



6ª CONFERENCIA DE ESPOSAS
DE JEFES DE ESTADO
Y DE GOBIERNO
DE LAS AMÉRICAS
Secretaría Pro-Tempore

SIXTH CONFERENCE OF THE WIVES OF HEADS OF STATE AND OF GOVERNMENT OF THE AMERICAS

TECHNICAL PREPARATORY MEETING

**"The Rights of Women and Children within the framework
of Sustainable Human Development"**

La Paz, August 19 to 22, 1996

OPERATIVE PROGRAM

SATURDAY AUGUST 17

- Arrival of Delegations
- El Alto International Airport, VIP Lounge
- Transportation to the Radisson Plaza Hotel

SUNDAY AUGUST 18

- Arrival of Delegations
- El Alto International Airport, VIP Lounge
- Transportation to the Radisson Plaza Hotel

Hrs. 9:00 to 18:00 Issuing of credentials and materials
Place: Radisson Hotel Lobby

Hrs 19:30 to 22:00 Informal welcoming cocktail party
Place: Illimani Room, Radisson Hotel
Participants: Delegations accredited to the meeting and
special guests.
Dress: Informal



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MONDAY AUGUST 19

Hrs. 7:00 to 08:30 Breakfast

Place: Suma Uru Caf., Radisson Hotel

Hrs. 09:00 to 09:15 Inauguration of the Technical Preparatory Meeting of the Sixth Conference of the Wives of Heads of State and of Government of the Americas.

Hrs 09:15 to 10:15 Presentations by Delegations

Hrs. 10:15 to 10:30 Refreshments

Hrs. 10:30 to 10:45 Official Photograph

Place: Libertador Room, Radisson Hotel

Participants: Heads of accredited Delegations and Representatives of International Organizations.

Hrs. 10:45 to 11:00 Methodological introduction to the development of the event and expected results

Presentation: Pro-Tempore Secretariat

Hrs. 11:00 to 11:10 Questions and answers

Conceptual Terms of Reference

Hrs. 11:30 to 11:45 Presentation of the Declaration and Plan of Action of the IV World Conference on Women

Presentation: UNDP

Hrs. 11:30 to 11:45 Questions and answers



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Hrs. 11:45 to 12:05 Presentation of the evaluation of the mid-term goals for the World Summit for Children in the Region of the Americas.
Presentation: UNICEF

Hrs. 12:05 to 12:20 Questions and answers

Hrs. 12:20 to 12:35 Adoption of the thematic agenda of the Technica Preparatory Meeting

Hrs. 12:35 Recess

Hrs. 13:00 Lunch
Place: El Capitolio
Av. Arce 2180
Participants: Accredited Delegations and Representatives of International Organizations

The Health of women and children in the Americas

Follow-up to the "Initiative to support the plans for the Accelerated Reduction of the Maternal Mortality and Morbidity in the Americas"

Hrs. 14:30 to 14:45 Introduction to the topic: MotherCare

Hrs. 14:45 to 14:50 Presentation of the document for the "Report on the follow-up of the Initiative to support the plans for the accelerated reduction of maternal morbidity and mortality in the Americas".
Presentation: Pro-Tempore Secretariat.

Hrs. 14:50 to 15:05 Working Group



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Hrs.15:05 to 15:20 Plenary session- conclusions

Hrs.15:20 to 15:25 Adoption of the document to be employed

Hrs.15:25 to 15:35 Definition of the work schedule and participation of the countries.

Preventing Early Pregnancy

Hrs.15:35 to 15:50 Introduction to the topic: UNFPA

Hrs.15:50 to 15:55 Presentation of the document for the evaluation report regarding the project of early pregnancy.
Presentation: UNFPA

Hrs.15:55 to 16:10 Working Group

Hrs.16:10 to 16:25 Plenary session-conclusions

Hrs.16:25 to 16:30 Adoption of document to be employed.

Hrs.16:30 to 16:40 Definition of the work schedule and participation of countries

Hrs. 16:40 to 16:55 Refreshments

Presentation of the Regional Project

Hrs.16:55 to 17:10 Presentation of the "Initiative to Support the Reduction of malnutrition due to iron deficiency in the Americas.
Presentation: Bolivia

Hrs. 17:10 to 17:25 Questions and answers

Hrs.17:25 to 17:35 Conclusions



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Hrs. 17:35 to 17:50 Proposal for coordination of work between WFP and the
Wives of Heads of State and Government of the Americas
Presentation: WFP

Dinner (unscheduled)



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TUESDAY, AUGUST 20

Hrs.07:00 to 8:30 Breakfast
Place: Suma Uru Caf., Radisson Hotel

Prevention of Mortality by Cancer for Women in the Americas

Hrs.9:00 to 9:15 Introduction to the Topic
Presentation: PAHO/WHO

Hrs.9:15 to 9:30 Evaluation report for the "Latin American Program Against Cancer
Presentation: ALICC

Follow-up of the "Action Plan for the Elimination of Measles and Immunization of Children in the Americas"

Hrs.9:30 to 9:45 Introduction of the Issue
Presentation: PAHO/WHO

Hrs.9:45 to 9:50 Presentation of the document for the Evaluation Report of the Action Plan for the Elimination of Measles.
Address:Pro-Tempore Secretariat

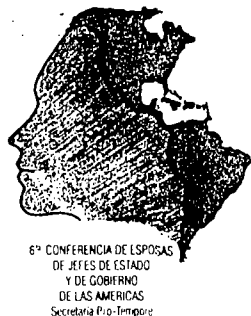
Hrs.9:50 to 10:05 Working Group

Hrs.10:05 to 10:20 Plenary session-conclusions

Hrs.10:20 to 10:25 Adoption of the documents to be used

Hrs.10:25 to 10:35 Definition of the work schedule and participation of countries

Hrs.10:35 to 10:50 Refreshments



The Educación/Training of Women and Girls in the Americas

Elimination of barriers that hinder girls access to and continuation in the educational system.

Hrs.10:50 to 11:05 Introduction to the topic
Presentation: UNICEF

Hrs.11:05 to 11:20 Presentation of the initiative to improve the quality of education and continuation of girls in the educational system
Presentation: U.S.A.

Hrs. 11:20 to 11:40 Questions and answers

Hrs. 11:40 to 11:45 Conclusions

Presentation of the initiative to improve the access of Rural Women to training

Hrs.11:45 to 12:00 Introduction to the Topic - Christian Children Fund
Presentation of the Regional Project

Hrs.12:00 to 12:15 Presentation of the regional project for the literacy project for rural women
Presentation:Pro-Tempore Secretariat

Hrs. 12:15 to 12:35 Questions and answers

Hrs. 12:35 to 13:00 Conclusions

Hrs. 13:00 Lunch (unscheduled)



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Intra-Family Violence

"Regional Program for the Elimination of Violence Against Women".

- Hrs. 14:30 to 14:45 Introduction to the Topic
Presentation: PAHO/WHO
- Hrs. 14:45 to 15:45 Presentation of concrete experiences
Presentations by countries
- Hrs. 15:45 to 16:00 Refreshments

Presentation of the Regional Project

- Hrs. 16:00 to 16:15 Presentation of the "Regional Initiative to Prevent, punish and eliminate Intra-family violence"
Presentation: Pro-Tempore Secretariat
- Hrs. 16:15 to 16:35 Questions and answers
- Hrs. 16:35 to 16:55 Conclusions
- Hrs. 19:30 Transportation to Peña Marka Meeting Place: Hotel Lobby
Participation: Accredited Delegations to the Meeting
- Hrs. 20:00 Peña Folklórica
Place: Marka Tambo
Participation: Accredited Delegations to the Meeting



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WEDNESDAY, AUGUST 21

Hrs. 7:00 to 8:30 Breakfast
Place: Suma Uru Caf., Radisson Hotel

Participation of women within the power structure and in the decision-making process

Hrs. 9:00 to 9:15 Introduction to the Topic
Presentation: OEA

Hrs. 9:15 to 10:00 Presentation of experiences to foster the participation of women.
Presentation by countries

Hrs. 10:00 to 10:15 Presentation of the **Initiative to support the participation of women within the power structure**
Presentation: OEA

Hrs. 10:15 to 10:35 Questions and answers

Hrs. 10:35 to 10:50 Conclusions

Hrs. 10:50 to 11:05 Refreshments

Follow-up to the IV World Conference on Women

Hrs. 11:05 to 11:15 Presentation of the document for the follow-up report on actions taken by First Ladies with regard to the application of the Beijing Action Plan.
Presentation: Pro-Tempore Secretariat

Hrs. 11:15 to 11:35 Working Group



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Hrs.11:35 to 11:50	Plenary session - conclusions
Hrs.11:50 to 11:55	Adoption of documents to be employed
Hrs.11:55 to 12:05	Definition of work schedules and participation of countries
Hrs. 12:05	Recess
Hrs.12:30	Tour to Lake Titicaca Departure from Lobby, Radisson Plaza Hotel Dinner (unscheduled)



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THURSDAY, AUGUST 22

Hrs.07:00 to 8:30 Breakfast
Place: Suma Uru Caf., Radisson Hotel

Proposal for the Organizational Strengthening of the Pro-Tempore Secretariat of the Wives of Heads of State and of Government of the Americas

Hrs.9:00 to 9:20 Presentation: Pro-Tempore Secretariat
The Role of the First Ladies
The Role of the Pro-Tempore Secretariat
Proposal for the Regional Organizational Structure:
Presentation: Pro-Tempore Secretariat

Hrs.9:20 to 9:35 Questions and answers

Hrs.9:35 to 10:20 Working Group

Hrs.10:20 to 10:35 Plenary session- conclusions

Hrs.10:35 to 10:50 Refreshments

Hrs.10:50 to 11:00 Reading of the Proposal, "Declaration of Peace"

Hrs.11:00 to 13:00 Working Group

Hrs.13:00 Lunch (unscheduled)

Hrs.14:30 to 15:00 Presentation of Working Groups conclusions

Hrs.15:00 to 15:30 Plenary session - presentation of the work of Working Groups, discussion and naming of the committee to review the drafting of the Declaration of La Paz



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- Hrs.15:30 to 16:00 Presentation of the General Operative Framework for the VI Conference of Wives of Heads of State and of Government
- Hrs.16:00 to 16:30 Presentation of alternate delegations to the participating delegations
- Hrs.16:30 to 16:45 Presentation of the work of the drafting committee
- Hrs.16:45 to 17:00 Conclusions
- Hrs.17:00 to 17:15 Evaluation of the Meeting
- Hrs.17:15 to 17:30 Refreshments
- Hrs. 17:30 to 18:00 Closing Ceremony of the Technical Preparatory Meeting
- Hrs. 19:30 Meeting in the Hotel Lobby
- Hrs. 20:00 Reception of the First Lady of Bolivia
Place: Presidential Residence
Dress: Formal

FRIDAY, AUGUST 23

- Departure of Delegations
- Transportation to El Alto International Airport

por una maternidad segura

correo de los comités Bolivia

Boletín de circulación nacional. No 1, diciembre de 1996

Cada año, 50 millones de mujeres en el mundo sufren graves enfermedades o lesiones relacionadas con las complicaciones del embarazo, el parto y el aborto practicado en condiciones insalubres. Cada minuto muere una de estas mujeres.

Esta tragedia puede ser evitada. Por eso, en

1987 fue lanzada la Iniciativa Internacional sobre Maternidad Sin Riesgos.

Como parte de esta iniciativa, en Bolivia se llevó a cabo en 1993 la Conferencia Andina sobre Maternidad sin Riesgos, a la que asistieron delegados/as de Bolivia, Colombia, Ecuador, Perú y Venezuela.

En el marco de las prioridades de la política social del gobierno boliviano, el Plan Vida (1994-1997) ha planteado la reducción acelerada de la mortalidad materna, perinatal y de la niñez. El Plan se ha propuesto reducir la mortalidad materna en 50% en un plazo de 4 años, y al mismo tiempo reducir la mortalidad perinatal en un 30%. Asimismo, busca disminuir en 50% el número de muertes de niños/as menores de un año y, en igual porcentaje, las muertes de niños/as menores de 5 años, metas enmarcadas en el Plan de Acción Estratégica.

A este objetivo han contribuido las reformas del Estado, el enfoque de desarrollo humano, la descentralización administrativa y la participación popular, que han facilitado el acceso de la población a los recursos y servicios básicos.

En este contexto, el 8 de febrero de 1996, se constituye el Comité Nacional por una Maternidad Segura, como instancia coordinadora de los esfuerzos realizados para la disminución acelerada de la morbilidad materna entre el Estado, ONGs, organizaciones de mujeres y organizaciones de base. De la misma manera se ha promovido la creación de Comités Departamentales responsables de coordinar las acciones a nivel regional.



Presentación

La disminución acelerada de la morbilidad materna, planteada como objetivo principal de los esfuerzos que en materia de salud se despliegan en el país, compromete la participación no sólo de las instituciones, sino también de la sociedad civil y la población en su conjunto.

Justamente para contribuir al logro de este objetivo, la presente publicación se plantea como un espacio de intercambio fluido de las experiencias que, desde cada uno de los rincones del país, se concretan en el propósito de disminuir la morbilidad materna.

El Correo de los Comités, intenta convertirse en un medio de comunicación que dinamice la relación entre el Comité Nacional y los Comités Departamentales por una Maternidad Segura. Rara de esta manera rescatar los esfuerzos exitosos que desde las instituciones y la sociedad se realizan para cumplir los objetivos previstos, pero también los fracasos como medio de aprendizaje para corregir los errores.



Seguro Nacional de Maternidad y Niñez

A cinco meses de la inauguración del Seguro Nacional de Maternidad y Niñez, la cobertura de los servicios de salud a mujeres y niños/as menores de 5 años, se ha incrementado en más del 30 por ciento a nivel nacional.

La información fue proporcionada por el Director Ejecutivo del Seguro, Lic. Mario Galindo, quien destacó que cerca de 1.500 mujeres y niños han acudido diariamente -tanto en el área urbana como rural- a los centros de salud.

De esta manera, se ha confirmado que la falta de recursos económicos constituía uno de los factores que impedía la demanda de servicios de salud por parte de la población.

A la fecha los 309 municipios existentes en el país se han adherido voluntariamente a este servicio.

Un desafío: la calidad de atención

Aunque el inicial impacto del Seguro de Maternidad y Niñez se atribuye a la gratuidad de los servicios brindados, uno de los desafíos

inmediatos para asegurar la continuidad de la demanda de parte de la población es mejorar la calidad de atención en los centros hospitalarios, según reconoció el Subsecretario de Seguros Médicos, Dr. Raúl Prada.

"No hacerlo nos enfrentaría al riesgo del rechazo y el ausentismo de la población", enfatizó.

impacto del Seguro de Maternidad y Niñez, el Dr. Prada reconoció que en su implementación se enfrentaron algunas dificultades que fueron atribuidas al proceso de consolidación de un servicio de esta magnitud.

Coberturas aseguradas

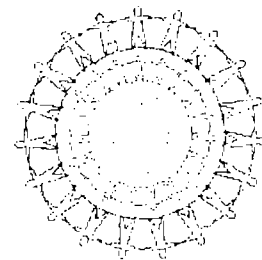
En su actual fase, el Seguro de Maternidad y Niñez cubre la atención a mujeres gestantes en el tercer trimestre de su embarazo, garantizándoles la asistencia médica, quirúrgica, farmacéutica, análisis básicos de laboratorio y atención hospitalaria durante el embarazo, el parto, el puerperio y las emergencias obstétricas.



En una inspección al Hospital de la Mujer de la Ciudad de La Paz el Ministro de Desarrollo Humano, Freddy Teodovich, evidenció que la implementación del Seguro de Maternidad y Niñez enfrenta todavía muchas dificultades: "Se necesita -dijo- capacitar al personal de salud para brindar una atención de calidad"

Por ello, insistió, "se está poniendo énfasis en la capacitación de recursos humanos en salud, que garanticen una atención de calidad a mujeres, niños y niñas, que se constituyen en los sectores más vulnerables de la población".

Asimismo, a pesar del notable



I Conferencia Panamericana de Médicos Parlamentarios

La Salud, una cuestión de Estado

Alrededor de 100 legisladores/as reunidos en la Primera Conferencia Panamericana de Médicos Parlamentarios, se comprometieron a "sensibilizar a todos los políticos en el objetivo de lograr que la salud se convierta en una cuestión de Estado para alcanzar el objetivo del desarrollo social integral".

El encuentro que tuvo lugar en Santa Cruz del 2 al 5 de octubre pasado, abordó temas relativos a la reforma sanitaria en el contexto del ajuste económico, el proceso de la Cumbre Mundial en favor de la Infancia, la salud sexual y reproductiva y su relación con la equidad y la justicia social. Según resoluciones del encuentro la problemática de la salud debe considerar el "impacto social negativo" de las actuales políticas económicas mundiales y las tendencias globalizadoras que "han agravado su situación crónica deficitaria".

La reunión parlamentaria

panamericana fue organizada por la OPS/OMS, UNICEF y el UNFPA y contó con el auspicio de la Organización Internacional de Médicos Parlamentarios (IMPO), fundada en Bangkok, Tailandia, en febrero de 1994, con el objetivo de "promover la cooperación en la formulación de políticas, promulgación de leyes y actividades parlamentarias sobre la atención médica y de salud a nivel mundial".

La persistencia de obstáculos

A pesar de los avances en materia de salud, la Conferencia evidenció la persistencia de obstáculos en los programas de salud sexual y reproductiva en la región: la discriminación que sufre la mujer para acceder a los servicios y participar en la toma de decisiones sobre su salud y su cuerpo; la pobreza, ligada a condiciones socio-económicas desfavorables y a altos índices de desempleo; y el bajo nivel

de instrucción de la mujer.

A esto se suma el desconocimiento de la magnitud del aborto como una de las principales causas de muerte materna e invalidez, y como un problema de salud pública y la ausencia de políticas de salud pública que aborden el tema de la sexualidad en la adolescencia.

A partir del diagnóstico, los médicos parlamentarios adoptaron un documento en el que reconocen "que los derechos sexuales y reproductivos deben encuadrarse en el marco de las reformas de salud, que buscan el desarrollo de las personas, hombres y mujeres, a través del ejercicio de los derechos ciudadanos".

La salud sexual y reproductiva — puntualizan— no es un problema privado, sino un tema de Estado.

La próxima Conferencia Panamericana de Médicos Parlamentarios, tendrá lugar en México y concentrará su debate en la temática del aborto.

Compromisos asumidos

- * Crear o reforzar leyes que eliminen las causas de la violencia doméstica.
- * Incorporar la educación sexual con un enfoque integral, en todos los países que están llevando a cabo reformas del sistema educativo.
- * Prohibir la práctica del test de embarazo como condición para la inserción laboral femenina, por ser atentatoria contra los derechos humanos, sexuales y reproductivos.
- * Promulgar o mejorar leyes que contemplen la protección económica y laboral de la mujer embarazada.
- * Apoyar programas destinados a educar al hombre en los aspectos relacionados a los derechos de la mujer y a la salud sexual y reproductiva.
- * Penalizar el maltrato a la mujer en los servicios de salud.
- * Apoyar el debate sobre la despenalización del aborto.
- * Fomentar programas de capacitación de recursos humanos en forma multisectorial para mejorar la calidad de los servicios, no sólo desde los aspectos técnicos sino también culturales.
- * Adecuar el marco jurídico de los países para democratizar la información y los servicios, y ampliar la oferta de métodos anticonceptivos.
- * Propiciar leyes de apoyo al adolescente para el libre acceso de éstos a los servicios de salud sexual y reproductiva, evitando así, que sean expulsados del sistema escolar o del trabajo por razones de maternidad o paternidad.
- * Adecuar el marco jurídico de los países para apoyar el respeto a la medicina indígena y su articulación con la medicina "occidental".
- * Fomentar el intercambio de experiencias legislativas a nivel parlamentario entre los distintos países.

COMITE NACIONAL POR UNA MATERNIDAD SEGURA

El Comité Nacional por una Maternidad Segura es un organismo intersectorial dependiente de la Presidencia de la República, encargado de impulsar la participación interinstitucional e interagencial para la ejecución, seguimiento y evaluación del Plan Vida y de otras acciones orientadas a la reducción acelerada de la mortalidad materna y perinatal.

¿Quiénes componen el Comité?

- Presidencia de la República mediante la Primera Dama de la Nación
- Ministro de Desarrollo Humano
- Presidente de la Comisión de Desarrollo Social del H. Senado Nacional
- Presidente de la Comisión de Salud de la H. Cámara de Diputados Secretario Nacional de Salud
- Secretario Nacional de Educación
- Secretario Nacional de Asuntos Etnicos, de Género y Generacionales
- Secretario Nacional de Hacienda
- Secretario Nacional de Régimen Interior y Policía.
- El Grupo Asesor del Comité Nacional por una Maternidad Segura, está constituido por la OPS/ OMS, UNFPA, UNICEF, BID, Banco Mundial, USAID y Cooperación Técnica Alemana.

COMITE TECNICO NACIONAL POR UNA MATERNIDAD SEGURA

- Centro de Investigación, Educación y Servicios
- Coordinadora de la Mujer
- Despacho de la Primera Dama
- Dirección Nacional de Salud y Nutrición de la Mujer y el Niño (SNS)
- Dirección de Políticas de Población
- Estrategia Nacional de Salud Reproductiva
 - Subcomisión IEC
 - Subcomisión de Capacitación
 - Subcomité de Servicios
 - Subcomité de Investigación
- Family Care International
- Ministerio de Desarrollo Sostenible y Medio Ambiente
- Mother Care
- PROCOSI
- OPS/OMS
- Plataforma de la Mujer
- Secretaría Nacional de Salud
- Secretaría Nacional de Educación
- Subsecretaría de Asuntos de Género
- Subsecretaría de Inversión Pública y Financiamiento Externo
- UDAPSO
- UNFPA
- UNICEF
- Universidad John Hopkins/PCS

COMITES DEPARTAMENTALES POR UNA MATERNIDAD SEGURA

Actualmente han sido constituidos 6 Comités Departamentales por una Maternidad Segura, a la cabeza del/la Secretario/a Departamental de Desarrollo Humano de cada Prefectura de Departamento.

Dra. María Teresa Paz	La Paz.
Sra. Adela Prado de Barbonari	Santa Cruz
Ing. Gustavo Cardozo	Cochabamba
Sr. Freddy Carrasco Jaldín	Sucre
Sr. Cnl. Freddy Ortuño R.	Tarija
Lic. Adalberto Thenier M.	Potosí



En el Día de la No Violencia Contra la Mujer

Un silencio que se hace eco

En silencio, cientos de mujeres marcharon por las principales calles de la ciudad de Santa Cruz, en demanda de sus derechos.

En oportunidad del Día Internacional de la No Violencia Contra la Mujer, el 25 de noviembre, el movimiento de mujeres cruceñas concentró

sus peticiones en la ampliación de los servicios del Seguro de Maternidad y Niñez a la atención de

las mujeres con complicaciones por aborto inducido.

En una demostración en la que extremaron su creatividad, portaron un gran cartel que decía: *"Aquí yacen los restos de millones de mujeres muertas por efecto de la violencia: sus cuerpos ya no están, sus demandas de justicia viven en cada una de nosotras"*, detrás del cual una columna de mujeres de luto acompañaba un féretro que simbolizaba a las víctimas muertas como consecuencia de las complicaciones del aborto inseguro.

Aunque a lo largo de la manifestación silenciosa, las mujeres portaron carteles denunciando las múltiples formas de violencia que se

cometen en contra de las mujeres, pusieron de relieve que una de ellas es precisamente "no disponer de condiciones para un embarazo y un parto saludables".

Cecilia Moreno, del Colectivo Rebeldía, una de las instituciones que participó en la movilización, dijo que "desde la percepción de las mujeres, los esfuerzos que se realicen para disminuir la mortalidad materna en el país, no serán suficientes si no se atiende la principal causa de muerte: el aborto en malas condiciones".

Por su parte, Miriam Suárez de la Casa de la Mujer, puntualizó que la movilización de las mujeres cruceñas, forma parte de las iniciativas

adoptadas por el movimiento de mujeres de América Latina y el Caribe en la perspectiva de lograr conquistas que aseguren la

calidad de vida de las mujeres.

Anunció que a partir de la movilización del 25 de noviembre, continuarán una serie de acciones orientadas a promover el debate sobre el aborto en el país "que pretende ser enterrado por la doble moral impuesta para impedir abordar el tema".

La movilización del movimiento de mujeres cruceñas culminó en la plaza principal de la capital oriental, con una declaración a la prensa en la que pusieron de relieve que diferentes investigaciones dan cuenta que "en el país ocurren cerca de 50 mil abortos por año, lo que significa que cerca de 150 embarazos son interrumpidos a diario clandestinamente, y que cada

año mueren 1.000 madres bolivianas como consecuencia de complicaciones del aborto".

Como parte de las acciones emprendidas para abrir el debate sobre el aborto en el país, las organizaciones femeninas de Santa Cruz, dirigieron una carta al parlamento nacional demandando la "inclusión de la atención de las complicaciones del aborto inseguro en las prestaciones del Seguro de Maternidad y Niñez".

En el primer semestre 96 22 madres perdieron la vida en Chuquisaca

El Comité Departamental por una Maternidad Segura de Chuquisaca, reportó 22 muertes maternas ocurridas en el primer semestre de este año en ese departamento. De ese total, 19 casos ocurrieron en municipios rurales y 3 en el área urbana.

Los datos están consignados en el Boletín del Comité Departamental por una Maternidad Segura de Chuquisaca publicado con motivo del Día de la Mujer Boliviana, el pasado 11 de octubre.

Destaca que "por primera vez en la historia de los servicios de salud de Chuquisaca, se investigan las muertes maternas que se han producido para detectar las causas y buscar soluciones integrales", a tiempo que reafirma su responsabilidad ante el problema y la firme voluntad de encararlo "con el más amplio apoyo ciudadano".

De acuerdo con los reportes del Comité Departamental por una Maternidad Segura de Chuquisaca, las 22 madres que perdieron la vida, dejaron en la orfandad un promedio de 4 hijos, lo que muestra "una realidad profundamente humana y no sólo cifras frías e insensibles".

Asimismo, revela que la madre más joven murió a los 21 años y la de mayor edad a los 45, "lo que confirma que la mortalidad materna se da en mujeres jóvenes y en edad reproductiva".



VI Conferencia de Primeras Damas de las Américas

Un compromiso con el desarrollo humano

La promoción de la salud integral de la mujer, constituirá uno de los ejes de discusión y formulación de acciones de la VI Conferencia de Esposas de Jefes de Estado y de Gobierno de las Américas, denominada "Los derechos de la mujer y la niñez en el marco del desarrollo humano sostenible", que tendrá lugar en La Paz del 3 al 6 de diciembre, según informó la Lic. Carola Muñoz Coordinadora Técnica de la reunión.

El primer encuentro de Esposas de Jefes de Estado y de Gobierno se realizó en Venezuela en 1991 y posteriormente se reunieron en Colombia, Costa Rica, Santa Lucía, Estados Unidos y Paraguay. La VI Conferencia tiene a Bolivia como país anfitrión.

Las acciones concretas

El tema de la mortalidad materna constituye una de las preocupaciones centrales del conjunto de países de las Américas. A iniciativa de Bolivia, la VI Cumbre de Primeras Damas que reunirá a representantes de 37 países, impulsará el Programa de Prevención y Control de las Anemias Nutricionales que ya fue presentado en la reunión técnica preparatoria de

agosto pasado y a la fecha "el Programa Mundial de Alimentos ha asegurado recursos para que tanto en Bolivia como en otros diez países que se han sumado a la iniciativa, toda la harina que consume la población sea fortificada con hierro, logrando un complemento nutricional importante para amplios sectores de la población que en muchos casos sólo consumen pan", destacó la Lic. Muñoz.

En coherencia con las líneas de acción de la Iniciativa para la Reducción de la Mortalidad Materna en las Américas, aprobada en la V Conferencia de Primera Damas realizada en Asunción, Paraguay en 1995, el Seguro de Maternidad y Niñez implementado en Bolivia hace cinco meses, constituye un ejemplo replicable que muestra que "es posible superar las dificultades en el acceso y baja utilización del control prenatal y de la atención del parto, a la vez de realizar esfuerzos para brindar una atención de salud de calidad", sostuvo la Lic. Muñoz.

El embarazo precoz que constituye una grave amenaza para la salud de las mujeres y produce serias consecuencias en las madres adolescentes y los recién nacidos, también merecerá la preocupación de la Conferencia. En base a las resoluciones de la Reunión Técnica Preparatoria, Bolivia ha concluido un diagnóstico que permitió establecer que "no es suficiente la prevención de esta problemática social, sino que es necesario adoptar un conjunto de medidas que atiendan integralmente el tema y resuelvan un conjunto de necesidades insatisfechas de las y los adolescentes, tales como educación, empleo, salud integral, creación y recreación, precisamente para lograr que el programa sea sostenible en el tiempo", explicó la Lic. Muñoz a

tiempo de anunciar que en el país se estructurará el Comité para la Formulación de Políticas en Favor de los/as Jóvenes y Adolescentes que comprometerá al Estado, las ONGs, al sector privado y la población en su conjunto.

La prevención de la mortalidad por cáncer, constituye otro de los temas de preocupación por cuanto contribuye a la elevada mortalidad materna y está directamente relacionada con el ciclo reproductivo de la mujer.

Además de los temas de salud, la reunión analizará y comprometerá la capacidad de convocatoria, abogacía y movilización de las esposas de jefes de estado y de gobierno, respecto a la educación, la lucha contra la violencia intrafamiliar y la ampliación de la participación de la mujer en los espacios del poder.

**Para mayor información dirigirse a:
CORREO DE LOS COMITES**

Calle Rosendo Gutiérrez 111, 2do. piso
Tel. (591 - 2) 330728
Fax. (591 - 2) 316919
Casilla 2360, La Paz, Bolivia



61ª CONFERENCIA DE JEFEES DE ESTADO
Y DE GOBIERNO
DE LAS AMERICAS
Secretaría Pro-Temore

LINEAMIENTOS PARA EL PLAN DE ACCION

OBJETIVO GENERAL

Promover y proteger el ejercicio pleno de los derechos y libertades fundamentales de las mujeres y la niñez de las américas, para mejorar la calidad de vida de la población, mediante el impulso a acciones regionales que apoyen las políticas sociales de los respectivos gobiernos.

Cumplir con el compromiso de seguimiento de puntos coincidentes entre la plataforma y el Plan de Acción de Beijing y las Metas de la Cumbre Mundial en favor de la Infancia.

Objetivo Especifico en relación a la Educación y capacitación de la mujer y la niña.

Promover la igualdad de acceso y retención de las niñas de las Américas en el sistema educativo.

Aumentar y promover el acceso a la educación y capacitación permanentes de las mujeres adultas.

Aumentar el acceso de las mujeres rurales a la formación tecnológica y educativa.

Acompañar las campañas de información, sensibilización y movilización social en favor del incremento de la alfabetización de la mujer rural.

METAS EN RELACIÓN A LA EDUCACIÓN CAPACITACIÓN DE LA MUJER Y LA NIÑA

- Coadyuvar a que nuestros gobiernos, para el año 2000, cumplan con el compromiso internacional de que por lo menos el 80 % de los niños en edad escolar, tengan acceso y logren terminar la escuela primaria.



COMISION INTERAMERICANA DE MUJERES
DE JEFES DE ESTADO
Y DE GOBIERNO
DE LAS AMERICAS
Secretaría Pro-Tempro

- Apoyar las tareas de reducción del analfabetismo entre las mujeres por lo menos a la mitad de la tasa de 1990, para el año 2000.

LA SALUD DE LA MUJER Y LA NIÑEZ

Objetivo específico en relación a la salud de la mujer y la infancia.

Promover la formulación o el fortalecimiento de políticas nacionales, de planes y programas para la reducción acelerada de la mortalidad materna en las Américas.

Impulsar la movilización de las instituciones públicas, privadas, ONG's, organizaciones sociales de base y otras, para que contribuyan, desde sus ámbitos de competencia, al desarrollo de los Planes Nacionales y Locales y la ejecución de medidas de mayor impacto para la reducción acelerada de la mortalidad materna.

Dar continuidad y ampliar el proyecto de prevención del embarazo adolescente. Implementar mecanismos de apoyo para la reducción de las muertes maternas e infantiles debido a la anemia por deficiencias de hierro.

METAS EN RELACION A LA SALUD

- Apoyar los planes de reducción de la mortalidad materna como mínima en un 50 % para el año 2000.
- Contar con un diagnóstico socio demográfico en los países participantes del Programa de Detección del Embarazo Adolescente.
- Contar con instrumentos de políticas públicas para prevenir el embarazo adolescente, en cada uno de los países de la región, participantes del Proyecto.
- Presentar un proyecto sobre "la Iniciativa Regional para la Fortificación de la Harina con Hierro en los países de las Américas".



- Reducir la tasa de mortalidad de menores de 5 años en una tercera parte de las tasas estimadas en 1990.
- Reducir en un 50 % la tasa de malnutrición grave y moderada de los niños menores de cinco años.

OBJETIVO ESPECIFICO EN RELACION A LA VIOLENCIA INTRAFAMILIAR

- Tipificar la Violencia Intrafamiliar en los códigos penales y de procedimiento.
- Asegurar el acceso a albergues para mujeres y ninez maltratada.
- Conformar comites de coordinacion con la sociedad civil y sus organizaciones gubernamentales y no gubernamentales.
- Impulsar programas en los medios de comunicacion masiva que toquen el tema de la violencia intrafamiliar de manera directa y desprejuiciada.
- Mejorar la protección de los derechos de la infancia de las Americas.

METAS EN RELACIÓN A LA VIOLENCIA INTRAFAMILIAR

- Un 50 % de los países que participan de este sistema, con el compromiso de apoyo de las Esposas de Jefes de Estado y de Gobierno, inicien acciones para cambiar la legislación.
- Al menos en un tercio de los países, la conformación de instancias de coordinación entre sociedad civil y sus organizaciones gubernamentales y no gubernamentales, para trabajar sobre el tema de la violencia intrafamiliar.
- Un 50 % de los países con programas de comunicación masiva sobre violencia intrafamiliar.



5ª CONFERENCIA DE JEESOSAS
DE JEFES DE ESTADO
Y DE GOBIERNO
DE LAS AMERICAS
Secretaría Pro-Tempore

- Objetivo específico en relación al fortalecimiento organizativo de la Secretaría Pro-Tempore.
- La organización de la Secretaría Pro-Tempore, con estructura de red intercomunicada, bajo la responsabilidad de acompañamiento del país sede, junto a la troica.
- Presentar a consideración de las reuniones técnicas listados de nuevas problemáticas sociales a ser abordadas, bajo programa de acción en base a estudios e investigaciones que avalen su pertinencia.
- Constitución de una red electrónica vía Internet y E.Mail que intercomunique a todas las oficinas de país.
- Elaboración de una publicación latinoamericana de la Secretaria Pro-Tempore, dos veces al año.
- Organización del "Foro Anual de las Primeras Damas", como evento internacional de análisis de un tema prioritario.

ALMUERZO EN HONOR DE LA SEÑORA
DORA LEILA RACHID
VICE MINISTRO DE RELACIONES EXTERIORES DEL PARAGUAY

MENU:

MOUSSE DE TRUCHA AHUMADA

SAJTA DE POLLO

BAVAROIS DE TUMBO

MARQUES DE ARIENZO TINTO Y BLANCO
LICORES. CAFE

Residencia Presidencial. 20 de Agosto de 1996

PERA PRESENTATION

* Thank you to the Pro-Tempore Secretariat for this opportunity to talk briefly about an issue that Mrs. Clinton and so many of the other First Ladies care so much about -- the education of our children -- and to bring all of you up to date on progress we have made on the initiative Mrs. Clinton announced in Paraguay -- the Partnership for Education Revitalization in the Americas.

* It is now widely recognized that investing in education is vital to the individual and shared futures to all of our countries -- and our goal must be to increase the quality of education and the broad availability of education:

--Without a skilled and capable labor force, it is impossible for any of countries to play a significant role in or compete in the global economy.

--Education is key to upward mobility

--Education is an important vehicle to reduce income inequalities peacefully, through equitable growth.

* I think we will all agree that education is tied closely to other key goals that we are discussing during this meeting: maternal mortality reduction, teenage pregnancy prevention and increasing women's civic and political participation.

--A 1993 World Bank study demonstrates that the more educated a woman is, the lower her fertility rate will be;

--When parents are more educated -- particularly the mother -- the maternal mortality rate decreases and childrens' health improves.

--Women wage earners -- those that have the education to work in a competitive labor force -- re-invest in their families at a higher rate than men; thus women bring greater social benefits to their children. In other words, the rate of return on investing in women's education is substantially greater than the same investment in men.

--Women who are educated are more likely to become involved in the political life of their nations and communities.

* So whatever the specific issue or project that we work on, promoting education is in our interest.

* The importance of education was recognized by the democratically elected leaders of the Western Hemisphere at the Summit of the Americas in December 1994. The leaders agreed to make education a priority and the Government of

Mexico has assumed the role of coordinator of Summit follow-up on education. In Miami, the leaders agreed that:

"Universal literacy and access to education at all levels, without distinction by race, national origin or gender, are an indispensable basis for sustainable social and cultural development, economic growth and democracy."

- * Specifically, one of the goals that the leaders agreed to:

"Create a hemispheric partnership, working through existing organizations, to provide a consultative forum for governments, non-governmental actors, the business community, donors and international organizations to reform educational policies and focus resources more efficiently."
- * In Paraguay, Mrs. Clinton announced that to further the work of the Summit, the Government of the United States will provide initial funding for the Partnership for Educational Revitalization in the Americas (PERA), which will help facilitate that hemispheric partnership.
- * In essence, PERA will be a forum to exchange information on best practices -- on programs and policies that are working to improve education for our children. Mrs. Clinton often quotes her husband who says that there is no problem that isn't being solved somewhere, and that if we could only learn better from one another -- share information about practices, policy and projects that are working -- we could replicate those programs and make great strides.
- * PERA was created to be a just such a forum for an exchange of information on what is working throughout the hemisphere for children in education, to promote replication of effective strategies and, with shared knowledge, develop model policy initiatives.
- * PERA will facilitate this dialogue between public and private sector organizations working for educational reform in the Americas to improve the quality and equity of education in the Americas. It will include governments, non-governmental entities, the business community, donors, and regional networks.
- * The partnership will promote informed debate on policy alternatives, identify and disseminate best education practices emerging in region, and monitor progress toward improving educational policy.
- * A small team of professionals working out of a Secretariat will organize and develop the partnership. Specific activities will include working groups on key policy issues, research and policy analysis, professional exchanges,

workshops and conferences, mechanisms to monitor progress and publications.

- * Since Mrs. Clinton's announcement in Paraguay, the United States Agency for International Development has initiated and completed a number of preparatory activities leading to PERA:

--In December of 1995 representatives from 16 countries in the Hemisphere and multilateral and bilateral organizations active in the field of education gathered in Washington, D.C. for a three day meeting. They worked on establishing a forum for the revitalization of education and building on the framework established in Miami.

--Case studies have begun which are designed to identify the potential applicability of lessons learned by countries of the region that have initiated a strategic transformation of their basic education system.

--The Inter-American Dialogue, which is a premier non-governmental institution for policy analysis and exchange for hemispheric affairs, has been chosen by USAID to house the PERA Secretariat, and we hope and expect that over the next few months, the Secretariat will be formally established and fully staffed.

- * The structure of PERA will be four working groups in the region with broad representation on specific policy goals:
 1. decentralization
 2. school finance
 3. quality
 4. equity

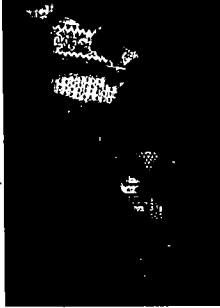
NOTE: the issue of equity will have as part of its focus how to reach segments of the population whose repetition and drop-out rates are traditionally high, like girls.

- * We hope that some of the First Ladies of the Hemisphere may become involved with this initiative -- by using their power to convene to bring together eminent education experts and key community leaders in their own countries to begin a dialogue or a campaign for education improvement; by helping to identify programs that are working in their own countries that could serve as models for replication throughout the Hemisphere (we know there is so much good that is going on in the Hemisphere and that the First Ladies are involved in some excellent projects).
- * The PERA Secretariat will be housed at the Inter-American Dialogue, and the Pro-Tempore Secretariat of this Conference will be extending an invitation to the organization to attend and help give shape to concrete strategies in which the First Ladies may participate.

* In the Paraguay declaration, the First Ladies agreed to:

"Promote a hemispheric dialogue to share information and exchange experiences on education reform efforts which increase school enrollment rates, improve the quality of primary and secondary education and expand coverage of non-formal family, community based early childhood education."

We hope that the First Ladies will be involved and we look forward to more information on concrete strategies for involvement in the December meeting.



MEETING OF TECHNICAL ADVISERS

The Pro Tempore Secretariat requests the Technical Advisers of the Wives of Heads of State and Government of the Americas to participate in the meeting on agenda items of the VI Conference.

DATE Wednesday, December 4

TIME At the conclusion of the Working Group

PLACE Third floor Radisson Hotel
Room 315

por una maternidad segura

correo de los comités Bolivia

Boletín de circulación nacional. No 1, diciembre de 1996

Cada año, 50 millones de mujeres en el mundo sufren graves enfermedades o lesiones relacionadas con las complicaciones del embarazo, el parto y el aborto practicado en condiciones insalubres. Cada minuto muere una de estas mujeres.

Esta tragedia puede ser evitada. Por eso, en

1987 fue lanzada la Iniciativa Internacional sobre Maternidad Sin Riesgos.

Como parte de esta iniciativa, en Bolivia se llevó a cabo en 1993 la Conferencia Andina sobre Maternidad sin Riesgos, a la que asistieron delegados/as de Bolivia, Colombia, Ecuador, Perú y Venezuela.

En el marco de las prioridades de la política social del gobierno boliviano, el Plan Vida (1994-1997) ha planteado la reducción acelerada de la mortalidad materna, perinatal y de la niñez. El Plan se ha propuesto reducir la mortalidad materna en 50% en un plazo de 4 años, y al mismo tiempo reducir la mortalidad perinatal en un 30%. Asimismo, busca disminuir en 50% el número de muertes de niños/as menores de un año y, en igual porcentaje, las muertes de niños/as menores de 5 años, metas enmarcadas en el Plan de Acción Estratégica.

A este objetivo han contribuido las reformas del Estado, el enfoque de desarrollo humano, la descentralización administrativa y la participación popular, que han facilitado el acceso de la población a los recursos y servicios básicos.

En este contexto, el 8 de febrero de 1996, se constituye el Comité Nacional por una Maternidad Segura, como instancia coordinadora de los esfuerzos realizados para la disminución acelerada de la morbilidad materna entre el Estado, ONGs, organizaciones de mujeres y organizaciones de base. De la misma manera se ha promovido la creación de Comités Departamentales responsables de coordinar las acciones a nivel regional.



Presentación

La disminución acelerada de la morbilidad materna, planteada como objetivo principal de los esfuerzos que en materia de salud se despliegan en el país, compromete la participación no sólo de las instituciones, sino también de la sociedad civil y la población en su conjunto.

Justamente para contribuir al logro de este objetivo, la presente publicación se plantea como un espacio de intercambio fluido de las experiencias que, desde cada uno de los rincones del país, se concretan en el propósito de disminuir la morbilidad materna.

El Correo de los Comités, intenta convertirse en un medio de comunicación que dinamice la relación entre el Comité Nacional y los Comités Departamentales por una Maternidad Segura. Rara de esta manera rescatar los esfuerzos exitosos que desde las instituciones y la sociedad se realizan para cumplir los objetivos previstos, pero también los fracasos como medio de aprendizaje para corregir los errores.



Seguro Nacional de Maternidad y Niñez

A cinco meses de la inauguración del Seguro Nacional de Maternidad y Niñez, la cobertura de los servicios de salud a mujeres y niños/as menores de 5 años, se ha incrementado en más del 30 por ciento a nivel nacional.

La información fue proporcionada por el Director Ejecutivo del Seguro, Lic. Mario Galindo, quien destacó que cerca de 1.500 mujeres y niños han acudido diariamente -tanto en el área urbana como rural- a los centros de salud.

De esta manera, se ha confirmado que la falta de recursos económicos constituía uno de los factores que impedía la demanda de servicios de salud por parte de la población.

A la fecha los 309 municipios existentes en el país se han adherido voluntariamente a este servicio.

Un desafío: la calidad de atención

Aunque el inicial impacto del Seguro de Maternidad y Niñez se atribuye a la gratuidad de los servicios brindados, uno de los desafíos

inmediatos para asegurar la continuidad de la demanda de parte de la población es mejorar la calidad de atención en los centros hospitalarios, según reconoció el Subsecretario de Seguros Médicos, Dr. Raúl Prada.

"No hacerlo nos enfrentaría al riesgo del rechazo y el ausentismo de la población", enfatizó.

impacto del Seguro de Maternidad y Niñez, el Dr. Prada reconoció que en su implementación se enfrentaron algunas dificultades que fueron atribuidas al proceso de consolidación de un servicio de esta magnitud.

Coberturas aseguradas

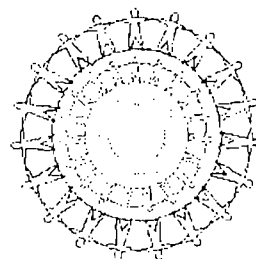
En su actual fase, el Seguro de Maternidad y Niñez cubre la atención a mujeres gestantes en el tercer trimestre de su embarazo, garantizándoles la asistencia médica, quirúrgica, farmacéutica, análisis básicos de laboratorio y atención hospitalaria durante el embarazo, el parto, el puerperio y las emergencias obstétricas.



En una inspección al Hospital de la Mujer de la Ciudad de La Paz, el Ministro de Desarrollo Humano, Freddy Teodovich, evidenció que la implementación del Seguro de Maternidad y Niñez enfrenta todavía muchas dificultades. "Se necesita -dijo- capacitar al personal de salud para brindar una atención de calidad".

Por ello, insistió, "se está poniendo énfasis en la capacitación de recursos humanos en salud, que garanticen una atención de calidad a mujeres, niños y niñas, que se constituyen en los sectores más vulnerables de la población".

Asimismo, a pesar del notable



I Conferencia Panamericana de Médicos Parlamentarios

La Salud, una cuestión de Estado

Alrededor de 100 legisladores/as reunidos en la Primera Conferencia Panamericana de Médicos Parlamentarios, se comprometieron a "sensibilizar a todos los políticos en el objetivo de lograr que la salud se convierta en una cuestión de Estado para alcanzar el objetivo del desarrollo social integral".

El encuentro que tuvo lugar en Santa Cruz del 2 al 5 de octubre pasado, abordó temas relativos a la reforma sanitaria en el contexto del ajuste económico, el proceso de la Cumbre Mundial en favor de la Infancia, la salud sexual y reproductiva y su relación con la equidad y la justicia social. Según resoluciones del encuentro la problemática de la salud debe considerar el "impacto social negativo" de las actuales políticas económicas mundiales y las tendencias globalizadoras que "han agravado su situación crónica deficitaria".

La reunión parlamentaria

panamericana fue organizada por la OPS/OMS, UNICEF y el UNFPA y contó con el auspicio de la Organización Internacional de Médicos Parlamentarios (IMPO), fundada en Bangkok, Tailandia, en febrero de 1994, con el objetivo de "promover la cooperación en la formulación de políticas, promulgación de leyes y actividades parlamentarias sobre la atención médica y de salud a nivel mundial".

La persistencia de obstáculos

A pesar de los avances en materia de salud, la Conferencia evidenció la persistencia de obstáculos en los programas de salud sexual y reproductiva en la región: la discriminación que sufre la mujer para acceder a los servicios y participar en la toma de decisiones sobre su salud y su cuerpo; la pobreza, ligada a condiciones socio-económicas desfavorables y a altos índices de desempleo; y el bajo nivel

de instrucción de la mujer.

A esto se suma el desconocimiento de la magnitud del aborto como una de las principales causas de muerte materna e invalidez, y como un problema de salud pública y la ausencia de políticas de salud pública que aborden el tema de la sexualidad en la adolescencia.

A partir del diagnóstico, los médicos parlamentarios adoptaron un documento en el que reconocen "que los derechos sexuales y reproductivos deben encuadrarse en el marco de las reformas de salud, que buscan el desarrollo de las personas, hombres y mujeres, a través del ejercicio de los derechos ciudadanos".

La salud sexual y reproductiva — puntualizan— no es un problema privado, sino un tema de Estado.

La próxima Conferencia Panamericana de Médicos Parlamentarios, tendrá lugar en México y concentrará su debate en la temática del aborto.

Compromisos asumidos

- * Crear o reforzar leyes que eliminen las causas de la violencia doméstica.
- * Incorporar la educación sexual con un enfoque integral, en todos los países que están llevando a cabo reformas del sistema educativo.
- * Prohibir la práctica del test de embarazo como condición para la inserción laboral femenina, por ser atentatoria contra los derechos humanos, sexuales y reproductivos.
- * Promulgar o mejorar leyes que contemplen la protección económica y laboral de la mujer embarazada.
- * Apoyar programas destinados a educar al hombre en los aspectos relacionados a los derechos de la mujer y a la salud sexual y reproductiva.
- * Penalizar el maltrato a la mujer en los servicios de salud.
- * Apoyar el debate sobre la despenalización del aborto.
- * Fomentar programas de capacitación de recursos humanos en forma multisectorial para mejorar la calidad de los servicios, no sólo desde los aspectos técnicos sino también culturales.
- * Adecuar el marco jurídico de los países para democratizar la información y los servicios, y ampliar la oferta de métodos anticonceptivos.
- * Propiciar leyes de apoyo al adolescente para el libre acceso de éstos a los servicios de salud sexual y reproductiva, evitando así, que sean expulsados del sistema escolar o del trabajo por razones de maternidad o paternidad.
- * Adecuar el marco jurídico de los países para apoyar el respeto a la medicina indígena y su articulación con la medicina "occidental".
- * Fomentar el intercambio de experiencias legislativas a nivel parlamentario entre los distintos países.

COMITE NACIONAL POR UNA MATERNIDAD SEGURA

El Comité Nacional por una Maternidad Segura es un organismo intersectorial dependiente de la Presidencia de la República, encargado de impulsar la participación interinstitucional e interagencial para la ejecución, seguimiento y evaluación del Plan Vida y de otras acciones orientadas a la reducción acelerada de la mortalidad materna y perinatal.

¿Quiénes componen el Comité?

- Presidencia de la República mediante la Primera Dama de la Nación
- Ministro de Desarrollo Humano
- Presidente de la Comisión de Desarrollo Social del H. Senado Nacional
- Presidente de la Comisión de Salud de la H. Cámara de Diputados Secretario Nacional de Salud
- Secretario Nacional de Educación
- Secretario Nacional de Asuntos Etnicos, de Género y Generacionales
- Secretario Nacional de Hacienda
- Secretario Nacional de Régimen Interior y Policía.
- El Grupo Asesor del Comité Nacional por una Maternidad Segura, está constituido por la OPS/ OMS, UNFPA, UNICEF, BID, Banco Mundial, USAID y Cooperación Técnica Alemana.

COMITE TECNICO NACIONAL POR UNA MATERNIDAD SEGURA

- Centro de Investigación, Educación y Servicios
- Coordinadora de la Mujer
- Despacho de la Primera Dama
- Dirección Nacional de Salud y Nutrición de la Mujer y el Niño (SNS)
- Dirección de Políticas de Población
- Estrategia Nacional de Salud Reproductiva
 - Subcomisión IEC
 - Subcomisión de Capacitación
 - Subcomité de Servicios
 - Subcomité de Investigación
- Family Care International
- Ministerio de Desarrollo Sostenible y Medio Ambiente
- Mother Care
- PROCOSI
- OPS/OMS
- Plataforma de la Mujer
- Secretaría Nacional de Salud
- Secretaría Nacional de Educación
- Subsecretaría de Asuntos de Género
- Subsecretaría de Inversión Pública y Financiamiento Externo
- UDAPSO
- UNFPA
- UNICEF
- Universidad John Hopkins/PCS

COMITES DEPARTAMENTALES POR UNA MATERNIDAD SEGURA

Actualmente han sido constituidos 6 Comités Departamentales por una Maternidad Segura, a la cabeza del/la Secretario/a Departamental de Desarrollo Humano de cada Prefectura de Departamento.

Dra. María Teresa Paz	La Paz.
Sra. Adela Prado de Barbonari	Santa Cruz
Ing. Gustavo Cardozo	Cochabamba
Sr. Freddy Carrasco Jaldín	Sucre
Sr. Cnl. Freddy Ortuño R.	Tarija
Lic. Adalberto Thenier M.	Potosí



En el Día de la No Violencia Contra la Mujer

Un silencio que se hace eco

En silencio, cientos de mujeres marcharon por las principales calles de la ciudad de Santa Cruz, en demanda de sus derechos.

En oportunidad del Día Internacional de la No Violencia Contra la Mujer, el 25 de noviembre, el movimiento de mujeres cruceñas concentró

sus peticiones en la ampliación de los servicios del Seguro de Maternidad y Niñez a la atención de

las mujeres con complicaciones por aborto inducido.

En una demostración en la que extremaron su creatividad, portaron un gran cartel que decía: *"Aquí yacen los restos de millones de mujeres muertas por efecto de la violencia: sus cuerpos ya no están, sus demandas de justicia viven en cada una de nosotras"*, detrás del cual una columna de mujeres de luto acompañaba un féretro que simbolizaba a las víctimas muertas como consecuencia de las complicaciones del aborto inseguro.

Aunque a lo largo de la manifestación silenciosa, las mujeres portaron carteles denunciando las múltiples formas de violencia que se

cometen en contra de las mujeres, pusieron de relieve que una de ellas es precisamente "no disponer de condiciones para un embarazo y un parto saludables".

Cecilia Moreno, del Colectivo Rebeldía, una de las instituciones que participó en la movilización, dijo que "desde la percepción de las mujeres, los esfuerzos que se realicen para disminuir la mortalidad materna en el país, no serán suficientes si no se atiende la principal causa de muerte: el aborto en malas condiciones".

Por su parte, Miriam Suárez de la Casa de la Mujer, puntualizó que la movilización de las mujeres cruceñas, forma parte de las iniciativas

adoptadas por el movimiento de mujeres de América Latina y el Caribe en la perspectiva de lograr conquistas que aseguren la

calidad de vida de las mujeres.

Anunció que a partir de la movilización del 25 de noviembre, continuarán una serie de acciones orientadas a promover el debate sobre el aborto en el país "que pretende ser enterrado por la doble moral impuesta para impedir abordar el tema".

La movilización del movimiento de mujeres cruceñas culminó en la plaza principal de la capital oriental, con una declaración a la prensa en la que pusieron de relieve que diferentes investigaciones dan cuenta que "en el país ocurren cerca de 50 mil abortos por año, lo que significa que cerca de 150 embarazos son interrumpidos a diario clandestinamente, y que cada

año mueren 1.000 madres bolivianas como consecuencia de complicaciones del aborto".

Como parte de las acciones emprendidas para abrir el debate sobre el aborto en el país, las organizaciones femeninas de Santa Cruz, dirigieron una carta al parlamento nacional demandando la "inclusión de la atención de las complicaciones del aborto inseguro en las prestaciones del Seguro de Maternidad y Niñez".

En el primer semestre 96 22 madres perdieron la vida en Chuquisaca

El Comité Departamental por una Maternidad Segura de Chuquisaca, reportó 22 muertes maternas ocurridas en el primer semestre de este año en ese departamento. De ese total, 19 casos ocurrieron en municipios rurales y 3 en el área urbana.

Los datos están consignados en el Boletín del Comité Departamental por una Maternidad Segura de Chuquisaca publicado con motivo del Día de la Mujer Boliviana, el pasado 11 de octubre.

Destaca que "por primera vez en la historia de los servicios de salud de Chuquisaca, se investigan las muertes maternas que se han producido para detectar las causas y buscar soluciones integrales", a tiempo que reafirma su responsabilidad ante el problema y la firme voluntad de encararlo "con el más amplio apoyo ciudadano".

De acuerdo con los reportes del Comité Departamental por una Maternidad Segura de Chuquisaca, las 22 madres que perdieron la vida, dejaron en la orfandad un promedio de 4 hijos, lo que muestra "una realidad profundamente humana y no sólo cifras frías e insensibles".

Asimismo, revela que la madre más joven murió a los 21 años y la de mayor edad a los 45, "lo que confirma que la mortalidad materna se da en mujeres jóvenes y en edad reproductiva".



VI Conferencia de Primeras Damas de las Américas

Un compromiso con el desarrollo humano

La promoción de la salud integral de la mujer, constituirá uno de los ejes de discusión y formulación de acciones de la VI Conferencia de Esposas de Jefes de Estado y de Gobierno de las Américas, denominada "Los derechos de la mujer y la niñez en el marco del desarrollo humano sostenible", que tendrá lugar en La Paz del 3 al 6 de diciembre, según informó la Lic. Carola Muñoz Coordinadora Técnica de la reunión.

El primer encuentro de Esposas de Jefes de Estado y de Gobierno se realizó en Venezuela en 1991 y posteriormente se reunieron en Colombia, Costa Rica, Santa Lucía, Estados Unidos y Paraguay. La VI Conferencia tiene a Bolivia como país anfitrión.

Las acciones concretas

El tema de la mortalidad materna constituye una de las preocupaciones centrales del conjunto de países de las Américas. A iniciativa de Bolivia, la VI Cumbre de Primeras Damas que reunirá a representantes de 37 países, impulsará el Programa de Prevención y Control de las Anemias Nutricionales que ya fue presentado en la reunión técnica preparatoria de

agosto pasado y a la fecha "el Programa Mundial de Alimentos ha asegurado recursos para que tanto en Bolivia como en otros diez países que se han sumado a la iniciativa, toda la harina que consume la población sea fortificada con hierro, logrando un complemento nutricional importante para amplios sectores de la población que en muchos casos sólo consumen pan", destacó la Lic. Muñoz.

En coherencia con las líneas de acción de la Iniciativa para la Reducción de la Mortalidad Materna en las Américas, aprobada en la V Conferencia de Primera Damas realizada en Asunción, Paraguay en 1995, el Seguro de Maternidad y Niñez implementado en Bolivia hace cinco meses, constituye un ejemplo replicable que muestra que "es posible superar las dificultades en el acceso y baja utilización del control prenatal y de la atención del parto, a la vez de realizar esfuerzos para brindar una atención de salud de calidad", sostuvo la Lic. Muñoz.

El embarazo precoz que constituye una grave amenaza para la salud de las mujeres y produce serias consecuencias en las madres adolescentes y los recién nacidos, también merecerá la preocupación de la Conferencia. En base a las resoluciones de la Reunión Técnica Preparatoria, Bolivia ha concluido un diagnóstico que permitió establecer que "no es suficiente la prevención de esta problemática social, sino que es necesario adoptar un conjunto de medidas que atiendan integralmente el tema y resuelvan un conjunto de necesidades insatisfechas de las y los adolescentes, tales como educación, empleo, salud integral, creación y recreación, precisamente para lograr que el programa sea sostenible en el tiempo", explicó la Lic. Muñoz a

tiempo de anunciar que en el país se estructurará el Comité para la Formulación de Políticas en Favor de los/as Jóvenes y Adolescentes que comprometerá al Estado, las ONGs, al sector privado y la población en su conjunto.

La prevención de la mortalidad por cáncer, constituye otro de los temas de preocupación por cuanto contribuye a la elevada mortalidad materna y está directamente relacionada con el ciclo reproductivo de la mujer.

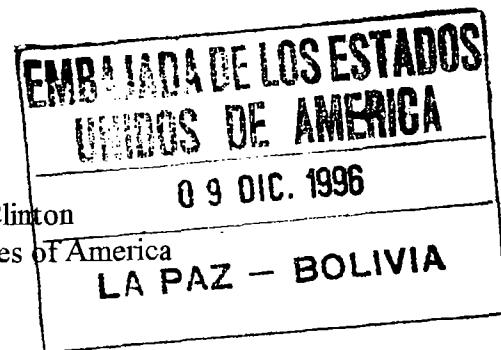
Además de los temas de salud, la reunión analizará y comprometerá la capacidad de convocatoria, abogacía y movilización de las esposas de jefes de estado y de gobierno, respecto a la educación, la lucha contra la violencia intrafamiliar y la ampliación de la participación de la mujer en los espacios del poder.

**Para mayor información dirigirse a:
CORREO DE LOS COMITES**

Calle Rosendo Gutiérrez 111, 2do. piso
Tel. (591 - 2) 330728
Fax. (591 - 2) 316919
Casilla 2360, La Paz, Bolivia

**REVISADO
POR
SEGURIDAD
LA PAZ**

Mrs. Hillary Rodham Clinton
First Lady, United States of America
The White House
Washington, D.C.



OFICINA NACIONAL
Calle Nicolas Acosta n° 289
(esq. Cañada Strongesti)
Plaza San Pedro
Teléfono : (591-2) 39.28.10
Fax : (591-2) 39.19.41
Casilla n° 13176
La Paz

REGIONAL LA PAZ
Plaza Alonso de Mendoza n° 270
(esq. Chuquisaca)
Teléfono : (591-2) 35.59.94
Casilla n° 13176
La Paz

REGIONAL SANTA CRUZ
Calle Buenos Aires n° 36
(entre 24 de Septiembre y Libertad)
Teléfono : (591-2) 36.01.36
Fax : (591-03) 32.63.79
Casilla n° 1904
Santa Cruz

REGIONAL COCHABAMBA
Calle Esteban Arze n° 631
(entre Ladislao Cabrera y Uruguay)
Teléfono : (591-042) 50.317
Fax : (591-042) 21.245
Casilla n° 5392
Cochabamba

REGIONAL ORURO
Calle Pagador n° 6338
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WASHINGTON, D.C. 20523

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Ms. Nicole Rabner
Office of the First Lady
The White House
Room 100

Despacho de la
Primera Dama
de la Nación



TO : Mrs. Hillary Rodham Clinton, First Lady of the United States of America.
FAX : (1 202)456-6244
FROM : Dr. Leila Rachid, Vice-Minister of Foreign Affairs and Technical Advisor to the First Lady of the Republic of Paraguay.
FAX : (595 21)490-677.
DATE : November 13, 1996.
PAGES : 1 (One).

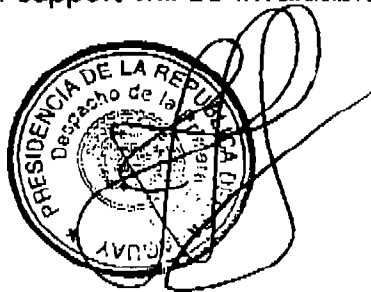
Dear Mrs. Clinton:

It is with great pleasure that I am writing to you to extend you my warmest congratulations on the occasion of the reelection of your husband, Mr. William Clinton, as President of the United States of America for a new 4 year period.

I wish you the greatest success in your role as First Lady of your country.

I look forward to seeing you at the 6th Conference of Wives of Heads of State and of Government of the Americas to be held in Bolivia, from December 3-6, 1996. Your continued support will be invaluable.

With my best wishes,



Dr. Leila Rachid
Vice-Minister of Foreign Affairs
Technical Advisor to the First Lady of the Republic of Paraguay

PERA PRESENTATION

* Thank you to the Pro-Tempore Secretariat for this opportunity to talk briefly about an issue that Mrs. Clinton and so many of the other First Ladies care so much about -- the education of our children -- and to bring all of you up to date on progress we have made on the initiative Mrs. Clinton announced in Paraguay -- the Partnership for Education Revitalization in the Americas.

* It is now widely recognized that investing in education is vital to the individual and shared futures to all of our countries -- and our goal must be to increase the quality of education and the broad availability of education:

--Without a skilled and capable labor force, it is impossible for any of countries to play a significant role in or compete in the global economy.

--Education is key to upward mobility

--Education is an important vehicle to reduce income inequalities peacefully, through equitable growth.

* I think we will all agree that education is tied closely to other key goals that we are discussing during this meeting: maternal mortality reduction, teenage pregnancy prevention and increasing women's civic and political participation.

--A 1993 World Bank study demonstrates that the more educated a woman is, the lower her fertility rate will be;

--When parents are more educated -- particularly the mother -- the maternal mortality rate decreases and childrens' health improves.

--Women wage earners -- those that have the education to work in a competitive labor force -- re-invest in their families at a higher rate than men; thus women bring greater social benefits to their children. In other words, the rate of return on investing in women's education is substantially greater than the same investment in men.

--Women who are educated are more likely to become involved in the political life of their nations and communities.

* So whatever the specific issue or project that we work on, promoting education is in our interest.

* The importance of education was recognized by the democratically elected leaders of the Western Hemisphere at the Summit of the Americas in December 1994. The leaders agreed to make education a priority and the Government of

Mexico has assumed the role of coordinator of Summit follow-up on education. In Miami, the leaders agreed that:

"Universal literacy and access to education at all levels, without distinction by race, national origin or gender, are an indispensable basis for sustainable social and cultural development, economic growth and democracy."

- * Specifically, one of the goals that the leaders agreed to:

"Create a hemispheric partnership, working through existing organizations, to provide a consultative forum for governments, non-governmental actors, the business community, donors and international organizations to reform educational policies and focus resources more efficiently."

- * In Paraguay, Mrs. Clinton announced that to further the work of the Summit, the Government of the United States will provide initial funding for the Partnership for Educational Revitalization in the Americas (PERA), which will help facilitate that hemispheric partnership.

- * In essence, PERA will be a forum to exchange information on best practices -- on programs and policies that are working to improve education for our children. Mrs. Clinton often quotes her husband who says that there is no problem that isn't being solved somewhere, and that if we could only learn better from one another -- share information about practices, policy and projects that are working -- we could replicate those programs and make great strides.

- * PERA was created to be a just such a forum for an exchange of information on what is working throughout the hemisphere for children in education, to promote replication of effective strategies and, with shared knowledge, develop model policy initiatives.

- * PERA will facilitate this dialogue between public and private sector organizations working for educational reform in the Americas to improve the quality and equity of education in the Americas. It will include governments, non-governmental entities, the business community, donors, and regional networks.

- * The partnership will promote informed debate on policy alternatives, identify and disseminate best education practices emerging in region, and monitor progress toward improving educational policy.

- * A small team of professionals working out of a Secretariat will organize and develop the partnership. Specific activities will include working groups on key policy issues, research and policy analysis, professional exchanges,

workshops and conferences, mechanisms to monitor progress and publications.

- * Since Mrs. Clinton's announcement in Paraguay, the United States Agency for International Development has initiated and completed a number of preparatory activities leading to PERA:

--In December of 1995 representatives from 16 countries in the Hemisphere and multilateral and bilateral organizations active in the field of education gathered in Washington, D.C. for a three day meeting. They worked on establishing a forum for the revitalization of education and building on the framework established in Miami.

--Case studies have begun which are designed to identify the potential applicability of lessons learned by countries of the region that have initiated a strategic transformation of their basic education system.

--The Inter-American Dialogue, which is a premier non-governmental institution for policy analysis and exchange for hemispheric affairs, has been chosen by USAID to house the PERA Secretariat, and we hope and expect that over the next few months, the Secretariat will be formally established and fully staffed.

- * The structure of PERA will be four working groups in the region with broad representation on specific policy goals:
 1. decentralization
 2. school finance
 3. quality
 4. equity

NOTE: the issue of equity will have as part of its focus how to reach segments of the population whose repetition and drop-out rates are traditionally high, like girls.

- * We hope that some of the First Ladies of the Hemisphere may become involved with this initiative -- by using their power to convene to bring together eminent education experts and key community leaders in their own countries to begin a dialogue or a campaign for education improvement; by helping to identify programs that are working in their own countries that could serve as models for replication throughout the Hemisphere (we know there is so much good that is going on in the Hemisphere and that the First Ladies are involved in some excellent projects).
- * The PERA Secretariat will be housed at the Inter-American Dialogue, and the Pro-Tempore Secretariat of this Conference will be extending an invitation to the organization to attend and help give shape to concrete strategies in which the First Ladies may participate.

* In the Paraguay declaration, the First Ladies agreed to:

"Promote a hemispheric dialogue to share information and exchange experiences on education reform efforts which increase school enrollment rates, improve the quality of primary and secondary education and expand coverage of non-formal family, community based early childhood education."

We hope that the First Ladies will be involved and we look forward to more information on concrete strategies for involvement in the December meeting.



6ª CONFERENCIA DE ESPOSAS
DE JEFS DE ESTADO
Y DE GOBIERNO
DE LAS AMERICAS
Secretaría Pro-Tempore

OPERATIVE PROGRAM

Sixth Conference of the Wives of Heads of State and of Government of the Americas December 3 through 6, 1996

Monday, December 2 and

Tuesday, December 3

Arrival of the Wives of Heads of State and of Government of the Americas and Governments Representatives at "El Alto" International Airport.

They will be greeted by the Reception Committee comprising:

- National Coordinator of the Pro Tempore Secretariat
- Director General of Protocol
- Chiefs of Diplomatic Missions
- Assigned Government Attaché

Arrivals on commercial flights: Wives of Heads of State and of Government of the Americas and members of delegations arriving on commercial flights will be greeted by the Director General of Protocol upon disembarking the aircraft.

Arrivals on private flights: the aircraft shall park directly in front of the VIP Lounge. The Director General of Protocol shall welcome the First Lady or Government Representative to disembark the aircraft.

Subsequently, the First Lady will be met by the official Reception Committee and will be introduced to the Government Attaché who will present her with an identification brooch.

Delegates of the international press should disembark first the aircraft before the First Lady to position themselves on the platform designated for taking the arrival photographs.

The official delegations should disembark the aircraft after the First Lady. They will then be escorted to the vehicles that will take them to the Radisson Plaza Hotel.

Diplomatic officials and protocol support staff will be assigned to assist with luggage pickup and immigration formalities.

Despacho de la
Primera Dama
de la Nación

Av. Arce 2335
Tells. 361061 - 361460 - 355603
Fax. (591-2) 356973
La Paz - Bolivia

The Wives of the Heads of State and of Government of the Americas and Governments Representatives will be taken to the Radisson Plaza Hotel, here they will be welcomed by officials of the Pro Tempore Secretariat and liaison personnel assigned to the delegation.

Members of delegations may pick up their credentials in the Accreditation Office of the Secretariat Pro Tempore (Lobby of the Radisson Plaza Hotel).

Tuesday, December 3

- 16:40 Gathering of the Wives of the Heads of State and of Government of the Americas in the hotel lobby.
- 16:45 The Wives of the Heads of State and of Government of the Americas and Governments Representatives will board assigned buses to be transported to the *Banco Central de Bolivia* for the Inauguration Ceremony.
- 16:55 The Wives of Heads of State and of Government of the Americas will enter the *Banco Central de Bolivia* through door "A" and proceed to the Daniel Sanchez Bustamante Room, 4th floor.
- 17:00 The Wives of Heads of State and of Government of the Americas and Governments Representatives will be escorted by the protocol staff to the *Banco Central de Bolivia* to take their assigned positions according to precedence in order to present their protocol greeting to His Excellency the President and First Lady of the Republic of Bolivia.

Gathering of the Delegations and International Organizations in the hotel lobby.

17:00-18:00 Protocol Greeting by the Wives of Heads of State and of Government of the Americas by the President and First Lady of the Republic of Bolivia.

Place: Daniel Sanchez Bustamante Room

Attending: Wives of Heads of State and of Government of the Americas

Once the protocol greeting has concluded, the President and the First Lady of the Republic of Bolivia will invite the Wives of Heads of State and of Government of the Americas, accompanied by the Director General of Protocol, to proceed to the Auditorium for the beginning of the Inauguration Ceremony.

Heads of Delegations, Official Committees, Representatives of International Organizations, and special guests should await the arrival of the President and First Lady of the Republic of Bolivia and the Wives of Heads of State and of Government of the Americas, 30 minutes before the beginning of the Inauguration Ceremony in the Auditorium of the *Banco Central de Bolivia*.

17:10 The invited delegations will board assigned buses to be transported to the Banco Central de Bolivia for the Inauguration Ceremony.

Attending: Invited Delegates
Chiefs of Diplomatic Missions
Representatives of International Organizations

17:20 Delegations will enter the *Banco Central de Bolivia* through doors "B" and "C."

To enter the *Banco Central de Bolivia*, guests must present their invitations.

18:00 **Inauguration Ceremony of the Sixth Conference of the Wives of Heads of State and of Government of the Americas**

Place: Auditorium, *Banco Central de Bolivia*

Attending: Wives of Heads of State and of Government of the Americas
Invited Delegates
Chiefs of Diplomatic Missions
Representatives of International Organizations
Special Guests
Attachés

Dress: Gentlemen, dark suit
Ladies, cocktail dress

Press: Duly accredited photographers, cameramen, radio and press reporters will be able to watch the ceremony via a large screen in the Communications Center.

The President of the Republic of Bolivia, First Ladies, and Government Representatives will be escorted by protocol staff to their respective places. All should remain standing until the official delegation is seated.

18:10 The Director General of Protocol will request the authorization of the President of the Republic and Wives of Heads of State and of Government of the Americas to begin the ceremony.

18:15 National Anthem of Bolivia

18:20 Welcome Address by the First Lady of the Republic of Bolivia and Pro Tempore Secretary

18:30 Address by a First Lady representing the South America region.

18:35 Address by a First Lady representing Central America and the Caribbean regions.

18:40 Address by a First Lady representing the North America region.

18:45 Address by His Excellency the President of the Republic of Bolivia on the occasion of the Inauguration of the Sixth Conference of the Wives of Heads of State and of Government of the Americas and Governments Representatives.

18:55 The Director General of Protocol announces the closure of the Inauguration of the Conference.

The Official Delegations and Representatives of International Organizations will meet at the main door of the *Banco Central de Bolivia* to board the assigned buses to be taken to the Government Palace.

19:00 **Welcome reception offered by His Excellency the President of the Republic of Bolivia and Mrs. Sánchez de Lozada in honor of the First Ladies of Heads of State and of Government of the Americas and Governments Representatives.**

Place: Government Palace

Attending: Wives of Heads of States and of Government of the Americas
Invited Delegates
Chiefs of Diplomatic Missions
Representatives of International Organizations
Special Guests
Attachés

21:00 The Wives of Heads of State and of Government of the Americas and Delegates will board assigned buses from the Government Palace back to the Radisson Plaza Hotel.

Wednesday, December 4

09:00 **Plenary and First Working Session of the Wives of Heads of State and of Government of the Americas**

The Wives of Heads of State and of Government of the Americas will be directed by the Attachées through door "A" to their working places.

Place: *Salón Libertador* at the Radisson Plaza Hotel

Attending: Wives of Heads of State and of Government of the Americas
Technical Advisors
Representatives of International Organizations

09:00-09:45 Follow-up of commitments made by the Wives of Heads of State and of Government of the Americas, review and approval of the reports.

Address by the Pro Tempore Secretary, Mrs. Ximena Iturralde de Sánchez de Lozada.

09:45-10:30 Presentation by the Wives of Heads of State and of Government of the Americas on:

"The Health of Women and Children in the Americas."
10:30-10:45 Refreshments

Place: *Sálón Pérez de Holguín*, Radisson Plaza Hotel

10:45-12:30 Continuation of the First Session

Presentation by the Wives of Heads of State and of Government of the Americas on:

"The Education and Training of Women and Children in the Americas."

12:30 End of the First Working Session

12:50 Gathering of the Wives of Heads of State and of Government of the Americas and their Attachés in the hotel lobby.

Wives of the Heads of State and of Government will board assigned buses to be transported to the Presidential Residence.

13:00 Official Photograph

Place: Presidential Residence

Participants: Wives of Heads of State and Government of the Americas and Governments Representatives.

The Wives of Heads of State and of Government of the Americas will be directed by protocol staff to take their places for the Official Photograph.

Luncheon offered by the First Lady of Bolivia, Mrs. Ximena Iturralde de Sánchez de Lozada, in honor of the Wives of Heads of State and of Government of the Americas and Governments Representatives.

Place: Presidential Residence

Attending: Wives of Heads of State and of Government of the Americas and Attachées and Governments Representatives.

15:00

Guests at the luncheon offered by the First Lady of the Nation will board assigned buses to be transported from the Presidential Residence to the Radisson Hotel.

15:30-16:30 Second Working Session

Place: *Salón Libertador*

Designation of working groups

Group 1: "The Health of Women and Children in the Americas"

- Maternal mortality
- Early pregnancy
- Mortality due to cancer
- Anemia due to iron deficiency and malnutrition due to lack of micronutrients
- Measles elimination

Facilitators: PAHO
UNFPA
UNICEF

Group 2: "The Education and Training of Women and Children of the Americas"

- Strengthening the quality of education
- Integrated training of rural women
- Elimination of the barriers that hinder the continuing education of young girls
- Early education
- Exchange of new education technologies

Facilitators: UNICEF

16:30-16:45 Refreshments

16:45-18:00 Continuation of the Second Working Session

Work in groups

18:00 End of the Second Working Session

19:25 Gathering of the Wives of Heads of State and of Government of the Americas and Governments Representatives in the hotel lobby to attend the inauguration of the Handicraft Fair.

19:30 Inauguration of the Handicraft Fair.

Place: *Capitolio* (across from the Radisson Plaza Hotel)

Attending: Participating Delegations of the Sixth Conference of Wives of Heads of State and of Government of the Americas.

Thursday, December 5

09:00-10:30 Third Working Session

Presentations by the Wives of Heads of State and of Government of the Americas and Governments Representatives on:

Themes of the IV World Conference About Women: "Family Violence and the Participation of Women in Leadership Roles and in Decision Making."

Place: *Salón Libertador*

10:30-10:45 Refreshments

10:45-12:30 Presentations by the Wives of Heads of State and of Government of the Americas on "Follow up on Children's Rights."

12:30 End of the Third Working Session

13:00 Lunch - Free time

15:00-16:30 Fourth Working Session

Designation of working groups

Group 1: "Themes of the IV World Conference About Women"
- Family Violence
- Participation of Women in Leadership Roles and in decision making

Facilitators: Gertrude Monguela, UNDP, PAHO, UNFPA-IDB, OAS

Group 2: "Follow up on Children's Rights"

Facilitator: UNICEF

16:30-16:45 Refreshments

16:45-18:00 Continuation of the Fourth Working Session

Work in groups

18:00 End of the Fourth Working Session

19:00 Gathering of invited Delegations and Representatives of International Organizations in the hotel lobby.

19:05 Invited Delegations and Representatives of International Organizations will board assigned buses to be transported to the National Museum of Arts.

- 19:20 Gathering of the Wives of Heads of State and of Government of the Americas and Governments Representatives in the hotel lobby.
- 19:25 The Wives of Heads of State and of Government of the Americas and Governments Representatives will board assigned buses to be transported to the National Museum of Arts.
- 19:30 **Visit to the National Museum of Arts, Inauguration of Exhibits and Cocktail.**

Place: National Museum of Arts

Attending: Wives of Heads of State and of Government of the Americas and Governments Representatives
 Invited Delegates
 Representatives of International Organizations
 Attachés
 Special Guests

- Visit to the permanent exhibits of the National Museum of Arts
- Visit to the exhibit on Lake Titicaca
- Visit to the exhibit on Indigenous Art *Jalqá-Tarabuco*
- Address by the First Lady of the Nation
- Cocktail
- Folk dance presentation: *Pujllay y Caporales*

- 21:30 Wives of Heads of State and of Government of the Americas, Governments Representatives, invited Delegates, and Representatives of International Organizations will board assigned buses to be transported to the Radisson Plaza Hotel.

Friday, December 6

09:00-09:30 Fifth Working Session

Plenary and presentation of conclusions and reports by the working groups

- 09:30-10:00 Discussions and approval of the Action Plan of the Sixth Conference of the Wives of Heads of State and of Government of the Americas and Governments Representatives

- 10:00-10:15 Approval of the proposal: "Organizational Structure of the Secretariat Pro Tempore."

Confirmation of the site for the Seventh Conference of Wives of Heads of State and of Government of the Americas and approval of the site of the Eighth Conference.

- 10:15-10:30 Approval of the Declaration of La Paz

11:00

Closing Ceremony and signing of the Declaration of La Paz

- Address by Mrs. Dora Boyd de Pérez Balladares, First Lady of Panama
- Address by Mrs. Ximena Iturralde de Sánchez de Lozada, First Lady of Bolivia.

At the conclusion of the Closing Ceremony, the Wives of Heads of State and of Government of the Americas and the Troika of the Secretariat of Pro Tempore will be accompanied by their Attachées to the *Salón Versalles* for the Press Conference.

11:30

Press Conference offered by the First Ladies of the Troika: Bolivia, Paraguay and Panama

Place: *Salón Versalles*, Radisson Plaza Hotel

Attending: First Ladies of the Troika

Press: All accredited journalists

Departure of Delegations

Visit to the Bolivian Jesuit Missions of San Javier and Concepcion

Friday, December 6th

- 16:00 Reception and transportation of luggage of the Wives of Heads of State and of Government of the Americas participants in the visit to the Bolivian Jesuit Mission from the Radisson Plaza Hotel lobby to "El Alto" International Airport.
- 16:45 Gathering of the Wives of Heads of State and Government of the Americas participants in this visit, at the lobby of the Radisson Plaza Hotel.
- 17:00 Transportation to "El Alto" International Airport in assigned buses.
- 17:30 Departure of the Wives of Heads of State and Government of the Americas participants, to the city of Santa Cruz de la Sierra in Aero Sur charter flight.
- Only one security member will accompany each First Lady.
- 18:30 Arrival to the city of Santa Cruz de la Sierra.
- Greetings by the Reception Committee of the Summit of the Americas on Sustainable Development,
- Transportation to the assigned hotels (Los Tajibos or Yotau).
- 20:00 Cultural show (Summit of the Americas on Sustainable Development program)

Saturday, December 7th

- 09:00 Inauguration Ceremony of the Summit of the Americas on Sustainable Development - Los Tajibos Hotel, Santa Cruz de la Sierra.
- Gathering of the Wives of Heads of States and of the Government of the Americas in the Papagayo Room of Los Tajibos Hotel.
- 10:00 Transportation to Viru Viru International Airport.
- 10:30 Departure from Viru Viru International Airport to the Bolivian Jesuit Missions of San Javier and Concepcion.
- 11:00 Arrival to San Javier and transportation to the Church.
- 11:15 Greetings by the Priest of San Javier Church, Father Jesus Galeote, Mayor Erwin Mayser and by the President of the Council Hall, Mr. Aldo Quezada.

- 11:30 Guided visit to the Church.
- 11:50 Refreshment in the patio of the Church of San Javier, offered by the Ladies of Civic Committee of San Javier.
- 12:15 Reading of the Declaration of Distinguished Guests, by the Mayor, Mr. Erwin Mayser.
- 12:30 Concert presented by the Children's Chorus of San Javier. Chorus and Orchestra of Urubicha Children, and by the Santa Cecilia in the Church of San Javier.
- 13:30 Luncheon offered by the First Lady of Bolivia, Mrs. Ximena Iturralde de Sanchez de Lozada, in the Totaitú Hotel of San Javier.
- 15:15 Departure from the Totaitú Hotel.
- 15:30 Departure from San Javier Airport to Concepcion.
- 15:45 Arrival to Concepcion Airport and transportation to town.
- 16:00 Greetings by Monsignor Antonio Eduardo Böls, by the Subprefecto of the Ñuñoa de Chavez province, Mr. Carmelo Vargas, by the Mayor Mr. Marco Antonio Antelo and by the Architect Roth.
- Folk dances presentation.
- 16:15 Guided visit to the Church of Concepcion in charge of Monsignor Böls.
- Visit to the Archives of Chiquitos in charge of Architect Roth.
- 17:15 Departure from Concepcion Hotel.
- 17:30 Return flight to Santa Cruz de la Sierra.
- 18:30 Arrival to Viru Viru International Airport of Santa Cruz de la Sierra and transportation to Los Tajibos Hotel.
- 21:00 Dinner offered by his Excellency the President of the Republic of the Bolivia and Mrs. Sanchez de Lozada in honor of the Presidents and Wives attending the Summit.

BRIEFING INFORMATION
PREPARATIONS FOR FIRST LADIES OF THE AMERICAS SUMMIT
BACKGROUND ON THE BOLIVIAN HEALTH SECTOR

Bolivia is one of the poorest countries in the hemisphere with a per capita GDP of \$800 in 1995. According to Government of Bolivia (GOB) studies, 70% of all Bolivian households, and 94% of rural households are classified as poor. These economic factors, coupled with a weak public health system, contribute to high infant (75 per 1000 live births) and maternal mortality (390 per 100,000 live births), and a low use of modern methods of contraception (18% in 1994). Notwithstanding the present status of these indicators, progress has been achieved in recent years.

Modern contraceptive use increased 50% between 1989 and 1994, largely due to USAID support to the national family planning program. Infant mortality fell by 24% during the same period. The first national data on maternal mortality was not available until the 1994 USAID/UNICEF-financed Demographic and Health Survey (DHS), which is the source of most recent national health data. National maternal mortality figures mask an even more extreme situation in some of the more isolated rural areas of the country where maternal mortality reaches 600-800 per 100,000.

The present Government recognized the difficult social situation as reflected above, and has taken a number of positive steps to increase emphasis on social programs. First, in creating a Ministry of Human Development that includes within it Secretariats of Health, Education, Popular Participation, Gender, Youth and Sports, an attempt has been made to integrate programs and emphasize the importance of investments in "human capital".

Important policy changes, especially the Popular Participation and Decentralization laws, created 311 "municipalities", encompassing all parts of the national territory, and for the first time gave these local authorities the responsibility and part of the necessary financing to improve health care and reproductive health services in their jurisdictions. Local authorities are being encouraged to enter into agreements with local, private, Non-Governmental organizations (NGOs) to improve health care delivery in their areas. National health authorities are defining a more normative and supervisory role for themselves, and de-emphasizing their previously inefficient involvement in direct provision of services.

In addition, the National Health Secretariat (SNS) is involved in two national initiatives intended to directly address priority health problems. The first, termed a "Strategic Action Plan", prioritizes programs of the different parts of the Ministry of Human Development, and in the health sector, emphasizes the need to rapidly lower infant, child and maternal mortality by focussing on the major causes of death for these groups (diarrheal and respiratory disease for infants and children, and improving maternal and obstetrical care for women).

Secondly, the GOB began implementation of a Mother and Child Insurance scheme in July 1996. This proposal takes advantage of underutilized physical and human infrastructure available in the public health system, together with local funding made available through the Popular Participation program. It provides a basic package of preventive and curative services for women (pre and post-natal, and obstetrical care), and children (diarrhea and pneumonia) free of charge to populations in municipalities that agree to contribute funding for materials needed by the program.

The present Government has also supported a major expansion of reproductive health services throughout the country based on a high level policy determination that access to reproductive health information and services should be promoted by the Government as a right of every Bolivian couple. This viewpoint was effectively and vocally presented by the Bolivian delegations to both the Cairo and Beijing summits. This improved atmosphere has opened the door to beginning to meet the high unmet demand for family planning services, a key intervention in improving both maternal and child health in the country.

With high level political support from the Office of the First Lady of Bolivia, a National Committee for Safe Motherhood was created and is actively promoting national and local initiatives to highlight the problem, and take concerted action to address it. This is the first time that this serious problem has received high level attention and support. Finally, the Government wants to establish a national program focussing on adolescents to address among other things, the present high rates of pregnancy in this vulnerable age group.

USAID Bolivia has been working with the Bolivian health sector for many years. The present set of activities all began about ten years ago. Areas of USAID support include reproductive health, child survival and AIDS prevention. USAID supports the public health system through direct grants to the GOB. In addition, through grants and cooperative agreements to the Non-governmental and Private sectors, USAID supplements its government support. Finally, the Reproductive Health and Child Survival activities receive comprehensive technical assistance and other necessary support from over 20 Global bureau population and health cooperating agencies and projects. Taken together, this package makes USAID one of the major donors in the sector. USAID has provided between \$15 - \$20 million per year over the last 3-4 years in support of all these health sector activities.

Attachment 1 to this overview contains detailed information on the performance, results and impact of USAID support over the last year (with some projections for the future) in the areas of Health Sector Policy, Health Service Delivery, and Improved Health Practices. Attachment 2 contains short summaries of USAID's major health sector support activities. Attachment 3 contains a short description of FOCUS and MOTHERCARE Project support to the Bolivian First Lady's Summit preparations.

ATTACHMENT 1

DESCRIPTION OF RECENT RESULTS OF USAID SUPPORT BOLIVIAN HEALTH SECTOR

Health and Population

Agency Goal: World's Population Stabilized and Human Health Protected in a Sustainable Fashion

Strategic Objective: Improve Family Health Throughout Bolivia

Performance Progress to Date. In 1995, National Secretary of Health hospitals and clinics more than tripled the number of new family planning users compared to the previous year. The Social Security hospitals and the two most important private sector service providers, CIES and PROSALUD, nearly doubled their new users. Nearly all of these new users are women. The Contraceptive Social Marketing Program tripled average monthly condom sales in 1995.

These data demonstrate an unprecedented growth in USAID's family planning program in Bolivia. They show a potential to surpass even the excellent 50 percent increase in the use of modern contraceptives -- from 12 percent of women of reproductive age in 1989 to 18 percent of women in 1994. Given the superb performance of USAID-supported service providers, current projections to double the rate of increase from 1 percent per year over the previous five years to 2 percent per year through 1997 and beyond can be achieved.

Gains in child survival -- a 22 percent drop in the infant mortality rate between 1989 and 1994 -- have been equally impressive. Secretariat of Health data indicate important gains in vaccination coverage in 1995. In the Community and Child Health Project, the vaccination program results for this year have surpassed an 85 percent coverage level for Polio III, BCG, DPT III and measles vaccinations. A major multi-donor effort to eradicate measles led to national vaccination rates exceeding 75 percent. PROCOSI, the USAID-supported PVO child survival network, increased its membership from 10 to 24 members, providing needed child survival services in rural areas. USAID- and UNICEF-provided oral rehydration salts were key to preventing deaths due to cholera and diarrheal diseases during 1995. USAID was the major donor of ORS donating 1,200,000 packets during the year. Finally, an innovative private-public-commercial initiative led to an agreement to produce locally oral rehydration salts.

USAID's AIDS/STD Prevention project reduced the incidence of sexually transmitted diseases by up to 35 percent for some groups at high risk for AIDS, certainly slowing the rate of HIV

infection.

The story of the policy and infrastructure changes responsible for these gains, however, provides an even greater cause for optimism. In 1995, PROSALUD -- Bolivia's and now the global model for self-sustaining high quality health care -- opened six new clinics, creating a national network of 28 clinics. Two of the clinics, in Tarija and Riberalta, at the southern and northern border regions with Argentina and Brazil, were opened at the insistence of the local mayors.

The mayors of these cities and their counterparts in over 300 newly created municipalities have been empowered with central GOB funding to arrange for their own health care. The Popular Participation and Decentralization laws are driving a health sector reform that has the potential of privatizing a significant percentage of the maternal and child health care services in Bolivia. Already the quality of care, financial sustainability, and preventive to curative health care ratio have improved, as NGOs take over health care delivery in both urban and rural areas. The change has the potential to release National Secretariat of Health resources for deployment in the most needy rural and urban areas and to encourage the Secretariat to strengthen its organizational, normative, and policy roles.

Expected Progress FY 1997-1998. This is truly an historic opportunity in Bolivia. After two lost decades for family planning and too long at the bottom of the hemispheric list in maternal and child health indicators, now is Bolivia's moment for radical improvement in primary health care. USAID has set the stage for taking advantage of this opportunity with many 1995 initiatives, primarily targeted at women and children. These activities will be continued and strengthened:

Health Sector Policy: Policy will receive increased emphasis in the coming years under the new Health Strategic Objective Results Framework. Technical assistance to the National Secretariat of Health to strengthen its national database, particularly in family planning and maternal and child health service statistics, improved both the quality of data and analytical ability of the information unit. Assistance in financial sustainability and cost recovery will continue. Studies in support of the population program will continue in the Department of Population Policy (DPP) in the Ministry of Sustainable Development and the Environment, which is financing career positions for DPP, assuring institutionalization at a key GOB level. Technical assistance is increasingly focused on creating gender sensitivity at the Secretariat level. The majority of DPP-supported and other USAID-financed studies have gender and participation as key components.

The P.L. 480 Title II Program is undergoing a complete restructuring and reprogramming to make the program more consistent with the USAID Food Aid and Food Security Policy

Paper, Mission Strategic Objectives and the emerging GOB food security strategy. The Title II Cooperating Sponsors are targeting their programs more closely to the most food-insecure regions of the country and concentrating more program resources on maternal and child health and water and sanitation projects.

USAID, in cooperation with the European Union and FAO, provided funding and technical assistance to the GOB to develop a food security assessment and strategy. The strategy is in the final stages of elaboration and has developed a map of Bolivia showing what provinces and municipal sections suffer from extreme food insecurity. The strategy basically defines food insecurity as a problem of access given the poverty of the majority of Bolivians, especially in the countryside. It also emphasizes the need to increase primary health services to mothers and children under five years of age, accelerate educational reform at the primary level, increase agricultural production, link isolated communities to markets through access road construction, and provide basic sanitation services to rural areas. This emerging strategy is being used by the Title II Cooperating Sponsors to develop their new Development Assistance Programs for the period 1997-2001.

Health Service Delivery: Decentralization of health services, formerly managed by the National Secretariat of Health, is expected to continue to move facilities to municipal control. Those services provided directly by the Secretariat continue to improve in quality and primary health care focus through collaborative assistance provided by USAID and other donors.

New activities in the private sector, primarily aimed at improving women's health, include: a \$5.3 million grant agreement with International Planned Parenthood/Western Hemisphere Region (IPPF/WHR) to strengthen Bolivia's most important private sector family planning agency, the Center for Research, Education, and Services (CIES); a \$4.4 million cooperative agreement to PROSALUD to provide reproductive health services throughout the country; a \$4.2 million grant to PROCOSI, a network of 24 NGOs to provide reproductive health in 35 percent of Bolivia's rural areas; a \$2.9 million grant to Population Services International (PSI) to launch an aggressive Contraceptive Social Marketing effort throughout Bolivia; and Social Marketing program of Vitamin A fortified sugar and Oral Rehydration Salts in collaboration with UNICEF, the Secretariat of Health, and commercial sector industries.

Improved Health Practices: USAID's new Health Sector Results Framework will establish indicators to measure progress on improved child survival and reproductive and sexual health practices by women, men, adolescents, boys, and girls. Experience has shown, both in developed and developing countries, that many improvements in health status depend more on individuals modifying their behavior than on the provision of medical services. Bolivia's 1995 reproductive health mass media

campaign, for example, boosted clinic attendance by 66 percent. One study indicated that as a result of television spots, more viewers (over 90 percent of the sample) could correctly identify the national logo that indicates where family planning services are available than recognized the Bolivian flag or the Coca-Cola logo!

Health practices studies are disaggregated by gender, and the special role of women in maintaining family health guides USAID interventions. Male roles in decision making are addressed in mass media spots and counselling, and males are an important target in contraceptive social marketing.

The 1996 campaign will provide information on specific contraceptive methods and provide exposure to contraceptive social marketing brands. The introductory spot features the Vice President of Bolivia with his entire family urging Bolivians to take advantage of reproductive health services. The campaign will be launched by Bolivia's First Lady at a large assembly and press conference.

In the current strategic objective performance tables, targets for infant, child, and maternal mortality, and nutritional status were taken from the GOB Plan Vida official goals. Those for modern and total contraceptive prevalence, new users, and couple-years of protection were derived through time series analysis based on the 1989/1994 Demographic Health Surveys and extrapolations from aggregated service statistics from a USAID-supported database. Significant progress was recorded in child survival indicators, but these still are below the GOB's overly ambitious targets. The new Health Strategic Objective Results Framework will replace GOB projections with scientifically derived targets. Plan Vida places top priority on the reduction of maternal mortality, and USAID's new Health SO Results Framework will incorporate this and other gender-specific targets.

One area of concern is nutritional status. To directly address this concern, the P.L. 480 program is being redesigned to more selectively target at-risk children and expand maternal and child health support. 40 percent of the \$18 million programmed for P.L. 480 Title II on an annual basis will be used in maternal and child health and child survival programs and complementary water and sanitation projects in the most food-insecure areas of Bolivia. Approximately \$3 million in Title III generated local currency reflows will support Title II water and sanitation projects.

One of the most important programs designed to improve health practices and food security under the Health Strategic Objective is the child survival program funded with local currencies generated under the Title II program and Development Assistance funds channelled through PROCOSI. The goal of the child survival program is to reduce mortality and immunopreventable morbidity

among children under six. The program attacks the major preventable causes of mortality among Bolivian children, namely, diarrheal diseases and acute respiratory infections. Health and nutrition education are integral components of the program. The program also constructs drinking water and sewer systems which diminish the incidence of water borne diseases. During FY 1996, the program will be carried out in 624 rural communities serving 16,628 mothers and 26,381 pre-school children. In FY 1995, water and sewage systems were installed in 456 rural and peri-urban communities with a total population of 73,983.

Beginning in FY 1997 the Title II Cooperating Sponsors will expand coverage of this program to 80,000 pre-school children and 40,000 others, and put more emphasis on decreasing malnutrition rates among children from 0 to 36 months by incorporating the maternal and child health and supplementary feeding activities based upon the PRISMA model developed in Peru. Under this model, maternal and child health and child survival services are complemented by providing nutritionally-at-risk and malnourished pre-school children and their mothers with food rations and training over a six month period to combat malnutrition in this target group on a sustainable basis.

Excellent progress is noted on all family planning indicators. As we proceed with reengineering all the strategic objective indicators are currently under review, along with intermediate and activity level indicators. Improvement of sophisticated monitoring systems, with gender-specific tracking, and data verification safeguards is already under way. The new systems will be in place and in use before the end of FY 1996.

Given the overall success of the Health Strategic Objective to date, the improved policy environment, and the investments planned in proven outstanding performers, USAID is confident that the ambitious targets being developed under the Health SO Results Framework will be reached with the requested funding levels. Since the program is in a take-off phase with many new activities just started in FY 1995, it is critical to maintain investment levels to sustain the momentum of the newly available health services and the new demand for those services.

This is Bolivia's moment. USAID is pleased and proud that our Health Strategic Objective is responding to this unprecedented opportunity to change the future of all Bolivians.

Summit of the Americas: Bolivia's Popular Participation and Administrative Decentralization laws have established a political environment conducive to one of the Summit of the Americas' major initiatives, more equitable access to basic health services. These two laws redistribute resources and control of health infrastructure to local governments, which are free to choose among a variety of health care options, including NGOs, private providers, or the National Secretariat of Health. USAID-supported NGOs, such as PROSALUD and several PROCOSI members,

already signed agreements with municipal governments to administer health care services in provincial cities and rural communities.

USAID supported studies on health care financing, cost recovery, development of a basic basket of health services for universal availability, improved management information systems, and prompted other reforms that support increased equity and access.

The GOB's Health and Population Program addresses all -- and measures the impact of all but three (deaths from measles, vitamin A deficiency, and iodization of salt)-- of the Summit of the Americas' sixteen health goals. USAID's Health and Population Strategic Objective Results Framework focuses on broadening access and improving quality of health care. It specifically aims at empowering local organizations to reach a broad spectrum of groups previously excluded or alienated from the health care system with culturally sensitive and technically appropriate services.

ATTACHMENT 2

SUMMARIES OF USAID BOLIVIA HEALTH SECTOR ACTIVITIES

REPRODUCTIVE HEALTH ACTIVITIES

The Reproductive Health Services Project (RHSP), initiated in 1990, strives to improve access, utilization and quality of family planning services and, thus, decrease maternal morbidity and mortality and increase child survival. The seven-year, \$40.3 million project employs five strategies to support increased reproductive health services: service provision; information, education and communication (IEC); training; research and evaluation; and policy development for the Government of Bolivia and the NGO and commercial sectors.

To improve health, the Mission targets mothers and children, as Bolivia has the highest rates of maternal and infant mortality and fertility in the LAC region, with the exception of Haiti. USAID/Bolivia supports Bolivian efforts to lower fertility and space births, key factors not only in improving the health status of mothers and children and lowering the population growth rate, but also in increasing productivity and economic growth.

Specific accomplishments of the RHSP are numerous. The Project has been involved in a national mass media campaign that boosted clinic attendance by 66% in the first three months. In addition, the Project has increased technical assistance and training aimed at strengthening institutions in all sectors. In the commercial sector, USAID support has been instrumental. Through a

revitalized contraceptive social marketing initiative, the commercial sector is playing an increasingly important role in the provision of family planning services. Working with the NGO and PVO community, the Child Survival PVO Network (PROCOSI) has doubled its membership and increased support to a dozen new indigenous PVOs that will provide, for the first time, reproductive health services to rural areas.

USAID/Bolivia's persistent efforts in reproductive health have been complemented by the Bolivian Government's increased interest and receptivity to family planning activities. Bolivia's social security health service has expanded reproductive health services throughout its national system of hospitals and clinics, as has the National Secretariat of Health, which provides services to an estimated 30% of Bolivia's poor. The private sector's family planning services continue to grow with USAID support. USAID will also provide reproductive health support to the rural governmental structures through the CCH Project.

Building on these efforts, the Mission plans continued support to the public sector and major grants to the private sector to expand family planning services to rural areas, strengthen and expand urban and peri-urban clinics and create an International Planned Parenthood Federation (IPPF) affiliate in Bolivia. Plans are underway to expand mass media campaigns.

COMMUNITY AND CHILD HEALTH (CCH) ACTIVITIES

USAID-supported Community and Child Health (CCH) activities provide bilateral financing aimed at strengthening the Bolivian National Secretariat of Health (SNS) and reducing infant, child and maternal mortality in the periurban and rural areas of the three principal regions of Bolivia. USAID will provide a total of \$26 million in support of these activities from 1988 to 1998.

CCH began field activities in 1989 in the rural areas of La Paz, Cochabamba and Santa Cruz, and currently covers a total target population of approximately 850,000 people or about 20% of the rural population of Bolivia. Health system strengthening interventions are carried out in eleven health districts, which coordinate activities with 73 of a total of 311 newly created municipalities. Under the Popular Participation and Decentralization laws, these municipalities are allocated resources and provide community supervision in administering health programs within their jurisdiction.

CCH assists in the consolidation of annual work plans developed at the local level by community representatives, local government leaders and health personnel. Agreements are reached on joint funding of equipment, supplies and logistics concentrating on child survival and reproductive health.

CCH has donated more than 140 motorcycles, 170 two way radios, 40

vehicles and 35 computers to district and local level health infrastructure to improve communications, support outreach activities and patient referrals, and improve information, management, and administrative systems at the local level in support of Popular Participation and Decentralization.

Support for local health system development includes training for different levels of health workers, including traditional birth attendants and community health workers. Health education, coupled with a new social marketing strategy, is expected to increase community demand for integrated services, and affect health behaviors in the home. Outreach activities, adequate use of health information systems and administrative support for the health network are some of field activities carried out by CCH.

CCH participates in an Interagency Coordinating Committee to strengthen the national vaccination, and diarrhea and cholera control programs through the provisions of vaccines, syringes, oral rehydration salts, cold chain equipment and funds for vaccination and supervision activities. The National Secretariat of Health has also benefitted from technical assistance in the National Health Information System and computer software aimed at improving accounting procedures nationwide. Though the Data for Decision Making Project CCH has given intense training to National Health Directors and Epidemiologist on epidemiology, administration and communication skills.

CCH has completed a successful Chagas disease control pilot program which developed appropriate technologies for house improvement, community oriented educational materials and some of the most precise epidemiological data in the country related to this disease. The program improved and sprayed more than 1700 rural houses in the Departments of Cochabamba, Tarija and Chuquisaca.

The CCH Water and Sanitation Program with the participation of the community (which accounted for about 50% of the construction costs), built 99 water systems in more than 124 communities. Over 7000 households also received latrines as part of the package.

CHILD SURVIVAL PVO NETWORK (PROCOSI)

PROCOSI (Child Survival Coordination Program) is a Bolivian umbrella organization consisting of a network of 24 Bolivian and international Non-Governmental Organizations (NGOs) involved in child survival and maternal health activities in the country. Its members support programs that benefit over 400,000 people mostly in isolated rural areas of Bolivia. USAID support to PROCOSI emphasizes two major objectives: 1) to strengthen the technical, management, and service delivery capacity of the network's NGOs to develop high impact child survival, maternal health and community development programs and projects; and 2) to establish PROCOSI as a financially sustainable organization, able to provide continuing institutional strengthening and

coordination services for its members over the long term. Finally, USAID funds are administered by PROCOSI to provide individual sub-grants to member organizations in support of child survival and reproductive health goals in Bolivia.

Since its inception in 1988 with an initial grant from USAID, PROCOSI has provided its members with subgrants, technical assistance, administrative and management support for fifty-one child survival projects focused on improving health services related to acute respiratory infections, immunizations, diarrheal disease, growth monitoring and nutritional rehabilitation, and pre/post natal control and birth services. Through the coordinated work of its NGO members, PROCOSI has increased the scope and quality of health programs aimed at the disadvantaged, rural population which national public health services often do not reach. In its present phase, which includes funding to expand member capacity to implement reproductive health activities in rural areas where unmet demand for family planning is still high, USAID plans to provide \$12 million between 1991 and 2001 in support of PROCOSI.

Although infant and maternal mortality rates for Bolivia remain high, significant decreases, particularly in infant mortality, have been achieved in the past five years. Using an umbrella organization to coordinate the health activities of many NGOs working in child survival and reproductive health has proved very successful in developing focused and concerted child and maternal health programs. Institutional, management and administrative improvements facilitated by PROCOSI in its member NGOs has improved their capacity to design, implement, manage and evaluate more sustainable projects to the benefit of the rural Bolivian population.

PROSALUD

PROSALUD is a Bolivian non-profit Non-Governmental Organization (NGO) with headquarters in Santa Cruz. It began in 1985 with USAID support. The organization is dedicated to the development of sustainable, high quality, low cost, culturally acceptable primary and reproductive health care services, at prices which low-income communities can afford. It presently consists of a network of 28 community-sponsored health centers, and seeks self-sustainability by collecting small user fees for curative services. All basic preventive health services (vaccinations, pre and post natal care) are free. Cross-subsidization is a fundamental part of the PROSALUD system: clinics located in better-off neighborhoods subsidize clinics in poorer locations; people who can afford to pay subsidize people who cannot; affluent regions will subsidize poorer ones in the future; and fees generated from curative services subsidize free preventive services.

PROSALUD's health centers offer an integrated package of services

which include: general medical, pediatric and gynecological visits; prenatal, birth and postpartum services, family planning, well-child care, including vaccinations and growth monitoring; dental, pharmacy and laboratory services. Centers are open 24 hours a day. Home visits are conducted regularly by health promoters and other center staff. Quality services, including a respect for the dignity of often mistreated poor clients are hallmarks of the PROSALUD model.

PROSALUD is currently expanding to other areas of Bolivia with a grant from USAID Bolivia's Reproductive Health Services Project. In addition, USAID plans to continue to support operating deficits of the organization for another five years, while at the same time assisting with the creation of an endowment to assure long term sustainability. This will bring total USAID support in this phase to over \$16 million from 1991 to 2001. Service expansion to other fast growing and economically dynamic areas of the country will be combined with administrative and management improvements, aggressive promotional efforts, information technology improvements and personnel restructuring to lead to a projected break even point when income from the endowment will cover any future deficits.

PROSALUD is already entering into joint ventures with Municipal governments and Regional Health Secretariats which have expressed interest in having PROSALUD undertake the administration of part of the primary health care infrastructure now transferred to Municipalities under the new Popular Participation Law. With the extension, PROSALUD will be covering a target population of nearly 500,000 people in La Paz, El Alto, Santa Cruz and a number of other fast growing, medium sized and border cities.

AIDS/SEXUALLY TRANSMITTED DISEASES (STDs) PREVENTION AND CONTROL

Between 1988 and 1998 USAID Bolivia will provide over \$6 million to assist with the development and implementation of an HIV/AIDS prevention strategy with the Bolivian National Secretariat of Health (SNS) to reduce the prevalence of STDs/HIV/AIDS in the main population centers of the Bolivia. Since the existence of HIV and AIDS in the population was reported as very low in 1988, Bolivia provided an excellent opportunity to focus on prevention, and minimizing the impact of an eventual epidemic.

Data collected during the initial investigative phase showed a higher than expected prevalence of STDs among commercial sex workers (CSWs) as well as in the general female population. The incidence of reported HIV/AIDS cases was extremely low. Given the greater likelihood of HIV transmission in populations with STDs, an STD/HIV/AIDS prevention strategy based on a three-pronged approach recommended by the World Health Organization (WHO) and the USAID/Washington AIDSCAP Project was developed. This consisted of strengthening capacity for diagnosis and treatment of STDs, particularly among high risk groups; promotion of preventive messages targeting behavior modification through

information-education-communication-counseling (IECC); and the promotion and marketing of condoms for general preventive and commercial sex use. The model is based on diagnosing and treating STDs in high-risk populations (ie. commercial sex workers and homosexual men) to delay the spread of HIV/AIDS into the general population. The Centers for Disease Control and Prevention in Atlanta has provided technical assistance to the activity from the beginning.

The Government with USAID support has successfully developed an STD/HIV/AIDS prevention model for Bolivia, and has implemented it in the four major population centers of the country through the establishment of model STD clinics in each area. STD prevalence among commercial sex workers in La Paz brothels was cut in half (from nearly 60% to 30%) in two years, and condom use among CSWs significantly increased. Similar success in behavior change has also been accomplished among homosexual men. Since 1988, the incidence of HIV/AIDS in Bolivia has remained low. As of 1996, there have been only 205 HIV-positive cases reported to WHO.

USAID support has retained its focus on high-risk populations, although recently activities have been developed to integrate STD diagnosis and treatment into reproductive health programs through the training of health personnel in STD case management. Recent education activities are being increasingly aimed at the general population, especially adolescents in response to Government interest. Considerable emphasis is now being placed on achieving financial sustainability for STD diagnosis and treatment and condom promotion.

ATTACHMENT 3

USAID SUPPORT TO THE FIRST LADIES OF THE AMERICAS SUMMIT

ROLE OF THE FOCUS ON ADOLESCENTS AND MOTHERCARE PROJECTS

The FOCUS project is assisting the First Lady of Bolivia, Ximena Sanchez de Lozada, with the development of a National Adolescents' plan and the First Ladies of the Americas Summit. Focus project consultants helped plan and organize the launch of the National Adolescents' plan at a meeting where Focus had major responsibility for presenting the agenda, preparing the First Lady's speech, and even financing the renting of the conference room.

FOCUS will assist with the implementation of the Plan which in the next six months includes: a national survey of all groups and programs working on adolescents, an analysis of the baseline data gathered in that survey, development of an adolescent program proposal, a workshop with Bolivian youth groups and organizations to review the proposal, and a campaign to destigmatize youth and

change stereotypes.

FOCUS will provide technical assistance in preparations for the First Ladies Summit and will finance the production of a video, computer presentation, or other materials to assist the Bolivian First Lady in her presentation at the Summit. They will also provide technical assistance and computers.

MOTHERCARE is assisting the Bolivian First Lady with her Safe Motherhood initiative and has a long term agreement with the First Lady's Cabinet to provide technical assistance for this program. MOTHERCARE also (in partnership with FOCUS) has signed a Memorandum of Understanding with the First Lady's Cabinet to provide technical assistance in support of the First Ladies Summit. MOTHERCARE Director Marge Koblinsky has been requested by the Bolivian First Lady to attend the August Technical Preparatory meeting and the December Summit. In August she will present a paper on maternal mortality and reproductive health. MOTHERCARE is also preparing background materials on iron deficiency anemia, and has agreed to assist in distributing proceedings of the Summit.

8/15/96

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To: Madeline Williams@LAC.AA@AIDW
Cc: Carol Dabbs@LAC.DR@AIDW
From: Paul Ehmer@HHR.EXE@LAPAZ
Certify: N
Subject: Briefing materials for your trip
Date: Thursday, August 15, 1996 at 6:02:42 pm EDT
Attached: h:\hhr\paul\summit\brief.

Madeline,

As you requested, I've pulled together some information for you all on the Bolivian Health sector, latest results and performance of USAID Health sector support, summaries of USAID Health activities in Bolivia, and FOCUS and MOTHERCARE support to the Bolivian First Lady. This should give you more than enough food for thought for your trip. Could you please get the attachment to Nicole Rabner? Thanks. See you next week. Let me know if we should be getting anything else together.

Paul