategies used to achieve the Goals of the World Summit for Children was considered a priority. Goals to progressively increase the access children have in the Region of the Americas to the benefits of this intervention were set.



The interest and support of the international organizations and bilateral cooperation agencies is evident in the joint Regional and National Projects as well as in direct support to IMCI implementation activities. This helped to mobilize extrabudgetary resources which accelerated the design, development, adaptation, distribution and implementation in the countries.

The Regional IMCI Unit of PAHO/WHO prepared a Proposal and Resolution during 1998-99 in support of the implementation of the strategy. These were approved by the Directing Council of PAHO/WHO during its 41st Meeting, carried out from 27 September to 1 October 1999 in San Juan, Puerto Rico. The adopted Resolution urges Member States to accelerate the process of implementation of the strategy and requests of the Director to strengthen efforts for the broader mobilization of resources in favor of IMCI.

The past year has seen a great momentum in favor of the IMCI strategy. The "Healthy Children: Goal 2002" initiative launched by PAHO/WHO in December 1999 considers the IMCI strategy as its principal intervention. It summons a great Regional mobilization to reduce by 100,000 the number of deaths of children under 5 by the year 2002, compared with the estimated number of deaths in this age group in 1998. The launching of this initiative enjoyed the participation of representatives from all the international organizations, bilateral cooperation agencies and NGOs that work in favor of health and development. It also featured the participation of three First Ladies from countries of the Americas, who acted as Honor Witnesses during the signing of the Regional Declaration of Support of the initiative, signed by all the representatives present.

The event effected strengthening of support for the strategy, which was transferred to numerous countries which have carried out similar launching ceremonies at the national level. These events make it possible to gather together the principal international, national and non-governmental institutions that will work toward success in obtaining access to the benefits that the strategy can provide in terms of prevention and promotion of health for all the children under 5 in the Region.

Training of Health Workers in IMCI

The training of health workers in IMCI continues to expand. 12,000 have the knowledge and abilities necessary to apply the IMCI strategy in the evaluation, classification, and treatment of children under 5 who are taken to the health services. These personnel also are informed of techniques to improve disease prevention measures and to communicate to parents knowledge for better management and care of child health in the home and the community.

Training has been concentrated especially on health workers who provide care in the most underprivileged areas of the countries, those which have the highest Infant Mortality Rates (IMR). In this way one helps to improve the equity in the access and use of the measures of child disease prevention and control and of adequate health care.



Improving Health Services for IMCI

Through monitoring after training and the use of appropriate evaluation instruments, the countries have been able to improve the organization of health services to better apply the IMCI strategy. This has improved the quality of care for children and given them better access to the drugs necessary for the prevention of complications and to reduce avoidable deaths.

In four countries (Bolivia, Ecuador, Peru and the Dominican Republic) these instruments have been tested and will be extended to the rest of the countries that are applying the IMCI strategy in the coming months.

Positive results of the application of the IMCI strategy have already been detected. Better coverage of prevention measures, better quality of care in the health services, and greater rationality in the use of diagnostic technologies and treatment have been reported. By reducing the risk of adverse effects from flawed diagnoses optimizing the use of the available resources the health conditions of children improve.

Improving Community Knowledge and Practices Regarding Child Health

In the last year, activities geared to strengthening the community component of the IMCI strategy were increased, with the objective of improving the knowledge and practices of the family and community with regard to child health care.

Materials to support countries in the formulation of plans of action for the community component, through clear identification of the different actors (people and institutions) involved in these tasks, have been prepared. Preparation, testing, and adaptation of the materials and methods for incorporating community personnel in the application of the strategy continued. The addition of CHW and volunteer support is hoped to extend benefits of the strategy to populations that do not currently have access to health services.

Obstacles

Although it has been possible to increase support and resources in favor of implementing the IMCI strategy, the rate of expansion of activities continues to be conditioned by the availability of resources to multiply them, for the greatest proportion of the population to be reached in the shortest possible time.

It will be necessary concretize into operational decisions the declarations of support and adhesion to the IMCI strategy that have been made. These must be translated into plans and specific activities that contribute to rapid increases in the number of people that have access to personnel and health services which can apply the IMCI strategy.



A large part of the information contained in the community component of the IMCI strategy is crucial to avoiding episodes and deaths from diseases that can be prevented through appropriate care in the home, or through the application of simple measures on the part of the family and the community.

Although a proportion of the population still does not have access to personnel or health services that can apply the strategy, if the parents have this information they themselves can improve the child's health condition. Many cases of disease and deaths can be avoided in this way.

As a result it is necessary to have resources directed to develop and implement concrete plans and activities for communication which improve the knowledge and abilities of the parents for disease prevention and health promotion.

A mobilization in favor of the obtaining these resources, whether at the regional, national or local levels, may well be the greatest in order to improving child health conditions in the Region.

Follow-up

PAHO/WHO's Regional IMCI Unit is monitoring the implementation of the IMCI strategy closely through a series of process and outcome indicators that make it possible to measure the concrete effects of efforts that are made. In the last year they have increased and improved the tools available for this task and many of them have already been applied to measure the effects that application of the IMCI strategy has on the quality of child health care.

In 2000, monitoring will be oriented especially to find information on the increase in the access of the population to the IMCI strategy, and to supplement data on the effect that application of the strategy has on child health.

Strengthening of this process at the national levels, through the ministries of health of each country, will be fundamental to sustain IMCI and its benefits far into the future. For this reason the support of the First Ladies is considered of great importance, both at the Regional and National levels.



Progress in the Eradication of Domestic Violence

Background

In the last twenty years various efforts have been carried out to address violence against women. The problem of violence within families has gained visibility and has been widely studied and analyzed. Recently several World Summits have focused on Family Violence: The Summit on Infancy in 1990, the 1993 Conference on Human Rights and the World Conference on Women in 1995. Moreover, this recognition has resulted in policies and actions of many governments that respond to this social problem.

The United Nations General Assembly (UN) adopted its first resolution on violence against women in November 1985. Since then, the UN has sponsored various meetings of Experts Groups and has continued analysis through its Commission on the Condition of Women, the Economic and Social Council, the Office of Statistics, and the Committee of Crime Prevention and Control.

The enforcement of two international agreements that recognize gender-based violence as a violation of human rights, has generated a new legal framework for approaching this subject: the "Declaration of the United Nations on Violence Against Women" and the "Inter-American Convention for the Prevention, Sanction and Eradication of Violence Against Women". The latter was drafted by the Inter-American Commission on Women of the Organization of American States (OAS) and has been ratified by the great majority of countries. In addition, the Pan American Health Organization (PAHO), in different documents, recognizes that family violence and, in particular, violence towards women, girls, and boys, is a public health priority.

Since 1994 PAHO has mobilized more than seven million dollars for the countries of the Latin America to support efforts to prevent and address violence in family relations.

In May 1997, the Fiftieth World Health Assembly, endorses WHO's integrated plan of action on violence prevention and urges the Member States to collaborate with WHO in attaining the objectives and implementing the tasks of said plan.

The Conferences of Wives of Heads of States and of Government of the Americas held in 1995 and 1996 have officially declared support for the drafting and implementation of policies, as well as for educational campaigns at the regional level directed towards preventing and eliminating every form of domestic violence (Project of Declaration of La Paz, VI Conference of Wives of Heads of States and of Government of the Americas).

The Preparatory Technical Meeting for the VIII Conference of the Wives of Heads of States and of Government of the Americas held in Santiago, Chile from



23 to 26 June 1998 selected domestic violence (DV) as a priority subject for the VIII Conference held in September, 1998. At the meeting PAHO/WHO presented the project that is currently being implemented in ten countries of the Region of the Americas.

The Inter-Parliamentarian Health Conference held in La Habana, May 1999, gathered more than 100 representatives of Parliaments of 18 countries that for the first time defined a health agenda that incorporates violence prevention and eradication as a commitment.

Objective:

Development of coordinated efforts of the Government and civil society to eradicate domestic violence.

DV is a public health and human rights problem that manifests itself in mortality and morbidity of women, girls, boys, and the elderly; it affects their quality of life and has important implications for equity, efficiency, quality and sustainability of health services.

Progress:

Since 1995, the Women, Health and Development Program of PAHO/WHO, in coordination with the health sector, has provided technical cooperation in municipalities of Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama, Ecuador, Bolivia and Peru. PAHO has also facilitated the sharing of positive experiences among the countries of the Americas, such as the Regional Meeting on Norms and Protocols for the detection, prevention and care of DV, in El Salvador, July 1998, the symposium on Masculinity from a Gender Perspective, in Panama, May 1999, the Regional Meeting on Epidemiological Surveillance of Intrafamily and Sexual Violence, in El Salvador, in August 1999, and the regional workshop on How to Formulate Gender Indicators, in Panama, October 1999. The project promotes the coordination among different government institutions and other social entities in designing comprehensive approaches to DV. These approaches are based on responses of victims of DV, collected during a multicenter study that PAHO/WHO carried out in ten countries of the Americas, "The Critical Path Followed by Women Affected by DV". PAHO/WHO also identified appropriate social entities that could participate in carrying out a Comprehensive Model of Care for Violence. Similarly, protocols were prepared for addressing DV in health institutions. A RAP research protocol was prepared and is being executed in more than 30 localities of Central America.

In coordination with other United Nations and Inter-American agencies, efforts have been proposed for implementation at the country level. In this regard, the Inter-American Development Bank (IDB) approved a similar project to PAHO/WHO's for Argentina, Brazil, Mexico, Paraguay, Dominican Republic, and Venezuela. In cooperation with PAHO/WHO, the IDB produced a video on DV



against women, as a social and economic problem, which has been disseminated in the region through national television.

Although PAHO/WHO's project targets violence toward women, its model approach focuses on the interventions at the municipal level and addresses violence toward girls/boys, young people and the elderly, taking into consideration the characteristics of each group. At the national level, the project pursues the development of policies and legal norms to strengthen institutional capacity to address domestic violence.

Principal achievements of the participating countries:

In general, in the countries of Latin America there has been progress with regard to the eradication of violence, particularly concerning the penalization with respect to physical and sexual abuse. We will give a brief overview of achievements of each country with the objectives of the Project:

Belize has formed a National Commission to address DV in which government and NGOs participate. In 1999, a DV Diagnosis was conducted. General norms were developed and incorporated into the National DV Registration Form of the MOH's new comprehensive Health Information System, to be used in each district and at the Central Medical Statistics Office. DV was incorporated into primary school curricula. The first police counseling rooms were established in four districts. 300 training manuals and 200 Directories of DV services were disseminated. 225 health sector personnel of three networks were trained. A guide was prepared for involving men. Workshops on masculinity were conducted for 77 people of NGOs, Judiciary Department and Belize Defense Force.

In **Bolivia**, the National Health Secretariat, the Department of Gender Issues, and the Office of the First Lady have developed actions related to the subject and it was incorporated into the National Strategic Health Plan for 1997-2002. Project team and counterparts are working with MOH's programs to incorporate DV training, regulations and information systems into national policies and local operations. With the participation of municipal governments, 16 local networks have been formed in project sites of seven departments to identify the prevalence of violence and to address it. Studies of DV prevalence and on male violence were conducted. DV was incorporated into the training curricula of national police and armed forces and into the curricula of medical school, nursery, and Masters of two Universities. Intensive training was provided to personnel of health sector, judicial, police and armed forces. Norms and procedures on DV care were validated and are in process of being adjusted. A guide on forming support groups was developed. A gender office was incorporated within National Police of Bolivia.

Costa Rica formulated a National Plan against Domestic Violence (PLANONI) in which different institutions are involved, and which resulted in a Comprehensive Model of Care at the local level. DV is within the 14 government priorities. The MOH has formed a National Commission to assure the integration of gender equity into the National Health Plan. Norms and protocols for the detection,



prevention and care of DV were applied at the hospital level. In 1999, 759 people were treated. Almost 3,000 public staff and community and NGOs' members were trained. Training plan was extended to childhood and the elderly. Training for community support groups was implemented by four health centers. Representatives of 20 NGOs of the International Forum of Black Movement and 31 University educators were trained to incorporate DV into curricula. 3,000 training modules and 10,000 brochures on DV prevention were prepared and disseminated.

In Ecuador, NGOs and government institutions have coordinated their efforts to address DV. The MOH has officially recognized DV as a public health problem and has established strategies for addressing it. DV prevention and care is a priority line of action for the Health and Gender Committee of MOH. DV was incorporated into norms of reproductive health and in training for their application. In project areas --Cuenca, Guayaquil and Quito-- research and training have been promoted for health workers, police and judicial sector to address DV. In 1999, seven "Comisarias Itinerantes" delivered services to women with difficulties of access. The Women's Movement has been a key in developing this initiative.

El Salvador has created a National Program Against Domestic Violence coordinated by the Institute of Women. The MOH supports a national system of violence surveillance. DV was incorporated in the National Norms of Care for Adolescents and for Reproductive Health. Norms and protocols for DV care were applied by 74 health centers and 7 hospitals. The health sector has been integrated to develop municipal training sessions for health workers and to incorporate DV in Health Sector Reform. In 1999, 31 health centers; and 84 groups provided services to 897 women. DV registration form was applied in eight health units and one hospital. 1,750 personnel of 81 establishments were trained on DV; 36 on Crisis Intervention and 34 in support group facilitation. 19 self-support groups were formed.

In Guatemala different Government institutions carry out activities related to violence and a registry of DV among these institutions has been set up. Government identified DV prevention as a top priority and has allocated funding for 1998-2001. Proposals are being developed and discussed to incorporate gender and ethnic equity, the role of midwives and traditional healers in health sector reform. In 1999, 1,200 health workers were trained and municipal level centers have been set up in eight localities. More than 600 people from hospitals, women's organizations and other institutions were trained on forming support groups. Five NGOs were trained on care of battered women. 2,000 people were trained in DV registration, involving the Dept. of Justice, Police, Office of the Public Prosecutor. 10,000 registration forms were distributed. 23,000 booklets were disseminated in coordination with the UN Interagency group in 6 departments. A training manual on gender for men was developed and training conducted to community and professional level men.

Honduras, by decree of law, has set up Family Consultation Centers (FCC) in several regions under the coordination of the MOH. The government and NGOs have prepared a National Plan Against Violence on the basis of which a broad training process for state and non-governmental personnel has been implemented.



Norms and protocols were applied in 12 FCC. Staff of 12 hospital-based FCC, 35 Community Councils against DV, 534 health personnel, and 4,970 from other institutions and community were trained on DV. There are 66 self-support groups and 13 masculinity groups are functioning. In coordination with the NGO "Men Without Masks", more than 300 men were trained. Over 3,500 people were treated. 6,000 guides, pamphlets and documents were disseminated.

In **Nicaragua**, the Women's Institute has set up Commissariats of Women in coordination with other institutions of the Government. The health sector has joined this effort by implementing the model in four municipalities of the country and training health workers in addressing and preventing domestic violence. DV is included in the training curriculum of Police Academy. Staff of 14 health areas, 1,100 health personnel, and 90 facilitators were trained. A support group of men against violence was formed. 15 physicians were trained in five SILAIS on masculinity and domestic violence. Workshop for Men Against DV was held and resulted in a proposal for addressing the problem from a masculine perspective.

Panama has integrated the struggle against violence into its initiative "21st Century Municipalities". The health sector prepared: a sectorial plan, a National Commission Against Violence, protocols of treatment, registries of DV facts, training for personnel, and documented the experience of four localities. Surveillance system for health sector reform in Panama City includes DV. Protocols and norms of care, as well as information systems are in process of institutionalization. Protocols were implemented in 13 regions and 150 MOH and Social Security personnel trained. DV was integrated into curricula of pre-school, primary and middle level education in the country. Training was provided to 2,000 health personnel, 210 members of indigenous communities, 850 students, and 175 members of other institutions. 6,700 pamphlets and protocols were disseminated.

In **Peru**, a National Forum was established with the participation of Municipalities, that included the legal sector, the Ministries of Education, Justice, Women, Human Development, and Health; the Police; the Women Center, Flora Tristán; PAHO and the UNDP. A multisectorial model of care was developed, and a Plan of Operation was prepared and published in 1998. Project team is working with MOH to incorporate DV training, regulations, and information systems into national policies and local operations. Norms and procedures on DV care were validated and are in process of being adjusted. A broad-training process for government and non-governmental personnel was developed. The Ministry of Education has incorporated DV in its curricula for 1-12 grades. 24 networks have been formed in project sites to identify the prevalence of violence and to address it. In 1999, training was to over 4,500 multisectorial personnel. 65 community-based support groups for women and men are functioning in the country.

For the rest of the countries of the Region of the Americas, PAHO/WHO's strategy is to make available the successful experiences, the prepared technical instruments, and provides the necessary technical assistance.



Successful experiences

The efforts to prevent DV, in particular violence toward the women and girls, as well as to offer care to those that live in violent situations, imply complex processes that require commitment and involvement of multiple actors of the public and civil sector. In general, the countries are working at three levels: at the local or micro level, where networks of community organization, representatives of the public and private sectors, and community leaders, have been created. These networks devise and implement strategies for preventing violence against women and serve the people living in these situations, as defined in their action plans with targets and expected results. The second level of action is the intermediate or sectorial level, that includes the health sector's activities concerning policy development, monitoring of domestic violence, registration, and implementation of protocols and training plans. The third level refers to the national or macro level, which includes a legal framework for strengthening the institutional capacity to address violence and to empower its victims. Another aspect is the generation of inter-institutional plans and actions.

Obstacles

Domestic Violence towards children and women is not a new or isolated phenomenon. Studies in different countries suggest that between 30 to 50% of families suffer violence in its various expressions. For many centuries society assessed "certain discipline" for children and women as a cultural value necessary for the "cohesion of the family" and for the social order. Changing social acceptance of domestic violence, the behavior patterns that result in domestic violence and generating public policies preventing domestic violence remain obstacles. Their change requires political will, as well as medium and long-term comprehensive, participatory and sustainable actions of the government and civil society.

Immediate actions are necessary for violence victims that are accessible – physically and economically-- and that can easily access the legal system. Also, it is important to address the prevention of violence, and to develop programs for behavioral change and for controlling actual abuses.

Monitoring and Evaluation

PAHO/WHO with the countries, provides technical evaluations of the experiences and annual plans of action that include expected results and progress indicators. In addition, the organization continues to mobilize resources for the Region of the Americas on this subject.



Progress in the Reduction of Maternal Mortality

The consistently high maternal mortality rates of some countries in the Region of the Americas clearly reflect the profound inequity and inequality to which many women in the Region continue to be subjected. Likewise, it is common knowledge that maternal mortality is a tragedy directly affecting the lives and health of women; however, its repercussions also have an impact on the family and, consequently, society.

In Latin America and the Caribbean, it is estimated that more than 25 thousand women between the ages of 15 and 49 die each year as a result of pregnancy, childbirth, or postpartum complications. Moreover, many women are left injured or disabled for the rest of their lives. Thus it is estimated that for each maternal death there are another 135 cases involving severe complications or disability.

In view of these facts, the death of each woman is seen as a result of the situation of extreme disadvantage in which many women of the Region find themselves. The incidence of maternal mortality is linked to women's rights, and is most prevalent in societies where these rights are denied or violated.

Factors underlying the direct causes of maternal mortality are present in different spheres and at different levels. These include the low status, social, and economic conditions of women and their families, low levels of education, and consequently, the limited capacity of many women to make decisions regarding their health and nutrition. Insufficient access to and use of quality services in the area of essential obstetrics is a highly significant factor—and one that directly contributes to elevated maternal mortality and morbidity. It is important to point out that much more information and knowledge is currently available as opposed to ten years ago in terms of the most effective methods for reducing maternal mortality and morbidity. Consequently, more is known today about the obstacles facing women and their families in gaining access to quality health services and care in obstetric emergencies.

In view of this difficult situation, the countries of the Region, together with technical and financial cooperation agencies are making important efforts aimed at reducing maternal mortality and morbidity.

It is precisely within the framework of this collective effort that the First Ladies of the Region have identified the prevention and reduction of maternal mortality as a priority for action. One of the truly great contributions of the First Ladies since 1996, has been their support and promotion of the Regional Initiative to Reduce Maternal Mortality. Their efforts in this regard have contributed to an accelerated reduction in maternal mortality all over the Americas, through their firm commitment to specific plans at both the national and regional levels. However, despite progress the challenge continues.



Regional Initiative

One important advance can be seen when comparing data from 1996 with that of 1999 in Table 1, where coverage of deliveries attended by skilled health care personnel increased significantly in most of the eleven countries joined in the initiative. Continuing this momentum is a priority, especially in terms of ensuring that childbirth and neonatal care are attended by skilled health care personnel, given that these health workers contribute significantly to reducing rates of maternal and perinatal mortality.

Table 1: Changes in Coverage of Delivery Care Attended by Skilled Health Care Personnel in 10 Countries, 1996-1999

Country	1996	1997	96-97 percentage change (points)	1998	97-98 percentage change (points)	1999	98-99 percentage change (points)	96-99 percentage change
1 Bolivia	29	28	-1	28	0	42.7	14.7	47.2
2 Brazil	84	92	8	92	0	96.8	4.8	15.23
3 Dominican Republic	93	90	-3	95	5	95	0	2.1%
4 El Salvador	31	62	31	67	-5	58.0	-9	87.09
5 Ecuador	26	59	33	59	0	70.9	11.9	172.69
6 Guatemala	35	35	0	35	0	78.4	43.4	124
7 Haiti	46	46	0	46	0	0	0	0
8 Honduras	87	54	-33	54	0	63.7	9.7	-26.78 decrease
9 Nicaragua	22	87	65	87	0	71.2	15.8	223.63
10 Paraguay	40	36	-4	36	0	84.2	48.2	110.5
11 Peru	52	56	4	56	0	56.4	.4	8.46

Source: Pan American Health Organization. Basic Indicators 1997, 1998, and 1999

Another advance worthy of mention is that the eleven countries joined in the initiative have policies and programs in place to reduce maternal mortality. This remarkable and ongoing political commitment by the participating governments will, undoubtedly, result in improved maternal health. The commitments assumed by governments to reduce high maternal mortality rates have led them to develop and implement strategies and policies framed within current health policy. Among the most important achievements of the countries joined in the initiative are the following:

Bolivia - In Bolivia, the reduction of maternal and perinatal mortality continues to be a government priority. Focalized interventions aimed at reducing maternal and perinatal mortality were incorporated in the Basic Health Insurance plan. One of the cornerstones of the health reform in Bolivia, the Basic Health Insurance plan seeks to achieve equity in access and health outcomes within the National Plan to Combat Poverty, through implementation of an integrated institutional and community system of maternal mortality epidemiological



surveillance. This system not only analyzes the biological causes, but also other influencing factors with a view to preventing maternal mortality. Accordingly, there is a national and departmental commissions on safe motherhood and sexual/reproductive health, that carry out actions and distribute resources. These commissions operate on an interinstitutional and interagency basis (governmental and nongovernmental).

The most important national strategy to combat the high rate of maternal mortality concentrates efforts on increasing quality institutional child delivery, early training for expectant mothers, improving the quality of prenatal care and of family planning, based on education and services.

One area of progress—and which is also promoted in the Basic Health Insurance plan and other initiatives—has been the organization and improvement of essential obstetric care (EOC). This improvement is tied to the levels and complexity of care and the development of logistical subsystems, mainly prescription drugs, basic supplies, and the evaluation of results. The Ministry of Health is working with scientific associations to update standards and treatment protocols concerning the main causes of morbidity in women generally, as well as expectant mothers, and children within the context of the Basic Health Insurance plan. In addition, the system of blood banks has been rehabilitated—one of the country's most pressing needs.

Brazil - In Brazil, important advances have been observed. The Ministry of Health has developed several technical instruments and manuals with a view to providing support to health services and their personnel in the management of EOC and emergency obstetrics. These manuals and technologies have been developed among the Ministry of Health, the Brazilian Federation of Obstetricians and Gynecologists Associations (FEBTRSGO), and the Pan American Health Organization. During the past year, the National Commission to Reduce Maternal Mortality has operated periodically and continues to work toward its goal of implementing maternal mortality prevention committees at the state and municipal levels. Moreover, the Federal Medical Council and the FEBTRSGO have begun work on a joint project to launch the “Normal and Natural Childbirth” campaign (accreditation of maternity wards/hospitals).

Dominican Republic - The Dominican Republic's Plan to Reduce Maternal and Infant Mortality has been in place since 1997. Efforts have been primarily concentrated in the implementation of the system of maternal mortality epidemiological surveillance. Discussion committees concurred in their view that maternal mortality is preventable. Improving infrastructure and installations at the country's main maternity centers was an area of priority last year. Mandatory notification of the deaths of women of childbearing age found support in a resolution passed by the Chamber of Deputies of the Dominican Republic. Improving the quality of obstetric and gynecological care has been a fundamental base of policies and plans to reduce maternal mortality.

Ecuador - The National Plan to Reduce Maternal Mortality underwent two separate revisions this past year. The first involved updating some areas of the plan to increase the scope of implementation at the national level. The revision placed emphasis on ten provinces previously identified as priorities in the initial



plan in terms of strengthening the local level, as proposed by the decentralization program of the Ministry of Health. The second revision provided an opportunity for the original plan to readjust to the new "Healthy Pregnancy" proposal that has undergone several revisions but has not been approved until now, and which is in the final process of revision. The most important activities carried out this year have been:

Dissemination and distribution of the Regulations on Reproductive Health to all health units of the country and the corresponding implementation plan.

Publication of the revised manual on maternal mortality epidemiological surveillance, including the final stage of verification, approval, and instructions regarding data collection instruments (death certificate, confidential report, verbal autopsy) used to document maternal deaths.

Operational assessment of epidemiological surveillance committees on maternal mortality in the ten priority provinces in accordance with the National Plan to Reduce Maternal Mortality. Preparation, formulation and enactment of the Maternity Reform Act (*Ley Reformatoria de la Maternidad Gratuita*), with a view to increasing access to and improving the quality of care.

El Salvador - A comparison of data from the 1993 and 1998 National Family Health Surveys (FESAL '93 and '98) shows that since FESAL '98 maternal mortality had decreased from 158 per 100,000 live births to 120 per 100,000 live births for women between the ages of 15 and 49. Likewise, this tendency is also observed at the health services. According to public health service records at the Ministry of Health, maternal mortality has been following a decreasing trend from 1990 to the present, from 109 per 100,000 live births to 62 per 100,000 live births, respectively.

It is also important to point out that between 1993 and 1999, institutional delivery coverage increased at the health service level of the Ministry of Health from 37 to 45%. In spite of these advances, however, the maternal mortality rate remains high. In response, last year the government of El Salvador assigned high priority to reproductive health policies. At present, priorities include the development of programs to improve the quality of care and the intensive implementation of EOC at the first level of care. Socioeconomic and cultural factors figure among the primary difficulties to improving coverage. However, the Ministry of Health is working to solve these problems, as they represent some of the greatest challenges.

Guatemala - Since 1996, reducing maternal mortality has been included as a fundamental element in the peace accords, health policies, and priorities of the country.

The Plan to Reduce Maternal and Perinatal Mortality was prepared within this framework, and emphasized aspects linked to family planning, safe pregnancy, prenatal care, emergency care, and care for complications during pregnancy and childbirth. The country has assigned priority to epidemiological surveillance and the analysis of maternal mortality, prompting the design of an instrument for data collection that was included in the Plan to Reduce Maternal and Perinatal Mortality and must be used to document all deaths of women of childbearing age.



The tendency of maternal mortality has been erratic, but is more prevalent in the highland departments and the northern part of the country. These areas are characterized by deficient economic and social development, in addition to the limited resources and capacity at health services to meet the demands for care associated with obstetric complications and emergencies. In view of this situation, the Guatemalan government has assigned priority to comprehensive policies and programs for reducing maternal mortality.

Haiti - A series of institutional strengthening activities have been carried out, including assessment of the maternal mortality situation and the development of regulatory instruments for the delivery of services. The creation of the Interinstitutional Committee for the Reduction of Maternal Mortality has significantly contributed to supporting current health policy. The Committee meets each quarter to review activities associated with maternal health carried out by the Ministry of Health with support from international technical and financial cooperation. Originally PAHO/OPS, UNICEF, UNFPA, the World Bank, and USAID participated on the Committee. Recently, the French Government has joined, together with the Haitian Ministry of Health.

The study on "Unmet Obstetric Need," in collaboration with the Prince Leopold Institute of Tropical Medicine, Antwerp, has been completed, and the preliminary report has been issued. The research team is currently revising the report, following the session of the French-speaking countries that participated in the study carried out in Ivory Coast in March. The final report is expected next June.

During 1999, the Ministry of Health, in collaboration with different partners, completed and disseminated a new document entitled "Maternal Health Regulations and Family Planning." To date, the document has been distributed in six districts. During this period, basic contraceptives and supplies for use during pregnancy have been provided. The Population and Health Survey began in 1999 and is currently in the data collection phase. This study will primarily provide updated maternal mortality and maternal health indicators.

Honduras - Over the past year, the Ministry of Health has promoted the revival of the National Commission on Maternal Health. This commission discontinued meetings more than one year ago, in the aftermath of Hurricane Mitch. However, the Ministry plans to form an interinstitutional group to review and reactivate the National Plan to Reduce Maternal Mortality. Moreover, a project has been initiated to document and evaluate experiences at maternal-child clinics and maternity homes throughout the country, which is significantly contributing to gaining a better understanding of the situation at the health services. The most important advances this year in terms of supporting actions aimed at reducing maternal mortality included:

1. Design of the National Plan to Reduce Maternal Mortality, as well as the launching of national policies on sexual and reproductive health, among which maternal mortality is considered a key area of strategic importance; and
2. Initiation of the process to set standards at maternal-child clinics, maternity homes, and community homes for childbirth care.



Nicaragua - Important efforts have been carried out to improve information systems in Nicaragua. One example concerns the system of maternal mortality epidemiological surveillance. The National Plan to Reduce Maternal Mortality is in place, and each of the country's Local Comprehensive Health Care System ("SILAIS") have a specific plan designed in accordance with local realities. In addition, the Nicaraguan government has revived the National Committee to Reduce Maternal Mortality. Over the past year, the Ministry of Health has developed a series of regulatory instruments to support human resources at the health-service level. With respect to Nicaraguan health sector reform, high priority is assigned to strategies for promoting safe motherhood.

Paraguay - During this past year, Paraguay has supported the strengthening of its maternal mortality epidemiological surveillance system. In this regard, the National Epidemiological Surveillance Commission on Maternal Mortality has reviewed its records on maternal deaths with a view to expanding knowledge on the chain of events leading to maternal mortality in order to identify more effective actions. Moreover, efforts have been made with institutions of human resources education to include the approach to essential obstetric care (EOC) in their curricula.

Peru - The Peruvian government views maternal mortality as the top health priority, given the country's high maternal and perinatal mortality rates. The main objective of the Maternal-Prenatal Program of the Ministry of Health is to reduce maternal and perinatal morbidity, and it has been at work developing sustained efforts to implement strategies geared toward improving access of expecting mothers to the health services. Worthy of mention in this regard is the creation of the Multisectoral Committee on Healthy and Safe Motherhood; the construction and implementation maternity waiting homes, with the active participation of local government and the community, for high-risk expectant mothers and/or those who live in geographically remote areas; and cultural adaptation of health care in communities in which cultural barriers hinder access to health services. These efforts have changed attitudes among members of the community and service providers, especially in the Andean regions. Moreover, men have been encouraged to participate in prenatal care and childbirth.

In addition to the aforementioned efforts, and in the interest of improving health service coverage, another important project has been the implementation of the Mother-Infant Insurance plan, which covers prenatal, childbirth, postnatal, and neonatal care, assigning priority to the population living in poverty, or in conditions of extreme poverty. Likewise, important efforts have been directed in the area of training for health personnel responsible for maternity and perinatal care in areas or regions with high mortality rates and greater health necessities. To address this need, an ongoing training process has been developed at the health services, which takes the need for essential obstetric care (EOC) into account, with emphasis on emergency obstetric and neonatal care.

Grassroots organizations are also carrying out joint activities in "maternal-perinatal health care for a healthy pregnancy," within the framework of the Healthy Communities initiative in three districts of Lima, Tumbes, Piura, and Arequipa. Since 1998, the third week of May has been designated National Healthy and Safe Motherhood Week, during which activities are held to call



attention to the topic of maternal health in general, and maternal mortality in particular. The importance of these advances is reflected in the increased coverage of prenatal care, from 55% in 1995 to 78 % by 1999; and in postnatal care from 29% in 1995 to 55% by 1999

Challenges

To continue supporting the formulation and/or strengthening of national plans, policies, and programs designed specifically to speed up the reduction in maternal mortality;

To promote national information, communications, and educational campaigns for raising awareness on the importance and consequences of maternal mortality, and that result in better preventive actions;

To encourage concerted action and the mobilization of public and private institutions, nongovernmental organizations, grassroots social organizations, as well as others, to use their areas of expertise in order to contribute to the development of national and local plans, and the implementation of measures with a greater impact toward the accelerated reduction of maternal mortality;

To continue using forums, workshops, and meetings to facilitate the exchange of operational research on successful experiences, which make it possible to identify and overcome problems that hinder access to and appropriate use of health services or that impede the impact of women's health programs; and

To stimulate and support the creation of programs to improve information systems, in order to monitor epidemiological surveillance indicators of maternal mortality at the country and regional level, and to maintain a dynamic epidemiological surveillance system at the community or institutional level.



Report on Working Children in Latin America

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for technical meeting.

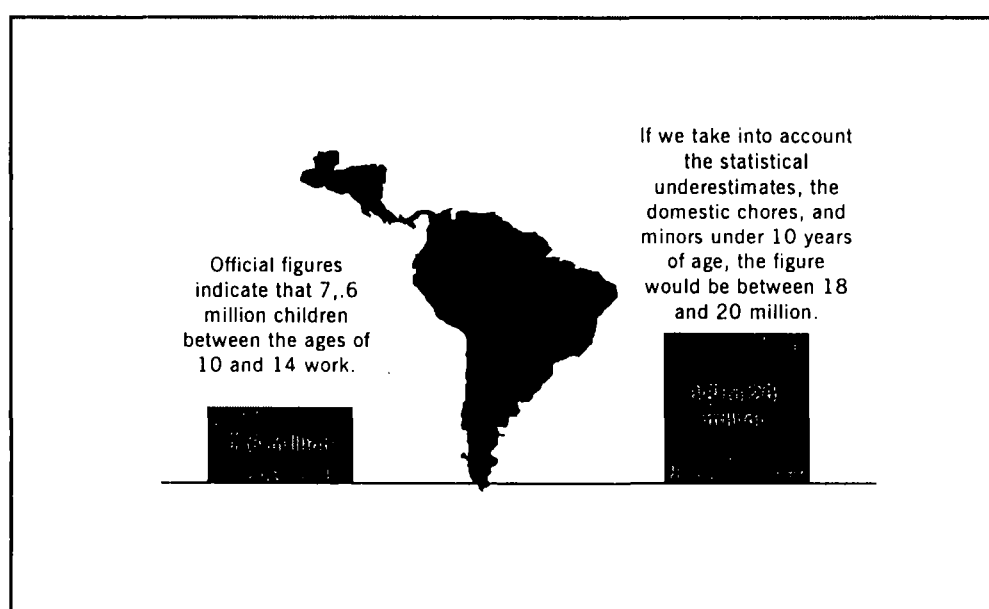


International Labour Office

1. Working Children in Latin America

A. Characterization¹

In spite of the lack of reliable studies, based on data provided by household surveys the working children in Latin America may be estimated at 7,6 million. However, if we include domestic chores, the children under ten years of age, and the statistical underestimates, the total figure of working children would be between 18 and 20 million. This implies that one out of every five children is economically active in Latin America. The working minors under the age of 10 and 14 represent 4% of the Economically Active Population (EAP).



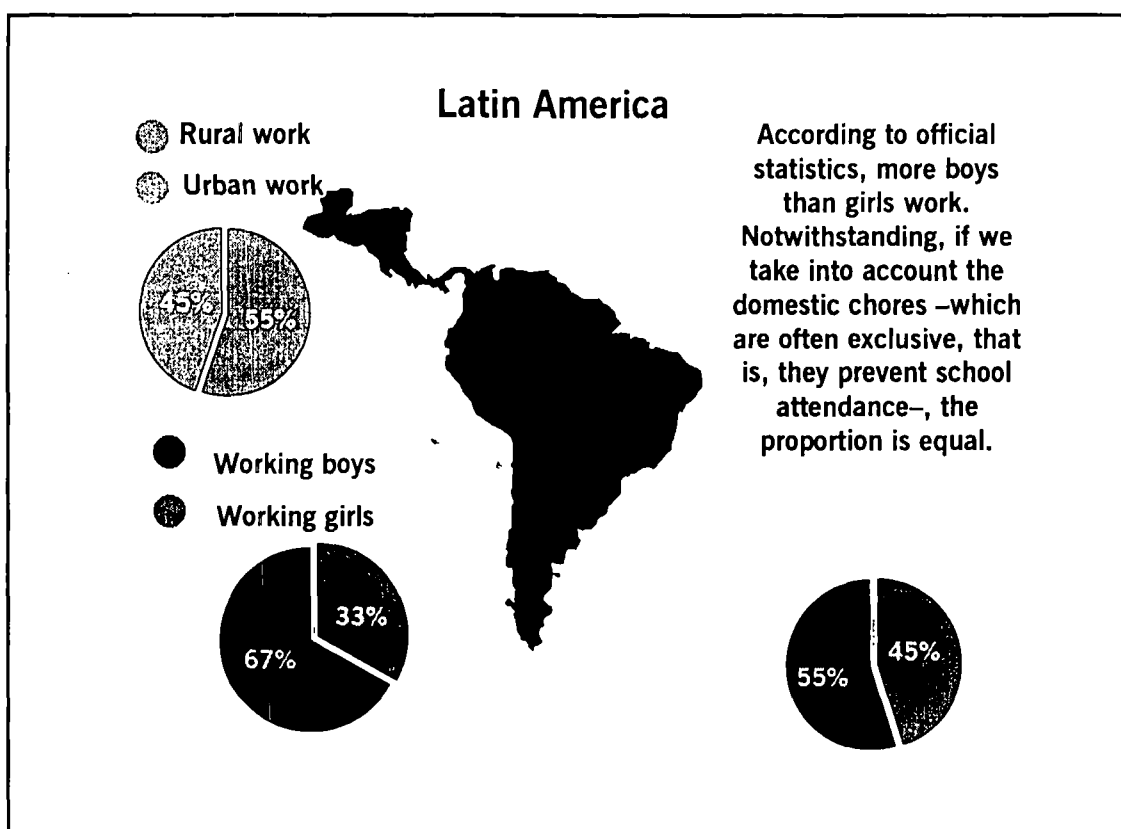
ESTIMATED FIGURES FOR WORKING CHILDREN IN LATIN AMERICA			
RESTRICTED DEFINITION OF CHILD WORK			
Country	Total population between 10 and 14 years of age	EAP children 10-14 years of age	Age percentage
Argentina	3 197 582	214 238	6,70%
Bolivia	386 222	54 549	14,10%
Brazil	17 588 115	3 599 747	20,50%
Chile (*)	755 227	14 914	2,00%
Colombia (*)	2 327 823	367 796	15,80%
Costa Rica (*)	203 893	26 009	12,80%
Ecuador	1 391 433	420 663	30,20%

¹ Sources: Self-prepared based on working documents produced by IPEC South America.

El Salvador	661 176	85 516	12,90%
Guatemala	1 325 725	316 061	23,80%
Haiti	847 706	158 182	18,66%
Honduras	778 714	88 264	11,30%
Mexico	10 934 134	1 233 353	11,30%
Nicaragua	575 137	42 310	7,35%
Panama	278 631	12 603	4,50%
Paraguay	602 417	49 097	8,15%
Peru (**)	4 928 899	801 033	16,20%
Dominican Republic	871 144	42 302	4,80%
Uruguay	253 846	5 78	2,08%
Venezuela	3 205 592	80 781	2,52%
TOTALS	51 113 416	7 613 198	14,90%
Sources: Household Surveys and Population Census			
(*) Total Population and estimated EAP children between ages 12 and 14			
(**) Total Population and estimated EAP children between ages 6 and 14			

Working minors between the ages of ten and fourteen represent approximately 4% of the Economically Active Population (EAP). Other significant aspects are, the greater participation of boys (60%) as compared to girls (40%) and a greater presence in the rural areas (55%) as compared to the urban area (45%).

With regard to the working conditions, the proportion of wage earners amounts to between 60 and 70% in the urban areas and approximately 50% in the total amount of working children.



The majority (90%) works in the informal sector while 10% works in the structured sector of the economy.

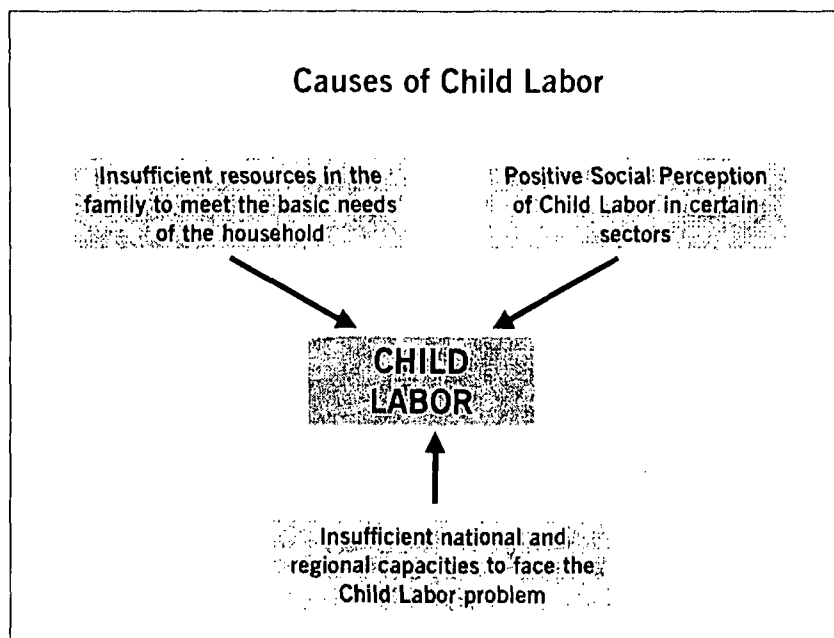
In the majority of cases, working hours are longer than the maximum limits established by law. The average amount of working hours is 45 hours per week and even those who attend school dedicate 35 hours a week to different types of work.

Income is also very low; it is calculated that 90% of the children between ten and fourteen years of age receive equal to or less than the minimum wage, and approximately 20% receive less than the wage of an adult with seven years of schooling.

HIGH RISK JOBS IDENTIFIED BY IPEC	
Argentina	Brickyards, markets, leather industry, agriculture, ice cream production
Bolivia	Mining, sugar cane cropping, construction, street work, agriculture
Brazil	Coal furnaces, stone yards, preparation of sisal, garbage dumps.
Chile	Mining, agriculture, street work
Colombia	Mining, agriculture
Costa Rica	Domestic services, construction, prostitution, banana plantations, outsourcing, shellfish processing
Ecuador	Floriculture, street work, construction
El Salvador	Radioactive units, outsourcing, pyrotechnics, construction, coffee plantations, prostitution, street work, garbage dump
Guatemala	Lime sector, coffee plantations, mining; pyrotechnics, domestic services, outsourcing, construction, transportation; garbage.
Honduras	Leather industry, bakery, outsourcing, wood; metallurgy, construction, the Army, pharmaceutical industry, chemical industry, industry in general.
Mexico	Coffee shops and bars; mechanical workshops, brickyards, agriculture
Nicaragua	Coffee, banana, rice, tobacco, cotton plantations, livestock. street work.
Panama	Street work, domestic services, sugar cane cropping, cargo.
Paraguay	Street work, domestic services
Peru	Gold washing, brickyards, stonecutters, slaughterhouses, construction, metallurgy, coca leaf processing, pyrotechnics, garbage, mining
Dominican Republic	Agriculture, domestic services, garbage, prostitution

B. Causes of Child Labor

The causes for the participation of children in labor are multiple and interrelated. The analysis undertaken by IPEC during the last few years enables them to be grouped into three large blocks: one of them refers to the global economic conditions of the region, another to social perceptions and cultural trends, and a third to the existing national and regional capacities (from the point of view of the formulation of policies and the legal framework) to face such conditions.



1. Economic Aspects

First of all and in general, boys and girls work because the family income is insufficient to meet the basic needs of the household. This is an evident result of the lag between prices and wages and of the high (and increasing) unemployment rates generated by the restructuring of the key sectors of the economy. In some cases (Central America, Colombia, Ecuador, Peru or Venezuela), major natural disasters have compelled the country to redesign national priorities to ensure reconstruction, in prejudice of social investment that is directly related to the objective of reducing Child Labor.

2. Cultural Aspects

However, not all families in equal conditions of poverty place their children in the employment market. In percentage terms, only a reduced sector uses child labor as a subsistence strategy. The second group of causes for child labor is therefore related to the positive perception, in certain sectors, of work as a mechanism to prepare boys/girls to face adult life. This perception is based, on the one hand, on the idea that the education they receive does not meet their expectations in terms of preparing them for work and, on the other, on specific cultural patterns.

In many Latin American countries, there are strong organized movements of working children and adolescents (NATs), of undoubted influence and weight, that openly defend child labor. These movements incorrectly interpret the International Convention of Children's Rights, understanding labor as a form of child participation.

3. Lack of National and Regional Capacities

The third group of problems is related to national, sub-regional and regional capacities to face this problem. Beyond economic aspects or local perceptions, Latin American Governments have not fully assumed the objective to eradicate Child Labor as a priority within their social policies or as a policy in itself. This is, at the same time, the consequence of a series of structural weaknesses with regard to the need for training and coordination, the existence of gaps and/or regulatory contradictions, the difficulties to carry out labor control and inspection, the lack of knowledge of contrasted intervention technologies and the non-existence of accurate and reliable information on the magnitude of child labor in the region.

Marginality of Child Labor in Social Policies. The social programs of Latin American countries (struggle against poverty, job development, work formation, social subsidies, scholarships...) do not often include compulsory schooling for the underage members of the family amongst the requirements for their beneficiaries. This, reciprocally, implies that those families that fail to respect the minimum legal ages established for labor (14 years old in general and 18 years old for hazardous activities) are not excluded.

National and Regional Incapacity to Establish a Specific Policy for the Elimination of Child Labor. The dispersion of spheres of competence with respect to Child Labor is one of the fundamental problems upon establishing national policies. Institutions such as Congresses, Ministries of Economy, Planning, Family, Human Development, Education, Health..., have specific authority and budgetary resources of their own that directly affect childhood policies in general and Child Labor in particular. An extraordinary coordination effort must therefore be developed at an institutional level to obtain a certain guarantee of effectiveness.

Another factor to be considered is the high institutional rotation produced in some Latin American countries that significantly affects the necessary stability and continuity of activities.

The absence of specific goals within the regional and national scope in terms of Child Labor reduction conditions and limits the responsibility of countries to develop specific activities in this area.

Additionally, there are two specific problems that generate this incapacity and which must be analyzed in detail:

- *Regulation gaps and/or contradictions.* The contradiction and even the clash between regulations is also a very important factor in view that the law establishes the basic framework on which an effective policy must be based facing Child Labor. In some cases, it is verified that the minimum ages for employment do not match compulsory schooling ages; that sometimes although Convention 138 is ratified, the minimum age included in the Minors Code is under 14 years of age; that dangerous and harmful employment categories are not established in labor laws; or that types of sanctions or offenses for child exploitation or forced child labor issues are not included in

the Criminal Codes. All this constitutes an important limitation for countries to establish and apply effective measures of prevention, control or sanction on the subject of Child Labor.

- *The impossibility of labor control (inspection).* Work inspections are not performed by law on informal employment. This means that the majority of dangerous or harmful jobs, where a high percentage of Child Labor is concentrated, are excluded from control systems. This is due to two main causes: on the one hand, the technical and human shortages of the inspection systems; on the other, the informal nature of the sectors that concentrate Child Labor. In addition, this informality generates problems related to the traditional exclusion of this part of the population with respect to the provision of social security or benefits and to its low degree of unionism.

The Lack of Knowledge of Contrasted Intervention Methods. Specific methodologies designed to eliminate Child Labor are practically non-existent in Latin American countries. This also poses an added problem in terms of viability because the majority of projects are aimed at protecting childhood without providing an integral response in terms of economic alternatives for the family.

The Non-existence of Accurate and Reliable Information on the Issue. Official statistics fail to reflect the real volume of children's participation in labor. This is a consequence of the insufficient technical and financial capacity of the statistical institutes and the Labor Ministries to develop specific instruments regarding Child Labor. In addition, an adequate method for measurement is lacking as well as the specific training required by the interviewers who carry out the fieldwork. It is evident that without this database it is impossible to establish effective policies to reduce Child Labor in Latin American countries.

2. Progress and Challenges

A. Progress (1996-2000)

1. The Regional Agenda

The real dimension of the child labor problem became evident at the beginning of the 90's and has since then generated vast international mobilization.

The role played by the media in disseminating the high level of employed children in different countries should be emphasized. The sensitization of workers and employers organizations through multiple campaigns and institutional statements has also contributed to a greater awareness of the problem.

The activities carried out by the International Labor Office (ILO) and the establishment of the IPEC program as of 1992, together with the technical and financial backup of many donor countries, provided the final breakthrough to globally confront solutions that had until then seemed unreachable.

The Amsterdam and Oslo Meetings have been key in the progressive and forceful struggle against child exploitation. Finally and more recently, the Global Move has mobilized hundreds of NGOs around the world openly claiming specific results and the display of greater responsibility regarding issues that require firm positions.

Latin America has not been absent in this international effort and has particularly generated a very positive response as of the year 1996.

The First Tripartite Assembly at a Ministerial Level for the Elimination of Child Labor, held in the City of Cartagena de Indias in May 1997, was the first agreement adopted between labor ministries, employers and workers to establish an agenda for action leading to the progressive reduction of child labor in the region.

In addition, for the first time the Latin American Summits on Childhood and Social Policies held in Santiago and Lima recognized child labor as one of the priorities to be included in the goals and objectives of Action Plans in favor of Children.

Other venues such as the Summit of the First Ladies, the Joint Parliamentary Commission of Mercosur or the Interparliamentary Committee for Human Rights, have also made commitments to fulfill this central objective. They all coincide in the same goals: improve information and statistical systems, adapt the regulations, improve effectiveness of inspection and control systems, widen the

coverage of the educational and health systems, or generate viable economic alternatives for poorer families.

We may, therefore, state that at present we are more aware of the features of this phenomenon and that a greater consensus exists to create effective policies in the region. The implied priority is that all extreme forms of child labor must be eradicated immediately and that, last but not least, the new agreement of the International Labor Office (ILO) for the elimination of these types of child labor is a valid and necessary instrument to achieve these objectives.

The vast mobilization is concentrated in a regional agenda of activities for which the workers and employers organizations as well as international agencies, such as UNESCO, IDB, UNICEF and ILO itself, must play an active role.

Regional Meetings Where Documents on Child Labor Were Signed

The Sao Paulo Document	IPEC Seminar on Child Labor for Latin American Workers Organizations. Sao Paulo, December 11-14, 1995.
The Santiago Agreement	Third American Ministerial Meeting on Childhood and Social Policy. Santiago de Chile, August 8-9, 1996
Declaration of San Pedro de Sula	First Latin American Summit on the role of Local Governments in the Eradication of Child Labor. San Pedro de Sula, Honduras, October 29 to November 1, 1996.
Declaration of Cartagena de Indias on the Eradication of Child Labor	First Tripartite Latin American Meeting of a Ministerial Level on the Eradication of Child Labor. Cartagena de Indias, May 8 and 9, 1997
Declaration of Buenos Aires	First Meeting on the Eradication of Child Labor. Buenos Aires, September 23, 1997
Children's Rights: A priority for the 20th Century	Meeting of First Ladies of the Regional Summit on Childhood for Latin America and the Caribbean. Cartagena de Indias, March 1-3, 1998
Declaration of Santa Cruz	First Latin American Employers Meeting for the Eradication of Child Labor. Santa Cruz de la Sierra (Bolivia), October 27-29, 1998.

2. National Policy

Significant progress has been made in the development of national policies on the issue of Child Labor during the last five years. This is expressed in the following:

Fifteen Memorandums of Understanding have been signed by the Labor Ministries of the Region as a prerequisite for the Program's operation.

Fourteen National Tripartite Committees have been established, enabling the mobilization of more than a hundred public institutions, employers and workers organizations and NGOs. Additionally, National Action Plans have been developed in six countries as a key tool to provide National Policies on Child Labor with the necessary continuity and stability.

in six countries as a key tool to provide National Policies on Child Labor with the necessary continuity and stability.

Within the regulatory and legislative scope, given that this is a historic priority of ILO, IPEC has promoted the ratification of Agreement 138 in Argentina, Bolivia, Chile, Colombia and the Dominican Republic. Since the International Labor Conference took place in June 1999, an extensive campaign for the ratification of Agreement 182 has been developed in all countries for the elimination of the most extreme types of child labor.

	Memorandum of Understanding	National Committee	Agreement 138	Agreement 182
Argentina	X	X	X	X
Brasil	X	X	X	X
Bolivia	X		X	
Chile	X	X	X	X
Colombia		X	X	
Costa rica	X	X	X	
Ecuador	X	X	X*	X*
El salvador	X	X	X	
Honduras	X	X	X	
Guatemala	X		X	
Nicaragua	X	X	X	
Panama	X	X	X	
Paraguay	X			
Peru	X	X		
Dominican Republic	X	X		
Uruguay	X	X	X	
Venezuela	X	X	X	

* The deposit of the ratification instrument is pending

With respect to statistics and information systems, no data or reliable indicators are available on the volume and nature of Child Labor in the region. ILO worldwide SIMPOC Program intends to improve national statistical instruments and consequently promote more specific analyses of the situation in each country. SIMPOC has signed specific agreements and treaties with the Statistical Institutes of all Central American countries, Peru, Venezuela and Colombia. This will enable the permanent availability of specific modules on child labor for household surveys.

In addition, IPEC has created a Regional Information System (SIRTI) within the regional office of ILO in Lima, which incorporates and updates regulatory, statistical and documentary databases on the basis of a network of 16 associated research institutions. The aforementioned system develops different publications, reports, CD-ROM products and audiovisual material aimed at the dissemination of specialized information on the program.

A total figure of 7.000 children and 3.000 families receivers of various services has been calculated.

Beyond the results in terms of the absolute number of beneficiaries, IPEC intends to obtain a demonstrational model in such sectors to be progressively incorporated in the public and social policies of countries as a medium and long-term development strategy.

B. Future challenges

It may be affirmed that great steps have been taken in the struggle against child labor; however, a phenomenon of the dimensions of child labor in Latin America requires continuous efforts to obtain a real medium and long-term impact.

It is true that the issue has already been included in the regional political agenda; that effective progress has been made in its formal institutionalization on the basis of the National Committees established; and that a methodological framework further adapted towards effective models of intervention in high risk child labor is being defined.

However, pending challenges do exist that cannot be ignored and that must form part of all actions taken in the struggle against child labor during the next few years.

First, it is necessary to study in depth the transversal incorporation of the issue of child labor in the socioeconomic policies of Latin American countries. Second, the present contexts for economic integration and the international globalization framework set a new approach that should be considered for the future. Lastly, Interagency Cooperation should be closer and more effective to provide global cohesion to a new approach in socioeconomic relations in those countries where childhood is an authentic political priority.

This political priority must combine the universalization of education, employment generation measures and a true cultural transformation to eliminate the existing permissibility regarding a constantly increasing phenomenon.

In the medium term, it is necessary to articulate a strategy combining actions at a regional, sub-regional and national levels. The objective is to consolidate a common structure to unify a political position vis-à-vis child labor in the countries, the different global forums, meetings and venues.

The regional approach

It is necessary to consolidate this regional approach in different venues:

- **Tripartite Meetings** on child labor issues. These meetings must be completed with regional employers and workers forums to obtain a clear idea of the evolution of the agreements adopted in the meetings of Santa Cruz de la Sierra.

- **Summit Meetings for the Follow-up of Childhood Goals.** At the meetings held in Santiago, Lima and recently in Havana, Child Labor was consolidated as a key issue within the frame of the follow-up on the Children's Rights Convention. All the countries have undertaken to establish a minimum age of 14 for child labor and 18 for high risk jobs; the ratification of Agreements 138 and 182 and the consolidation of national tripartite structures. The program must therefore support the achievement of these goals in close coordination with UNICEF, which in the last few years has become a strategic ally of IPEC.
- **The Summit Meetings of Heads of State and Government** must constitute a key base for this new strategic approach. This will strengthen efforts for regional integration in the field of social policies and expand the Program's scope of action to encompass not only traditionally tripartite sectors but other competent institutions on the issue of child protection.

In addition, further progress is required in the creation of a solid and reliable unit for the analysis and research of the progress of national child labor policies. The foregoing unit of analysis must initially systematically incorporate the data and indicators being processed in the modules of the Household Surveys. Second, the information system must be in condition to update a wide base of legislative information produced as a result of amendments to national laws and regulations, product of the ratification of Agreements 138 and 182. Third, the different management tools used in intervention programs must be included to make them available to counterpart project executors in sectors of high-risk child labor.

The Sub-regional Approach

Following the strategy aimed at incorporating the subject in the different integration efforts in the region, it is necessary to firmly install the child labor issue in the different sub-regional spheres that coexist in Latin America:

- **MERCOSUR.** The subject has been included in the discussions of Subgroup 10 and forms parts of the resolutions adopted by the Joint Parliamentary Committee of Legislators and the Committee for the Follow-up of the Social Labor Declaration. In this sphere the strategy must be to prepare and develop, during the next few years, a Sub-regional Plan to be adopted by all countries, to include, amongst others, the following actions: legislative standardization adapted to Agreements 138 and 182; the development of specific statistical instruments; the creation of labor inspection units oriented towards extreme forms of child labor; the incorporation of the educational insertion requirement versus child labor in the social public policies of countries; and, finally, the creation of a local progress observational unit to measure impact in terms of the drastic reduction of the problem.
- **Andean Community.** In the Andean countries the model of integration is weaker and therefore the program's strategic scheme must be different. It is necessary to follow-up on sub-regional tripartite meetings and to provide support to institutions such as the Andean Committee of Jurists (Lawyers) to harmonize the protection system of the five countries, as well as the Board of

the Cartagena Agreement that is currently promoting a homogenous social labor structure in this area.

- **Central America.** Continued support shall be provided to the two forums through which the Program has been developing different lines of action: on the one hand, the permanent meetings of the Labor Ministries that systematically state their opinion on the different proposals made by ILO on child labor regulatory and national policy issues; and, on the other, the meetings of the Central American Parliament (PARLACEN) which constitutes a key venue for the approval of ILO Agreements and particularly Agreement 182.

National Approach

Having overcome the level of formal institutionalization endorsed by the signing of Memorandums of Understanding and by the incorporation of National Committees, the strategy during the next few years should lead to specific political, technical and financial commitments of the countries. A series of five-year action plans would be developed, integrating a series of common key issues:

1. Statistical Adaptation

The SIMPOC Program of ILO enables the performance of this objective based on the establishment of specific child labor modules in household surveys. The agreements signed by the Ministries of Labor and Statistical Institutes incorporate the module's design, the expansion of the size of samples, the specialized training of interviewers and the systematic analysis of information. The foregoing instruments will facilitate the cross examination of different variables (ages, distribution by gender, labor sectors, geographical environment, education and income levels) that are absolutely key to establish effective intervention proposals in the countries. An additional virtue of this action affects the sustainability of the measurements, because once they are incorporated in household surveys, they shall remain in time and will be useful to analyze the historic evolution of Child Labor as well as its correlation with the socioeconomic context of the countries.

2. Creation and/or Expansion of Labor Inspection Systems:

In view of the informality of child labor, inspection systems in general fail to act upon or reach such sectors, particularly due to their limited resources and to the existing legal gaps. Agreement 182 makes no distinction between formal and informal sectors and therefore obliges ratifying countries to establish effective mechanisms for the supervision, control and sanctioning of such activities. The objective would therefore be to support the efforts deployed by the Ministries of Labor in the creation of special Child Labor inspection units and in the development of intensive formative activity and effective decentralization models. One of the essential aspects implies modifying the current vision, from an inspection fiscalization scheme towards a social-pedagogical model for its inclusion in national child protection systems.

3. Legislative and Regulatory Standardization:

A priority objective for the next few years shall be the promotion and ratification of Agreement 138 in those countries that have not yet done so and to obtain massive support for the adoption of ILO Agreement 182. The strategy in future years shall be to expedite strategic alliances in those countries that may, at different levels, enable the achievement of said objective.

Second, the aforementioned ratification makes it necessary to adapt and standardize national laws, which would imply the significant reform of Labor Laws, Minors Codes, Civil Codes and even criminal laws.

4. Strengthening of Social Agents:

Even though significant progress has been made in dissemination and sensitization levels, future approaches must include the subject among the priorities of workers and employers organizations, and in all issues that form part of a coherent national policy. The formulation of methods for social development on the subject of child labor can and must be studied in depth with workers organizations, that is, support said organizations as the mobilizing agents of development and change in countries so that they become key elements for the reduction of child labor. With regard to employers organizations the strategy must consist in obtaining firm statements and regulations on the non-employment of working boys and girls in companies (codes of behavior and self-regulation) and the creation of technical and financial co-participation formulas in child related cooperation projects.

5. Incorporation of the Child Labor Issue in Social Policies:

All countries possess, to a greater or lesser extent, a basic social package on subjects such as education, public health, employment generation, family subsidies, struggle against poverty.... Within the National Action Plans, the Program must achieve that the competent Social Ministries include basic requirements such as school attendance and the non-employment of minors for the granting of subsidies, scholarships or loans. This would have an extraordinary impact, not only in terms of reducing the problem but also in terms of social prevention and mobilization. Obviously, these measures must be accompanied by follow-up and inspection mechanisms to verify compliance with said commitment by the families receiving the services. The incorporation of this transversal, public strategy enables the specific quantification of the total resources invested by the countries in the elimination of Child Labor.

6. Observatory of National Policies:

As stated in the sub-regional chapter, every effort made towards the development of Country-Programs must be analyzed, evaluated and systemized to sequentially establish the proper corrective measures. Finally, this implies the construction of operating units to analyze the evolution of National Action Plans, based on the indicators supplied by the institutions responsible for each of the described headings. Thus, it will be possible to systematize the evolution of statistical data,



advanced legislative reforms, the labor inspections undertaken and the impact of government programs aimed at eliminating child labor. This would provide each national policy with global coherence and opening venues for horizontal coordination between the countries.

C. Goals

One of the most significant advances that may be achieved in the medium-term regarding child labor, is the inclusion of goals and accurate indicators of its evolution (growth or reduction) in countries.

Statistics provide quantitative information; however it is necessary to add regulatory, control or inspection indicators, educational indicators or indicators of the beneficiaries of social services.

The aforementioned information, together with the socioeconomic measures developed by the countries, will enable the analysis of the objective causes that influence the evolution of child labor and, consequently, the corrective measures to be adopted.

The foregoing goals and indicators are given below for their subsequent inclusion in the Action Plan to be approved at the next summit on the follow-up of goals and social policies to be held in Kingston (Jamaica).

SUMMARY OF GOALS AND INDICATORS (2000-2002)

GOALS	INDICATORS
<u>International Laws and Regulations:</u> - Ratification of Agreement 182 within a Maximum period of two years. - Ratification of Agreement 138 (Ecuador, Panama, Paraguay, Peru) - Incorporation of minors codes for minimum ages of 14 and 15 years and 18 years for jobs considered dangerous or harmful. - National legislation prepares a table or list including the activities or jobs considered dangerous or harmful. - Adaptation and standardization of legal texts to meet the characteristics of the ratified agreement: labor laws, minors' code, educational laws, criminal codes, etc.	- Agreement 182 ratified within the established period by all the countries of the region. - Ecuador, Panama, Paraguay and Peru ratify Agreement 138 - The minimum ages established by the agreements have been incorporated in minors' codes. - A list of the jobs considered dangerous or harmful has been drawn-up. - National Legislation has been adapted to Agreements 138 and 182.
<u>Labor Inspection:</u> - Promote special labor inspection units to intervene in dangerous job positions independently from the formal or informal nature of said jobs.	- Labor inspection units have been created in all countries of the region. - Existing coordination with the system for the protection of underage children in all countries of the region.
<u>Educational requirement versus non-employment of children:</u> - Incorporation of the requirement for compulsory primary schooling versus the no child labor in the different social programs of the countries.	- A number of social policies that have incorporated the requirement for compulsory primary schooling versus no child labor.
- In social programs, establish that the subsidies, scholarships, food networks, social solidarity networks, local employment initiatives be conditioned to the presentation, by the beneficiaries, of school reports and their commitment to not incorporate their children under the established age into the labor market.	- A number of social programs that incorporate the condition of compulsory school requirement and the non-incorporation of their children into the labor market.



GOALS	INDICATORS
<u>Statistics and information:</u> - Develop standardized statistical instruments on child labor that may be included in the modules of Household Surveys.	- Number of Household Surveys that have incorporated the child labor module.
<u>Reduction of child labor:</u> - Significant reduction in all countries of the rate of child participation in the labor force (in general).	- The rate of child participation in the labor force in general has been reduced by 20%. - The rate of child participation in the dangerous, harmful, or high risk sectors of the labor market has been reduced by 50%.

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Executive Summary

A Study of the Trafficking of Women and Children for Sexual Exploitation in the Americas

International Human Rights Law Institute (IHRLI)
DePaul University College of Law
The Jeanne and Joseph Sullivan Program for
Human Rights in the Americas

In partnership with the Inter-American Commission Of Women (CIM) and the
Inter-American Children's Institute (ICI) Organization Of American States (OAS)

Tenth Conference of Spouses of Heads of State and Government of the Américas

Report for the Technical Meeting



Comisión Interamericana de Mujeres
Organización de Estados Americanos

A Study of the Trafficking of Women and Children for Sexual Exploitation in the Americas

Executive Summary

Introduction and the Definitional Problem

For more than a year, the International Human Rights Law Institute (IHRLI) has conducted an intensive investigation for a worldwide project to deal with the alarming and rapidly growing problem of the International Trafficking of Women and Children for Sexual Exploitation. The lack of effective international instruments, domestic legislation, and political will to halt the trafficking problem gives urgency to the efforts to control this nearly uncontrolled phenomenon.

Although the title of this IHRLI/OAS project should make the specific topic of this investigation self-evident, emphasis must be given to the fact that there are two distinct broad international problems occurring at the same time: first, the trafficking of women and children, and second, sexual exploitation. There are many organizations studying the trafficking of persons and sexual exploitation separately. However, IHRLI/OAS has decided to combine its investigations of both these understudied and unquantified, yet very sensitive and important, global problems. Because of the broad scope of the project and the ambitious nature of such a worldwide investigation, IHRLI/OAS has decided to ensure the maximum use of resources and the highest quality of the research by initiating a one-year pilot study in the Americas. Because of the lack of universally accepted definition for most of the key terms, IHRLI/OAS has conducted an effort to clearly define the scope of this project in the hope of helping to establish internationally accepted terminology and norms. Although no clear international consensus has yet been established, IHRLI/OAS's understanding of each of these terms is discussed below.

The phenomenon of the trafficking of persons –easily distinguished from other forms of trafficking such as arms or drugs– manifests itself differently in various regions of the world and often within individual countries. For example, the sending of young girls from Thailand or Kampuchea to Japan for commercial sexual exploitation varies greatly from the trafficking of persons on Hispaniola for labor purposes. In other words, persons of different sexes and ages can be trafficked for varying purposes. There are few effective international instruments or domestic laws to combat the problem. Because there are no universally accepted definitions for the many aspects of trafficking or for the identification, protection, and reintegration of a trafficked person, the entire topic is hotly debated.

The term sexual exploitation, which falls under the even wider category of sexual abuse, covers everything from various forms of family sexual abuse to pornography,



sexual tourism, and many forms of prostitution. Throughout the world, including the Americas, there has been extensive research and investigation involving women and children in these areas. IHRLI/OAS has decided to focus on one specific form of sexual exploitation, commercial sexual exploitation (hereafter referred to merely as sexual exploitation), because the victims in this group are among the most vulnerable and in need of assistance; often they are considered criminals rather than victims, and are therefore given less legal protection when the commercial nature of the problem is investigated by authorities.

The focus of this IHRLI/OAS study is on the groups most vulnerable to trafficking for sexual exploitation, namely women and children. The terms women and children themselves have varying definitions and connotations throughout the world, including the Americas. The meaning of the term woman can be established through the country's legal definition of an adult female. However, all countries have domestic legislation, often internally inconsistent, that provides different rights and responsibilities for persons of different ages. The problem is magnified when a country's legislation differs from existing cultural norms practiced in its daily life. This can create the unique problem in which a person may be legally a child in one country yet considered an adult in another, with neither definition in accordance with international or customary standards. In cases when uncertainty exists as to whether a person is a child or an adult for a given labor law, the problem is often resolved logically or by established international standards. But when it comes to gender or sexual issues (e.g. development, rights, or marriage), the topic becomes emotionally charged, and a universal or regionally accepted standard of what is an adult or a child has been impossible to establish. During this preliminary phase in the Americas, IHRLI/OAS will move cautiously with respect to the various national, regional, and international views of the child/adult definition.

Many governmental, international, and nongovernmental organizations consider that women and children's needs, rights, and societal entitlements, are so different that they should be studied under differing processes and with different methodologies. IHRLI/OAS, however, considers the two groups to be so integrally related they should be analyzed with a uniform methodology and within the framework of one project.

Regarding the issue of children, there is some debate as to the incidence of the trafficking of boys as compared to girls for sexual exploitation. IHRLI/OAS's preliminary studies of practices in the Americas have revealed that many countries have only recently begun even to monitor the commercial sexual exploitation of boys. However, concrete academic studies, such as a recent UNICEF investigation in the Dominican Republic, have noted that the commercial sexual exploitation of boys is nearly as common as that of girls. The manifestations of this exploitation differ, however. Boys tend to be found more on their own or in small groups in streets, parks, plazas, and beaches. The girls tend to be found in organized clubs, bordellos, or houses (pensiones or hostales) where they work in a more organized or protected environment. It should be noted that although both boys and girls are commercially sexually exploited and neither exploitation is more important than the other, this in and of itself does not necessarily imply that trafficking is also involved. It is commonly felt in the Americas and other areas of the world that trafficking for sexual exploitation is far more common among girls than among boys. This IHRLI/OAS project, however, will study both in the hope that the results will shed light on the overall phenomenon.



Preliminary IHRLI/OAS studies in the Americas have concluded that fine definitional distinctions have been recognized by reputable organizations working on sexual exploitation. Clear and concise terminology has evolved to ensure that all of these categories are given appropriate importance in studies. For example, the phrase women and children would translate into Spanish as mujeres y niños. Although in that language the term niños technically means boys and the term niñas means girls, only the term niños would be used when discussing boys and girls together in the same group or context. However, to ensure that both boys and girls are specifically represented in a given study, organizations working with sexual exploitation in the Americas have adopted the specific term niños, niñas y adolescentes (boys, girls and adolescents) rather than merely the generic niños. Although IHRLI/OAS will use the generic term children throughout its project, it will adhere to the meaning of the terms generally accepted in the Americas.

In all of its programs and projects, IHRLI/OAS strives to ensure the highest academic quality of its work. Preliminary study in the Americas researching existing studies on this topic and establishing institutional links with organizations working in similar areas has been ongoing. As this projected six -phase, one-and-a-half-year initial project begins in the Americas, IHRLI/OAS is confident that it will be successful in providing a concrete study on the trafficking of women and children for sexual exploitation and that as a result, concrete changes in this practice can be made.

Scope and Goals of the Project

A project on the trafficking of women and children for sexual exploitation on a worldwide basis is a monumental task. IHRLI/OAS decided to begin its study in eight representative countries in the Americas; if further funding can be obtained, other countries can be added. It is hoped that the data and analysis will reveal patterns and make possible the formulation of regional conclusions. The data will be presented first at a meeting of experts and later to a high-level ministerial meeting for observations, recommendations, and possible resolutions, all of which would lead to publication of the results of the analysis and meetings. It is IHRLI/OAS's long-term goal that this project will help bring about concrete changes in effective domestic legislation to stop the trafficking of women and children, as well as an inter-American Convention binding the American States to completely end this tragic type of trafficking.

The following is a brief description of the project's six phases. Its start date is January 1, 2000, and the data-gathering process is to take approximately one year. The meeting of experts and the ministerial meetings would all take place during the first six months of 2001 (depending on scheduled OAS meetings), and the final publication of the first phase of this global project would soon follow.

Phase I: Selection of Countries and In-Country Counterpart Organizations and Coordination of Project Methodology (*January-March 2000*)

To complete the initial phase of this global project, IHRLI/OAS has decided to initiate the program in the Americas. Completing a study on all 35 of the American member states would be a monumental task, so the initial project will limit itself to



eight countries with an equal representation in each of the six subregions of the Americas (Southern Cone, Andean countries, Central America, English-speaking Caribbean, Spanish-speaking Caribbean and North America). These countries were also chosen to ensure the representation of linguistic and cultural differences. Although there is still a possibility for one or two changes, the eight first-phase countries chosen are the following:

Argentina: For years, several organizations in Argentina have demonstrated a strong interest in studying the phenomenon of the trafficking of women and children for sexual exploitation. Argentina's case is of added importance because it is a known importer of women and children for the same type of exploitation. Its special relationship with the Inter-American Children's Institute will also make it a valuable resource for this project.

Brazil: This state has a strong tourism industry and wide economic swings, both of which fuel a strong trafficking and sexual tourism industry. Governmental and nongovernmental organizations are aware of the problem and of the damage that the trafficking of women and children has caused the country both domestically and internationally. There are many organizations in Brazil that could work as a strong counterpart to this project. Brazil is plagued not only with international trafficking but also with widespread trafficking within its own borders. Additionally, in light of its cultural and linguistic differences from the rest of Latin America, a study of Brazil would help to yield a broader view of the problem of sexual trafficking and exploitation in the Americas.

Colombia: This Andean state is in the midst of a military and economic crisis intensified by one of the world's largest drug-trafficking industries. These factors, along with rampant corruption and the impunity, have made Colombia one of the Americas' primary countries for the trafficking of women and children for sexual exploitation. Colombia has identified all forms of trafficking problems, including that of persons for sexual exploitation, and counts on many active governmental and nongovernmental organizations that work to identify and combat the problem.

Costa Rica: The current economic situation in Costa Rica, which in some part is a result of the various civil and international conflicts of its neighbors, has caused a breeding ground here (as well as throughout the isthmus) for the trafficking of women and children for sexual exploitation. Within the last ten years, the economy of Costa Rica has become dependent on tourism rather than on the traditional standards, coffee and bananas. The standard of living of the poor and middle classes in Costa Rica has fallen in recent years, thus making sexual tourism and trafficking common. IHRLI/OAS has a ten-year history of working with many human rights and university organizations in Costa Rica and throughout Central America, and is seriously considering several recommendations to use Costa Rica as a regional base for a comprehensive trafficking study of all of the nations of Central America with a counterpart base in each Central American country. Although these nations have very different sets of cultural and legal norms, they are all very much intertwined when it comes to trafficking for sexual exploitation. Entire trafficking systems (reds) have been discovered by many NGOs and INTERPOL that link the Central American countries together and act as a land bridge for trafficking from the Caribbean and South America to North America.

Dominican Republic: This state is well known as a key country in the trafficking of women and children for sexual exploitation. Governmental and nongovernmental organizations have been working together on this subject for many years but until now a comprehensive study has never been conducted. The selection of this country would also serve as representative of the Spanish-speaking Caribbean nations.

Jamaica: Like most other Caribbean nations, Jamaica depends on its tourist industry. However, given its otherwise depressed economic situation, sexual tourism and trafficking for sexual exploitation have established themselves here and have managed to thrive. Both NGOs and state institutions have expressed to IHRLI/OAS their desire and need for a comprehensive study on the phenomenon and its specific manifestations in Jamaica. The cultural, economic, and social characteristics of this English-speaking Caribbean nation make its participation a very positive benefit to this study and to any possible future impact it may have in changing current practices in the Americas.

Mexico: This state is by far is the largest land bridge connecting trafficked persons from South and Central America and the Caribbean to the United States and Canada (the two largest importers). It has been stated that NAFTA has also resulted in an increase in the trafficking of women and children for sexual exploitation in Mexico. The treaty has effectively reorganized the existing economic status quo there, and it has created among the women and children of the already marginalized classes an increase in candidates for sexual exploitation. IHRLI/OAS has worked in Mexico on many different human rights issues for several years, and by using its already-established institutional links it can guarantee that the present project will be of high quality in this pivotal country.

Uruguay: Since the seat of the Inter-American Children's Institute is located in Montevideo, Uruguay's governmental and nongovernmental organizations have been very active in the campaign against the sexual exploitation of children. However, a comprehensive study of the particular issue of trafficking has never been conducted in Uruguay. By including Uruguay, IHRLI/OAS would also be better able to coordinate this project with the Inter-American Children's Institute and to utilize its many resources, including its data base (part of which includes trafficking information), for the study not only in Uruguay but in other countries as well.

During this initial phase of study, IHRLI/OAS will establish institutional partnerships with several NGOs, universities, and respected academics working in the field in each of the selected project countries. A counterpart organization in each country is necessary because only an attorney or legal academic institution in a country can fully understand its institutional, political and economic structure, legislation, and social policies. IHRLI/OAS will select one or possibly two organizations to be our counterpart in each of the countries.

To ensure the integrity and overall quality of this project, IHRLI/OAS considers the selection of these counterpart organizations crucial to the success of the investigation. This is particularly true given the distances between the project countries and the coordinating center, IHRLI/OAS, in Chicago. The counterpart organizations will be chosen on the basis of their experience in this matter, their domestic legal backgrounds and staffing, and their ability to assist and coordinate a project of this magnitude. In many countries in the Americas there may not be specific organizations dealing with this particular trafficking issue. The Institute has



therefore chosen several countries in which it has previously worked and where ties with organizations that are conducting active work in this or a related field. The counterpart selection that will also be carried out in close coordination with the Inter-American Commission of Women and the Inter-American Children's Institute, both of which have extensive working institutional ties throughout the hemisphere in the areas of women and children. In all cases, the counterpart organizations will be nongovernmental to ensure the most nonpolitical and unbiased research possible.

The selection phase and setup of the project will be conducted by existing IHRLI/OAS staff currently working in the Americas. During subsequent phases, an additional coordinator for the project will be contracted by IHRLI/OAS to work specifically on this project. Because the selection of the counterpart organizations is so crucial, this phase will require a four- or five- day visit to each of the project countries to interview and select counterparts and to establish the methodology, project calendar, and work and communication process to be used. During the course of the project, subsequent visits to a country may be required in order to maintain the integrity of the methodology and communication process. As organizations are selected, they will begin coordination immediately with the Institute to compile and submit empirical data regarding this topic. The exact methodology is developed in Phase II of this Executive Summary. Some of the counterpart organizations will be offered honoraria, to be individually negotiated, for their participation in the project.

Phase II: Data Gathering

During Phase II of the project, IHRLI/OAS will work closely with the counterpart organizations to compile empirical data on the trafficking of women and children for sexual exploitation in each of the project countries. The information to be compiled includes data extracted in each country by means of the following methodology to be followed by each of the counterparts. The first four steps are mainly technical and will require an attorney and other staff to gather the required data. These steps tend to focus on legislation and actions taken by a state to end or control the trafficking of women and children. Subsequent steps are the more social component of the project and involve examination of the concrete phenomenon and all of its manifestations within a country by NGOs working daily in fields related to the trafficking of women and children for sexual exploitation (women's groups, children's groups, sex worker's groups, etc.)

1) The various ministries and state-sponsored agencies of each country (Interior or Public Security, Justice, Health, Women and Children or Family, when possible) must be interviewed to first determine how they individually define or officially react to the phenomenon of the trafficking of women and children for sexual exploitation. These same state organs will be requested to provide statistics within their spheres regarding the existence of the trafficking problem. If no official information or response currently exists, they will be asked whether there are plans to develop and implement a monitoring system for this type of trafficking. The purpose will be to compile data on the definitions, procedures, and statistics of government agencies within each country and compare them to data from other government agencies analyzing the same problem. Differences, similarities, and areas where no data exist will be noted and an official countrywide diagnosis can be made of state reaction to how the problem is being dealt with.



2) Existing legislation and decrees regarding the trafficking of women and children in each country will be thoroughly collected and updated. Although it is doubtful whether specific laws exist, other laws from the various codes of a country (e.g. family, children, criminal, trafficking, etc.) will be pieced together to show the fullest legal extent to which the trafficking of women and children could be prosecuted in each country. This analysis should include any laws that mandate punishment for traffickers and provide for assistance to victims to be reintegrated into their own society. Statistical information, if available, on the implementation of this existing legislation should also be gathered.

3) Proposed legislation or lobbying activities on motions in each country to enact legislation, decrees, or policy to prevent the trafficking of women and children for sexual exploitation will be recorded.

4) A careful analysis of each country's international obligations in this field will be developed. All binding international conventions, protocols, and declarations will be recorded for each country, and the ratification status of each will be listed. A comparison will then be made with existing domestic legislation enacted to comply with the state's obligations under those international instruments.

5) With this information in hand, the counterpart organization will then go to the field and work closely with national and international NGOs, universities, religious institutions, etc. to begin compiling data and statistics (where available) on the incidence and patterns of the trafficking of women and children for sexual exploitation in each country.

6) A comparison of data and statistics from each state and from NGOs will be made. Individual case studies and interviews will be conducted and used to establish true conditions and patterns of the trafficking of women and children for sexual exploitation in each country. Conclusions will be drawn, and a prognosis should be made regarding the issue in each of the countries. Recommendations, including the proposal of legislation to eliminate the trafficking problem and to bring each state into compliance with its international obligations on this subject, should also be made.

Using the above methodology in each country, a database for the information will be established at IHRLI/OAS. The compiled information will be put into a uniform country-by-country order to serve as the base for the coming meeting of experts and for the ultimate publication of all of the collected data and observations and recommendations from each of the meetings. At this phase, the work will mainly be conducted by a newly contracted coordinator together with existing IHRLI/OAS staff and a number of IHRLI/OAS Fellows who will be responsible for receiving and documenting all incoming information from the project countries. Follow-up and close communication will be maintained at all times with each of the counterparts.

Close coordination during the data-gathering process will be maintained with the Inter-American Commission of Women and the Inter-American Children's Institute for support and use of resources. During this phase, much of the work will be done via telephone, fax, and the Internet. Given the distances involved, however, at least one and possibly two project country site visits may be necessary in order to ensure proper coordination, quality of compiled data, and proper use of the methodology.

Near the end of this phase, formatting will begin for the eventual publication of empirical data and other materials gathered. An editor will be contracted and the already-compiled materials will be edited into a uniform publication style. IHRLI/OAS will analyze the data, look for the existence of regional patterns, and make some preliminary conclusions and recommendations regarding the situation of the trafficking of women and children in each of the project countries. Also, communication will be made with experts from the Americas on the topic of the trafficking of women and children for sexual exploitation in order to convene a meeting in Washington D.C. to discuss the compiled data and the Institute's conclusions and recommendations.

Phase III: Meeting of Experts in Washington, D.C.

A three-day working meeting of the experts from the Americas will be held in Washington to discuss the compiled data, the Institute's observations, and to allow the experts to make their own conclusions, observations, and recommendations on the results of the investigation thus far. In addition to the project counterparts, who will briefly present their findings, at least one expert from each of the project countries will participate in the meeting. The results will be circulated among all participants for further observations.

IHRLI/OAS, in coordination with the Inter-American Commission of Women and the Inter-American Children's Institute, will do the logistical coordination of the meeting. Primary organizational responsibility will be with the IHRLI/OAS coordinator contracted to work specifically on this project, under the supervision of the project director and existing IHRLI/OAS staff. Continuing throughout this phase, additional information will continue to be gathered and added to the existing data to ensure that the most up-to-date information possible will be presented and eventually published. Editing of the compiled materials will continue throughout this phase, and a publisher for the materials will be contracted.

Phase IV: Presentation of the Preliminary Findings to a Meeting of Experts or Delegation Assembly at the Organization of American States

With the direct coordination of the Inter-American Commission of Women and the Inter-American Children's Institute, the results of the Washington meeting of experts and the compiled data will be presented to at least one ministerial level regarding women's and children's issues. The assembly will then present its own observations and possible resolutions regarding the results of the project to date. The exact dates of such assemblies are not yet known; a ministerial women's conference is scheduled for November 2000.

Work will continue by IHRLI/OAS, via its project coordinator, on follow-up with the counterparts and project countries using the results of the investigation to date. Editing of the final publication will continue.

Phase V: Publication of the Data and Conclusions of the Meeting of Experts and the Ministerial Assembly

The results of this first IHRLI/OAS project will be published and disseminated to principal governments and organizations throughout the hemisphere and the world.

A second phase of this project will be considered, and a second group of countries in the Americas will be selected for study using this same methodology. IHRLI/OAS will evaluate the project and its methodology, and changes will be made where necessary to render it a more efficient and useful tool to combat the trafficking of women and children in the hemisphere.

During the entire process of this project in the Americas, IHRLI/OAS may initiate similar studies in other areas of the world.

Phase VI: Presentation of Publication and Resolutions to the General Assembly of the Organization of American States

The publication and resolutions will be presented to the General Assembly of the OAS for their observations and recommendations. It is hoped that this will result in a General Assembly resolution regarding the results of the project, and that perhaps work on an Inter-American Convention against the Trafficking of Women and Children for Sexual Exploitation can then begin.

Budget

The cost of this IHRLI/OAS Phase I Americas project is estimated at \$300,000 for full completion of the work in eight countries in the Americas. Completion of the project is contingent on obtaining this full amount of funding. Initial grants in the amount of \$45,000 from the Inter-American Commission of Women, \$8,000 from the Pan-American Organization and \$45,000 from the Inter-American Children's Institute has already been received. It is anticipated that some additional funding may be provided by the Commission (\$10,000) and by the Inter-American Children's Institute. IHRLI/OAS will seek additional resources to cover the costs of Phase I. It should be noted that the bulk of this cost is for the initial set-up for the project as a whole. At present, IHRLI/OAS needs to obtain a grant for the balance.



Speech by the Executive Secretary of the Inter-American Commission of Women of the OAS, Carmen Lomellin

Tenth Conference of Spouses of Heads of State and Government of the Americas

Presentation for the Technical Meeting



Interamerican Comission of Women



Technical Preparatory Meeting for the Tenth Conference of Spouses of Heads of State and Government of the Americas

Speech by the Executive Secretary of the
Inter-American Commission of Women of the OAS,
Carmen Lomellin

Lima, Peru, June 26, 2000

I would like to begin by thanking the First Lady of Peru, Miss. Keiko Sofia Fujimori Higuchi, and her special advisors, for inviting me to participate at this important event, which brings together advisors and technical delegates of the first ladies of our Hemisphere, whose participation is a key component in formulating programs and action plans and in addressing the problems that affect our societies, particularly the matter that concerns us today, that of adolescents in our region. On behalf of CIM I am also honored to be in the company of experts from international organizations and cooperation agencies and for the opportunity to be able to hear and share experiences from our different areas.

First of all, I would like to make general reference to some of the programs and activities carried out by CIM. As you know, CIM is a specialized agency of the Organization of American States that has been promoting women's rights in different areas since its creation in 1928. For reasons of time I shall not describe the numerous initiatives and programs it has pursued over the past 70 years, with which you are probably already familiar.

Instead I want to use this speech to offer an overview of more recent events related to four specific areas in which CIM has been working: (1) the Inter-American Program on the Promotion of Women's Human Rights and Gender Equity and Equality, (2) following up on the Summit of the Americas, (3) assessing the enforcement of the Belém do Pará Convention on Violence against Women, and (4) the project on the trafficking of women and children for sexual exploitation in the Americas. I shall address the first three briefly and deal with the last one in greater detail.

With regard to the first of these points, on April 27 and 28 of this year, a meeting of ministers and highest-ranking authorities responsible for women's policies in the member states was held for the first time in our organization's history. It was attended by women of the standing of Madeleine Albright, the secretary of state of the USA; María Eugenia Brizuela de Avila, El Salvador's foreign minister; Graciela Fernandez Meijide, Argentina's minister for social development and the environment; Marisabel Rodriguez de Chavez, the first lady of Venezuela; as well as other notable figures from across the continent. The participants studied and adopted the Inter-American Program on the Promotion of Women's Human

Rights and Gender Equity and Equality, which will be submitted for approval by the member states at the OAS General Assembly in Windsor, Canada, in June 2000. The document adopted at the meeting addresses several important goals, such as women's fuller incorporation into all areas of economic development, equal access to education and health services, and increased participation in political decision-making. The Program proposed actions at three main levels: governments, the OAS, and civil society. The second matter—following up on the Summit of the Americas—awoke particular interest among the ministers, and they proposed an agenda for the Summit Plan of Action that ensures the inclusion of gender equity and equality and women's human rights on the entire political agenda.

The third priority issue is that of violence against women. In this regard CIM is conducting studies to assess the enforcement and effectiveness of the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women—the Convention of Belém do Pará—which was adopted in 1994. To date this treaty has been ratified by 29 OAS member states.

The fourth issue and, at the organizers' request, the one to which I am going to dedicate most of this speech, is CIM's project on the trafficking of women and children for sexual exploitation in the Americas, which it is conducting in association with the OAS's Inter-American Children's Institute and the International Human Rights Law Institute of Chicago's DePaul University. The groups that are most vulnerable to trafficking for sexual exploitation are women, adolescents, boys, and girls, a situation that gives rise to serious implications for and threats to their physical and mental health, places them in conditions similar to slavery or servitude, and constitutes a clear violation of their basic human rights. I shall use the generic term "children" to refer to adolescents, boys, and girls.

I would like to note that the launch of the project was possible thanks to a contribution made by the United States mission to the OAS. The study now underway is intended to determine the scope and breadth of this serious problem, beginning in eight pilot countries: Argentina, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Jamaica, and Mexico. As a part of the project, the first meeting of experts coordinated by CIM took place on April 11, 2000; on that occasion, several nongovernmental organizations working in the area analyzed aspects of the trafficking process and talked about their experiences with a number of strategies for documenting this sinister and illegal trade. The issues discussed included the legal aspects related to human rights and criminal law, gender perspectives, the growth of the global sex industry, migratory flows, and real cases and situations detected in different regions, all of which underscores just how serious the problem is. I would like to use this opportunity to share with you some of the statements made and proposals offered at that meeting.

In October 1999, fourteen female foreign ministers from The Bahamas, Barbados, Bulgaria, El Salvador, Finland, Niger, Liechtenstein, Luxembourg, Madagascar, Mexico, Mongolia, South Africa, Sweden, and the USA sent a letter to United Nations Secretary-General Kofi Annan to express their deep concern over the existence and expansion of this unacceptable buying and selling of human beings and to pledge their support for negotiations toward the signing of an additional protocol to the Convention on Transnational Organized Crime.

The trafficking of women and children for purposes such as sexual abuse and exploitation, sex tourism, pornography, and forced prostitution is turning into an alarming and growing problem at the global level, the victims of which generally share situations of poverty, unemployment, marginalization, violence, and discrimination. This profitable international trade—with earnings estimated at more than six billion dollars a year—operates in secret and

with impunity, is based on deceit, coercion, and exploitation, and has been compared with other situations from human history that have since been overcome, such as slavery and other forms of bondage. Women and children are traded as if they were commodities or securities and shares on a stock exchange. The victims are among society's most vulnerable members, those in most need of help; they are often considered criminals instead of victims; and they lack any legal or medical protection. At the same time, an intense debate is taking place in international forums regarding the definition, scope, and thrust of the crime of trafficking in persons. This discussion covers trafficking for other purposes and not only for sexual exploitation. But in order to ensure the quality of the research and the viability of obtaining results within a given period, our project focuses on trafficking for purposes of sexual exploitation.

This joint initiative by CIM, the Inter-American Children's Institute, and DePaul University is the first regionwide inquiry into trafficking of this kind to take place under the aegis of the OAS. Documented research and its future analysis will allow regional trends to be detected and will represent a great step forward in protecting the rights of women, adolescents, boys, and girls. It will help the development of coordinated actions and strategies for identifying the scope of the problem in the Hemisphere and the design of strategies for eliminating it. The study will thus make it easier to propose amendments to national legislation, international law, and social protection systems, with a view toward eradicating this traffic.

Some preliminary studies reveal that many countries have only recently begun to monitor trafficking of this kind and point out that the characteristics of this commercial sexual exploitation vary between different countries and regions. We ask the following questions: In what context does this clandestine trade arise? Who are the protagonists in the process? What possible remedies or solutions exist? How can we further our programs and action plans to eradicate this scourge? In what ways can civil society and nongovernmental organizations assist with prevention and with protecting women and children? How can legal aid, temporary shelters, psychological help, and health care be assured? Furthermore, we must devise prevention and training methods to inform and raise public awareness, to help victims report their cases, and to ensure cooperation among different government agencies, the police, and community services. These are but a few of the matters we will try to address and resolve in the project we have undertaken.

A range of basic human rights are violated by forcing women and children into prostitution and by other practices tantamount to servitude; and these situations are even more serious when girls and boys are involved, since children have special rights that have been afforded international recognition and particular needs that must be protected by governments and civil society.

Our organization has promoted major initiatives regarding the human rights of women and children in the Hemisphere, and these have taken shape through several inter-American meetings intended to study violence against women and the exploitation and abuse of children. As a result of these efforts, inter-American treaties covering those areas and dealing with this kind of trafficking have been adopted, and I would now like to remind you of the content of those instruments.

The American Convention on Human Rights of 1969 condemns traffic in women in its chapter proscribing slavery and servitude. It also recognizes that all children are entitled to special protection. Another two legal instruments were adopted in 1994: the Inter-American Convention on International Traffic in Minors, and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (the Convention of

Belém do Pará). The former refers to international traffic in children for unlawful purposes, including prostitution and sexual exploitation, while the forms of violence against women covered by the Convention of Belém do Pará include trafficking in persons and forced prostitution.

Within the United Nations system, the 1995 Fourth World Conference on Women in Beijing recognized trafficking as a matter of international concern that has earned organized crime billions of dollars. One of the goals of the Beijing Platform for Action was to "eliminate trafficking in women and assist victims of violence due to prostitution and trafficking."

The countries of the Hemisphere have also ratified the United Nations Convention on the Rights of the Child of 1989. It should further be noted that in June 1999, the International Labour Organization adopted its Convention No. 182 on "The Worst Forms of Child Labour," which covers the use and supply of children for prostitution and pornography.

Research work has been carried out in several regions in order to determine the magnitude of this tragedy, and the issue is appearing with increasing frequency on the international political agenda. According to United Nations figures, this is a highly profitable business—Madeline Albright, Secretary of State of the USA, has said that it is organized crime's third biggest earner, outstripped only by drug trafficking and the illegal arms trade.

There are countless bilateral initiatives involving the United States and other countries, and the U.S. Central Intelligence Agency recently published a report titled "International Trafficking in Women to the United States: A Contemporary Manifestation of Slavery and Organized Crime." As an example and to give an idea of the problem, it is estimated that between 45,000 and 50,000 women and children are trafficked into the United States every year. Global trafficking figures are estimated at 700,000; and, if domestic traffic is included, the figure could reach or even surpass a million people. It is important that we understand that this is not simply a matter related to the sex trade, but rather that it is a terrible situation of slavery in modern times. The victims of trafficking are transported by deceit, seduced with false promises of work, frequently stripped of their passports upon arrival in the destination country, left without money, unable to seek assistance or protection, unable to report their situation because they fear for their lives and those of their families, and often unable to speak the language. We face countless unanswered questions—Who takes care of the transportation arrangements in the countries of origin, transit, and arrival? Under what criminal laws can punishment be exacted? What assistance can government agencies and NGOs provide? From what economic and social backgrounds do the victims come?—and many other related issues. A number of countries are taking steps to document the trafficking process, to eradicate it, and to provide its victims with support, including Russia, Ukraine, Thailand, and the Philippines.

Different regions are taking steps—the Organization for Security and Co-operation in Europe (OSCE) for Central and Eastern Europe, for example, or others in southeast Asia—to tackle this traffic through specific resolutions and directives. The United Nations has also played a key role by investigating trafficking, holding international conferences on the matter and coordinating the review of international legal instruments in order to do away with this scourge and to improve the mechanisms available for controlling it and punishing the guilty. In 1997 UNICEF reported that more than a million children, mostly girls, are forced into prostitution every year. Moreover, in many places children are sought out and preferred over adults because customers believe that since they are using children, they are better protected against AIDS infection.

This joint initiative by agencies from the inter-American system and the academic sector will provide us with an opportunity to improve the perception of the problem in our region and to increase social awareness about its sinister mechanisms. We hope to compile a database on the real situation affecting women and children and to gain an understanding of the laws that exist for eliminating trafficking and exploitation. We must find out what is happening in this regard, for that will be the essential foundation for designing effective, coordinated responses at the national and regional levels.

Thank you very much.

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Adolescent Girls and Boys in the Américas Challenge and Opportunity

Chairman of REDESS-Jóvenes
Group of Consultants to the
Tenth Conference of Spouses of Heads
of State and Government of the Américas,

Office of the First Lady of Perú

Tenth Conference of Spouses of Heads of State and Government of the Americas

Report for the Technical Meeting

Adolescent Girls and Boys in the Americas Challenge and Opportunity

June 2000

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1. Why Adolescent Girls and Boys?

Populations have always had their component of individuals between 12 and 19 years of age, and yet the concept of "adolescence" is a recent product which came into being towards the end of the last century in the early days of the industrial revolution. The term was applied to young people of both sexes who left their rural family environment and migrated to the cities in search of jobs and new opportunities. Widespread town development, expansion of markets and worldwide country-to-city migration in the 20th Century have kept the term current in our contemporary societies. Thus "adolescence" is an eminently socio-cultural concept that responds to the educational, economic and social demands of the modern world. There obviously exists a biological substratum: the sexual and emotional maturing process which speeds up as never before and never again during this period of the life cycle. Nevertheless, the changes involved in this process are affected by people's diet and by the increase every century in their stature and weight, since the latter factors are responsible for activating the hormones that trigger the sexual maturing process. This is why the "biological" adolescence identified by the start of the menarchy in adolescent girls has been occurring earlier and earlier; where it used to occur at the age of 15 or 16, it now manifests itself, in better-nourished populations with better living standards, at 11 or 12 years of age. With regard to its socio-cultural dimension, "adolescence" is characterized by dependence on the family environment, however with an increasing incorporation into the public world, prolongation of the period of formal education, total or partial economic dependence on parents or tutors and, for the majority, the absence of marriage or cohabitation, although there is incipient sexual activity.

Of course this definition of "social adolescence" presents huge variations in actual fact, especially in regions of such great cultural and economic diversity as the countries of the Americas. The age range of 12 to 19 years proposed at this Tenth Conference to define adolescence is therefore merely referential. Each country should be flexible with this range of ages and the concept of adolescence, and

1 Este trabajo es el fruto de los aportes de los miembros del Grupo Consultivo aunque las opiniones expresadas son de responsabilidad del autor.

adapt them to its own ethnic and socio-economic reality. The Pan-American Health Organization (PAHO) suggests an even wider range, 10 to 19 years and makes a distinction between early adolescence (up to 15 years) and late adolescence (16 to 19 years) (PAHO, 1998).

Whatever the exact age range used to define adolescence, there can be no doubt that this segment of the population has a growing importance and is viewed with increasing interest on the part of governments, non-governmental organizations, professionals in different disciplines, and civil society in general. There are several factors that justify the growing attention being given to adolescence, among which:

- **Its demographic importance:** There are approximately 160 million adolescents in the Americas, accounting for 10% to 30% of the total population (depending on the populational dynamics of each individual country). Thus, the highest proportion of adolescents is found in the Region's countries which began lowering their fertility rates some 10-20 years ago. Since the phenomenon of the drop in fertility has become widespread, we may expect that those countries which still have high birth rates today, will join the downward trend over the next two decades.
- **It is a specific stage of the life cycle:** there is growing consensus that adolescence is not merely a transition between childhood and adulthood, but rather it has clearly defined characteristics of its own, resulting from the growing urbanization and modernization of the Region. Historically, the tendency is for adolescence to last longer as a result of educational, job, and urban life styles demands, which tend to become globalized in contemporary societies.
- **It is a stage of intense changes:** it is at this stage of the life cycle that physical changes occur with the greatest speed, linked with the process of sexual maturing. In social aspects also, this period marks the transition from the private to the public sphere, when the adolescent's life starts to revolve around friends, school, the neighborhood, and other public spaces. Citizenship starts to be forged during adolescence via socialization in civil and democratic values (or the absence thereof). Therefore this stage is a critical time for forming the values of solidarity, tolerance and interest in public affairs.
- **Adolescent boys and girls face common challenges and risks:** despite the geographic, economic and cultural diversity of the countries of the region, adolescent girls and boys face common problems. Such problems arise from modernization and globalization and they imply new demands in relation to education, work, and growing competitiveness, within contexts of saturation with contradictory information, intense exposure to the mass media, weakening of the family unit and the protective social networks, and an absence of guiding values. Adolescents may well be the most globalized and "connected" segment of our societies thanks to their access to radio, TV, internet and the magazines that dictate standardized life-styles of the wealthiest groups in first-world societies. At the same time, it is indispensable to recognize and value their creativity, generosity, critical spirit, and energy which often do not find outlets or spaces for constructive expression in the family, school, neighborhood or community, and society is unable to give them their due recognition.

- **There is great dispersion of efforts in relation with policies and programs for and with adolescents:** in nearly all the countries of the Region, projects, programs and policies are being developed for adolescents. However, in most cases there are no mechanisms whereby these experiences can be shared or efforts can be coordinated, not only between governments but also among different organizations of civil society, including those of the adolescents and youths themselves.

For all these reasons, and others that will be discussed during this technical meeting, the Tenth Conference of the Americas, following the initiative of the First Lady of Peru, has identified the topic of adolescence as a priority issue and the main theme of the Conference.

2. Main Topics

After much consultation with national experts and international cooperation agencies, it was decided to select four main topics for this Tenth Conference on Adolescence: health; education and vocational training, social behavior, citizenship and participation. Obviously these four topics do not exhaust adolescent-related issues in the Region, but the individuals and institutions consulted are in agreement that these are the central issues, relevant for the great majority of the countries represented here.

The excellent papers prepared by the technical cooperation agencies which will be presented at this meeting release me from the need to speak at length on each of these four topics (which, in any case, I would not be qualified to do.) However, I will take the liberty of offering you some reflections on these complex issues, as a contribution to motivating the debate and the decisions and commitments to be outlined here as inputs for the Conference of First Ladies to take place in October.

2.1 Health and Adolescence

Adolescence and youth are perhaps the healthiest period of human life. And yet, each year thousands of adolescents die. The exact figure cannot be estimated because the national and regional health statistics are not broken down into five-year age-groups or gender (PAHO, 1998). What we do know is that the main causes of death in adolescents aged 10 to 19 are homicide, suicide, accidents and traumatism; and among adolescent girls, complications arising from pregnancy, childbirth, and pre- and postnatal problems.² In other words, external factors associated with life styles are the main causes of morbidity and mortality among adolescents. Recent evidence from several of the Region's countries shows that at least half of the people infected with HIV are 24 years or under, (WHO,1998), while the average age is 27 years. Bearing in mind that an average of five to eight years go by before the syndrome manifests itself, it is alarming to see that the ages at which the infection is acquired correspond exactly to the years of adolescence. Another worrying piece of evidence is the fact that, according to

2 PAHO. Action Plan on Development and Health of Adolescents and Young Adults in the Americas, 1998-2001, Washington, November 1998.

WHO, 70% of premature deaths in adults are related to habits and conduct initiated during adolescence: for example, smoking, drinking, addiction to drugs, bad diet, etc. A problem for adolescent girls in particular is that of premature pregnancy, which affects about 10% of all the young women under 19 years of age in many countries of Central America and the Caribbean. A tendency observed in many countries, even the Region's relatively higher developed countries, is that the only age group NOT showing a decline in fertility is precisely the adolescent age group. The determining factors for adolescent pregnancy are complex and require more research. The phenomenon is more frequently found in connection with rural areas, a lower educational level, poverty, and low levels of self-esteem.

An obvious conclusion from this very brief synthesis is that adolescents' principal health problems cannot be prevented or solved with a purely biomedical approach or with a strategy based on sickness or damage. An integral approach must be used to identify the health risk factors (as well as the protection or "resilience" factors) of certain types of conduct in adolescents. The healthy lifestyles approach proposed and promoted by WHO and PAHO as well as many governments in the Region requires the participation of parents, educators, psychologists, the community, and health personnel. It is indispensable that an identification be made of the programs and strategies that have been successful in boosting protection factors, preventing risk conducts, and creating in the adolescents themselves the awareness and commitment to their own health.

2.2. Education and Vocational Training

The past few decades have witnessed a sustained effort in the Region to expand the coverage of, and access to, formal education, particularly in primary or basic education. A steady increase in secondary school registration has also been observed even though coverage has not yet reached that of primary school education. From 1990-95, according to UNICEF, 73% of the children and adolescents in Latin America completed their fifth year of primary education, but only 45% managed to complete their secondary school education³. Serious drop-out problems (especially in fifth grade of primary school) and grade repetition persist. The drop-out rate appears to be linked to low performance and external factors such as the need to work (especially among the boys), and demands for help at home and adolescent pregnancy (affecting adolescent girls almost exclusively). Grade repetition, affecting some 30% of secondary students according to the UNESCO report, is closely linked to the quality of the education and support and cultural level found in the family environment.

The evidence available indicates that the priority task is to improve the quality of education, without neglecting the expansion of coverage, in particular for rural areas, ethnic groups, the disabled, and those who have dropped out. Improvement in the quality means training, better remunerations and incentives and a recycling of the school teachers. It also implies better investment in education technology, especially with regard to remote education and access to

3 UNICEF....The State of the Worlds Children, 1998, New York.

computers, electronic information networks and new teaching methods which emphasize self-teaching and critical capacity. Globalization trends and the labor market point to the increasing value of human capital, based on technical and professional know-how and capacities rather than physical capital. For that reason, equity in educational quality has stepped over a new threshold, that of information technology which, if it is not made massively available threatens to create a new form of discrimination and a new group of people being discriminated against - the "unconnected" versus the "connected". Therefore, in this field, as in the field of health, it is imperative that we improve our understanding of the factors underlying the school drop-out and grade repetition rates, as well as learning how to share successful, cost-effective experiences in remote education and in the introduction of information technology into the schools.

2.3. Social Behavior of the Adolescent

Under this heading, the proposal is to deal with factors associated with misconduct in adolescents, violence and the rights of the adolescent. It is no easy task, for two reasons: firstly, there is very little scientific information on the incidence, causes and consequence of juvenile misconduct and violence; and secondly, this topic is often magnified, distorted and presented out of context in its more superficial aspects by the mass media. The first point to be clear about is that adolescent boys and girls are not aggressors only, but more often and to a greater proportion they are the victims of different forms of violence. According to recent PAHO figures, 28,7% of deaths from homicide in the Region occur among adolescents from 10 to 19 years of age (PAHO,1998). Boys are generally more likely to commit and be victims of these acts of social violence, while the adolescent girls are mostly victims of domestic violence and sexual abuse, contrary to commonly held belief not at the hands of unknown individuals but by individuals (usually adults) in their own family and social group.

We will not go into criminal and legal aspects here, as these will be dealt with in detail in the UNICEF paper; rather we would like to examine briefly the different types of violence in which some adolescents and young people take part and of which many more are victims. Violence belongs not only to the public context; the issue of family violence, suffered particularly by girls, adolescent girls and women, is just starting to be revealed in all its magnitude. The little we know about domestic violence indicates that it occurs much more frequently than is reported (cultural and emotional barriers); it is usually committed by adults, mostly men, and often associated with the use of drugs. Peer pressure, including men, and support groups as well as local mechanisms for reporting and defense seem to be some of the methods which will make it possible if not to eradicate, at least to mitigate the problem and punish those responsible for acts of domestic violence.

A second type of violence is that associated with delinquency, gangs, "stadium hooligans" and other public forms of irregular conduct and misdemeanors in which adolescents and young adults appear to have a growing participation. However, from the little evidence available, we know that only a minute proportion of young people participate in these forms of social violence (a recent estimate states that 0,5% of Lima's youths admit having taken part in this type of

violent acts)⁴. Countries with a relatively higher degree of development are by no means free of such problems. There can be no doubt that the model of violence, so omnipresent in the media which young adults and adolescents consume on a daily basis, must exert an influence in this respect. We are far from understanding the root causes of these phenomena, although the breakdown of the family unit, school drop-out and low performance at school, gender perception towards the "macho" attitude, ethnic prejudice and social exclusion in the big cities, would appear to be linked to these manifestations. The repression and control of these forms of misconduct, although necessary, will never solve the problem unless they are associated with prevention measures and the promotion of a culture of peace and solidarity.

A third type of violence which unfortunately is present in many of the countries of the region, is political violence, associated with subversion and terrorism. Adolescents and young adults have been particularly affected by this form of political violence. There are no 80-year old terrorists. The tough lesson learned in Peru from phenomena such as The Shining Path and Tupac Amaru Revolutionary Movement (MRTA) is that they mostly recruit adolescents and youths of humble origin, from rural areas, with little idea of what their country means, and with illusions built on promises of economic success and monetary rewards. However, the substratum in which the subversive phenomenon is putting down roots is the growing gap between expectations and opportunities which particularly affects the young members of the population⁵. Hence the urgent need to create job opportunities and income for young people, especially in rural areas, in ethnic territories and in areas where there is the greatest concentration of extreme poverty.

2.4. Citizenship and Participation

This is perhaps one of the most difficult topics of the four selected for this Tenth Conference of the Americas. The very concept of citizenship lends itself to confusion, and there is little or no information about the young people's attitudes, expectations and processes of participation in the different levels of neighborhood, community and national life. It is a well-worn cliché to say that the present generation of young adults and adolescents have hardly any interest in politics. They have opted to "switch off" from public life and they refuse to belong to any organization other than the family, friends or their own groups (neighborhood, "pals", sports clubs, etc.). It seems to me that the relevant question is whether this "switching off" is not really a reaction both to the way we adults do (and undo) politics and to the systematic marginality of adolescents by adults. The truth is that there is a widespread attitude of mistrust on the part of adults whenever groups of adolescents take over public spaces, albeit temporarily -- parks, community centers, sports grounds, or the school itself -- unless they are under the direct supervision of adults. The presumed marginality from political life could be due not only to the fact that politicians seldom propose topics of

4 REDESS-Jóvenes, Boletín sobre Ciudadanía, } Year 1, No. 1, pag. 12. Lima, June 2000.

5 Aramburú, Carlos..."The Silent Revolution, Demographic and Social Changes in the Andean Countries" in Challenges of Democracy in the Andean Region; Andean Commission of Lawyers, Lima 1998.

interest to adolescents and young people specifically, but above all because of the way politics in general have fallen into discredit among them.

The development of a political culture and the absorbing of democratic participational values, and of tolerance ought to start early at school and in the family. An authoritarian school, mass media which present only dirt, demagoguery and political scandals, and parents whose normal attitude towards politics is cynicism are the best antidotes to prevent adolescents and young adults from becoming committed to public civic life. There can be no doubt, either, of the capacity of many adolescents and young people to react and mobilize in response to events or incidents that motivate them. Nevertheless, such reactions, because of their very spontaneity, are of short duration and are not organically structured to channel the participation of young people and adolescents into parties and political movements. The consolidation of the democracies in the Region requires not only the right to vote at the age of 18, but also a long process of encouragement in which adolescents and young people may become gradually incorporated into the local, regional, and national instances of the political life of their country.

3. Requirements for Policies and Programs

As mentioned, the increasing interest and concern for adolescents and their problems on the part of governments, non-governmental organizations, cooperation agencies, and other actors in civil society, is both an opportunity and a challenge. Opportunity, because based on this interest, we can set in motion a coordinated, sustained effort to understand the needs and demands of adolescents and young adults and attend to them. Challenge, because in order to come up with policies and programs that will have impact, equity and cost-effectiveness, it will be necessary to meet three key requirements:

- a) To improve and systemize the information and knowledge about adolescents in the Region with regard to these four key topics
- b) To carry out an effort of national and regional coordination in order to share lessons learned and avoid duplicating efforts
- c) To promote forms of participation of the sectors involved and of the adolescents and young adults themselves in the design, execution and assessment of these policies and programs.

The need for knowledge implies on the one hand using the information available and that which is regularly compiled from house surveys, health surveys (regional health surveys) and surveys to obtain specific figures for the population of 10-14 years of age and 15-19 years, broken down by gender and geographic location, as well as by poverty level. On the other hand this need implies generating a line of research and study on this population group which headed by universities and academic centers of the region, will seek to fill in the gaps in our knowledge, some of which have been mentioned earlier. This information should be collected and should respond to common definitions and methodologies that will allow the comparative analysis to give greater added

value to the data and make it possible to generalize the findings. This base of information and knowledge should be the base on which policies and programs for adolescents are designed, evaluated and proposed, to avoid improvisation or the inefficiency which is typical of so many social programs in our Region. The information generated should also be a public asset, to ensure its free access and an optimum utilization.

The requirements for coordination and participation are perhaps the most obvious, but doubtless the most difficult to implement. As mentioned, there exist in many of the countries of the Region a large number of programs and projects, both public and private, targeting adolescents in the field of health, education, job training, prevention of violence, promotion of citizenship and social participation. But very few of the countries have instances of coordination, even among public programs, to share experiences, information technology resources, and avoid duplications and unnecessary costs. To make this coordinating effort possible, it will be necessary to overcome the mutual lack of trust which in many countries has existed between government and non-governmental organizations with regard to social policies. It will also be indispensable to create mechanisms for extensive participation of government offices, academic institutions NGOs, community-based organizations, companies and above all, the young people themselves. In the third place, it will be of critical importance that this effort not be politicized or appropriated by any one specific sector of the political spectrum, the plurality of the participants and focuses is a *sine qua non* to create the consensus that the topic deserves. The technical and financial support of the multilateral and bilateral cooperation agencies will be invaluable, both on the topic of information and on that of coordination.

Finally, it seems relevant to appeal to the commitment of all the countries and organizations gathered here today to attend to the expectations and problems of adolescent boys and girls in our Region. This commitment, which will no doubt be ratified by the First Ladies in the Meeting next October, implies not only institutional goodwill, but the personal goodwill of each and every one of us. It implies leaving aside our facade of officials, experts or researchers, to relate to an adolescent boy or girl close to us; our daughter or son, a brother or sister, nephew or niece, or an adolescent in the house next door, so that this commitment have not only the strength of reason, but also the warmth of affection, of a young person's smile and a hope.

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