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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	re: First Ladies of the Americas Summit (5 pages)	05/08/1995	P1/b(1)
002. cable	re: Paraguayan Organizers request (6 pages)	06/02/1995	P1/b(1)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
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FOLDER TITLE:
Trip Book - South America [Binder] [3]

2013-0534-S
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AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF CENTRAL AMERICAN AFFAIRS
WASHINGTON, D.C. 20523

DATE: 3/23/95

FACSIMILE COVER SHEET

TO: Katy Button
OFL

FAX NO: 456-6244

FROM: Liliana Ayalde

FAX NO. (202) 647-0102

SUBJECT: Mrs. Wasmosy

NO. OF PAGES (INCLUDING THIS COVER SHEET):

COMMENTS:

Attached are my notes from my telephone conversation with Mrs. W's technical advisor. You may want to share with Melanne.

L.

MEMO TO THE FILE

March 23, 1995
Telcom Ayalde/Rashid on 3/23/95

Melanne Verveer asked me to call Mrs. Wasmosy's assistant (Leila Rashid) to discuss the plans that her office had for the Meeting of the Wives of the Heads of State and Governments of the Americas to be held in Paraguay in October. Following is a summary of the conversation:

(1) Mrs. Wasmosy is concerned that there have been alot of meetings/conferences with alot of talk and very little action. Mrs. Wasmosy would like to change this with the upcoming "Cumbre" and orient the meeting to more specific projects. According to Leila the First Ladies like to talk and what they end up with at the end of the meeting is alot of declarations and very little in terms of implementation.

(2) Mrs. Wasmosy would like build a link between the last First Ladies Meeting in St. Lucia, the Miami Symposium and the meeting in Asunción, Paraguay.

(3) I asked specifically about the education sector, and what their plans were. She indicated that Mrs. Wasmosy was in negotiations with the IDB (and had already gotten the green light from Iglesias) for an extension (Phase II) to the "Mujer Productora de Alimentos" project that had been implemented. The second phase involves vocational and technical training of women in the rural productive sector.

(4) There will be a preparatory meeting for the October Summit July 3 - 7. Technical staff and the advisors of the First Ladies' offices will be invited to attend. Representatives of PAHO, UNICEF, and IDB will also be invited. The purpose of this meeting is to analyze the individual projects that will be discussed at the October Summit. The idea is closely work these through with the cooperating agencies. The invitations will be going out tomorrow.

(5) I asked if they had the list of projects available. She indicated that this is precisely what they will be developing at the July meeting. At this point they know about the measles project, the IDB Rural Productive Women project, a UNFPA Teenage Pregnancy Project, and a WHO Street Children Project.

(6) Mrs. Wasmosy "accepts the terms" of the draft letter that was shared with her. Her onlys suggestion is that we add specific projects to the initiatives. For example, mention the measles elimination project in the case of the measles and the Girl's and Women's Education Initiative announced by Mrs. Clinton in Copenhagen in the case the education sector.

(7) In talking through the education piece, I explained what our preliminary thinking was on the Girl's and Women's Education Conference. She sounded excited about the idea and seemed to think that there was no problem with the proposed event and linking it to the project that they are negotiating with the IDB (which includes training of rural female crop producers), and then following this up at the meeting in October.

(8) We left it where she would send up her comments to the letter and asked that we send her info as the ideas start to fall into place.

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

EDUCATION

Divider Title:_____

DRAFT
6/5/95

MEMORANDUM

PURPOSE:

To discuss the strategy for implementing the First Ladies' commitment to education reform in the Americas and to identify ways of advancing the promotion of Girl's and Women's Education in the region.

BACKGROUND:

Enormous gains have been achieved in primary and secondary enrollments throughout the hemisphere, although secondary enrollments overall are still low. Despite the gains in enrollments, serious problems persist with the **quality of primary education** in the Americas, especially among specific groups. Girls and women, particularly rural, indigenous, and minority girls and women, face persistent educational problems in the region.

Evidence from countries that have made significant advances in providing education for all children indicates that improvements in girls' education are most effective when implemented within the context of **ongoing education reform** initiatives. In addition, recent research indicates that to eliminate the disparities in school persistence and performance between girls and boys, and between girls overall and girls in the rural areas, among indigenous groups and minority populations, specific interventions must be applied to address the specific barriers to girl's education. When interventions are developed to address girl's needs, without discriminating against boys, results are:

- improved persistence by boys as well as girls, and
- improved performance by boys as well as girls.

When educational improvements do not include specific interventions aimed at girls, boys benefit disproportionately, especially in school performance. Those who benefit least are rural, indigenous, and minority girls.

PROPOSED STRATEGY:

Countries in the Western Hemisphere are worldwide leaders in attaining high levels of school enrollments. As a result illiteracy rates are decreasing. However, much work needs to be done to improve the record of educational progress, especially for the traditionally marginalized groups. The educational problems facing the hemisphere are varied, but they can be

6719

generally categorized as problems of **persistence** and **performance.**

The upcoming meeting of the **Association of Wives of Heads of States** to be held in Paraguay in October presents an opportunity for the First Ladies of the Americas to follow up on their commitment to educational reform made at the Miami Summit in December 1994. It also offers First Lady Hillary Rodham Clinton a hemispheric fora within which to follow up on her announcement of the U.S. Government's **Girl's and Women's Education Initiative** made during the UN Summit on Social Development made in Copenhagen in March 1995.

Following are proposed pieces of a strategy for the **role of the First Ladies** in the promotion of educational reform policies and more specifically girl's and women's education at the Paraguay Meeting:

- The **Partnership for Educational Reform in the Americas (PERA)** Project provides an ideal policy framework through which to initiate a dialogue of educational reform priorities in the region. PERA can be launched by Mrs. Clinton in the context of the Paraguay meeting. The project, which grows out of the Summit commitments in the education sector, allows for discussion of education issues in the region around an Agenda driven by the countries of the Americas.

- Within this educational reform context, Mrs. Clinton may choose to focus on the issues surrounding girls' and women's education in the U.S. In the U.S., minority groups account for 25 % of the total population. The low educational persistence and performance of females among these groups reveal the impact of the double discrimination they suffer, and can make them the most educationally disadvantaged group in the hemisphere.

- If Mrs. Clinton does travel throughout certain countries in the region, she could draw upon these visits and experiences and highlight educational reform issues within the Paraguay meeting. Her visits to project sites and visits with individuals could be linked to the commitments at the Summit and the follow up themes.

- The participants at the October Meeting can be encouraged to spearhead **the Strategy for the Americas for Girl's and Women's Education.**

- Mrs. Clinton can call on countries in the Americas to showcase the achievements that they have made on girls' and women's educational access and participation. The October meeting may allow to showcase educational innovations from a number of countries and highlight strategies for adapting these innovations to educational problems that are common to other countries in the hemisphere. A limited number of countries can make a brief presentation of how they have confronted the issue of low educational persistence and performance of girl's and

women, especially in the rural areas and among indigenous and minority populations.

- Participants can set hemispheric goals with targets for each country within an overall Strategy for the Americas for Girl's and Women's Education.

- A national dialogue on girl's and women's education among public and private sectors partners can be developed using a strategies that are appropriate for the relevant countries.

- Constituencies in each country will be encouraged to develop, implement and monitor specific approaches for improving female education appropriate to each country using local human and financial resources.

SUMMARY

The attached paper provides a rationale for the First Ladies of the Americas to support girls' and women's education in the region and recommends that the First Ladies spearhead the Strategy for the Americas for Girl's and Womens' Education within the context of ongoing reform in each country. The importance of promoting a hemispheric strategy is to permit the development of a common vision and common objectives by the First Ladies as well as the establishment of country targets to address specific barriers and solutions for girls' and womens' education in specific countries.

The First Ladies participating in the Paraguay meeting

-- provide a leadership role in educational development in their countries

-- enjoy the access not only to the national and state-level leadership of their countries but also of parents and local community leaders

-- possess an unusual potential for influencing the thinking and decision-making of parents

-- can play an important role in emphasizing the need to focus on girls and women within the context of their families and communities

-- can marshall press attention to the issue to foster a widespread dialogue among key actors on the subject

-- and can promote a shared vision.

D R A F T

Girls' and Women's Education in the Americas:

A Window of Opportunity for Social and Economic Development in the Region

A strategy for **all** countries of the Americas
focusing on common solutions
to the persistent educational problems facing
girls and women in the Americas, and particularly
rural, indigenous, and minority girls and women

May 25, 1995

U.S. Agency for International Development

D R A F T

Girls' and Women's Education in the Americas:

A Window of Opportunity for Social and Economic Development in the Region

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Executive Summary

Introduction

First Lady Hillary Rodham Clinton's recent announcement of the U.S. Government's Girls' and Women's Education Initiative and subsequent worldwide publicity about the announcement have drawn public attention to an issue that had previously been addressed only by international agencies and development banks. The announcement has added considerable momentum to the actions initiated by the First Ladies of the Hemisphere at the *Summit of the Americas* in December, 1994, focusing on the health and education needs of the children of the region. This focus has created an important opportunity for the First Ladies of the region:

- to showcase the **achievements** of the Americas in addressing **girls' and women's educational access and participation**; and

- to address collectively the **serious educational problems** that may be impeding the achievement of the region's full development potential: the low educational **persistence and performance of girls and women**, especially in **rural areas** and among **indigenous and minority populations.**

Summary of Key Recent Findings

Evidence from countries that have made significant advances in providing education for all children indicates that **improvements in girls' education** are most effective when they are implemented within the **context of ongoing education reform** initiatives in countries. In addition, recent research indicates that in order to eliminate the disparities in school persistence and performance between girls and boys and between girls overall and girls in rural areas, among indigenous groups, and in minority populations, **specific interventions must be applied** to address the specific barriers to girls' education. When interventions are developed to address girls' needs, without discriminating against boys, the results are:

- improved persistence by boys as well as girls, and
- improved performance by boys as well as girls.

When educational improvements do not include specific interventions aimed at girls, boys benefit disproportionately, especially in school performance. Those who benefit least are rural, indigenous, and minority girls.

Recommendations

This paper proposes that the First Ladies of the Americas work in concert to spearhead ***The Strategy for the Americas for Girls' and Women's Education***--applying the lessons learned from successful efforts throughout the region to address girls' educational attainment overall and to address the basic education and literacy needs of rural, indigenous, and minority girls and women, within the context of educational reform in each country of the Americas.

The paper recommends that the First Ladies of the Americas launch the *Strategy for the Americas for Girls' and Women's Education* at the upcoming **meeting of the Association of First Ladies** that will take place in Paraguay in October, 1995. At the meeting, the First Ladies can:

- **showcase educational innovations** from a number of countries and highlight strategies for adapting these innovations to educational problems that are common to other countries of the Americas,
- **set Hemispheric goals** with **targets for each country** within the *Strategy for the Americas*,
- hold followup meetings to **monitor progress** toward achieving the goals,
- develop, using a strategy appropriate to each country, a **national dialogue** on girls' and women's education that involves **key decision makers** from the public and private sectors throughout the country, and
- encourage the constituency in each country to develop, implement, and monitor **specific approaches** for improving female education appropriate to each country, using local human and financial resources.

Background

The December, 1994, Presidential Summit of the Americas in Miami provided an opportunity for the First Ladies of the Hemisphere to discuss their roles in improving the social and economic development of the region. To advance the goals in health and education adopted by the leaders at the Summit, First Lady of the United States, Hillary Rodham Clinton, and First Lady of Paraguay, Mrs. Wasmosy, proposed in a letter of March 24, 1995 to all First Ladies of the region a three-point agenda of actions to mobilize the citizens of each country around key health and education aims. One point of the agenda was **the promotion of girls' and women's education.**

Earlier in March, at the UN Summit on Social Development in Copenhagen, Mrs. Clinton announced the U.S. Government's Girls' and Women's Education Initiative--a new commitment by the United States to support efforts to enhance educational opportunities for girls and women around the world. This paper provides a rationale for the First Ladies of the region to support girls' and women's education in the Americas.

Female Education is Critical for the Economic and Social Development of the Americas

When countries invest in the education of girls and women, they are making a significant contribution to the economic and social development of their nations. Education enables women to play active and more effective roles in their economy, their society, and their families. The linkages between girls' and women's education and sustainable social and economic development are firmly established. According to a former chief economist of the World Bank, "As an economic investment, increased outlays directed at educating girls may well yield the highest return of all investments available in developing countries considering both private benefits and returns to other family members."

- Educated mothers are better able to provide for the health of their children than are uneducated mothers. Mother's education is consistently correlated with significant decreases in maternal, infant, and child mortality and with improved use of health resources, and experts believe the link is causal.

- Women who are educated want smaller and better educated families. Statistics show that educated mothers are more able to achieve their own family size goals.

- Women who received from four to six years of primary school education demonstrate greater levels of domestic, agricultural, and industrial productivity.

- Educated women are more active participants in civil society and in democratic processes.

The importance of girls' educational attainment was also reinforced by the declaration at the 1990 *World Conference on Education for All* in Jomtien, Thailand in support of girls' education as well as by national and donor education investment priorities. Enrolling girls in school is not sufficient, however. Rather, keeping girls in school at least through secondary school and ensuring their attainment of functional literacy and numeracy is critical for furthering a country's economic and social development.

The Americas Can Claim Achievements in School Enrollments and Literacy

Countries of the Western Hemisphere are worldwide leaders in attaining high levels of school enrollment. With the exception of a few countries, enrollments have increased over the last several decades so that there is now nearly universal primary school access for both girls and boys in the entire Hemisphere. As a result, illiteracy rates are decreasing. Suriname and Ecuador, for example, achieved nearly 40 percent decreases in the number of illiterate men and women in the decade between 1980 and 1990. In the same time period, Uruguay and Guyana decreased the number of illiterate people by more than 20 percent, and several other countries have also achieved substantial decreases.[1] The disparity in literacy rates between men and women is also steadily decreasing in many countries.[2] In the U.S., access to higher education increased nearly five fold from 1940 to 1993, and the gender gap among those who have completed four years of college or more has declined.[3]

Much Work Remains to be Done to Improve Female Education--Especially for Marginalized Groups

The record of educational progress in the Americas does not mean, however, that education thresholds have been met to ensure the attainment of the hemisphere's full develop ment potential. The educational problems facing the hemisphere are varied, but they generally can be categorized as problems of educational persistence and performance. Although gender inequities are ubiquitous throughout the hemisphere, the most severely educationally disadvantaged groups include rural, indigenous, minority, migrant, and immigrant girls and women. In Latin America, indigenous people number 40 million and

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[1] *World Education Report*, 1993. UNESCO.

[2] See, e.g., Hanratty, D.M., ed., *Ecuador: A Country Study*. Federal Research Division, Library of Congress. 1991. Page 255.

[3] U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, *Educational Attainment in the United States: March 1993 and 1992*. Page 96.

comprise an estimated ten percent of the region's total population and a much larger percentage of several individual countries' populations (see below). [4]

Indigenous People as Percent of Total Population/Illiteracy

Country	Percent Indigenous	Number of Indigenous (x 1,000)	Illiteracy Rate (x 1,000)	
			Indigenous	Non-Indigenous
Bolivia	54%	4,150	24%	14%
Ecuador	30%	3,100	n/a	14%
Guatemala	42%	3,900	79%	40%
Mexico	9%	12,000	63%	42%
Peru	25%	9,100	50%	22%

(Source: Psacharopoulos & Patrinos, 1994)

In the U.S., minority groups collectively comprise majorities in several large cities and account for over 25 percent of the total U.S. population.[5] The low educational persistence and performance of females among these groups reveal the impact of the double discrimination they suffer, and make them the most educationally disadvantaged group in the hemisphere.

Educational persistence. Considerable work is still needed in the Americas to improve persistence in primary school. For example, among indigenous populations of urban Bolivia in 1989, only 14.8 percent of girls had completed primary school, with a large gender gap among primary school graduates of only 62 indigenous girls per 100 indigenous boys. These statistics contrast with those for non-indigenous girls, 30 percent of whom had completed primary school with a small gender gap of only three percent.[6]

Throughout the hemisphere, the needs for increased persistence beyond primary school are great. In several countries of Latin America, the majority of students who enroll in

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[4] "Indigenous People in Latin America." The World Bank: HRO Dissemination Notes, Human Resources Development and Operations Policy (Number 8, June 7, 1993).

[5] *Statistical Abstract of the United States: 1994*, Bernan Press, 1994.

[6] Psacharopoulos & Patrinos, 1994, p. 63.

primary school never attend secondary school. In Honduras, 93 percent of school-age children are enrolled in primary school, whereas only 19 percent are enrolled in secondary school.[7] There is a similar drop in secondary school enrollments in Paraguay, Venezuela, and Brazil, and only slightly smaller drops in secondary enrollments in Nicaragua, El Salvador, and Bolivia. Again, the problem is even more acute for rural, indigenous, and minority girls and women throughout the Americas. In 1990, ten Latin American countries had girls' secondary net enrollment ratios of less than 50 percent, and eight of these had fewer than 30 percent of girls of secondary school age enrolled in school (see Table 1, Appendix).

The U.S. also has a substantial problem with girls' secondary school persistence, particularly in math and science curricula. Educational inequities that minority groups face in the U.S. are exemplified by differences in the rate at which women of Hispanic and African-American origin complete secondary school when compared with the rate at which white women complete secondary school. In 1993, only 53 percent of women of Hispanic origin in large urban areas had attained a high school education or higher, and only 8.6 percent had completed a Bachelor's degree. The same percentages for their white counterparts were 83 percent and 24 percent, respectively (see table below).[8]

Secondary School Completion for Hispanic and White Women in Large Urban Areas (1993)

Hispanic Women		White Women	
Completed High School	Completed B.A. Degree	Completed High School	Completed B.A. Degree
53%	8.6%	83%	24%

Since girls' education is strongly related to the number of children a woman desires, fertility rates remain high in a number of countries partly as a result of low secondary enrollments. An average fertility rate of two is needed to stabilize the world's population.

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[7] World Education Report, 1993. UNESCO

[8] *Educational Attainment in the United States: March 1993 and 1992.* U.S. Department of Commerce, Economics, and Statistics Administration, Bureau of the Census.

Fertility Rates in Selected Countries (1988)

Country	Fertility Rate
Bolivia	6.1
El Salvador	4.9
Guatemala	5.8
Haiti	4.7
Honduras	5.6
Nicaragua	5.5
Paraguay	4.6

(Source: Psacharopoulos & Patrinos, 1994)

Much remains to be done to increase girls' access and retention in secondary school in the Americas. And since the education of girls is critical to the full social and economic development of countries, it is important to focus on increasing girls' school attendance **even in countries where girls' and boys' secondary school attendance is equally low.** Where resources are limited in countries, and when investments in education must be targeted, evidence demonstrates that a high development impact accrues for the country as a whole, in improved health, nutrition, productivity, and educational attainment for all citizens. When educational interventions are focused on girls' needs, which has not been the case in most countries throughout the world, and when the interventions are addressed within the context of the community and are inclusive of boys' needs, then boys benefit equally[9].

Gender inequities generally become even more pronounced at higher levels of education. Although the gender gap among those who have completed four years of college or more has decreased in the U.S., the gap was still 23 percent in 1993--only eight percent less than it was in 1940.[10] Problems with girls' persistence in school are even more evident in professional and graduate schools, and in math and science curricula at nearly all levels. In 1989-90, women lagged far behind men in earning the degrees that have the highest potential of

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[9] King, Elizabeth. Also see, for example, Chesterfield, Ray, and Fernando Rubio. "Incentives for the Participation of Guatemalan Indigenous Girls in Primary Education: The First Year of Implementation of the *Eduque a la Niña* Pilot Project." USAID, Guatemala City, 1995.

[10] *Educational Attainment in the U.S.* Op cit, p. 96.

preparing them for jobs linked to improvements in the social and economic productivity of society. For example, only 26,978 women earned professional degrees that year, compared with 44,002 men.[11]

Educational performance--literacy. Although the gender gap in primary schooling has narrowed greatly or even closed in most Latin American countries, illiteracy rates in 1990 were still higher for women than for men in 19 of 22 countries for which data are available, and gender inequities are generally higher among indigenous populations. In Bolivia, for example, indigenous populations have substantially lower overall literacy rates than non-indigenous populations in all countries for which data are available. In Bolivia, a country where indigenous people constitute the majority, there are nearly twice as many illiterate women as men,[12] with female illiteracy rates of 68.5 percent in rural areas.[13] In Guatemala, the rate of illiteracy among the indigenous population is 79 percent, as compared to 40 percent among the non-indigenous population. In Mexico, where 37 languages are spoken by at least 10,000 persons each, the rate of illiteracy among the non-indigenous population is 42 percent, whereas 63 percent of the indigenous population is illiterate.[14])

The rural difference between male and female illiteracy rates is nearly twice that in urban areas. Rural areas also are characterized by substantially higher illiteracy rates for both men and women and even higher differences between men and women. Whereas men and women in urban Peru are equally as likely to be literate, a rural Peruvian woman is estimated to have a 40 percent chance of being able to read and write as her male counterpart[15]. Likewise, in rural Mexico, a substantial gender gap exists with 141 illiterate women for every 100 illiterate men, despite major advances in primary school access (see Table 2 in Appendix, which compares illiteracy levels for rural and urban men and women in 15 Latin American countries).

Educational performance--academic achievement. Educational performance at the secondary school level in the U.S. can be measured in terms of scores on standardized achievement tests. Here again the gap in performance between boys and girls is striking. Girls in the early grades of primary school are ahead or equal to boys on almost every stan-

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[11] National Center for Education Statistics, *Digest of Education Statistics 1992*. U.S. Department of Education, Office of Educational Research and Improvement.

[12] *World Education Report, 1993*. UNESCO.

[13] Stromquist, Nelly. ed. *Women and Education in Latin America: Knowledge, Power & Change*. 1992. Lynne Rienner Publishers, Boulder.

[14] *Indigenous People and Poverty in Latin America: Am Empirical Analysis*, Technical Department, Latin America and the Caribbean Region, The World Bank.

[15] Hanratty, 1991. Ibid.

dardized measure of achievement and psychological well-being, by the time they graduate from high school or college, they have fallen back. Girls score lower on the "SAT" and "ACT" tests, standardized exams that are critical for college admission. The greatest gender gap is in science and math, crucial areas for preparation for many jobs that can increase and sustain the productivity of the U.S. economy. Girls also score far lower on the College Board Achievement tests, which measure achievement in secondary school and are required by most selective colleges. The table below shows the average difference between boys' and girls' scores in eleven subjects where boys scored higher than girls. This gender gap ranges from about five points on the Spanish test to over 60 points on the physics test. Girls scored higher than boys on only three tests, and their point advantage was minimal--about four points in English composition, four points in German, and seven points in literature. As test takers grow older, the gender gap widens, with an even larger point differential between men and women on the Graduate Record Exam (required for entrance to graduate school) than on the SAT or ACT. The 1993 report by the American Association of University Women, *How U.S. Schools Short-Change Girls*, shows clearly that the United States is failing to realize the potential of its girl students.

Minority girls in the U.S. suffer an even greater loss in performance on achievement tests and again the loss becomes greater as they grow older. Minority groups as a whole score an average of up to 500 points lower on the Graduate Record Exam (of an 800 point total), and minority males consistently outperform minority females, leaving them at the bottom of the performance curve.

The gender gap in classroom experiences. At least a partial cause of the Americas' problems with girls' low persistence and performance can be traced to a discrepancy in classroom experiences that is common to every country in the Hemisphere. Although they may sit in the same classroom, read the same textbook, and listen to the same teacher, boys and girls often receive very different educations. Classroom materials omit girls from stories, pictures, and examples, or relegate them to subordinate or traditional roles. Girls are much more likely to be invisible members of a classroom and frequently become educational spectators instead of participants. Numerous research studies on classrooms in the U.S.[16] and several from Latin America[17] have documented that female students from preschool through higher education receive less active instruction, both in the quantity and in the quality of teacher time and attention. Since learning is an active process that requires participation, girls often receive a lower quality education than do the boys sitting next to them, and they subsequently learn less. The fact that girls in single-sex schools consistently perform better and maintain higher career aspirations, especially in science and math-related fields, adds credence to the theory that girls' learning is impeded by their lower participation

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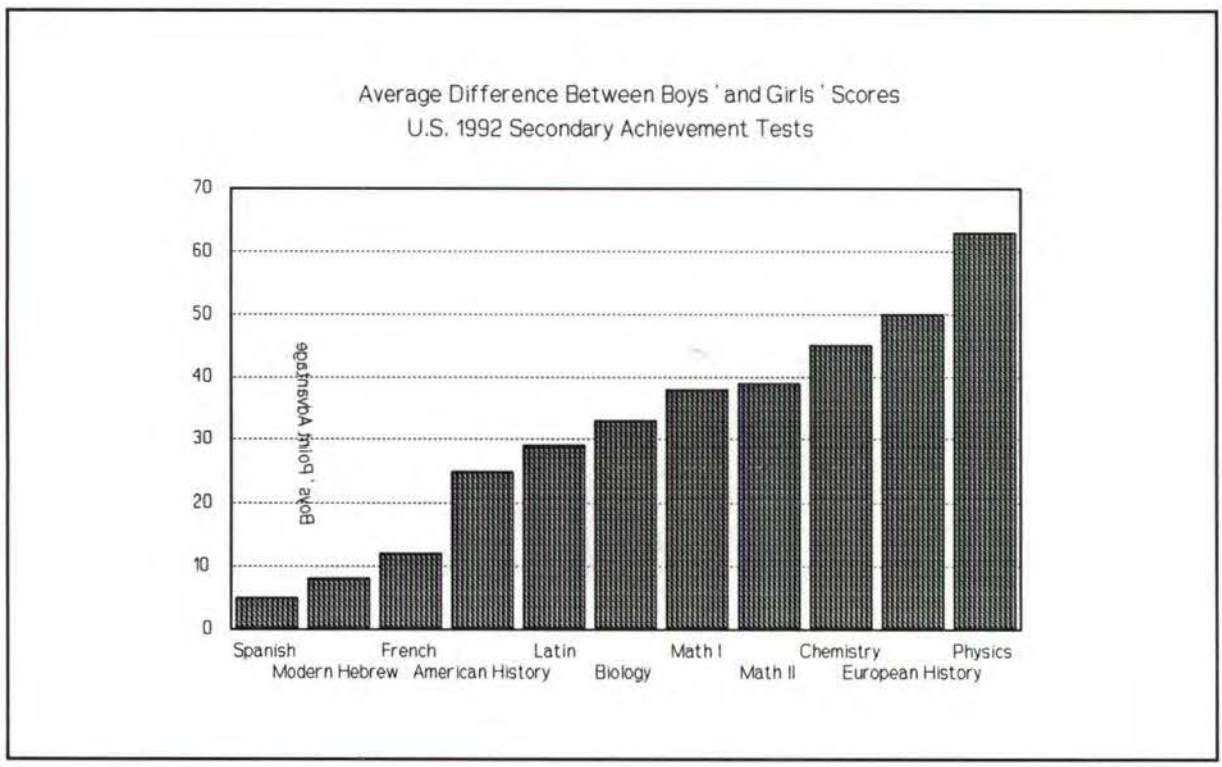
[16] Sadker

[17] See, for example: Chesterfield, Ray, and Fernando E. Rubio. "Baseline Study of Girls' and Mayan Students' Participation in Primary Education." USAID, Guatemala, 1995.

in co-educational classrooms.[18] Training for teachers in specific strategies for increasing girls' classroom participation is needed to overcome such problems in co-educational classrooms.

Women's labor market participation. Generally, increased access to education has had a positive effect on female labor force participation. However, schools in the Americas still serve to reinforce the early socialization of boys and girls to play traditional economic and social roles in society, thereby reinforcing restrictions placed on girls. School curricula still follow pre-existing gender-based divisions of labor, and educated women have continued to be concentrated in lower-paying female occupations. Also, while higher levels of education



are associated with greater improvements in salary levels for women than for men,[19] access to more education does not imply wage equality with men of similar educational backgrounds. For example in Brazil, professional women in a number of fields earned on the average less than half of a man's salary for performing the same job.[20] In the U.S.,

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[18] Tietjen, Karen. *Educating Girls: Strategies to Increase Access, Persistence, and Achievement.* Creative Associates International. 1991. p. 29.

[19] King, Elizabeth.

[20] Add reference]

working women in 1992 earned an average of 60 cents for every $1.00 earned by working men.[21] Women with advanced degrees fared even worse than average, earning only 58 cents for every $1.00 earned by a man with an advanced degree.

The Role of First Ladies in Improving Education for Girls and Women

Providing leadership. Historically, the First Ladies of Latin America and the Caribbean have played a leadership role in the educational development in their countries. Many of the great achievements in education that have put the developing countries of the region ahead of others in the world can be traced to educational reform movements that were spearheaded by the First Ladies. Highly respected by the populace and accorded respect and authority for leading educational movements and founding agencies and institutions, they have frequently taken charge personally of promoting and sustaining innovative programs such as women's literacy, special education for children with mental and physical disabilities, and early childhood development.

Gaining access to parents and communities. The First Ladies of the Hemisphere enjoy access not only to the national and state-level leadership of their countries but also to parents and local community leaders. As women and mothers in countries where motherhood is honored, the First Ladies possess an unusual potential for influencing the thinking and decision-making of mothers and fathers.

Focusing on girls and women as members of families and communities. The First Ladies can play a particularly important role in emphasizing the need to focus on girls and women within the context of their families and communities. A number of programs in recent years have aimed interventions at women only, isolating women's needs from the needs of their families' (e.g., some women's literacy and micro-enterprise programs). When these programs did not include husbands, fathers, and sons as participants, the effect was to create discord and friction within the family, adding an extra burden for the women whom the programs sought to help. Other programs that included men and families tended to avoid such problems.

The need to include families and communities as active participants in programs to promote girls' education is underscored by the experience in Malawi during the implementation of a program to waive school fees for non-repeating primary school girls.[22] Parents had not been included in the design of the program nor had they been involved in a dialogue prior to program implementation. Considerable controversy occurred throughout the country

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[21] *Educational Attainment in the United States: March 1993 and 1992.* U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census.

[22] Wolf, Joy. DRAFT Report: "Malawi and Ghana: An Exploration of USAID Programs Designed to Improve Equity." 1995. USAID, Washington, D.C.

when parents learned that their sons would not have their school fees waived. The controversy concerning perceived discrimination against boys diverted the public attention away from a focus on the value of educating girls, created unnecessary discord, and tended to diminish the role of parents as active participants in their children's education.

The First Ladies can play a significant role in focusing national attention on the importance of addressing the needs and conditions of husbands, fathers, and sons as well as those of girls and women when identifying programs, projects, and practices to promote girls' and women's educational persistence and performance.

Marshaling press attention to issues. One of the key elements in the success of the efforts of First Ladies is their access to the press in their countries. This is particularly important in the area of girls' and women's education, where many of the barriers to girls' persistence and performance throughout the education system are found in the cultural, religious, political, and social expectations of their roles in society. Press attention to the issues enables the First Ladies to foster a widespread dialogue among key actors in their local and national communities.

Providing a shared vision. Given the important role played by First Ladies in their countries, a commitment by them to promote a unified vision for the education of girls and women in the region offers extraordinary possibilities for action and for the achievement of major gains at all levels.

First Ladies of the Hemisphere Can Share Achievements and Target Needs

Launching the *Strategy for the Americas*. Through the support of the First Ladies of the Americas in launching the *Strategy for the Americas for Girls' and Women's Education*, an opportunity exists for the first time to focus on the educational achievements and needs of countries throughout the Americas in a coherent, systematic, and highly visible fashion. An appropriate venue for a public dialogue on girls' and women's education is the upcoming meeting of the Association of First Ladies to be held in Paraguay in October. At the meeting in Paraguay, the First Ladies can present and analyze the successes of the region as well discuss some of the major problems and possible solutions. By using a participatory approach, practical and culturally-appropriate solutions can be found for improving girls' and women's education.

Highlighting innovations. At the meeting, a number of First Ladies could be invited to present an innovative and successful strategy from their country for improving educational persistence and performance for all children, and for girls in particular. For example, programs such as *Escuela Nueva* in Colombia and *Nueva Escuela Unitaria* in Guatemala offer cost-effective approaches for improving educational quality, efficiency, and equity, as well as for increasing democratic participation, and can be adapted to the needs of other countries. Girls' education programs in Guatemala and literacy programs in Honduras that

reach women present models of effective actions that can be studied and adapted in other countries.

Specific problems and targets. At the meeting, an analysis can take place of the specific problems in each country related to female educational persistence and performance. Table 3 (see Appendix) illustrates potential problem areas that could be targeted in each country and addressed collectively by the First Ladies as a hemispheric commitment to action. For example, countries could set targets for one or more of the following areas in which they have specific problems:

- young children's readiness for school
- primary school completion
- secondary school completion
- tertiary completion
- rural girls and women
- indigenous and minority girls and women
- women's literacy
- academic achievement
- classroom participation

Since most countries in the Americas confront persistent disparities in educational opportunities and attainment for girls and women when compared with boys and men, and since rural, indigenous, and minority women in all countries lag seriously behind other women in educational persistence and performance, all of the First Ladies of the Americas can approach the issues of girls' and women's education in their countries as full colleagues, sharing a common vision on applying solutions to the problems that are common to the region.

Followup to the meeting. Following the meeting in Paraguay, the First Ladies can return to their countries and serve in a leadership role for implementing actions. Each First Lady will wish to choose appropriate mechanisms for carrying out actions within her country that are appropriate to the country's experience. However, several common objectives should exist in the approaches that are used:

- **National dialogue.** All country efforts should aim at promoting a national dialogue among key decision makers from the public and private sectors. Only when the citizens of the country--representing all sectors, political parties, and religious groups--take ownership of the issue of girls' and women's education in their countries, will appropriate solutions be developed.

- **Sustainable actions.** Country efforts should aim at sustainability of actions. Country actions can only be sustained when local individuals and organizations invest local resources in promoting the *Strategy for the Americas for Girls' and Women's Education* within their countries. Local resources can only be generated when

participation takes place across sectors in the analysis of local problems and solutions. Among the options for promoting a national dialogue that could be used by First Ladies in their own countries are the following:

- calling a national meeting in which all sectors participate,
- promoting a series of conferences nation-wide,
- engaging in a national speaking tour,
- initiating a publicity program, or
- forming a national commission of public and private-sector leaders charged with promoting effective policies and programs

- Successful recent efforts to promote a national dialogue on education have been achieved in Paraguay, El Salvador, and in Guatemala. These approaches could be studied for consideration by decision makers in each country for possible adaptation.

- Stragies for improving girls' and women's education will vary in each country, and the different approaches should be documented and shared with other countries.

The Hemisphere: a model for other regions. A widely-publicized Hemispheric *Strategy for the Americas for Girls' and Women's Education* spearheaded by the First Ladies of the region could bring about significant changes in education for girls and women throughout the region, and could serve as a model for other regions of the world. With the First Ladies of the region launching and monitoring such an initiative, the role of girls' and women's education in the social and economic development of the region could be raised above the level of rhetoric to the level of political commitment and action.

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APPENDIX

Table 1

Girls' Secondary School Enrollment in Selected Countries

Country	Girls' Secondary Net Enrollment Ratio < 50 Percent (1990)	Girls' Secondary Net Enrollment Ratio < 30 Percent (1990)
CENTRAL AMERICA & the CARIBBEAN		
Costa Rica	37%	
El Salvador		16%
Guatemala		28%*
Haiti		21%**
Honduras		34%**
Nicaragua		29%
SOUTH AMERICA		
Bolivia		25%
Paraguay		26%
Suriname	47%	
Venezuela		22%

* This is the Gross Enrollment Ratio (GER) for both boys and girls. Data for girls alone are unavailable for 1990, but were one percentage point lower than the GER for boys and girls in 1980.

** Girls' GER. The Net Enrollment Ratio is unavailable (note: it is usually smaller than GER and is never larger).

Table 2

Illiteracy Levels by Gender and Rural/Urban Residence, Latin America

Country	Urban		Rural	
	Men	Women	Men	Women
Guatemala	20.0%	35.5%	59.9%	77.6%
Bolivia	6.2%	23.2%	37.3%	68.5%
Peru	3.4%	11.8%	22.2%	53.1%
Ecuador	6.9%	12.2%	32.3%	44.4%
Mexico	3.6%	12.5%	23.4%	56.2%
Panama	4.8%	5.6%	24.9%	29.8%
Chile	5.4%	7.7%	23.6%	27.9%
Honduras	17.6%	24.0%	52.1%	56.8%
El Salvador	12.7%	22.2%	48.9%	57.2%
Paraguay	7.4%	14.7%	19.7%	32.3%
Colombia	9.0%	13.0%	32.8%	36.8%
Nicaragua	16.1%	22.1%	63.8%	67.0%
Argentina	3.6%	4.5%	14.2%	5.1%
Costa Rica	4.0%	5.7%	16.6%	17.5%
Brazil	14.2%	19.3%	44.8%	44.8%

Average rural/urban illiteracy gap - Men 25.4%
Average rural/urban illiteracy gap - Women 27.5%
Average gender gap in urban areas 6.3%
Average gender gap in rural areas 12.0%

Source: CEALL (1990) cited in Stromquist

Table 3

Target Countries and Areas of Focus for the *Strategy for the Americas for Girls' and Women's Education*

Country	Primary Completion	Secondary Completion	Tertiary Completion	Rural Girls and Women	Indigenous & Minority girls & women	Women's literacy	Academic Achievement	Classroom Participation
Argentina					X		X	X
Bolivia	X	X		X	X	X		X
Brazil				X	X	X	X	X
Canada					X		X	X
Chile					X		X	X
Colombia					X	X	X	X
Ecuador			X	X	X	X	X	X
El Salvador				X		X		X
Guatemala	X	X	X	X	X	X		X
Haiti	X	X	X	X		X		X
Honduras			X	X	X	X		X
Mexico			X	X	X	X	X	X
Nicaragua				X	X	X		X
Panama					X		X	X
Peru		X	X		X	X		X
USA				X	X		X	X
Venezuela		X					X	X

THE WHITE HOUSE

Liliana,

I'm going to talk broadly about this as an example of turning rhetoric into reality - the leaders signed on to this initiative - the First ladies highlighted the importance and raised visibility by being involved in the launching - & still have a role to play in monitoring and encouraging the

results of this 6 yr project.

Right on!!

You may want to include the fact that FL used creative ways of highlighting this program/initiative. I have a list of what they did simultaneously in their countries to launch the PAHO managed program as Mrs. C did.

[illegible] Take a guess!

THE WHITE HOUSE

- Thank
- HRC so glad to be involved in PATH to Apprd
- Summit of the Americas goal — each leader supported the initiative
- Women discussed at Symposium on Children
- HRC launched / others launched — used creative visibility — ways to highlight.
- rhetoric to reality —
- still a role to play in monitoring & encour. results of this 6yr conf.

THE WHITE HOUSE

He is so good.

• TY – comment on issue imp to HRC

• Although we bring no specific project to the table, Mrs. C did not want to let this opp go by w/o highlighting the importance of investing in girls and womens' education and its close relationship to all the themes we've been discussing yesterday and today.

• Investment in ~~the~~ ed of women and girls will have a direct positive impact on the other issues on the agenda, such as teenage pregnancy prevention, maternal mortality reduction, and rural women and ~~family~~ empowerment.

as convenings have recognized

• Been discussed: St. Lucia, Miami, Copenhagen (USAID sponsored initiative), it is only fitting that likely → Beijing, ~~HRC particularly pleased~~ we're talking about it today.

- Why Imp

Most already aware → imp. investing ed of w & g
& rich return countries see -

- significant improvements in health
- domestic, agricultural and industrial productivity
- democratic participation ↑
- fam. well being

- Educated mothers are better able to provide for the health of their children than non-educated mothers
- Educated mothers are more able to achieve their own family size goals
- Educated women are more active participants in civil society and in dem. process
- ~~Mothers~~ The ed. of mothers is consistently correlated with significant decreases in maternal, infant and child morbidity and w/ improved use of health resources

- In the Americas, we have great achievements to be proud of in this area and can point to examples of high enrolment rates for girls.

- No specifics – statistics

- With the exception of a few countries, enrolments have ↑ over the last decades. As a result, illiteracy rates are decreasing.

- However, as we all know, <u>much work remains to be done to</u> improve female education, esp. for the marginalized groups. --
  esp in rural areas and among indigenous & minority groups

In this challenge, the F— L— can play critical leadership roles. As we all know, f— L— are in a unique position to convene key players ——

government, NGO, parents, teachers & other community leaders ——

to debate and address imp. issues.

Where F— L— see this as a priority, one important way to address it in their countries is to tap the extensive knowledge of the NGOs working to address ed. challenges, esp. with respect to the ed of girls.

— context of ongoing ed reform initiatives

weight of conference —

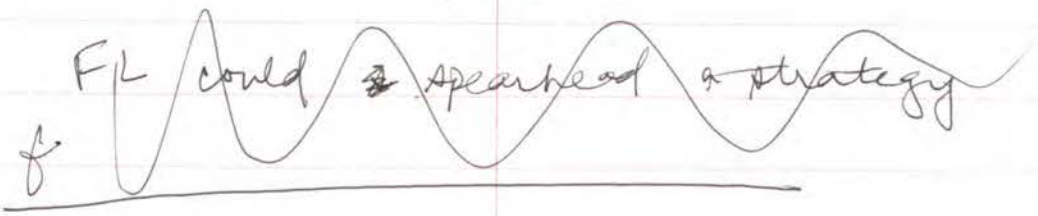
- showcasing what works
- set targets
- hold convenings

So imp to issues we've been discussing and to sustainable dev. & progress in all areas —

weight of conf. & our FL in highlighting the progress we've made in our hemisphere & encouraging greater impr. in investing ~~&~~ in women & girls.

Urging FL to get engaged in this issue.

FL could ~~be~~ spearhead ~~a~~ strategy



of

Within the context of ongoing educ. reform in each country, FL can play a unique role in highlighting and underscoring the imp. of investing in girls ed and paying special attention to the needs of girls in the classrooms. & in keeping girls in school.

(Interventions are more often aimed at boys — even though we know that when the needs of girls are targeted both girls & boys do better in terms of ed. persistence and performance.

DRAFT DECLARATION OF ASUNCION

5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

Asunción, Paraguay
October 16-20, 1995

WE, the Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas have met in the City of Asunción, Capital of the Republic of Paraguay, on October 16-20, 1995, to analyze "The Health and Education of Women and Children" in our Region, and as a follow-up to the 4th Conference of Wives of Heads of State and of Government of the Americas held in Saint Lucia on October 11-13, 1994 and the Symposium on the Children of the Americas held in Miami last December 10.

We also accompany through this Conference, the celebrations commemorating the 50th year of the United Nations, manifesting the significant task carried out by this great organization in favor of peace, security and international cooperation, as well as the United Nations 1995 declaration "International Year of Tolerance," Resolution 48/126, of December 20, 1993, adopted by the General Assembly of this Organization.

Throughout this Meeting we have expressed our will to continue with this system of Conferences to adopt decisions, programs and projects in national and international domains for the development and well-being of our nations, considering that we have problems in common, free of boundaries, especially concerning the Health and Education of Women and Children.

We consider that the participation and the support of International, Governmental and Non-Governmental Organizations are the main mechanism for contributing to social development and the implementation of cooperation projects with our countries, and therefore we

DECLARE THAT WE WILL MAINTAIN AND STRENGTHEN OUR EFFORTS TO:

1. Direct the plans of action concerning the Health and Education of Women and Children, under the following **principles:**

a. **Globality**, considering the many factors and causes of the situation.

b. **Equality**, with the intention to assure the participation of women in the development process, as well as to respect and strengthen ethnic and cultural identity as key ways for men and women belonging to different ethnicities and cultures to live in equality of opportunity, solidarity and freedom of choice.

c. **Commitment**, recognizing that one of the greatest challenges of countries of the region is the transformation and qualification of the education systems, the First Ladies of the Americas have decided to

commit their support to increase awareness of nations on the importance of the education of girls.

d. **Democratization of information and awareness**, to provide healthy behavioral patterns, culturally acceptable to promote freedom of choice and dialogue.

e. **Social participation**, as the education of girls and women is a problem which interests society as a whole.

2. Improve the Health of Women and Children, in particular, and increase the resources focused towards the universalization and quality of health services, including reproductive health.

3. Urge future strategies and activities concerning the Health and Education of Women and Children to give priority to the population of rural and marginalized urban areas with low incomes.

4. Stimulate the family as the focus for programs derived from social public policies, especially in the area of Women's and Children's health.

5. Promote information, communication and education programs related to the Health and Nutrition of Women and Children, including reproductive health.

6. Enable the implementation, at a national level, of the agreements and recommendations of the World Summit for Children, the International Conference for Population and Development, the World Summit for Social Development , and the IV World Conference on Women, to improve the educational situation and the health of women, as a way to assure and strengthen the role and participation of women in the political, economical and social development process of countries.

7. Congratulate and support the Resolution of the XXIII Pan American Sanitary Conference which encourages Governments of the Americas to establish a policy of comprehensive attention of women's health for the prevention of morbidity and the reduction of maternal mortality by at least 50%, to be achieved by the year 2000.

8. Promote the fulfillment of the Resolution adopted by the 48th World Health Assembly which urges governments to adopt policies, implement programs, and achieve goals in Women's Reproductive Health, as a means to prevent disease and death of women in child bearing age, in unwanted pregnancies and in adolescents.

9. Intercede for the strengthening of Women's learning services and functional literacy.

10. Enable the inclusion of Women, especially those with low incomes, in training and non-formal education programs, facilitating their access.

11. Promote programs which train Women in the use of rural techniques and in the management of natural resources.

12. Stimulate, through the appropriate institutions, the participation of Women as trainers of future trainers, especially in rural areas.

13. Support the pertinent national institutions to adopt measures to reduce school drop-outs and grade repeats and define methodical strategies to aid in the improvement of quality education and in the coverage of primary education.

14. Promote projects that contribute to the increase of education of girls and women in the continent and the reduction of female school desertion, since social investment in the education of girls yields a greater benefit in terms of the improvement of health, productivity, social well-being, democratic participation, human development and peace.

15. Urge member countries to foster and create subregional coordination mechanisms which facilitate communication and integration within the subregions. The Central American experience developed by the Regional Commission for Social Affairs (CRAS) can be taken as an example.

16. Express our gratitude to International, Governmental, and Non-Governmental Organizations for their interest and support manifested at the Conference of Wives of Heads of State and of Government of the Americas, especially the following:

a. UNFPA: for the Project on "Prevention of Adolescent Pregnancy"

b. PAHO, UNICEF, AND UNFPA for the "Plan of Action to Accelerate the Reduction of Maternal Mortality in the Americas"

c. European Union and the ALICC (Association of Iberoamerican Leagues against Cancer) for the Program "Latin America in the Struggle against Cancer"

d. IDB-IICA for the Project on "Rural Women in Latin America and the Caribbean"

e. IDB for the Project "Promotion of Women's Participation in Development"

f. WHO-PSA and the Mentor Foundation for the Program on Substance Abuse and Street Children in the Americas"

g. PAHO-IDB for the Regional Program of "Violence against Women"

17. Express satisfaction for the incorporation of the First Ladies of North America to this system of meetings.

18. Hold the 6th Conference of Wives of Heads of State and of Government of the Americas in the Republic of Bolivia in 1996.

19. Agree to hold the 7th Conference in Panama.

20. Form the new Pro-Tempore Secretariat composed of the Offices of First Ladies of Bolivia, Paraguay and Panama.

STRATEGIES

In order to encourage the development of Women and Children towards the XXI century, in a framework of equality, peace, freedom, solidarity, social progress and sustainable human development, we undertake the following strategies, recognizing that political commitment is a precondition to its effective application.

A. Concerning **Women's Health:**

1. Elaborate mechanisms that contribute to a more efficient implementation of the Project on "Prevention of Adolescent Pregnancy", with the United Nations Populations Fund (UNFPA), in response to the needs of the countries:

a) Recommend the UNFPA offices in the countries to have a more active participation in the elaboration, implementation and monitoring of the Project, in order to guarantee that the activities of the Project will be carried out in conjunction with the rest of the activities that UNFPA, PAHO and UNICEF, as well as other agencies of the United Nations, financial institutions and bilateral cooperation carry out in the countries in this area.

b) Widen the scope of action of the Project whenever necessary, so as to include activities related to the reduction of maternal mortality.

c) Analyze the possibility of redistributing unused financial resources, between those countries which are already implementing the project and need additional resources.

d) Adjust the project so as to contribute in a national context to the implementation of the recommendations from the International Conference for Population and Development and the Fourth World Conference on Women.

2. a) Encourage the implementation of the Plan of Action to **Accelerate the Reduction of Maternal Mortality In the Americas,** as a mechanism to enable the First Ladies to contribute to the comprehensive attention of women's health.

3. a) Receive with great satisfaction the proposal of the Association of Iberoamerican Leagues Against Cancer (ALICC) to expand the Program "Latin America in the Struggle Against Cancer," to the following countries in the Region: Argentina, Bolivia, Brazil, Chile, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Uruguay, and Venezuela.

b) Encourage the follow-up of the Second Phase of the Program in the following pilot countries, which have successfully concluded the first phase: Costa Rica (Central America), Colombia (Andean Countries) and Paraguay (Southern Cone).

B. Concerning **Women's Education/Training:**

1. Promote activities for the fulfillment of the suggestions and recommendations of the already concluded Project on "Rural Women in Latin America and the Caribbean," adopted by the First Ladies of the Region during the Second Conference held in Cartagena de Indias, Colombia, on September 23, 1992, summarized as follows:

a) Improve background information on gender issues.

b) Improve the mechanisms that ease and widen the spaces of women's participation and support women's social equality.

c) Strengthen the elaboration of Projects to include women.

2. a) Use the Project "Promotion of Women's Participation in Development", conceived and financed by the IDB as a Pilot Project for the entire Region, and implemented in Paraguay through the Human Development Program (HDP), under the direction of the First Lady of the Nation, as a model to be followed by interested countries.

b) Request IDB, through the appropriate channels, to finance the Project in the countries where it will be implemented.

C. Concerning **Children's Health:**

1. Promote and follow-up on progress made towards achieving the following goals of the World Summit for Children by the year 2000:

a) Increase the immunization coverage of children less than one year of age by at least 90% by the year 2000.

b) Eliminate neo-natal tetanus.

c) Reduce by 95% the deaths and by 90% the cases of measles in children less than five years of age.

d) Eliminate Vitamin A deficiencies.

e) Iodize all salt consumed by humans and animals.

f) Increase by 80% the use of oral re-hydration therapy in homes.

g) Reduce by 30% in relation to 1990, the deaths caused by pneumonia in children less than five years of age.

h) Encourage maternal lactation and promote that 100% of pregnancies become Friends of Children and of Mothers.

i) Reduce by 20% the prevalence of protein-energetic malnutrition in children less than five years of age and in pregnant women.

j) Reduce maternal mortality by 50%.

2. a) Express our satisfaction for the Certification of the Eradication of Child Paralysis in the Region of the Americas, success of our nations, recognized in the XXIV Pan American Sanitary Conference, in September 1994 and recommend continued surveillance.

b) Request, by the appropriate channels, that parliamentarians allocate resources for the acquisition of essential elements for the health of women and children, by including specific articles in the national budget laws.

c) Encourage public health teams to continue regularly vaccinating children, pregnant women, and women in child bearing age, promoting national vaccination drives to strengthen areas with low coverage.

3. a) Request WHO/ PSA to implement the "Program on Substance Abuse and Street Children in the Americas" in the following countries: .....(complete list of interested countries)

b) Urge the Mentor Foundation to continue financing this Program in interested countries.

c) Exchange information on the results achieved in this Program, in order to highlight the principal lessons so as to serve as examples to others, with the following four pilot countries which have already implemented it: Nicaragua (Central America), Dominican Republic (Caribbean), Colombia (Andean Countries) and Paraguay (Southern Cone).

D. Concerning **Children's Education:**

1. Encourage activities to contribute to the increase of the education of girls and women of the Americas, as well as the reduction of female school desertion, such as:

a) Support the national institutions responsible for the increase of female education.

b) Carry out seminars to sensitize public and private institutions dealing with the topic.

c) Information, sensitizing and social mobilization campaigns to favor the increase of female education.

E. Concerning the **Fourth World Conference on Women:**

1. Manifest its commitment to channel suggestions and recommendations from the Fourth World Conference on Women, held in Beijing last September.

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1. a) Express satisfaction to those countries that ratified and/or signed the **Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women**, adopted in Belem Do Pará on June 9, 1994.

b) Recommend to those countries that have not yet done so, to sign the Convention.

c) Support activities which will ensure the strict enforcement of the Convention in the Region.

2. Request IDB and PAHO to continue implementing the "Regional Program on Violence against Women: Establishment of Community Networks" in interested countries of the Region.

G. Concerning the **U.N. Convention on Children's Rights:**

1. a) Promote the need for Children to be aware of their rights established in the U.N. Convention.

b) Promote the eradication of socio-institutional and family violence against Children and put the topic of violence against children in the political agenda of countries.

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H. Concerning the topic **"Policy Trends and Strategies for Women and Children towards the Year 2000:"**

1. a) Accompany the IDB initiative concerning the Regional Fund to support activities improving the leadership of women in the private and public sectors of the countries in the Region, in conjunction with UNICEF, UNIFEM and OAS.

b) Request IDB to carry out and sponsor a Meeting of the First Ladies of the Region to discuss "The Role of First Ladies in the Dawn of the XXI Century."

2. (Complete corresponding paragraphs with suggestions from International Organizations.)

I. Regarding the **International Steering Committee (ISC)** of the Geneva Summit on the Economic Advancement of Rural Women:

1. a) Manifest, through the First Ladies who are representatives of the Americas at the ISC, the desire that this organization continue exercising its functions in terms of its search for financing mechanisms, as well as the incorporation of new topics in its Agenda, during the Meeting of this Committee to be held in Amman, Jordan, in May 1996.

b) Propose at this Meeting the need to change the members of the ISC as a mechanism to rotate positions, characteristic of international institutions.

Protocol Paragraph

Signed in Asunción, capital of the Republic of Paraguay on the twentieth day of the month of October of the year nineteen hundred and ninety-five.

SIGNATURES

DRAFT DECLARATION OF ASUNCION

5TH CONFERENCE OF WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

Asunción, Paraguay
October 16-20, 1995

WE, the Wives of Heads of State and of Government and Representatives of Governments and of First Ladies of the Americas have met in the City of Asunción, Capital of the Republic of Paraguay, on October 16-20, 1995, to ~~analyze~~ "The Health and Education of Women and Children" in our Region, and as a follow-up to the 4th Conference of Wives of Heads of State and of Government of the Americas held in Saint Lucia on October 11-13, 1994 and the Symposium on the Children of the Americas held in Miami last December 10.

We also accompany through this Conference, the celebrations commemorating the 50th year of the United Nations, manifesting the significant task carried out by this great organization in favor of peace, security and international cooperation, as well as the United Nations 1995 declaration "International Year of Tolerance," Resolution 48/126, of December 20, 1993, adopted by the General Assembly of this Organization.

Throughout this Meeting we have expressed our ~~will to continue with this system of Conferenees to adopt decisions~~, programs and projects in national and international domains for the development and well-being of our nations, considering that we have problems in common, ~~free of boundaries, especially~~ concerning the Health and Education of Women and Children.

We consider that the participation and the support of International, Governmental and Non-Governmental Organizations are the main mechanism for contributing to social development and the implementation of cooperation projects with our countries, and therefore we

DECLARE THAT WE WILL MAINTAIN AND STRENGTHEN OUR EFFORTS TO:

1. ~~Direct~~ the plans of action concerning the Health and Education of Women and Children, under the following **principles:**

a. **Globality**, considering the many factors and causes of the situation.

b. **Equality**, with the intention to assure the participation of women in the development process, as well as to respect and strengthen ethnic and cultural identity as key ways for men and women belonging to different ethnicities and cultures to live in equality of opportunity, solidarity and freedom of choice.

c. **Commitment**, recognizing that one of the greatest challenges of countries of the region is the transformation and qualification of the education systems, the First Ladies of the Americas have decided to

commit their support to increase awareness of nations on the importance of the education of girls.

d. **Democratization of information and awareness**, to provide healthy behavioral patterns, culturally acceptable to promote freedom of choice and dialogue.

e. **Social participation**, as the education of girls and women is a problem which interests society as a whole.

2. Improve the Health of Women and Children, in particular, and increase the resources focused towards the universalization and quality of health services, including those of reproductive health.

3. Urge future strategies and activities concerning the Health and Education of Women and Children to give priority to the population of rural and marginalized urban areas with low incomes.

4. Promote the family as the focus for programs derived from social public policies, especially in the area of Women's and Children's health.

5. Support information, communication and education programs related to the Health and Nutrition of Women and Children, including reproductive health.

6. Promote and support the implementation, at a national level, of the agreements and recommendations of the World Summit for Children, the International Conference for Population and Development, the World Summit for Social Development , and the IV World Conference on Women, to improve the educational situation and the health of women, as a way to assure and strengthen the role and participation of women in the political, economical and social development process of countries.

7. Congratulate and support the Resolution of the XXIII Pan American Sanitary Conference which encourages Governments of the Americas to establish a policy of comprehensive attention of women's health for the prevention of morbidity and the reduction of maternal mortality by at least 50%, to be achieved by the year 2000.

8. Promote the fulfillment of the Resolution adopted by the 48th World Health Assembly which urges governments to adopt policies, implement programs, and achieve goals in Women's Reproductive Health, as a means to prevent disease and death of women in child bearing age, in unwanted pregnancies and in adolescents.

9. Intercede for the strengthening of Women's learning services and functional literacy.

10. Enable the inclusion of Women, especially those with low incomes, in training and non-formal education programs, facilitating their access.

11. Promote programs which train Women in the use of rural techniques and in the management of natural resources.

12. Stimulate, through the appropriate institutions, the participation of Women as trainers of future trainers, especially in rural areas.

13. Support the pertinent national institutions to adopt measures to reduce school drop-outs and grade repeats and define methodic strategies to aid in the improvement of quality education and in the coverage of primary education.

14. Promote projects that contribute to the increase of education of girls and women in the continent and the reduction of female school desertion, since social investment in the education of girls yields a greater benefit in terms of the improvement of health, productivity, social well-being, democratic participation, human development and peace.

15. Express our gratitude to International, Governmental, and Non-Governmental Organizations for their interest and support manifested at the Conference of Wives of Heads of State and of Government of the Americas, especially the following:

Name only organizations- full names.

a. UNFPA: for the Project on "Prevention of Adolescent Pregnancy"

b. PAHO, UNICEF, AND UNFPA for the "Plan of Action to Accelerate the Reduction of Maternal Mortality in the Americas"

c. European Union and the ALICC (Association of Iberoamerican Leagues against Cancer) for the Program "Latin America in the Struggle against Cancer"

d. IDB-IICA for the Project on "Rural Women in Latin America and the Caribbean"

1

e. IDB for the Project "Promotion of Women's Participation in Development"

f. WHO-PSA and the Mentor Foundation for the Program on Substance Abuse and Street Children in the Americas"

g. PAHO-IDB for the Regional Program of "Violence against Women"

15. Express satisfaction for the incorporation of the First Ladies of North America to this system of meetings. and ~~Re~~ express our gratitude to

16. Hold the 6th Conference of Wives of Heads of State and of Government of the Americas in the Republic of Bolivia in 1996.

17. ~~Agree to~~ hold the 7th Conference in Panama.

18. Form the new Pro-Tempore Secretariat composed of the Offices of First Ladies of Bolivia, Paraguay and Panama.

STRATEGIES

In order to encourage the development of Women and Children towards the XXI century, in a framework of equality, peace, freedom, solidarity, social progress and sustainable human development, we undertake the following strategies, recognizing that political commitment is a precondition to its effective application.

A. Concerning **Women's Health:**

1. Elaborate mechanisms that contribute to a more efficient implementation of the Project on "Prevention of Adolescent Pregnancy", with the United Nations Populations Fund (UNFPA), in response to the needs of the countries:

a) Recommend the UNFPA offices in the countries have a more active participation in the elaboration, implementation and monitoring of the Project, iin order to guarantee that the activities of the Project will be carried out in conjunction with the rest of the actions that UNFPA, PAHO and UNICEF, as well as other agencies of the United Nations, financial institutions and bilateral cooperation carry out in the countries in this area.

b) Widen the scope of action of the Project whenever necessary, so as to include activities related to the reduction of maternal mortality.

grant proposal language

c) Analyze the possibility of redistributing unused financial resources, between those countries which are already implementing the project and need additional resources.

d) Adjust the project so as to contribute in a national context to the implementation of the recommendations from the International Conference for Population and Development and the Fourth World Conference on Women.

working w/ PAHO on their regional plan to

2. a) Encourage the implementation o fthe Plan of Action to **Accelerate the Reduction of Maternal Mortality in the Americas,** as a mechanism to enable the First Ladies to contribute to the comprehensive attention of women's health.

3. a) Receive with great satisfaction the proposal of the Association of Iberoamerican Leagues Against Cancer (ALICC) to expand the Program "Latin America in the Struggle Against Cancer," to the following countries in the Region: Argentina, Bolivia, Brazil, Chile, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Uruguay, and Venezuela.

b) Encourage the follow-up of the Second Phase of the Program in the following pilot countries, which have successfully concluded the first phase: Costa Rica (Central America), Colombia (Andean Countries) and Paraguay (Southern Cone).

B. Concerning **Women's Education/Training:**

1. Promote activities for the fulfillment of the suggestions and recommendations of the already concluded Project on "Rural Women in Latin America and the Caribbean," adopted by the First Ladies of the Region during the Second Conference held in Cartagena de Indias, Colombia, on September 23, 1992, summarized as follows:

a) Improve background information on gender issues.

b) Improve the mechanisms that ease and widen the spaces of women's participation and support women's social equality.

c) Strengthen the elaboration of Projects to include women.

2. a) Use the Project "Promotion of Women's Participation in Development", conceived and financed by the IDB as a Pilot Project for the entire Region, and implemented in Paraguay through the Human Development Program (HDP), under the direction of the First Lady of the Nation, as a model to be followed by interested countries.

b) Request IDB, through the appropriate channels, to finance the Project in the countries where it will be implemented.

C. Concerning **Children's Health:**

1. Promote and follow-up on progress made towards achieving the ~~following~~ goals of the World Summit for Children by the year 2000:

a) Increase the immunization coverage of children less than one year of age by at least 90% by the year 2000.

b) Eliminate neo-natal tetanus.

c) Reduce by 95% the deaths and by 90% the cases of measles in children less than five years of age.

d) Eliminate Vitamin A deficiencies.

e) Iodize all salt consumed by humans and animals.

f) Increase by 80% the use of oral re-hydration therapy in homes.

g) Reduce by 30% in relation to 1990, the deaths caused by pneumonia in children less than five years of age.

h) Encourage maternal lactation and promote that 100% of pregnancies become Friends of Children and of Mothers.

i) Reduce by 20% the prevalence of protein-energetic malnutrition in children less than five years of age and in pregnant women.

j) Reduce maternal mortality by 50%.

2. a) Express our satisfaction for the Certification of the Eradication of Child Paralysis in the Region of the Americas, success of our nations, recognized in the XXIV Pan American Sanitary Conference, in September 1994 and recommend continued surveillance.

b) Request, by the appropriate channels, that parliamentarians allocate resources for the acquisition of essential elements for the health of women and children, by including specific articles in the national budget laws.

c) Encourage public health teams to continue regularly vaccinating children, pregnant women, and women in child bearing age, promoting national vaccination drives to strengthen areas with low coverage.

3. a) Request WHO/ PSA to implement the "Program on Substance Abuse and Street Children in the Americas" in the following countries: .....(complete list of interested countries)

b) Urge the Mentor Foundation to continue financing this Program in interested countries.

c) Exchange information on the results achieved in this Program, in order to highlight the principal lessons so as to serve as examples to others, with the following four pilot countries which have already implemented it: Republic of Nicaragua (Central America), Dominican Republic (Caribbean), Colombia (Andean Countries) and Paraguay (Southern Cone).

D. Concerning **Children's Education:**

1. Encourage activities to contribute to the increase of the education of girls and women of the Americas, as well as the reduction of female school desertion, such as:

a) Support the national institutions responsible for the increase of female education.

b) Carry out seminars to sensitize public and private institutions dealing with the topic.

c) Information, sensitizing and social mobilization campaigns to favor the increase of female education.

E. Concerning the **Fourth World Conference on Women:**

1. Manifest its commitment to channel suggestions and recommendations from the Fourth World Conference on Women, held in Beijing last September.

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1. a) Express satisfaction to those countries that ratified and/or signed the **Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women**, adopted in Belem Do Pará on June 9, 1994.

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1. a) Accompany the IDB initiative concerning the Regional Fund to support activities improving the leadership of women in the private and public sectors of the countries in the Region, in conjunction with UNICEF, UNIFEM and OAS.

b) Accept the proposal from IDB to carry out and sponsor a Meeting of the First Ladies of the Region to discuss "The Role of First Ladies in the Dawn of the XXI Century."

2. (Complete corresponding paragraphs with suggestions from International Organizations.)

I. Regarding the **International Steering Committee (ISC)** of the Geneva Summit on the Economic Advancement of Rural Women:

1. a) Manifest, through the First Ladies who are representatives of the Americas at the ISC, the desire that this organization continue exercising its functions in terms of its search for financing mechanisms, as well as the incorporation of new topics in its Agenda, during the Meeting of this Committee to be held in Amman, Jordan, in May 1996.

b) Propose at this Meeting the need to change the members of the ISC as a mechanism to rotate positions, characteristic of international institutions.

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SIGNATURES

only as a voluntary structure which carries no membership dues. and has ~~wider~~ broader topics of discussion.

July 4, 1995

& history of 4 conference — analyzing the new role of the FL.
FL working on behalf of most vulnerable /

St. Lucia's agenda that kept growing.
build on that commitment

Ro — following up on both sectors —
children / women
health / ed.

UN DP Fund : Adolescent Pregnancy Prevention
analyzed in Caracas conf. —
doc. → expert —

adolescent — complicated time — not a risk free stage.

* relationship between schooling & pregnancy needs to be explored
St. Lucia certified concern
more research - teenage girls.

Cairo — human dev. in an integrated, sustainable way —
adolescent = priority in health/education

Cairo - action plans

empowering women — promoting reproductive education / health — specific needs of adolescent — being responsive. - responsible sexual behavior adolescent girls — pos. in society.
- each country social / rel. context

$50,000 - UNDP: for programs - esp. combating teenage preg. - hope each country 20,000!
could promote a PL's office mechanism that would provide timely info. comm / counseling

5 sub-regions — coordinating centers tech assistance — coordinate, develop strategies with.
UNFPA will support follow-up - staff will team up the specifics to the countries - would support projects underway.
→ 8 countries of region have - only 4 request for
Paraguay, St. Kitts (self esteem), Suriname (dragons)
Bolivia (prog for prev.)
strengthening the role of women - economic
→ main objective - get suggestions - what fund can do

Can be in

Bolivia rep

execution of problems — how do we facilitate?
reality in - get more info - to strengthen program.
suggest - pos. The regional offices may have larger dec making cap → local offices → have greater access -
Suggest wtg -
This subject (from first conf) - maternal mortality - Contrib - how do PL - reducing
- early preg - one of the causes.

Uruguay -
Great interest in participating.

Feila - plea for participation - by July 15 - pls. respond to Dr. UNPF - responses - from those countries - get deadlines.

→ Generally encouraging collaboration w/ international organizations -
* - award - decide local - joint Pls to the project.

link to maternal mortality. → channel the project w/

Bolivia - until 15th of July - to join
July 15 - Aug 15 — dev w/in regional framework. → ratify

Panama - deadlines comp.

Chile assign funds - a little more for each country - reality.

UNPF - pro rata resources — to increase for each 'infected' 18 countries — Latin American dir. must decide.

Problems
send offices — deadlines
- link w/ maternal

Teenage Pregnancy

Which FL would like to make a presentation -
- 5 minutes - subject of her choice -
defend a project.
why they did it / how project will be executed

dates - deadline 8/15 - draw agenda -
August 15th -
awaiting responses -
1 from each sub-region - spread of subject.

Maternal Mortality - Noon - arriving
Ricardo ~~Adler~~ Alba - 'Latin American Against Cancer'
Cancer
June 15th - first phase
FL financed -
Ibero-Am. Leagues Against Cancer.

- Contribute to reducing the existence/ mort - of cancer

education - lack of knowl. of the imp
pap smears / mammography
- pervasive - in Countries

lack of knw of risk factors, nutrition, promiscuity
prmtd sec → detection
prevention
Focus – health education programs

- Cartagena
- Oct.
- St. Lucia – Feria

} Info. dissemination

- Colombia
- Costa Rica
- Paraguay

Declaration of St. Lucia

Campaign of general information –
guide – risk factors.

Overall cancer prevention campaign –
- campaign of info generally → ~~nutrition~~, nutrition, sun exposure
- pap smear, self exam, mammogram
alcohol

Want to take campaign to more countries

What could the FLs do?
local networks – cancer leagues – Ibero-Am League

countries

pilot stage / second stage – Unity, women, docs – training –

Date - Aug. 15th - receive notes - Sec. -
interest: joining phase I.
speaking about this?

? $ for project -- $$$

- International Steering Committee
  exec. com. →
  organism - receives FLs of world -

1992 - 64 of world - Geneva
  mtg called by 6 ~~FL~~s. - heads of
  This movement -
  International Ag Fund in Rome
  Geneva - Study of the Advancement
  of Rural Women. Rome

Exec Com now in Brussels - King Baldwin -
funds in Rome not avail.
→ ~~#~~ 3 F.L. of dif continents -
  America - most FLs - 4 -
  15 offices → now 16. → St. Lucia
  rep of Caribean.

since 1992 - same amount of members -
  last Brussels, 1994 - analyze follow

project of rural women -
Sept 1992 World + rel.
cc advancement of the rural woman.

Cartagena -

- 4 Nov - member - tech assistance b/c of financial probs -
pay $25,000 membership fee for
4 yrs
should they exist?
Not easy to defend in the parliament -
follow up on specific.
- ask

clear com.
America - most organized, institutionalised -
make biggest steps -

considered - renewal of members -
geographic representation in
committee -
Analyze - 2 ideas -
- meeting of November - position of the
Americas -
analyze the need -
May 1996

Nov → tech assistants.

Latin America – if we continue study other things – not so specific
if we continue. →

Question if ops cont – vote

4 yrs – loss of enthusiasm on just one subject.

Europe – other problems

open the agenda to other subjects – our FLs are interested

2nd
Rotation of FLs → in mtg of Oct – int – subregionally – dec of FL who would

→ countries → future FLs – election process ⇒ leadership role interest?

afford –
leave concern to us. FLs

– open agenda
– rotation of countries

Queen Raviolo – presides – Mob. died – still presides.

Queen Favilo – will speak on behalf of the Exec. Com.

FLs we know – Beijing: Bolivia
Colombia
Ecuador
El Salvador
Panama
Suriname

Queen Favilo – know ideas –
only one rep. who will speak for FLs.
on national level –
– central role –

→ by subm[illegible] rainshower of ideas – included in Queens speech in China.

how submit ideas –

of forums – want FLs to have a role –
meeting w Favilo – get together.
to be included in speech.

→ fight/strive for a space for FL – in all international org as a structured unit.

central idea of FLs of the Americas.

pay $25,000 → no point (Panama?)
could be used better.

Costa Rica – who are members – what is benefit? know to join/

Idea – Queen Fabiola – all rep. in Beijing through Queen.

Speech under. → rural women –
training of the rural woman./program
for human dev. → after Geneva.

Paraguay – central axis – rural woman

El Salvador → ex-FL committed the countries & dues – not done any follow-up – had not paid dues – current FL is now willing b/c of com. other FL. Made – really we have only report of rural woman – even brought its rep.

Colombia –
Rural woman office created. – no legal def of – NGO & undef. org. → makes a problem for financing – def to achieve

Panama IEC:

resources countries give — what are for →

Apec - for maintaining the sec. →

v. high for the working of a cee. →

experience — w/o dues & gives benefits —

"these are not funds that we get something from"

few PL — ready to take on dues — benefit — no direct for countries members

Uruguay - no smoking pls.

Chile - we can go to other international org for tech assistance.

America - v. formally present:

meeting of tech assistance — Nov.

— Question the existence. — w/o financing

Rotation?

no dues / based on rotation.

per project - mechanisms that work.

deadline - 15th Sept

Maternal Mortality

Timms - Coordinator - PAHO family planning
- Brazil.

first regional plan -
PAHO conf. Sept. 1990
1993

Overview
1990 - 75% Americas - urban areas.
sub region of world grew fastest

by year 2,000 - almost 80% projected.

Teen - risk group

16% higher in Latin Am - MM than North America.

- maternal death an ignored tragedy
- politicians not sensitized to this.

85 times in Haiti as in Canada

Bolivia - v. high.

Why do Women die?
20% toxemia hemorrage, abortion, (6 countries - main cause)
compl. after the birth

- prenatal care key

abortion - illegal

↳ reproductive health /

disparities in region of causes of MH.

[Cesarean births to achieve superiority]

Action Plan

Materials → Regional Plan of Action - Sept. 1990

first evaluation → some improvement - improvement low (wasn't given a priority).

Goals - PAHO *

{ sensitize pol. leaders.

→ Maternal health brochure - holistic

→ Dr. Jorge Mavescoll, UNICEF

1990 - signed a commitment → World Child Summit → commitment not been fruitful - levels have not changed.

90% of deaths could have been avoided → achieve an ethical commitment to make what is possible happen ↓ MM.

→ ed of girls → ed. influence → in terms of living as mothers.

→ Talk about Girls Ed — MM

Key element → women should right to be able to

— universal commitment to ↓ of MM

need a personal/pol. commitment of leaders —

Role of FL → calling the attention, makes people more aware -

ed, literacy, nutrition

- family planning ⇒ prenatal care, birth care

- English - project - Bolivia

✳ Actim plan - analyzed in this event - coordinate efforts of international org.

- holistic approach - diminish the vulnerable position of women.

✳ - Family - forms, Moreseal - table doc - presented - suggestions - introduce leave w/ a final doc ⇒
⇒ ask of opinion ⇒
✳ by 15th of August ⇒
reactions to action plan

⇒ first Global sat ⇒ important

IICA:

→ Women's Education / Training

Dr. ~~Alice Barrett~~ Alice Barrett / SAm, Central, Carr.

Woman IDB financed. 18 countries

1992 Geneva mtg:

~~recommendations~~ recommendations:

1. * grassroots – design / follow up – gender info.
2. * improve mech not facil – spaces / part ↓ social equality – focus on part. at decision making level. (production of food – specific – all laws excluding women from – like land holding b/c of existing legislation. / access to credit – need for collateral – even if head of household, can be left aside
3. # programs / proj. – rural dev executed in these ~~pro~~ countries → exclusive of women – not specific to – across all areas (not specific sub-component by discriminatory ≠ not integrated

Training. – included as equals in the design of rural / agricultural development → should be tailored to each country.

→ second step → in St. Lucia doc. → terms of ref diagnosis for a → rec. / agreed doc – St. Lucia – importance ⇒ channel / those

feminization of poverty – man leaves a sector to get more remunerated.
Channel rec. to international org / gov.

pilot project → Paraguay

---

fem. of rural labor force → specialized economy – the concentration of por → rural sector – major part of por → production unit → woman more exposed.

Lapic ~~El Salvador~~ of Honduras
• need to do an analysis – financing sources to –

• Paraguay pilot project on series of rec.
~~they suggested~~ →
IDB financed project –
• care of children / community homes – women's empowerment
• women of rural sector –
Paraguay → '91 – transition to democracy → social area: services, health, ed, credit, legal reform.
high priority → presidency specified support for program → series of request. <prior of gov. –>
There was no secretariat then – woman – now strengthening that –

- low income women - Paraguay
  training / prod
  environ selected by group

  sewing workshops / cottons, ~~sacks~~,
  yogurt milk / flour, shampoo -
  processing of shoes, etc

  Org of homes / train mothers/fathers.

  income improvement.
  small, self-sustaining enterprises
  - raising self-esteem, promotion of leaders.

  work of women - dev of self-esteem,
  visibil / part in comm -
  imp - role of women.

  IDB - This was a non-reimbursable
  pilot → in other c's even in Paraguay -
  need to establish a vision for some
  reimbursement.

  Goal -
  finishes at end of '95 → 1017 already - women's
  It can be self-sufficient - committees.
  not dependent -
  already doing it - our goal - facilitating / training

July 5, 1995

- substance abuse prevention

Immunization campaign : PAHO presentation – Christina

first hem. free of polio

elim. goals by yr. 2000 (preventable) – action plan.
→ very dif to diagnose, goals/strategy for overall.

Panama – called all mayors – on Mad day participated. → launching – TV
PSAs – recording.
elim. by 1997.
PAHO, UNICEF –
social weight to all of forces.

Girls Education

Uruguay – UNICEF resources –
share experience – how to ed. in health or –
quality education

• extensive network –
formal.
teachers were not trained → w/ local coop. →

Try for HRC to say –
w/ in the context of ongoing
educational reform programs.

Dr. Yunus, PAITO –
ed. / health – infant mort. →
although average of illiteracy ↓, still pockets
that no access.

Leila – no sp. project –

UNESCA →
subj of ed → priority – we have progressed –
great steps →
however – sectors still marginalized – girls &
women & other – ↓. Out time → intro ed
system.
goals – Champie work..
quality → disparate for children –
quality / equity.

reforming ed. system. → goal – quality & equality
Brad – regional office to support intra/re –
in strategy to support quality – working

and able → defining strat.
· UNESCO
Mrs. Clinton - will intro.

UNICEF - Paraguay - imp to do compl.
contribution - not be framework -
perhaps before - news - how to touch
upon - children - rural, indiginous
areas. → ideas.
Uruguay - interesting experience - innovations -

know about experiences

Beatrice - UNESCO - Chile - could
comment → latin Am. analysis →
ed. → will distrib to del. →
secretariat /

Del.
Date of conf

Wed 18th at night - start.
Thurs - disc. -

Sat morn - sign.

direct flight. →
Charter a plane -
technical assistance - day ahead of time?

Ibero - Am → is there a parallel FL agenda.

protocal agenda only rec.

Uruguay - Interfam. early

Canada - focus on some subjects -

- no more than 7 minutes for interventions

- compact agenda so that

Thurs morn - Childhood will finish Ed.
- Child health -

Opening ceremony -

work days - child

19th - Childhood - Framework
- Health - MEASLES - sub abuse - Colombia Ecuador
ed. - - street children
- Immunizations
- Panama
Honduras
Guatemala

WOMEN - general presentation

Mrs. Compton - overall ~~S~~ E

Educat

Pub

18th - official opening

Thurs a.m. childhood health/ed.

pm. Woman health/ed

reporting - no debate.

work hea

FL ⇒ redefine role FL.

15 min - of discussion

— health — Thurs. 3 pm. Woma
— 20 min.
→

Friday

Woman - Health

UNDF

- early preg. prevention - Honduras / Uruguay
- ~~maternal~~ maternal mortality - Bolivia
- cancer prevention - Paraguay perhaps Latin Am vs. Cancer.

15 - debate 415

Woman Ed

3:00 pm - Ed.

5pm violence Against Women
IDB proposal - regional - Andean countries.
IDB finance this prog in region - ? achievement → Colombia - later - Am Convention - Elena Pa / - PAHO expert - regional plan.

Fourth World Conf on Woman.

5 - Woman ed. / Training Chile
Mrs. Wilma — Cuba
— Paraguay (expert - aware —
— IDB. through IDB do nationally.)

Friday 20th

9:00 • UN → Mangella — presentation —
Beijing summit.
→ Brazil
→

10:30 am.
• Convention on Childrens Rights

Declaration — / now

11:00 – 12:30
International Panel / Org.
open channel

lunch

finish conf — Fr. p.m. tech. assistant

3 – 6:00 –
declaration

answer
Sept. 15th

Sat. closing ceremony —
press.

After lunch - activities

Oct 20 — 50th anniv. U.N.

24th — March Mtg.

- difficulty to move.

"I beg you — b/c of the compli — with respect to Bari —

between today — tomorrow

*

There's no connection — of charter — as a host

Beijing — UN rep. (Paraguay)

— district info.

— UNDP —

gender

In that ca

Frequency of Conf — tabled talk Bolivia

(when will it end)

Thursday

panel of international organizations.

→ Sec. : request – Bank responded
increase woman's part.
– economic –
– policies, politics – access to decision making
– social area – improve quality of life of woman holistically
– ed, health, support services (day care)

Plan of action

carrying out of a regional forum – Mexico
400 members – examine
action agenda of bank –

Bank
– training / org
– microfin.
– leadership
– daily care
– children's dev.
– Violence vs women

Unit of woman – Bank –
inside – training under gender

include perspective of gender in all sectors of development - ann for past yr.

/ 6 co of regn - training - vocation - context of opening of markets. enter / compete in b.

• Fund for women's leadership - proposed UNICEF & others. in fund - spec. activity for FL - role / challenge - support them. finance a spec. activity - seminar - role of FL.
Colombia, Ven, & ___ : program - 1.5 mil - for achieve a greater expansion in -
(Approval - NOT yet)

⇒ Pamela Hardigan - OCT. , IDB rep
Margaret Berger, head of this div of Bank

PAHO:
intersectorial ; violence - public health prob - in many countys - epidemic
Summary of AM. 1. women's health / children's health (simple mech to reduce maternal, infant)
2. Bs surviving - thinking about the quality of that life - less than 6 age group

★ PAHO has a perm. consultant on violence. vulnerable group to work

Miami - Children, women, adolec.

- Mtg of Ministers of health - reform of health system Mtg.

resources for health / educ - has ↓ in all our countries

Cairo - social dev. Summit - follow up. program - wom.

UNESCO

first time part in Pcés mtg.

ed & training of women.

IICA - Rural woman

OAS: National office in each country for info.
strong democracy
human rights
decrease illicit ~~root~~ drugs.
promote advancement of woman

mtg in Caribbean → violence vs. women / human rights.
post-Beijing

UNICEF ed. expert.
rep. in Paraguay – Child. rights –
focus of Woman →

Children & woman
Amp programs tchr where offices exist.

Latin Am League Against Cancer
& Rural Woman Conf

→ Maternal mortality
– work w/ PAHO) in region of
→ OPS – action plan.
will be making –
PAHO wd comm. their –
– invite every PL to go for interag
Gov, PAHO, UNICEF, etc – define
f.l. to do to ↓ mm according to own
needs, interests, & pos.

Pro-Fem – centralize info in Bolivia – mail it
for Oct – have a regional plan to be
approved. – PAHO – accomp this conf. –
Call attention of PL → not just support –
do something.

plan 8/15 – our plans

Declaration

OFL – more support than implement

Meeting With Leila Rachid

- HRC – one full day
- structure of day – follow up to Summit of the Americas – a.m. / Beijing
- site visits?
- Ibero-American conf.
- HRC travel
- declaration to fax – from Embassy
- structure of conference? Discussion time allotted?

HRC Day

1. The Summit of the Americas – Its impact on the health & education of ~~the~~ women & children of the Hemisphere & challenges for the future
   [Measles / Immunization, PEPA, substance abuse, etc. → other diverse topics –
   HRC to lead – tie in from last convening to this one
   9:30 – 11:00 ?

→ mid-day free – site visit ?

2. UN Fourth World Conference on Women – ~~and~~ to what it means for the women of the Americas

August 15

changing the week — Mexico.

hand her the document. → hand her the summit.

① Friday 13th — 16th

② Thurs. or ~~Friday~~ 19th — 20

Ceremony — night session — global spirit of Symposium in Miami — w/ what intention > why chose children's theme.

- Maternal mortality / read a message / proposal — HRC *
- Measles
- education of girls
- Beijing.

mal
70 — USAID — work

Immunization — moving the project forward.
PERA / Measles

12. 13 14 15 16 17, 18. 19 20. 21

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5ta CONFERENCIA DE ESPOSAS
DE JEFES DE ESTADO
Y DE GOBIERNO
DE LAS AMERICAS

REUNION TECNICA PREPARATORIA

LA SALUD Y LA EDUCACION DE LA MUJER Y DE LOS NIÑOS

Asunción - Paraguay
3 al 7 de Julio de 1995

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Venezuela 659 y Sucre
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Fax: 570227 Quito-Ecuador

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AMERINDIA

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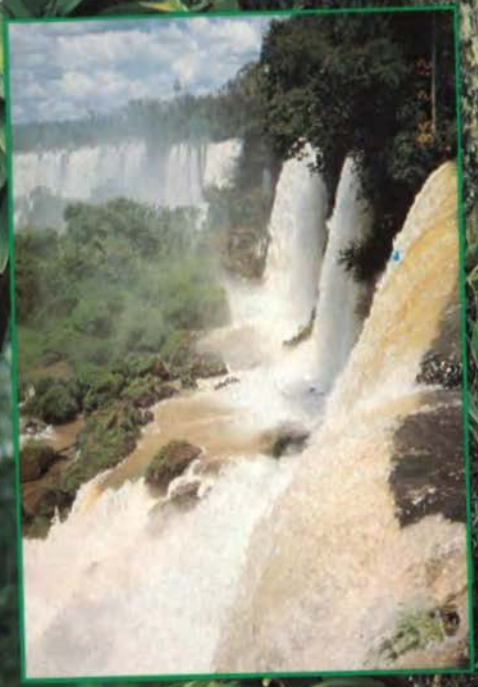

Exuberante naturaleza
Exuberant nature

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5ta CONFERENCIA DE ESPOSAS DE JEFES DE ESTADO Y DE GOBIERNO DE LAS AMERICAS

PLAN DE ACCION

PARA ACELERAR LA REDUCCION DE LA

MORTALIDAD MATERNA EN LAS AMERICAS

Asunción , julio de 1995

(Primera version)

Maestro Pellegrini 495 y Avda. Stma. Trinidad - Tel. (595-21) 290-753 y 290-757 - Fax (595-21) 291-631 - Asunción-Paraguay

5ta CONFERENCIA DE ESPOSAS DE JEFES DE ESTADO Y DE GOBIERNO DE LAS AMERICAS

iniciativa regional de las Primeras Damas

PLAN DE ACCION PARA ACELERAR LA REDUCCION DE LA MORTALIDAD MATERNA EN AMERICA LATINA Y EL CARIBE

Asunción, Junio de 1995

I. ANALISIS DE SITUACION

Juntamente con el niño menor de 5 años, la mujer gestante constituye un grupo altamente vulnerable. A nivel mundial cada año aproximadamente 500.000 mujeres pierden la vida por causas relacionadas con embarazo y el parto. De esas defunciones 35.000 ocurren en Latinoamérica y de estas una tercera parte se presenta en la Región Andina (Bolivia, Perú, Ecuador, Venezuela y Colombia).

La magnitud de este drama social, significa para Latinoamérica que 24 mujeres mueren cada minuto. Sin embargo, los niveles de mortalidad varían de un país a otro y dentro de los mismos países se observan brechas significativas entre áreas urbanas y rurales, así como en las regiones.

Las altas tasas de mortalidad materna, muestran que la situación de salud de la mujer en general está insuficientemente atendida. Diversos factores están involucrados en el problema. Las causas estructurales afectan de manera decisiva la evolución del proceso salud/enfermedad. En condiciones de pobreza, es muy difícil mantener un buen estado de salud física y mental, pero también el status de la mujer, su nivel educativo, la discriminación hacia ella y el insuficiente acceso y calidad de los servicios de salud y planificación familiar, condicionan esta situación.

Se debe mencionar la relevancia de las deficiencias nutricionales en particular las anemias, la brevedad de los espacios intergenésicos -que condiciona el agotamiento materno- y el embarazo adolescente como factores de riesgo que conducen también a la muerte materna.

Las causas inmediatas de mortallidad materna en el continente, muchas de ellas prevenibles, pueden ser superadas a través de la adopción de medidas que los países estan en capacidad de brindar. Las principales causas son las siguiente:

- Bajo acceso y utilización de los servicios de atención prenatal y de parto.
- Insuficiente acceso a servicios con capacidad de resolución de emergencias.
- Aborto en condiciones inseguras.
- Falta de educación sobre salud reproductiva.
- Acceso restringido a servicios de planificación familiar.
- Embarazo precoz o tardío.
- Falta de adecuación cultural y de trato humanizado en los servicios.

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LAS PRIMERAS DAMAS DE LAS AMERICAS Y LA MORTALIDAD MATERNA

Las Primeras Damas de las Américas, entienden que su papel está íntimamente ligado a coadyuvar toda medida y acción que permita a la población de nuestros países, mejorar su calidad de vida.

La magnitud y la complejidad de los problemas de salud de las mujeres, así como la factibilidad de sus soluciones, señalan la urgencia de asumir acciones tendientes a priorizar la atención integral de la salud de la mujer.

En ese contexto, las Primeras Damas de las Américas han identificado la mortalidad materna como un problema de prioridad a ser atendido, cuyo apoyo a la prevención redundará en mejoras importantes en la calidad y expectativa de vida de mujeres y niños y por sus efectos directos sobre la familia y la sociedad.

Asumiendo que la mujer es un importante factor de desarrollo, las Primeras Damas de las Américas consideran que la maternidad es una responsabilidad social y los Estados y la sociedad en su conjunto están en la obligación de proteger a la madre y a la familia. Para ello se plantean acciones de apoyo a las políticas nacionales de reducción de la mortalidad materna, erradicación de la violencia y discriminación contra la mujer y otras acciones y programas tendientes a elevar el nivel de educación, nutrición y calidad de vida de las mujeres, especialmente aquellas que viven en condiciones de pobreza.

En este sentido, el V Encuentro de las Primeras Damas de las Américas, solicita la formulación de un Plan de Acción Regional para contribuir en la reducción de la mortalidad materna, cuyos principios, objetivos, estrategias y líneas de acción, se citan a continuación:

3. PRINCIPIOS GENERALES

Las orientaciones que promueve el Plan de Acción Regional responden a los siguientes principios:

3.1 Integralidad, tomando en cuenta los factores multicausales de la mortalidad materna.

3.2 Equidad, en la perspectiva de disminuir la vulnerabilidad de las mujeres en la sociedad, especialmente de las que se encuentran en peores condiciones.

3.3 Compromiso con la disminución y prevención de la Mortalidad Materna, que garantice su incorporación como tema importante en las políticas de desarrollo nacional, en la planificación del mismo mediante las políticas y protección del sector salud.

3.4 Democratización de la información, en la perspectiva de brindar pautas de comportamiento saludables, culturalmente aceptables, que promuevan la libre elección y el diálogo.

3.5 Participaciòn social, por cuanto la mortalidad materna es un problema que atañe a todos los miembros de la sociedad.

4. OBJETIVOS

4.1 General

Contribuir a la reducción acelerada de la mortalidad materna en el continente Americano.

4.2 Específicos

4.2.1 Promover la incorporación o fortalecimiento de las políticas nacionales de reducción acelerada de la mortalidad materna.

4.2.2 Promover campañas nacionales de información, sensibilización sobre la importancia y consecuencias de la mortalidad materna.

4.3.3 Promover la movilización de las instituciones públicas, privadas, organizaciones sociales de base, para que contribuyan desde sus ámbitos de competencia al desarrollo de los planes nacionales de reducción de mortalidad materna.

4.3.4 Promover la realización y facilitar el intercambio de investigaciones operativas y experiencias exitosas, que permitan identificar y superar las causas que impiden el acceso y utilización apropiada de los servicios de salud

4.3.5 Impulsar el mejoramiento de los sistemas de información, para realizar el seguimiento a nivel de los paises y la región, de los indicadores de reducción de la mortalidad materna.

5. ESTRATEGIAS

5.1 Coordinación

Entendiendo que el sector salud deberá asumir una posición de liderazgo en las acciones multidesctoriales para prevenir la mortalidad materna, el papel de las Primeras Damas de las Américas será:

- Fomentar el establecimiento de redes nacionales y regionales y locales de coordinación e información

interinstitucional y multidisciplinaria, que aseguren la realización de acciones integradas.

- Fiscalizar el cumplimiento de los planes nacionales establecidos.

5.2 Comunicación Social

Dada la capacidad de convocatoria y movilización de las Primeras Damas en sus respectivos países, el Plan de Acción Regional contribuirá a la producción y difusión de programas educativos por medios masivos, orientados a ofrecer información para prevenir y disminuir la mortalidad materna.

5.3 Investigación

El Plan de Acción Regional estimulará la producción de conocimiento sistemático que lleven al mejoramiento de los programas educativos y de prestación servicios. Promoverá el desarrollo de metodologías de atención, el perfeccionamiento de sistemas de información y de análisis sobre mortalidad materna.

6. OPERACIONALIZACION DEL PLAN DE ACCION REGIONAL

6.1 Dimensiones de Ejecución

El Plan de Acción Regional tiene dos dimensiones de ejecución: una regional y otra local.

6.1.1 Ejecución de orden regional. En este orden se ubican las actividades tendientes a sensibilizar, promover compromisos, generar soporte institucional, documentar informar y difundir respecto de las políticas y acciones de prevención y disminución de la mortalidad materna.

6.1.2 Ejecución en los países. Tomando en cuenta los lineamientos del presente plan y las especificidades y recursos de cada país, se debe elaborar y ejecutar planes nacionales de acción.

7. SEGUIMIENTO Y EVALUACION

En base a los planes nacional de acción, se deben definir indicadores de progreso que sean monitoreados periódicamente con la intervención directa de las Primeras Damas.

Se promoverán reuniones periódicas de evaluación con la intención de que se realicen ajustes en la implementación de los planes, de forma que se garantice el logro de los objetivos en los plazos previstos.

PERFIL DE PROYECTO

PROMOCION DE LA SALUD

"POR LA DISMINUCION DE LAS

ENFERMEDADES INMUNOPREVENIBLES"

REPUBLICA DEL PARAGUAY

MAYO DE 1995

MINISTERIO DE SALUD PUBLICA Y BIENESTAR SOCIAL
DESPACHO DE LA PRIMERA DAMA
OPS / OMS
UNICEF

INDICE

I - DATOS DEL PERFIL

1. Problemas del desarrollo que abordará el Proyecto

Mucho se ha avanzado en el control de las enfermedades inmunoprevenibles y las coberturas nacionales de vacunación al finalizar el año 1994 son las siguientes:

VACUNA	GRUPOS DE RIESGO	COBERTURA EN %
- Sabin Oral	Menores de 1 año	83.2
- Triple	Menores de 1 año	83.5
- Antisarampionosa	Menores de 1 año	79.2
- B.C.G.	Menores de 1 año	97.4
- Antitetánica	Embarazadas	73.2
- Antitetánica	Mujeres en Edad Fértil	17.5
Fuente: Servicios Prestados. Ministerio de Salud Pública y Bienestar Social		

El promedio nacional de coberturas, que sin ser deficiente aún no es satisfactorio, no evidencia dos hechos. El primero es que esa cobertura no es homogénea, pues existen distritos con muy baja cobertura de vacunación; el 16% de menores de un año del país residen en distritos donde la cobertura con vacuna antisarampionosa es menor al 50%. Esta proporción, que es similar para todas las vacunas, implica que entre 20.000 a 25.000 menores de un año de edad viven en áreas con muy bajas coberturas. Aproximadamente otros 50.000 niños residen en distritos donde las coberturas no son superiores al 80%

El segundo elemento a ser analizado es que existen bolsones donde las coberturas no son sostenidas a través del tiempo, son irregulares y dependen de intervenciones permanentes tipo operativos.

Mantener erradicado el Poliovirus del territorio paraguayo importa que las coberturas de vacunación con Sabin Oral deben mantenerse en niveles de impacto epidemiológico, iguales o superiores al 90%; igual aseveración es válida para la eliminación del Sarampión.

El Tétanos Neo Natal sigue constituyendo una endemia en numerosos distritos del país; la baja cobertura de atención prenatal en los servicios regulares de salud, hace que también sea baja la cobertura de vacunación antitetánica en mujeres en edad fértil (MEF).

2. Pertinencia del Proyecto

El Poder Ejecutivo de la Nación ha definido a través del Ministerio de Salud Pública y Bienestar Social, que una de sus prioridades es disminuir la morbimortalidad infantil en menores de 1 año y en menores de 5 años de edad; el camino para ello es el control de las enfermedades que se previenen con vacunas.

En la Región de las Américas se ha acordado en la necesidad de mantener libre de circulación al territorio continental del virus salvaje de la Poliomielitis; se ha planteado el desafío de la erradicación del Sarampión para el año 2.000 y la disminución drástica de los municipios y distritos con casos de Tétanos Neo-Natal. Las prioridades de cooperación han agrupado estas acciones en el marco de Salud de la Madre y el Niño, en el entendimiento que es el campo de la promoción de la salud el que facilitará el desarrollo pleno y permitirá el uso integral de las capacidades humanas.

Entre las metas de la Región figuran la promoción del desarrollo de esquemas de acción intersectorial en salud, como así también los de fortalecer los sistemas de apoyo social en favor de la salud, donde la comunicación social es un factor indispensable para el desarrollo de los programas de inmunizaciones, en el continente en general y en el Paraguay en particular. Su utilización en mayor escala y con mejores tecnologías, es un imperativo para aumentar la información de las poblaciones, en especial la de los grupos de riesgo.

El presente Proyecto responde a esas necesidades identificadas por el Gobierno del Paraguay y reconocidas por las agencias de cooperación.

Acompañar la campaña de vacunación con acciones de comunicación social, coordinación intersectorial, participación de las organizaciones civiles y del Estado, contribuirá a la extensión de la cobertura de las vacunaciones, a evitar las oportunidades perdidas de inmunización y a formar una opinión pública favorable a las acciones de prevención de enfermedades.

3. Meta (Objetivo del Desarrollo)

El Proyecto contribuirá al mejoramiento de la calidad de vida de la infancia, niñez y adolescencia del país.

4. Propósito (Objetivo Inmediato)

Será la disminución en todo el país de niños no inmunizados y en consecuencia la disminución del número de niños que enferman y mueren por Tétanos, Coqueluche, Difteria, Tuberculosis, Sarampión y Poliomielitis

5. Estrategias

- Participación social; mediante la práctica de acciones conjuntas entre organizaciones sociales y civiles

- Coordinación Intersectorial; donde el Ministerio de Salud Pública y Bienestar Social ejercerá su rol rector en la materia, para hacer más eficiente el esfuerzo de entidades nacionales, departamentales y municipales, como también el de las agencias de cooperación externa

- Accesibilidad de la población a los servicios regulares de salud; mediante la mejora en las condiciones de oferta de servicios, para que ésta sea apropiada y suficiente para satisfacer las necesidades de la población y así disminuir las oportunidades perdidas de vacunación

- Comunicación Social; mediante la potenciación de los medios de comunicación masiva y la educación para la salud dirigida a grupos focales de la población para aumentar la demanda de servicios de vacunación

6. Descripción

El Proyecto se ha generado en el Ministerio de Salud Pública y Bienestar Social del Paraguay y en el Despacho de la Primera Dama de la Nación; pretende movilizar las instituciones nacionales, organizaciones civiles y promover acciones colectivas e individuales de voluntariado para la disminución de las enfermedadades inmunoprevenibles.

Esta movilización debe resultar en una **Campaña Nacional de Vacunación,** durante el tercer trimestre del año en curso, para fortalecer el Programa Ampliado de Inmunizaciones regular y alcanzar rápidamente coberturas útiles.

Para obtener estos resultados es necesario un eficiente desempeño del recurso humano, tanto del Ministerio de Salud como de otras organizaciones, una excelente capacidad operativa y suficientes insumos, fundamentalmente biológicos.

Estos aspectos son resueltos en el marco del Comité Interagencial del Programa Ampliado de Inmunizaciones, que conducido por el Ministerio de Salud del Paraguay, está integrado por la Organización Panamericana de la Salud de la Organización Mundial de la Salud (OPS/OMS), por el Fondo de las Naciones Unidas para la Infancia (UNICEF) y por el Rotary Internacional.

El esfuerzo ya realizado debe ser complementado por estrategias de Comunicación, Información y Educación que generen una movilización nacional de tal envergadura, que no quede ciudad, pueblo o caserío del país sin participar de la vacunación; en una semana de campaña se debe conseguir el objetivo propuesto de mejorar las coberturas nacionales de vacunación.

El énfasis se pondrá en:

- distritos con coberturas de vacunación menor de 50%
- distritos con coberturas de vacunación entre 50 y 79%
- áreas de extrema pobreza
- asentamientos humanos nuevos y ya establecidos
- comunidades alejadas de los servicios regulares de salud

La difusión se estructura en tres etapas:

- **Un mes de sensibilización**. Se organizará un Concurso para crear un afiche, un logotipo, una imagen símbolo y un slogan de la Campaña Nacional.
  A este Concurso se invitará a participar a publicistas, diseñadores, artistas y dibujantes nacionales para que aporten su idea y creatividad para estimular la demanda de la vacunación.

  Se dará un plazo de dos semanas para la presentación de los trabajos, los que serán sometidos a un jurado calificado para la selección del ganador. El premio deberá ser una importante suma para estimular la presentación de los mejores publicistas y artistas del país.

  En video se realizarán spots televisivos y radiales con la colaboración de personas famosas de diversos ambientes: deportivos, artistas, cantantes, políticos, periodistas. En total se realizarán diez spots televisivos y radiales

  Los spots serán acompañados con la musicalización de un "Single", himno de la campaña, que también será seleccionado mediante Concurso público.

  Para la prensa escrita se publicarán anuncios, con la participación fotográficas de personalidades reconocidas del ambiente

  Se realizará reuniones de prsentación de la Campaña en todas las Regiones Sanitarias, con el liderazgo de cada Director Regional de Salud

  La Campaña promocional recibirá el nombre de **VAN/95** (Vacunación Nacional 1995)

- **Un mes de difusión**. Durante este período, inmediatamente posterior al anterior, se difundirá por todos los medios de comunicación los materiales producidos. Será complementado con difusión de la situación de las enfermedades inmunoprevenibles en el país.

- **Un mes de sensibilización y difusión**. La conjunción de actividades entre personalidades del medio y la difusión masiva de materiales de la Campaña será ejecutada inmediatamente antes de la fecha fijada para la Vacunación. Durante este mes se intensificarán las acciones de comunicación social.

7. Partes interesadas

- Ministerio de Salud Pública y Bienestar Social
- Despacho de la Primera Dama de la Nación
- Organización Panamericana de la Salud (OPS/OMS)
- Fondo de las Naciones Unidas para la Infancia (UNICEF)
- Rotary Internacional
- Sociedad civil del Paraguay

8. Area Geográfica y Población Objeto del Proyecto

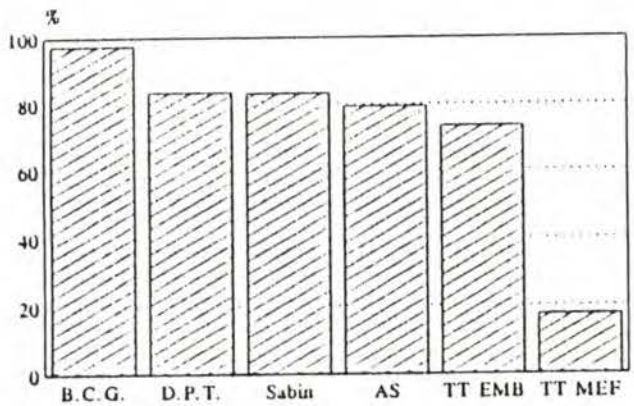
Area Geográfica: la totalidad del territorio nacional, con énfasis en los distritos de bajas coberturas.

Población Objeto:

* Menores de 1 año:	147.602
* Niños de 1 a 4 años:	575.676
* Niños de 5 a 14 años:	1.298.531
* Mujeres en edad fértil:	1.119.278
* Embarazadas:	166.104

9. Situación actual y situación al finalizar el Proyecto

COBERTURAS DE VACUNACION
REPUBLICA DEL PARAGUAY
1994



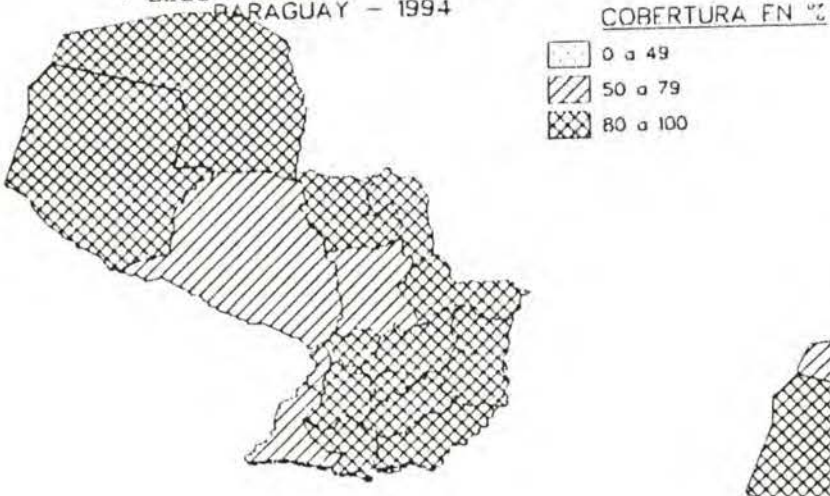
Fte. Dpto Informática MSPBS

Los promedios nacionales de coberturas señalados en el Gráfico anterior, presentan variaciones importantes en cada una de las Regiones Sanitarias. Estas diferencias se especifican en el siguiente Cuadro, donde por ejemplo el promedio nacional de cobertura con vacuna Sabin Oral de 83%, tiene un rango inferior de 55% en Presidente Hayes, 60% en San Pedro y 66% en Asunción

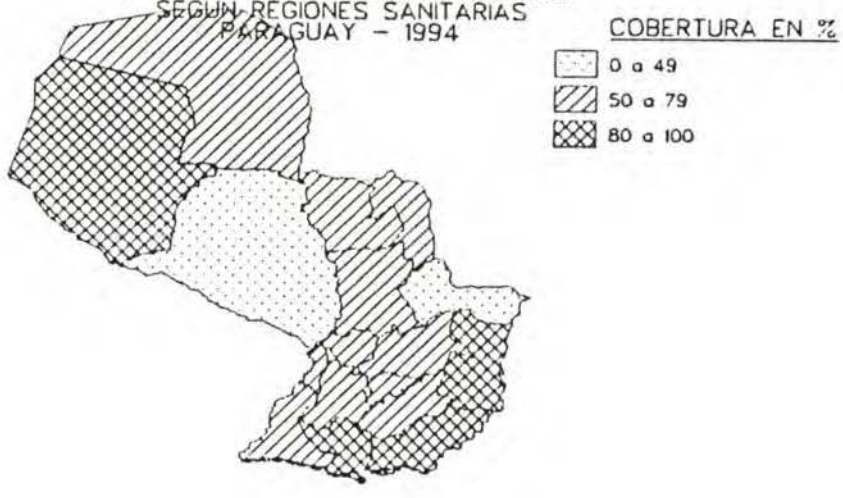
COBERTURAS DE VACUNACION
SEGUN REGION SANITARIA
AÑO 1994

REGIONES SANITARIAS	MENORES DE 1 AÑO				EMB	MEF
	BCG	AS	DPT	SABIN	TT	TT
1. CONCEPCION	85	62	76	76	73	8
2. SAN PEDRO	72	78	59	60	67	20
3. CORDILLERA	84	71	77	77	62	30
4. GUAIRA	92	60	91	92	92	20
5. CAAGUAZU	94	77	80	80	72	14
6. CAAZAPA	90	69	88	84	64	31
7. ITAPUA	90	80	91	90	72	11
8. MISIONES	89	92	100	100	83	17
9. PARAGUARI	85	73	79	79	71	16
10. ALTO PARANA	100	100	95	95	90	30
11. CENTRAL	74	79	82	82	58	16
12. ÑEEMBUCU	76	69	76	76	66	25
13. AMAMBAY	100	68	74	74	62	13
14. CANINDEYU	92	42	82	83	77	21
15. PTE.HAYES	55	42	52	55	44	30
16. ALTO PARAGUAY	84	75	90	91	36	48
17. BOQUERON	80	83	96	95	29	41
18. ASUNCION	100	81	68	66	77	9

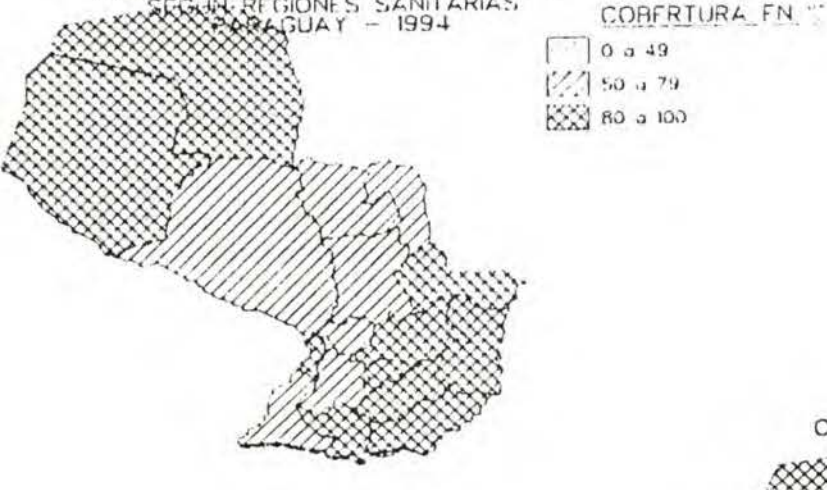
BCG: COBERTURAS DE VACUNACION
SEGUN REGIONES SANITARIAS
PARAGUAY – 1994



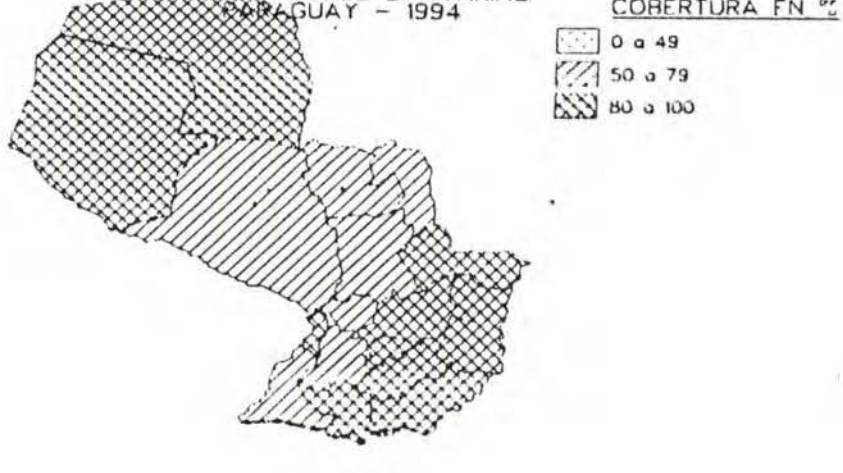
VACUNA ANTISARAMPIONOSA
COBERTURA EN MENORES DE 1 ANO
SEGUN REGIONES SANITARIAS
PARAGUAY – 1994



VACUNA TRIPLE
COBERTURAS EN MENORES DE 1 ANO
SEGUN REGIONES SANITARIAS
PARAGUAY – 1994



VACUNA SABIN ORAL
COBERTURAS EN MENORES DE 1 ANO
SEGUN REGIONES SANITARIAS
PARAGUAY – 1994

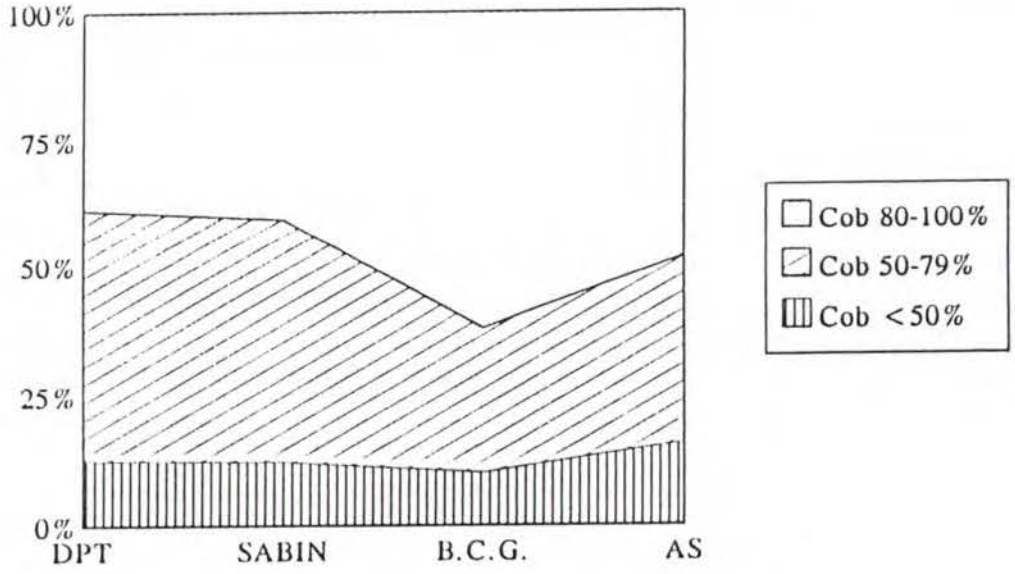


El promedio nacional de cobertura con vacuna Antisarampionosa del 79% en menores de un año de edad, no revela que existen en el país casi cuarenta distritos con coberturas inferiores al 50%; otros 85 distritos presentan coberturas menores del 80%, cobertura que se considera insatisfactoria y sin capacidad de detener epidemias. Más de la mitad de niños menores de 1 año del Paraguay -el 52%-, residen en ambos grupos de distritos.

DISTRIBUCION DEL Nº DE DISTRITOS
SEGUN RANGOS DE COBERTURA
VACUNA ANTISARAMPIONOSA POR REGION SANITARIA

REGIONES SANITARIAS	Nº DE DISTRITOS SEGUN COBERTURA		
	MENOS DEL 50%	ENTRE 50 Y 79%	DE 80 a 100%
1. CONCEPCION	1	4	2
2. SAN PEDRO	1	14	1
3. CORDILLERA	3	11	6
4. GUAIRA	1	10	5
5. CAAGUAZU	5	6	8
6. CAAZAPA	3	4	3
7. ITAPUA	4	8	16
8. MISIONES	2	2	6
9. PARAGUARI			
10. ALTO PARANA			
11. CENTRAL	1	9	9
12. ÑEEMBUCU	2	11	3
13. AMAMBAY	0	3	0
14. CANINDEYU	5	2	0
15. PTE.HAYES	3	1	1
16. ALTO PARAGUAY	2	0	1
17. BOQUERON	1	0	2
18. ASUNCION	0	0	1
Menores de 1 año: 143.886 en todo el País	Viven 22.748 niños (16%)	Viven 51.693 niños (36%)	Viven 69.445 niños (48%)

POBLACION DE MENORES DE 1 AÑO
SEGUN COBERTURA DE VACUNACION DEL
DISTRITO DONDE RESIDEN - PARAGUAY - 1994



Fte. Serv Prestados. MSPBS

Estas desigualdades existentes en las coberturas de vacunación es lo que el Proyecto se propone superar. Por ello,

AL FINALIZAR EL PROYECTO

SE ESPERA QUE NO EXISTA

UN SOLO DISTRITO CON COBERTURAS

DE VACUNACION INFERIORES

AL 50 %

10. Consideraciones especiales

El Proyecto emerge como importante para los interesados en un momento en donde la credibilidad de las vacunas como mecanismo de control de enfermedades adquiere relevancia para la comunidad. No existen actitudes negativas hacia las vacunas y estas a su vez se convierten en un medio ideal para que los servicios de salud generales sean más eficientes.

Por otro lado, en el mes de octubre del presente año, las Primeras Damas de todo el Continente Americano se reunirán en Asunción para validar la decisión política de la eliminación del Sarampión antes del año 2.000.

Estas oportunidades políticas deben servir para fortalecer la demanda de la población por medio de estrategias de comunicación social apropiadas.

11. Donantes

Participan financieramente del Proyecto las instituciones públicas dependientes del Ministerio de Salud Pública y Bienestar Social del Paraguay, la Organización Panamericana de la Salud, el Fondo de las Naciones Unidas para la Infancia y el Rotary Internacional

12. Supuestos y riesgos (Factores externos)

El principal riesgo es la falta de respuesta de la población frente a la Campaña de Vacunación; el riesgo se reduce a niveles insignificantes con una buena estrategia de comunicación, información y educación.

13. Esquema del Presupuesto

13.1. Por rubro de gastos del Proyecto

13.1.1 Comunicación, Información y Educación

C O N C E P T O	MONTO EN US$
- Concursos para seleccionar - Afiche - Logotipo - Imagen símbolo - Slogan musical	15.000.-
- Producción de - Spots televisivos - Spots radiales	10.000.-
- Edición e impresión del material producido	10.000.-
- Difusión y distribución	20.000.-
- Gastos operativos de ejecución, supervisión y evaluación	5.000.-
- TOTAL COMPONENTE C.I.E.	60.000.-

13.1.2 Biológicos y Jeringas

Concepto	Dosis Necesarias	Costo Unitario*	Costo total
- D.P.T.	1.200.000	US$ 0.075	US$ 90.000.-
- Sabin Oral	1.200.000	US$ 0.080	US$ 96.000.-
- B.C.G.	300.000	US$ 0.11	US$ 33.000.-
- Antitetánica	700.000	US$ 0.039	US$ 27.300.-
- Antisarampionosa	1.600.000	US$ 0.1275	US$ 204.000.-
- Jeringas	3.000.000	US$ 0.05	US$ 150.000.-
TOTAL			US$ 600.300.-

* Según Fondo Rotatorio del PAI OPS/OMS

13.1.3 Cooperación Técnica

- Movilización de Recursos - Diseminación de Información - Adiestramiento - Desarrollo de Normas, Planes y Políticas - Promoción de Investigación - Asesoría Técnica Directa	US$ 40.000.-

13.2 Resumen General Presupuestario

- Vacunas y Jeringas	US$ 600.300.-
- Comunicación, Información y Educación	US$ 60.000.-
- Cooperación Técnica	US$ 40.000.-
- Gastos Operativos	US$ 50.000.-
TOTAL GENERAL	US$ 750.300.-

13.3 Por Instituciones

- Ministerio de Salud Pública y Bienestar Social (Vacunas, Jeringas) No Incluye Recurso Humano de los Servicios de Salud ni Vacuna Antisarampionosa	US$ 330.300.-
- Organización Panamericana de la Salud (Gastos de Cooperación Técnica)	US$ 40.000.-
- U.N.I.C.E.F. (Cooperación Técnica Directa)	
- Banco Mundial (Proyecto Materno-Infantil) (Vacuna Antisarampionosa y Jeringas)	US$ 300.000.-
- Banco Interamericano de Desarrollo (Comunicación, Información y Educación)	US$ 60.000.-
- Rotary Internacional (Gastos Operativos)	US$ 20.000.-
- Total general	US$ 750.300.-

PROYECTO DE PROMOCION DE LA SALUD

"Por la disminución de las enfermedades inmunoprevenibles"

Meta: Contribuir con el mejoramiento de la calidad de vida de la infancia y adolescencia del pais.	Indicadores: Mejoramiento de los indicadores básicos de la población infantil según "Situación Mundial de la Infancia". Disminuyen niños con hogares en situación de pobreza y extrema pobreza.	Fuentes: Estadísticas Vitales, y Registros de enf.de la infancia, y la niñez.	Supuestos: Las condiciones politicas y sociales del país se mantienen,mejora el gasto público en salud y sectores socialesy se establecen politicas publicas intersectoriales coordinadas.
Propósito: Disminuir la proporción de niños no inmunizados y afectados por enf. inmunoprevenibles	Dism. del número de niños con enf. inmunoprevenibles (Sarampión, Tétanos, coqueluche, tos ferina, TBC, y poliomielitis) Disminuir la proporción de niños no inmunizados contra las enfermedades inmunoprevenibles	Estadisticas Vitales. Informes de campañas de vacunación y servicios prestados del MSP y BS:	La población beneficiaria acepta las campañas, existe participación social, los insumos son provehidos a tiempo y los recursos humanos en salud muestran motivación y cumplimiento de las actividades. La prensa y los medios apoyan la campaña de promoción de la salud.
Resultados esperados: 1.Organizaciónes sociales e intermedias participan en la promoción de la inmunización a toda la población suceptible. 2.Auspicios y espacios de competencia delimitados entre las instituciones participantes. 3.Población beneficiaria informada y educada respecto de las inmunizaciones. 4.Servicios de salud en condiciones de responder a la demanda de la población.	Resultados: 1.1 A nivel nacional participan el 80% de las instituciones convocadas. 1.2 Las representaciones de las instituciones tienen bajo ausentismo en las actividades programadas. 2.1. Existe y se cumple la coordinación interinstitucional propuesta. 3.1. el 90% de la población expuesta está informada de la camapaña de prevención. 3.2 el 70 % de la población muestra actitudes positivas hacia la campaña de prevención. 4.1.Planificación concluida en los Servicios de salu salud. 4.2 Cronogramas cumplidos según pfogramación.	Fuente: 1.1 Lista de Cotejo. 1.2 Control de lista de cotejo. 2.1 Informes de seguimiento. 3.2 Sondeo de opinión (grupo independiente a las empresas contratadas) 3.2 Sondeo de opinión en profundidad. 4.1 Documento de planificación de la campaña 4.2 Cronogramas	Supuestos: 1.Las instituciones participan con compromiso y sentido pluralista 3.Las instituciones comparten conocimientos y actitudes ante la misión. 3. La imagen de las instituciones patrocinadoras y participantes no son afectadas por hechos políticos coyunturales. 4.Los insumos están provehidos a tiempo, con sufiencia y calidad standar. 4.1 No se preven paros de actividad en el sector salud por demandas sectoriales.

Actividades: 1.1 Convocatria a Organizaciones Soc. e Interm. 1.2 Conformación de una Coordinación de Proyecto. 1.3 Normas de participación consensuada. 1.4 Diagnostico de recursos Materiales, financieros y Humanos. 1.5 Convocatoria de voluntariado. 2.1 Formulación de responsabilidades y competencias. 2.2 Reuniones de coordinación. 2.3 Cronograma del proyecto. 2.4 Monitoreo del proyecto. 2.5 Evaluación ex ante y ex post. 3.1 Planificación de la campaña educativa multimedia. 3.2 Concurso nacional de logo, slogans y contenidos de comunicación. 3.3. Licitación de empresa publicitaria. 3.4 Participación de los medios de comunicacion. 3.5 Medios alternativos de comunicación. 3.6. Sondeos del nivel de información y de opiniones.	Insumos:	Fuentes:	Supuestos: 1. Las organizaciones responden a la convocatoria. 2.El voluntariado se indentifica con la misión y se compromete. 3.La coodinación no interfiere con las competencias de las instituciones 4. Los insumos y los biológicos están a tiempo,son de buena calidad y no se preben reacciones de la opinión pública. 5. Los recursos humanos al servicio del proyecto se identifican con la misión y se comprometen.
4.1.Planificación de la camapaña en los servicios de salud. 4.2. Adquisición de biológicos e insumos. 4.3. Asesoría en comunicación social en salud. 4.4.Ejecución de la camapaña. 4.5 Evaluación de la campaña. 4.6 Dirección técnica de la campaña.			