



**1995-2003:**  
**Have Women Progressed?**  
**Latin American Index of Fulfilled Commitment**

Teresa Valdés E.  
Ana María Muñoz B.  
Alina Donoso O.  
Coordinators



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LATIN AMERICAN INDEX OF FULFILLED COMMITMENT

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# INDEX

<b>PRESENTATION</b>	<b>5</b>
<b>INTRODUCTION</b>	<b>7</b>
<b>I. THE INDEX OF FULFILLED COMMITMENT: A SOCIAL WATCH INSTRUMENT</b>	<b>10</b>
- What is the ifc?	
- Commitments monitored by the ifc	
- The ifc as an instrument	
- Why an index?	
<b>II. INDEX OF FULFILLED COMMITMENT. GENERAL TRENDS IN THE REGION NEARLY A DECADE AFTER BEIJING</b>	<b>14</b>
<b>III. IFC PARTICIPATION AND ACCESS TO POWER</b>	<b>17</b>
- General view of goal achievement	
- The indicators. Progress and retreats	
<b>IV. IFC ECONOMIC AUTONOMY AND POVERTY</b>	<b>27</b>
- General view of goal achievement	
- The indicators. Progress and retreats	
<b>V. IFC WOMEN'S HEALTH AND SEXUAL AND REPRODUCTIVE RIGHTS</b>	<b>37</b>
- General view of goal achievement	
- The indicators. Progress and retreats	
<b>VI. COUNTRY RANKING BY GOAL ACHIEVEMENT</b>	<b>49</b>
<b>VII. FINAL REMARKS</b>	<b>53</b>
- Commitment fulfillment	
- Reflections from the technical-political view	
- Reflections from the political-technical view	
<b>Annexes</b>	<b>57</b>
1. IFC tables	
2. Methodological	
3. Commitments per indicator	
4. Sources and bibliography	

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# PRESENTATION

It is with great satisfaction that the coordinating team of the project: “Index of Fulfilled Commitment (IFC): a strategy for social watch of gender equity” delivers this publication that summarizes the Latin American IFC and includes the measurement of such index from 1995 through 2003 in 18 countries of the region. This is the culmination of eight years of work where women from Non Governmental Organizations (NGOs) and Women’s Networks in these countries took over the mandate that the Platform for Action approved in Beijing gave to civil society by stating that “Women must become actively involved in the implementation and monitoring of the Platform for Action” (BPA N°289).

It is our task, as civil society organizations, to contribute actively to transform the gender order that discriminates and excludes women, and to build a new culture that embraces the desire of equity and social justice that we treasure since the beginning of the 20th century. We have done so by participating within our countries and at the international level, promoting an agenda to reach gender equity. Rights recognized by international law and by World Conferences and Summits have moved the limits of that which our societies consider to be a decent or fulfilling life status for women forward. However, it is the women’s movement that has been called to supervise that commitments made by governments on this regard are effectively fulfilled.

The Index of Fulfilled Commitment, built on the basis of indicators that include official statistics produced by national governments and/or by international organizations, seeks to be an instrument for the development of a modern citizenship exercise, both political and technical, establishing a dialogue with government institutions for women’s advance, with public policies and programs and with the different actors committed with equity.

The results of this measuring exercise on gender equity performed on the basis on women’s expectations, reveal the validity of the Beijing and El Cairo proposals, and must call governments to multiply their efforts to reach such equity within reasonable time frames.

This project, devoted to contribute to strengthening and deepening democracy in our countries, would not have been possible without the collaboration of funding institutions that have contributed with it along these years. We would like to highlight the collaboration of Fondo de la Sociedad Civil, managed by the Women’s National Service (SERNAM), Chile, the International Women’s Health Coalition (IWHC), the Ford Foundation (Office in Chile), the William and Flora Hewlett Foundation, UNFPA (EAT-AL and offices in various countries) and UNIFEM (New York, Mexico, Andes Region and South America Offices).

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# INTRODUCTION

The history of women's organizations in Latin America can be understood as a permanent process of broadening their citizenship and extending their rights as members of the political community in their countries. The 20th century is marked by their citizenship efforts and achievements, with the approval of an international law that protects their rights, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the development of the Women's Decade (1975-1985) and different Conferences devoted to favor governmental actions that foster equality between men and women.

When the governments of the world committed to improving women's situation, a new scenery for citizen action was opened. It meant taking a leading role in the supervision of the fulfilment of these commitments.

1995 set a turning point for the women's organizations of Latin America and the Caribbean as a result of the preparation, implementation and supervision processes of the United Nations' IV Conference on Women (Beijing, 1995). Women's organizations attempted to bring their own diagnoses and evaluation of women's situation to China, so they coordinated and debated at the national and regional levels. They met at Mar del Plata, Argentina (1994) and prepared their participation in the Women's Tent in Huairou, China. The inclusion of some of their members in the official delegations and their contribution as specialists, led governments to incorporate many of the proposals that the women's movement had been rising for over two decades across the region.

During this process, the interests of women were set in the public-political arena, not only at the national level, but also in the international scenery. The feminist movement presented the experiences and proposals it had been gathering from the different expressions and scopes within it. The process itself led to a change in the bargaining conditions of the movement, and reveals the role it can play in the international arena, considering it to be the most favourable place for the dispute and broadening of women's rights and citizenship<sup>1</sup>.

The Platform for Action expresses a series of intentions and principles and is a political commitment made by governments before society at the national and international level, however, it has an important limitation for its fulfilment: it is not compulsory, and the implementation of the actions recommended to improve the situation of women is left to the States' will<sup>2</sup>. Therefore, action by civil society and its organizations is needed to demand that whatever has been approved in international fora is implemented in each country. This fact, along with the experiences of citizen exercise previous

The Beijing Conference assigns a key role to the women's organizations by stating that:

"Non-governmental and grass-roots organizations have a specific role to play in creating a social, economic, political and intellectual climate based on equality between women and men. Women should be actively involved in the implementation and monitoring of the Platform for Action."

(Platform for Action, chapter V, nº 289).

1 Vargas 1996, 2000

2 It is worth noting that the Beijing accords are supported by the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW), adopted by the United Nations General Assembly in 1979 that is legally binding for all States who have ratified it.

to Beijing, showed that approval of the Platform was not enough, but that a close supervision of its implementation was necessary as well. In 1996, Grupo Iniciativa Mujeres, a group of Chilean NGOs of women, adopted a proposal of the Regional Coordination of Latin American and Caribbean NGOs, and decided to elaborate an Index of Fulfilled Commitment (IFC) on the basis of selected indicators to show progress and retreat in gender equity issues.

In 2000, the Special Session of the UN General Assembly: “Women 2000: Gender Equity, Development and Peace for the 21st Century” (Beijing + 5) took place, and Grupo Iniciativa Mujeres, in addition to presenting the IFC for Chile, publicly evaluated women’s situation, the slow pace of progress and the barriers observed. This was done along with the different authorities present and new commitments were obtained from them. Based on this experience, the decision was made to share the methodology with the countries of the region. Thus, women’s organizations acquired the technical skills and information needed to perform their own evaluations. The first countries to undergo this process were Argentina, Paraguay and Uruguay, followed by Colombia, Ecuador and Peru, and in 2002 it was the turn of Bolivia, Brazil, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, The Dominican Republic and Venezuela, and so 18 countries and 28 IFCs were completed.

The relevance of national evaluations led to considerations of the possibility to have an Index that could be calculated in the same way for all countries of the region, once women’s organizations in six countries<sup>3</sup>, had used the methodology proposed and developed their own IFC, choosing the indicators and goal most suitable for their national realities.

The objective was to develop a fully comparable IFC to be presented as an instrument of social watch of the Latin American women’s movement that helped to exercise effective pressure over government and authorities, since international opinions sometimes have a particularly important weight in local debates<sup>4</sup>. The Latin American Index of Fulfilled Commitment presented here is the result of this process, a process of supervision initiated almost ten years ago by women’s organizations in the region.

The Beijing Conference produced a twist on gender equity policies in the different countries of the region. Women’s machineries progressed in the design and implementation of public policies, which were accompanied by monitoring activities by civil society, since very few of them had incorporated monitor and evaluation mechanisms that enable governments to be accountable before citizens. Women’s organizations decided to exercise their right of citizen supervision in order to make a close follow-up of the fulfilment of State’s commitments.

Thus, in Paraguay, for example, a Tripartite Commission was formed with the three main actors: State, civil society and the United Nations System, in order to conduct effective monitoring and evaluation of the Platform in all fields involved. In Uruguay, Guatemala and other Central American countries, the organizations set up committees, networks and initiatives to monitor the Beijing agreements.

The Index of Fulfilled Commitment is inserted in this evaluation process, and it involves different national initiatives. Its main contribution lies in the possibility to compare, with objective data,

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3 Argentina, Uruguay, Paraguay, Colombia, Ecuador and Peru.

4 The Human Development Index of the United Nations Development Program is indeed used for such purposes in international fora , on a permanent basis.

the same situation across time, with respect to a goal set by women themselves. It enables monitoring and supervision, regardless of the political and governmental scenario, through the systematic use of information available. This emphasizes the autonomy and independence of women, their organizations, statements and political actions, as well as the legitimacy for their demands. The objective is to exercise “social watch”.

Exercising social watch opens the possibility to debate and face the issue of women’s equal situation and citizenship, as a fundamental component of social development. In this sense, it is relevant to develop empowerment strategies to allow progress in citizenship construction. This is one of them.

The IFC presented in this document, enables us to determine the priority challenges in terms of gender equity, focusing actions, agendas and statements in each of the three thematic areas – participation and access to power, economic autonomy and poverty and women’s health and reproductive rights .

Finally, the IFC makes a contribution to women’s movement in its double sense: technical and political, strengthening their independence, el ICC aporta al movimiento de mujeres en su doble sentido: técnico y político, afirmando la independencia y autonomía de las mujeres y sus organizaciones en sus planteamientos y acción política, así como la legitimidad de sus demandas. Se trata, desde su origen, de instrumento para ser apropiado por las mujeres y sus organizaciones, para ser presentado a los distintos actores estatales y políticos, y a la sociedad civil en su conjunto. Aporta a la construcción de una ciudadanía femenina fuerte con capacidad de presión y crítica en el espacio público, que avanza desde lo discursivo a la demostración concreta de los resultados de sus demandas mediante un instrumento que da cuenta, objetivamente, de su realidad y les permite actuar.

This document delivers the results of the Latin American Index of Fulfilled Commitment. It is a special version of the IFC, that acknowledges the common challenges across the region, and that can be considered as a minimum standard to achieve gender equity in the three key areas it encompasses. Such challenges were translated into indicators through an exchange with the teams that elaborated their national indexes in their different countries. Despite the differences observed, there are shared goals to be reached.

Observing the level of fulfilled commitments made with the women of the region as a whole and comparing country performance, enables to share successful strategies, and learn from each other’s experiences. On the other hand, opening our eyes to the national realities allows us to generate a coordinated action by the Latin American women’s movement for the achievement of the gender equity committed goal.

Finally, the IFC seeks to underline the role that the international arena can play as a field where citizen’s rights are struggled for and broadened. As Gina Vargas states (2000), the existence of networks and international events, as well as the incorporation of regional and worldwide negotiations have forced the women’s movements to encourage global citizenships of “international citizenships”, that via negotiation and lobbying broaden the contents of local and national citizenships as well.



# CHAPTER I

## THE INDEX OF FULFILLED COMMITMENT: A SOCIAL WATCH INSTRUMENT

Social watch, as its name states, is an exercise of citizenship, devoted to ensure the fulfillment of agreements by public authorities. Along with claiming for their rights, citizens take charge of their responsibility with the political community they inhabit, which goes beyond individual interests and involves them in collective life with a sense of justice and responsibility. This is an empowered citizenry, that seeks to be the leading actor in the political action stage, through the development of a new relationship with the State, participating in public affairs and being part of the debate of those issues that affect it with a sense of civic responsibility. Understanding that rights are always in a process of construction and change, and that the basic right is to “be entitled to have rights”, political subjects install their concerns in the public agenda through a set of social and political participation.

Thus, if it is the State’s responsibility to be accountable for its management before citizenry, civil society is responsible for exercising social watch and to participate actively in the construction of the order it cherishes. This means there is a mutual responsibility: for the governments to be accountable for the fulfillment of social commitments, and for citizens to consciously and lawfully supervise the acts of public authorities, as well as those policies, programs and measures that affect them. It is an exercise of power.

Social watch, as right and duty of citizens has a double challenge: on one hand, to avoid that actions proposed and commitments made are partly or not implemented at all, and on the other hand, to make public management transparent, by informing citizens about the programs, policies and measures taken by the government in order to reach the goals set.

### What is the IFC

The Index of Fulfilled Commitment (IFC) is a technical-political instrument that aims to measure the fulfillment of national and international commitments that governments have made on the issue of gender equity and women’s advancement. It is a political tool for negotiation that enables women to demand transparency and progress in public management on these issues from the State.

### Accords monitored by the IFC

The framework for social watch are the explicit commitments that States themselves have made willingly, both at the national and international level, be them legally binding (compulsory) to reach gender equity or not.

In an international scenery where all Latin American countries have a national machinery for women’s advancement within the State, whose main task is to develop equity policies and to

ensure the fulfillment of national and international commitments made on the same subject<sup>5</sup>. These organs are an expression of the will to direct public institutions towards social objectives that include gender equity among its priorities and promote citizen consciousness building along those lines. This generates the adequate conditions for the development of social watch action proposals by women.

Monitoring was strengthened after the second half of the 20th century, when a new form of representation of governments' intentions and principles took shape in the different international fora through agreements, conventions, declarations and international platforms, where political commitments were made with societies as a whole and before other governments.

The main international commitments on gender equity are the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which is an international legal instrument against discrimination, and the Platform for Action elaborated at the Beijing World Conference on Women(1995), plus an important share of the accords from the 1994 International Conference on Population and Development of Cairo (1994).

Different international monitoring systems have been articulated around these instruments in order to compare governments' commitments and their actual implementation, supervising the advancement and retreat of accords in relation to the goals committed. An example of such systems is the one undertaken by the Third World Institute<sup>6</sup>. Additionally, many Latin American governments have created special commissions to foster and oversee the implementation of the Beijing agreements and have developed technical instruments for that effect.

The IFC adds to these efforts as a technical-political instrument that seeks to measure fulfillment of national and international commitments made by governments regarding gender equity and women advance, as a form of social watch aimed at visibilizing women's situation and its evolvement with reliable data.

CEDAW operates as the legal framework for the Platform and the Cairo accords, strengthening the measures incorporated by the former regarding the elimination of obstacles that hinder women's active participation in all spheres of social life, and to promote equality of men and women in decision making processes. In the case of Cairo, it holds States accountable for actions taken to enable all people the full exercise of their reproductive rights, by respecting individual rights and the access to quality health services.

## The IFC as instrument

The IFC is a system of indicators, that is, an articulated group of measurements that synthesize important situations whose evolvement in time are of interest. Consequently, it enables to analyze the results of policies and programs that are defined as expected or desirable.

It is expressed as a measurement in an index, score or numerical value in a scale, and its result allows to measure the degree of advance towards the accomplishment of a desirable goal in gender equity. It has an assessment character, seeking to illustrate the evolvement of women's situation in a specific moment, with respect to a situation defined as optimal.

5 The creation of such organs is supported by the United Nations Convention (CEDAW)

6 The Third World Institute publishes a periodic report called Social Watch that monitors the commitments of the Social Development Summit and the 4th World Summit on Women (Beijing 95). This report has a table of Fulfilled Commitments that shows countries' progress and/or retreat regarding the social development goals committed in those summits through a series of indicators.

It considers three strategic thematic areas for women of the region:

1. Participation and access to power
2. Economic autonomy and poverty
3. Women's health and sexual and reproductive rights

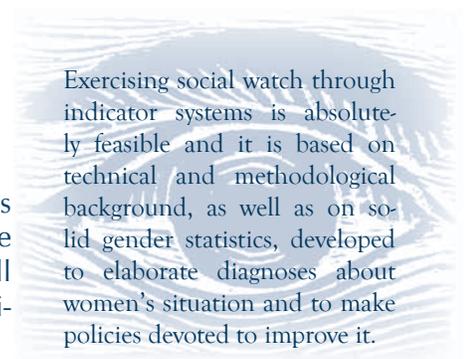
Based on the commitments made in these thematic areas, questions are asked to establish indicators that must show the answers offered by the State to such commitments, both from the point of view of the political will expressed, as well as from the processes encouraged and the results obtained.

The IFC has indexes developed by the United Nations Development Program (UNDP) as models: the Human Development Index (HDI)<sup>7</sup> and its two versions related to gender<sup>8</sup>. Just like these two indexes, the IFC focuses on economic, social and cultural aspects of the road towards gender equity, making reference to unequal access and use of basic capacities between women and men, as well as among women. On the other hand, both the IFC and the UNDP indexes refer to goals considered as "ideal" in human development or gender empowerment terms, thus becoming measures of progress towards them.

The IFC, however, has one fundamental difference: it has an explicit political objective and is elaborated by civil society organizations. That is, its spirit is citizen-based and is rooted in the women's political community for its construction, indicator selection and definition of the desirable situation that shall determine its goals.

It is also different from the "Table of fulfilled commitments" of the Third World Institute firstly, because this table operates with a set of goals defined officially at the same conference where commitments were made, and secondly because it works with a more general qualification of results than the one the IFC uses<sup>9</sup>. Neither the Beijing Platform for Action (BPA), nor Cairo set goals or datelines. The evaluation that the IFC makes of its commitments is mediated by the goals set from the political considerations of the regional women's movement. These are the goals that give room to conclude whether or not there is fulfillment of the commitments, and its importance.

Thus, the IFC as a system of gender indicators enables not only the study of trends and the evaluation of public policy for better decision making, but also and mainly, the visibilization of that which is invisible, showing women's expectations, their actual accomplishment and the impact this has for the rest of society.



Exercising social watch through indicator systems is absolutely feasible and it is based on technical and methodological background, as well as on solid gender statistics, developed to elaborate diagnoses about women's situation and to make policies devoted to improve it.

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7 The Human Development Index (HDI) measures those basic conditions common to all societies in all times, that would inform the level of welfare achieved. They are: to have a long and healthy life, to possess the necessary knowledge to understand and relate effectively with the social environment; and to possess enough income to have access to a decent life standard. The HDI seeks to envision these dimensions through indicators. In this sense, it is a synthetic scope of the achievements made by countries on their way to an ideal Human Development and evaluates the structural change processes that take place within societies.

8 In 1995, due to the IV World Conference on Women, the UNDP presented two complementary indexes related to gender inequalities: the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM).

9 The Social Summit committed goals and datelines, so part of the commitments with which Social Watch operates, has a goal specified with a numerical value (eg: To achieve life expectancy rates of more than 60 years by the year 2000), and in other cases, it takes goals set in other meetings. Additionally, the "Table for fulfilled commitments" reduces all the results to a scale from 1 to 5, where 1 means that the country has experienced important retreats, 2 that these are minor, 3 that it is at a standstill, 4 that is has made progress, but not enough, and 5 that it advances rapidly or that the goal has been achieved.

## Why an index?

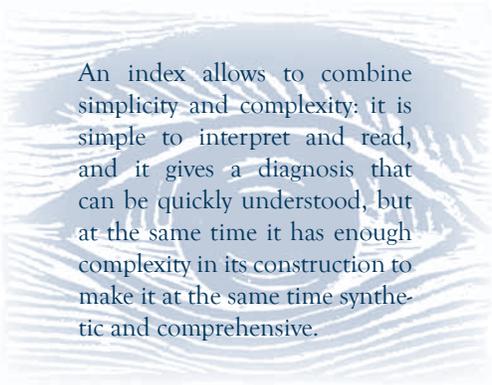
The use of indicators and value measures has been generally considered as suitable for governments and international organizations, on the understanding that control over information is a substantial component of power. From this perspective, civil society actions were based on “opinions” or subjective visions of reality, leaving the debate over the real fulfillment of commitments as an issue of perspectives and particular stresses. But access to information is a requirement of democracy, both to ensure transparency in the exercise of power, and to undertake monitoring and supervising actions over public actions.

To operate based on indicators besides democratizing the access to information, allows to measure in a concrete way the degree to which governments show real interest to face the commitments made. Civil society is provided with concrete information about the efforts being deployed beyond the discourse realm enabling the evaluation of processes that are actually in course, that is, the implementation of actions, policies and programs by governments in their different spheres, seeking to improve and revert determined situations regarding gender equality and equity, and their consequences.

Besides looking at particular situations (indicators), an index gives room for panoramic or synthetic views of the changes in the situation of women, keeping track of general trends in a realm where sometimes the indicator-based view distorts the overall perspective.

Results obtained with the use of the IFC may therefore be read in various levels. While looking at the evolution of each indicator, the advances and retreats towards the accomplishment of the defined goal are observed. This has concrete consequences on women’s lives who are affected by such situation and refers to different kinds of actors involved in this result: government and its institutions, other State powers, political parties, NGOs and the market as opportunity regulator.

Each thematic area itself, shows the changes in one strategic dimension for women’s lives, which are relevant to observe and appreciate, as well as those actors that participate in the achievement or retreat of a goal. But also, the three thematic areas that compose the IFC –participation and access to power, economic autonomy and poverty and women’s health and sexual and reproductive rights– from the point of view of gender equity, are closely linked and therefore, it is important to analyze the advances of the IFC globally. Then, we will be in a position to appreciate the distance that Latin American women must still cover to accomplish equity within their countries and regionally.



An index allows to combine simplicity and complexity: it is simple to interpret and read, and it gives a diagnosis that can be quickly understood, but at the same time it has enough complexity in its construction to make it at the same time synthetic and comprehensive.



## CHAPTER II

### INDEX OF FULFILLED COMMITMENT GENERAL TRENDS IN THE REGION NEARLY ONE DECADE AFTER BEIJING

The Index of Fulfilled Commitment presents the results in the achievement of an expected goal in three strategic thematic areas: participation, economic autonomy and poverty and women's health and sexual and reproductive rights, regarding commitments made by States in these areas at the international level. This general IFC corresponds to the summary of the three areas and to their goal achievement by countries in the region. This way, it delivers a global view about Latin American women's situation and its evolution between 1995 and 2003 –including an evaluation in-between in 2000 (Beijing + 5)– after the ten years established by the Beijing Platform for Action for the final evaluation of the fulfillment of commitments made by governments worldwide.

The IFC thus, enables to describe, in general terms, the changes produced in women's condition ten years after the World Conference on Women. This evaluation, far from being exhaustive, uses key indicators to obtain a general view of women's situation in the region.

General Index of Fulfilled Commitment  
Goal achievement around 1995, 2000 y 2003<sup>10</sup>

Countries	1995	2000	2003
Argentina	–	75.9%	–
Bolivia	51.7%	58.8%	60.0%
Brazil	68.9%	–	–
Chile	68.4%	74.0%	75.2%
Colombia	58.2%	68.0%	–
Costa Rica	70.9%	74.0%	–
Ecuador	56.2%	58.5%	–
El Salvador	58.4%	66.2%	68.2%
Guatemala	–	51.8%	–
Honduras	55.1%	59.6%	64.1%
Mexico	66.0%	65.7%	65.5%
Nicaragua	59.6%	50.4%	56.1%
Panama	64.1%	70.8%	68.2%
Paraguay	51.3%	64.9%	68.9%
Peru	57.9%	65.8%	65.9%
Dominican Republic	71.1%	72.6%	72.0%
Uruguay	–	–	–
Venezuela	60.5%	65.0%	66.0%
<b>Average</b>	<b>61.2%</b>	<b>60.4%</b>	<b>66.4%</b>

“One of the paradoxes of the century that ends is the verifiable fact that, never like today have women exercised such amount of rights and had such visibility and recognition. At the same time, never had the exclusions that characterize the global village been so evident. Women's equality is being built, in many cases, in opposition to the growing economic, social, politica, cultural and media inequities that characterized the globalized world”.

(ECLAC 1999. The Challenge of Gender Equity and Human Rights at the Beginning of the 21st Century. Women and Development Series N°27).

10 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent. See Annexes 1 and 2.

A first look at the table that presents the results for the 18 countries considered in this evaluation shows that, as a general outcome, in the three years monitored, there is a gap between the expected goal and achievements related to broadening women's rights. By 2003, only 65.4% of the goal had been achieved in average.

Albeit there is progress, there are still underlying situations that give place to inequalities and inequities that affect women's life quality. Therefore, there are still numerous tasks pending in the political agenda of Latin American and Caribbean countries to reach the goal of gender equity.

A second look reveals the existence of important information vacuums: in 7 countries –nearly half of those considered– it is not possible to confirm whether there has been progress (or retreat) regarding the expected goal by 2003 and, in 4 of them, it is impossible even to establish some kind of trend between the years measured.

A country to country look, among those that have the necessary information, indicates that Chile is the best ranked, with 75.2% goal achievement, which is similar to the situation presented by Argentina in the only year monitored (2000). These countries, along with Uruguay (that has no General IFC because it lacks health information) show significant progress in the reduction of problems such as education, and salaries, but the low female incorporation in political decisions is maintained in both countries. In 2003 the Argentinian economic situation was notoriously deteriorated due to the crisis, which allows new drops to be expected in the advance towards the goal. In the mean time, the Chilean situation requires a more resolved action to reach the desired goals, particularly in adolescent sexual and reproductive health as well as in encouraging women's participation in the political life of the country.

The Dominican Republic is situated close to 72% of goal achievement, with its main accomplishments in the area of women's health, by improving childbirth care and birth control, but it still has pending problems regarding inequalities faced by women in their participation in the executive power, like Panama, where there is economic instability and low access of women to modern contraception.

Paraguay and Venezuela, with nearly one third of the path to cover, present different situations. In Paraguay, the main problems are childbirth care and poverty, particularly among rural and indigenous population, while in Venezuela, whereas there is sustained progress, internal political difficulties must be faced as well as economic fluctuations. These require specific policies and programs to maintain what has been achieved and to improve women's situation.

Bolivia, Ecuador and Peru, are among those with the poorest achievement rates, and must face deficiencies in their health services for women, particularly in rural and indigenous areas, besides working to overcome their generalized poverty conditions. In these countries, internal political instability is also a serious barrier to maintain progress made by women.

Nicaragua, Honduras and Guatemala, also among the countries with poor achievement rates, require general social policies that focus on women, but also greater economic development and focusing policies on poor women.

Finally, Mexico is the only country that continuously retreats regarding the expected goal, even in a proportion of less than 1%, this shows the enormous challenges this country faces to reach better living conditions for its women. Political will is necessary to enable women's demands to be answered by government actions. This means guaranteeing resources, time and infrastructure to implement them, as well as questioning the cultural and religious barriers that limit progress regarding sexual and reproductive rights.

The IFC shows progress on goal achievement, but it also makes it evident that by 2005, on the 10th anniversary of the Beijing Conference, Latin American States have a debt with their women. Considering the pace of progress along this decade, equity might become real for them only by the second half of the 21st century.



## CHAPTER III

### IFC PARTICIPATION AND ACCESS TO POWER

Participation and access to power, like each of the three thematic areas that make up the IFC, is a strategic dimension for women's advance. Female presence in the highest levels of decision making and political representation are key indicators of real and symbolic gender equity and contributes to progress in other spheres of society.

Defining who gets access to power transcends the election of those who will count with instruments to govern in recognition of the legitimate members of the community, that is, of those who determine the desired order to be built. The absence of women in decision making realms is, at the same time, a reflection and consequence of the female subordination and invisibility within society.

Historical exclusion of women has affected in a relevant way their possibilities of citizenship and negotiation with other social actors, in spite of their proven social leadership skills and their ability to contribute on a daily basis to the social production and reproduction. Stereotypes associated to the sexual division of labor still exclude them from public spaces and from power, be it in national or federal government, parliament, or local government.

When we look at the IFC of this thematic area in Latin America, it is possible to see that even when affirmative action policies, as a trend, have spread in the processes that determine female access to political responsibility positions – executive, legislative or local – sociopolitical equity between women and men, expressed in parity as the ultimate measure of equal power sharing between both genders, is still not within our reach.

- 1 If it is true that in general terms advances can be seen with respect to the situation in 1995, the countries of the region, as a group, do not present homogenous trends in this thematic area.
- 2 Regarding female inclusion in ministerial positions, it is evident that this depends exclusively on the decision of the administration in office and on the trajectory and visibilization of women in national public life. The only country that has never had a woman as minister is Uruguay, while the most inclusive countries are Chile in 2000 and Colombia in 2003, with one third of the Ministries headed by women at that time.

“We, the Governments participating in the Fourth World Conference on Women, gathered here in Beijing in September 1995, the year of the fiftieth anniversary of the founding of the United Nations, are determined to:

34. Develop the fullest potential of girls and women of all ages, ensure their full and equal participation in building a better world for all and enhance their role in the development process.

(Beijing Declaration)

- 3 In the legislative power, improvement is evident in those countries that have an enforceable quota law. Here participation rates rise from 11% to 18% in average. Argentina and Costa Rica stand out because their female participation rates are above 31% (in the case of Argentina this exceeds the minimal quota established by law).
- 4 In the case of countries without quota laws, their situation is diverse, with advances and retreats, currently showing an average participation rate of 11%, similar to that of the countries with quota laws in 1995. Venezuela deserves special attention, since it approved a quota law in 1997, that was abolished the following year.
- 5 The region's female participation in local government (municipal) does not exceed 10% in average. However, extreme cases like the Dominican Republic with 28% of women in these posts, and Uruguay, where previous to 1995 no woman had been elected as Mayor, are to be noted.
- 6 The Dominican Republic has quota laws for municipal elections, like Bolivia, Brazil and Ecuador do. However, despite the increase in the number of women heading local governments, the total figure reaches only 6% of all municipalities, whereas the Dominican Republic has reached 27.7%.
- 7 The country with the highest female participation in the three levels considered –national executive, legislative and local– is Costa Rica, with 24% in average, while the lowest rate –only 4 points away from the preceding country– corresponds to Uruguay with an average of 4%.
- 8 The pace of progress in the eight years considered by the IFC –1995-2003– indicates that the country with better possibilities is Costa Rica –with the greatest advances and the highest participation rates– who might reach parity in representation in all levels by the year 2021, followed by Ecuador in the year 2037.
- 9 Guatemala, Mexico and Nicaragua as a group, have experienced a retreat in female participation. In the case of Guatemala, it is seen exclusively at the ministerial level, while the other two countries show this trend at the local government level.
- 10 Finally, the expansion of female political participation is a phenomenon visibly expressed in countries where democracies have been established or consolidated during the last few years Latin America.



## GENERAL VIEW OF GOAL ACHIEVEMENT

Area: Participation and Access to Power  
Goal Achievement in 1995, 2000 y 2003

Countries	1995	2000	2003
Argentina	18,2%	30,0%	31,6%
Bolivia	8,3%	15,0%	16,5%
Brazil	10,1%	7,6%	17,9%
Chile	17,0%	35,4%	26,7%
Colombia	28,1%	27,4%	33,0%
Costa Rica	22,2%	29,5%	46,1%
Ecuador	5,3%	16,1%	23,5%
El Salvador	15,3%	29,6%	18,4%
Guatemala	22,8%	18,8%	17,3%
Honduras	17,7%	30,1%	23,5%
Mexico	22,0%	23,8%	20,0%
Nicaragua	27,6%	16,0%	25,4%
Panama	21,2%	35,1%	28,0%
Paraguay	5,7%	14,2%	18,7%
Peru	13,9%	30,9%	22,3%
Rep. Dominicana	23,5%	37,1%	33,2%
Uruguay	4,6%	7,7%	7,7%
Venezuela	14,5%	11,6%	29,5%
Average	16,6%	23,1%	24,4%

The table shows that only one fourth of the expected parity (50% female representatives) has been achieved. This is a reflection of the fact that existing barriers for an equitable power sharing, have not been eliminated entirely, and that the region is far from meeting the goal set in 1995 in Beijing.

In many cases, the main measures adopted have been of the affirmative kind, but reaction towards legal proposals aimed at parity achievement, such as quota laws for elections, bring out the roots of female absence in the public sphere. For example, statements like damage of the quality of public activity due to the lack of adequate preparation by women, or that women lack political leadership skills, or that they are not interested in having access to power positions in politics and the State are still popular in many of the countries studied. Therefore, a complex and progressive empowerment and cultural change is needed,

An equitable participation of women presumes the incorporation of a greater number of women in public spaces, from an equal rights perspective. This does not mean simply increasing transparency in political processes, but also deepening democracy. This is the objective of affirmative actions, through the establishment of quotas in parliamentary and municipal elections in all political parties.

Quotas, as affirmative actions, are and must be considered as transitional measures, aimed at overcoming the existing barriers between women and men and favoring the emergence of a new culture that enables the balanced presence of genders in elected power positions.

not only in the public sphere, but in all areas where power relationships are present, that is, where men and women participate.

But the scarce presence of women in political posts, be them by publicly elected or politically appointed, clearly shows the existing gap between the equality of rights recognized by law, and its effective enforcement.

Progress towards parity in the number of female and male in congress will allow a gradual redistribution of social and political power. At the same time, it challenges institutions and norms systems to be consistent with the ethical and political proposal of democracy as representation and relational system.

Equitable representation is not just an indicator of equal opportunities between women and men, but it is also valuable regarding equal results, since it allows women to verify and know with certainty that such equal opportunities actually exist. Equitable representation is a sign of having overcome the structural restrictions they face. It is impossible to feel “properly represented” if the people who are elected to do so fail to reflect our views. Such representation must be symbolic beyond the shared ideals and interests



## INDICATORS. ADVANCES AND RETREATS

Area: Participation and Access to Power  
 Parity Achievement in State Ministries or Ministerial Secretaries at  
 the National or Federal level Around 1995, 2000 y 2003<sup>11</sup>

Countries	Women In the Executive Power		
	1995	2000	2003
Argentina	0,0%	33,3%	15,4%
Bolivia	0,0%	14,3%	0,0%
Brazil	10,0%	0,0%	24,0%
Chile	22,2%	62,5%	35,3%
Colombia	53,4%	47,1%	62,5%
Costa Rica	22,0%	40,0%	50,0%
Ecuador	0,0%	13,3%	26,7%
El Salvador	0,0%	60,0%	20,0%
Guatemala	50,0%	33,3%	30,8%
Honduras	16,7%	53,3%	40,0%
Mexico	31,6%	28,6%	11,1%
Nicaragua	20,0%	10,0%	16,7%
Panama <sup>/a</sup>	20,0%	36,4%	36,4%
Paraguay	0,0%	16,7%	28,6%
Peru	13,8%	40,0%	25,0%
Dominican Republic	23,6%	31,6%	13,3%
Uruguay	0,0%	0,0%	0,0%
Venezuela	17,4%	0,0%	52,6%
<b>Average</b>	<b>16,7%</b>	<b>28,9%</b>	<b>27,1%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: Panama did not have elections or changes in cabinet during the 2000/2003 period

The position of Minister or State Secretary represents the highest available post in the executive power –besides that of President of the Republic–. These positions, generally show an inversely proportional trend regarding female participation, namely, that the higher a position is ranked, the smaller the proportion of women that have access to them. With a regional average of 15 ministers per executive (Brazil having the most with 25, and El Salvador and Panama the least with 10), the maximum number of women ministers within a cabinet throughout the period studied is 5.

11 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent. See Annexes 1 and 2.

This figure includes, in some cases, the minister of women's affairs, which is itself the expression a fulfilled commitment made in Beijing.

The general trend observed is upwards for 2000, with a significant 12% increase of the expected parity goal, led by 10 countries, many of them with governments elected on or around that year, which reflects an interest in female presence. Unfortunately, this advance seems to be more an electoral effect than a consolidated trend, since female participation in those ministerial cabinets decreases by the year 2003. This might indicate that incorporating women to the formation of the first cabinet probably responds to fulfilling campaign promises and to a communicational interest, more than to an effective interest on equity.

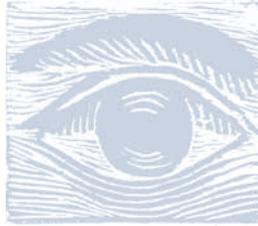
Only 3 countries have kept a steady rise along the time frame considered: Costa Rica, Ecuador and Paraguay. Increases in the first two countries follow the trend previously outlined regarding new cabinets appointed by presidents elected between 2002 and 2003.

Mexico is the only exception to this the new century/new government trend, with a steady decrease during the years studied, changing from 3 to only one on the last year measured, even when the last two years correspond to the same administration.

If it is true that appointing women or men as state secretaries seems to depend exclusively on the decision of the ruler in office –be it due to political or worthiness reasons- it is also true that it can originate positive measures favoring women. A relevant example to point out is the case of Brazil, where the National Program of Equal Opportunity Promotion in Public Administration was adopted in 1998. It states that ministries and other public agencies must elaborate proposals to establish gender equity within their staff, measure that in spite of not aiming directly to the highest position, may tend to overcome barriers in the access of women to higher ranked posts, thus increasing their experience, leading skills and visibilizing their worthiness in order to make them eligible for state secretarial positions.

Likewise, initiatives such as the Electoral and Political Organization law in Honduras, operate with the same logic outlined above within the political arena. This law makes it compulsory for political parties to create a policy of gender equity that is regulated through fines equivalent to 5% of their public debt in case of not complying.

Regardless of the motive –communicational impact, fulfilling commitments made with the women's movement during the electoral campaign, political alliances, real democratic commitment or the professional quality of women– the very fact of having women access high ranked posts in the executive power is a means to expand and visibilize opportunities for younger generations, and therefore of a change in the collective imaginary regarding those who are called to be in charge of a position in the public sphere.



## AREA: PARTICIPATION AND ACCESS TO POWER

Parity Achievement in national or federal parliaments<sup>/a</sup>  
around 1995, 2000 y 2003<sup>12</sup>

Countries	Women in the Legislative Power		
	1995	2000	2003
Argentina	40,7%	43,8%	62,6%
Bolivia	16,6%	17,8%	36,7%
Brazil	13,5%	11,8%	18,2%
Chile	14,4%	19,0%	20,1%
Colombia	19,6%	24,3%	21,6%
Costa Rica	31,6%	38,6%	70,2%
Ecuador	9,8%	29,3%	32,0%
El Salvador	21,4%	11,9%	21,4%
Guatemala	15,0%	19,5%	16,5%
Honduras	14,1%	18,7%	12,5%
Mexico	27,2%	35,7%	42,4%
Nicaragua	21,5%	19,4%	40,9%
Panama	16,7%	42,0%	19,7%
Paraguay	11,2%	16,0%	17,6%
Peru	21,7%	43,3%	36,7%
Dominican Republic	21,3%	28,6%	30,8%
Uruguay <sup>/b</sup>	13,8%	23,1%	23,1%
Venezuela <sup>/b</sup>	12,7%	21,8%	21,8%
<b>Average</b>	<b>19,0%</b>	<b>25,8%</b>	<b>30,3%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: Data for two-chamber parliaments consider both chambers (representatives and senators). In the case of parliaments with substitutes, only the holders of the congress position were considered.

/b: Countries that did not have full or partial elections of their legislative bodies in the 2000-2003 period.

Unlike the executive power, the legislative branch shows a steady increase in the number of female representatives, that can be appreciated not only in the general trend, but in 10 of the countries considered and in other 5 countries, where despite an initial fall in 2000, figures improve during the following year measured. In these cases, only Argentina, Bolivia, Brazil, Costa Rica, Mexico, Panama, Paraguay, Peru and the Dominican Republic have a mechanism to compensate differences, such as quota laws, that establish minimal quotas ranging from 40% in Costa Rica to 20% in Paraguay. The oldest mechanism is the Argentinian one, in effect since 1991, and amended between 1996 and 1997.

12 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent. See Annexes 1 and 2.

Clearly, quota laws have changed women’s participation in representative posts, particularly when this legal modification is enforced on the expected positions, that is, when it makes it compulsory to present female candidates for posts where they have a real possibility of being elected.

However, it is important to note that as a result of these laws, after nearly ten years of their adoption, women’s higher representation instead of becoming a minimal base, as it was originally intended, has turned into a ceiling.

On the other hand, the comparative view enabled by the IFC may be complemented with the effective composition of chambers, which varies significantly among countries. There are 3 different groups: small countries with small population, whose parliaments have between 60 and 80 seats, and are usually single chambered; medium-sized countries (the great majority) with parliaments between 120 and 170 seats; and finally, larger countries with parliaments between 300 and 600 seats. This view becomes relevant when considering that 100 congresswomen in Argentina (in a parliament of nearly 330 representatives) have not only symbolic visibility, but effective political power. This makes it possible to have women in every political or thematic commission formed inside parliament<sup>13</sup>, while the 17 Chilean congresswomen –in a parliament of nearly 170 representatives– do not have such possibility, simply because of their numerical inferiority<sup>14</sup>. This does not happen in Costa Rica, where number of women in parliament is the same as in Chile, but with a total of 57 seats in congress<sup>15</sup>.

Finally, it is worth noting that whereas there have been important advances, the region faces the 10th anniversary of the Beijing Conference with a 30% of the parity goal achieved. This percentage corresponds with an average of 15% congresswomen, which means that unequal gender relations still exist regarding access to power, and consequently, an important gap in the achievement of one of the most important commitments that directs the Beijing process.

This scenario calls for a discussion of both sides of the road towards equity. The downside, and perhaps one of the most important steps back in the region can be tracked at the beginning of 2000 with the abolition of the quota system set up in 1997 in Venezuela, because it was considered to be against the equality principle established by the Constitution. This decision ignored the principle of affirmative action measures encompassed in the same text and was sanctioned by the Electoral Hall of the Supreme Court after women’s organizations filed an appeal without any kind of support from the political parties in the country.

On the bright side, there is a “best practice” developed and implemented by Costa Rica, whose efforts show a comprehensive analysis of the consequences of the lack of representation, where besides quotas, there is a “Law of Real Equality” that makes it compulsory for political parties to devote a percentage of the State’s economic support to women’s political training. This law is proving fruitful nearly 15 years after its adoption.

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- 13 The Chamber of Representatives in Argentina has 45 permanent commissions, and 15 special ones (January 2005) whereas the Senate has 30 permanent commissions. There are 29 female senators and 74 female representatives.
- 14 The Chilean Chamber of Representatives alone, with 15 women, has 19 permanent commissions. By January 2005 it also had 9 special commissions and 5 investigative commissions. The Senate has the same number of commissions and there are only 2 women elected there.
- 15 The Legislative Assembly in Costa Rica has 6 regular permanent commissions and 10 special permanent commissions. In 2003, it had 20 congresswomen



## AREA: PARTICIPATION AND ACCESS TO POWER

### Parity Achievement in Executive Positions in the Local Government<sup>/a</sup> Around 1995, 2000 y 2003<sup>16</sup>

Countries	Women in the Local Government		
	1995	2000	2003
Argentina	13,9%	13,0%	16,8%
Bolivia	8,4%	12,9%	12,7%
Brazil	6,9%	11,0%	11,4%
Chile <sup>/b</sup>	14,4%	24,6%	24,6%
Colombia	11,2%	10,9%	14,9%
Costa Rica <sup>/c</sup>	13,2%	10,0%	18,0%
Ecuador	6,0%	5,6%	11,9%
El Salvador	24,4%	16,8%	13,8%
Guatemala	3,4%	3,7%	4,8%
Honduras	22,5%	18,2%	18,1%
Mexico	7,1%	7,3%	6,6%
Nicaragua	41,4%	18,5%	18,5%
Panama	26,9%	27,0%	28,0%
Paraguay <sup>/b</sup>	6,0%	10,0%	10,0%
Peru <sup>/d</sup>	6,3%	9,4%	5,2%
Dominican Republic	25,6%	51,1%	55,4%
Uruguay	0,0%	0,0%	0,0%
Venezuela	13,3%	13,1%	14,0%
<b>Average</b>	<b>13,9%</b>	<b>14,6%</b>	<b>15,8%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: It considers Mayors, Municipal Presidents, and Prefects, that correspond to the head of the local government appointed by popular election in the different countries.

/b: There were no municipal elections in the 2000-2003 period

/c: By 1995 Mayors in Costa Rica were politically appointed, not elected.

/d: Only provincial Mayors

Municipalities are the basic territorial expression in the political and administrative order of a nation-State and without a doubt, they are the closest and most visible agency for citizens. They are most frequently associated with solving and helping with concrete and regular problems faced by the population. Countries considered in the IFC add up to nearly 14.500 municipalities, which gives an idea of their extension, magnitude and relevance regarding closeness to people.

16 Data may correspond to the actual year noted or to a different one within a 2 year range, both previous or subsequent.

Historically, it has been thought this to be the privileged arena for women’s participation. As a matter of fact, in several countries, women were granted the right to vote for local government first. On the other hand, the great number of posts available and their smaller scope –local as opposed to national- might favor a greater female participation. Unfortunately, this is not so. That is what the IFC shows for this area, where the average is way below female participation in the national executive and legislative powers, reaching only 15% of the expected parity goal by 2003 (about 1.160 municipalities ).

This fact is in absolute contradiction to the popular belief that women are better represented in the local government, and is based on a series of conditions, namely: 4 of the countries considered have federal government systems, where each state or province<sup>17</sup> has its own constitution or organic chart; this means that in many cases, they have the ability to define the laws and policies to be implemented within their jurisdiction, and therefore makes these posts, important power positions. Thus, countries like Argentina or Mexico present unequal situations. In 2000, there was a low rate of female representation in Argentina, which improved in 2003; while in Mexico the opposite happened, with an increase in 2000 and a drop in 2003. In all countries with low levels of female representation in the local government, the trend continued with only 81 women among their 2.430 municipalities.

Secondly, an important percentage of the Latin American population currently lives in large urban zones, where there is great competitiveness among the political parties because they provide the basis for numerical superiority against competitors. This is how a mainly urban country like Uruguay has never had a woman in charge of local government. Decentralization and power and resource transference to municipalities is a process that has been developing in the region since the 1980’s, and it has been noted as one of the factors that have contributed to having political parties nominate its most competitive personalities, who are not women, to run for these positions.

Female presence in the local arena shows an increasing trend in the 12 countries considered, being the Dominican Republic the most notorious country with one fourth of the expected goal achieved by 1995, and exceeding 50% of the expected parity by 2003 (equivalent to nearly 30% of the total number of municipalities in the country). This is the reflection of the existence of a quota law that sets 25% of municipal charges elected, a goal that has been achieved<sup>18</sup>.

Affirmative measures have had less success in Bolivia and Brazil, where they have generated a 5% goal achievement. Bolivia has a municipality law that presents a buffer zone to guarantee female participation in local decision making spheres. In Brazil, a minimal of 30% and a maximum of 70% is established for each gender in the nomination for municipality candidates by parties or coalitions. However, this law lacks sanctions and mechanisms to enforce compliance.

Finally, these figures are paradoxical, because even when the local arena is the immediate referent for women’s everyday lives in their struggle for better conditions for them and their families, it is still far from becoming a real alternative to influence decision making on issues that affect them directly.

The lack of substantial progress in women’s participation in executive local government positions – being their presence and action stronger in secondary or “informal” posts -constitutes a significant obstacle for the construction and implementation of public policies with a gender perspective, and in the case of policies and programs designed by central governments, this flaw causes its effective implementation at the local level to be challenged.

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17 And in some cases, municipalities.

18 In 2003, the Dominican Republic had twice as many female Mayor as Argentina and half the number of municipalities in that country.



## CHAPTER IV

### IFC ECONOMIC AUTONOMY AND POVERTY

Economic autonomy and poverty elimination direct us to the search for gender equity in its double dimension, the principle of equality and the recognition of differences that must not generate inequality. This assumes, among other things, overcoming gender barriers, such as discrimination produced by women's reproductive condition and acknowledging their right to motherhood, in such a way as to transform economic citizenship into a concrete experience for the majority of women in the region.

In accordance with these principles, this area seeks to show the opportunities of women in the access to education and to work related training, to productive resources, to employment in adequate conditions and to income enough for a decent life.

The sexual division of labor has historically determined not only an inequitable distribution of housework, as well as productive tasks between men and women, but it has also limited women's participation in the labor market. Their participation in this area is sealed with discrimination and subordination expressed by the high proportion of women who perform poorly remunerated, precarious and low-qualified jobs, with no social security. This is particularly the case of the poorest, youngest, temporary and piecework women workers. These women are specially vulnerable to changes in the labor market, be it within the framework of economic growth processes, crisis or structural adjustment, overcoming these conditions is crucial when looking at the rising female incorporation to the labor world in recent decades.

But women's insertion in economic activity is not enough to improve their social conditions. This requires safeguarding other rights along their lifetime, such as: education and training, the existence of support services— particularly for women heads of households —access to property and credit and the real exercise of autonomy in the use and distribution of their own income.

The IFC shows that in Latin America, relevant progress has occurred when States have taken measures to create, strengthen and promote actions devoted to eliminate economic vulnerability with a particular emphasis on women, specially when in addition to this, other conditions for the economic growth of markets are favorable.

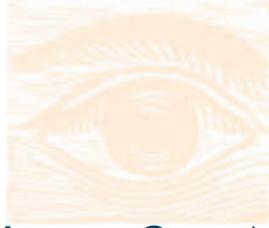
**1** From 1995 through 2003, there was a change of nearly 3% in the situation of women in the region, showing annual progress of less than half a percentage point per year. This slow advance is particularly relevant when considering that a little less than half of the female population participates in the labor market and that, therefore, these changes affect a great number of women.

“We, the Governments participating in the Fourth World Conference on Women, are determined to:

26. Promote women's economic independence including employment, and eradicate the persistent and increasing burden of poverty on women by addressing the structural causes of poverty through changes in economic structures, ensuring equal access for all women, including those in rural areas, as vital development agents, to productive resources, opportunities and public services

(Beijing Declaration)

- 2 Despite their growing and massive access to the labor market, women in the region have not been able to match men regarding income, reaching in the best case, only 87% of men's income, and in the worst, 57% (El Salvador and Guatemala respectively), paradoxically these two countries are among those with the highest levels of poverty in the region.
- 3 Female-led households, most of whom are supported by women's work alone, are more vulnerable to become poor. Out of the total number of these households, approximately 36% are within the category of "poor" in the region, in some cases, this figure reaches 50%, as in Honduras and Nicaragua. All countries show improvement compared in 1995, even though in some cases there is retreat by 2003.
- 4 Albeit, during the 90's most countries reduced poverty, such reduction was not always reflected in female-led households.
- 5 With the exception of three Central American countries -Guatemala, El Salvador and Nicaragua- young women in Latin America show a literacy level that exceeds 90%. Chile and Uruguay present the highest rates in the region in every year considered (the latter surpassing 99% each year).
- 6 In general terms, the best ranked countries are Chile, Uruguay, Costa Rica, and Panama, achieving 80% of the goals by the end of the period measured. In the lowest ranks are Guatemala, Honduras and Nicaragua with 65% fulfillment.
- 7 Paradoxically, the country with the best progress is one of the worst ranked: Honduras, with 12% in the time frame studied; whereas Argentina and the Dominican Republic present the strongest retreats.
- 8 If these changes are projected in time, the first country to reach the desired goals would be Chile, in only 13 more years, followed by El Salvador in 2019. Many countries would take more than half a century to achieve the goals set. In the cases of Argentina and the Dominican Republic these estimations are impossible to make, since they have only shown retreats until 2003.
- 9 It is worth noting that the observed trend indicates that those countries with more progress are currently in a phase known as "easy" poverty elimination and economic indicator improvement (this stage is equivalent to the one that better ranked countries like Chile left behind at the beginning of the 90's). Therefore, the pace of progress in countries that have gone through this stage reaches a standstill after a certain level.
- 10 One of the most important underlying factors that intervenes and cross-cuts all the indicators related to the economic sphere is the notorious structural inequality in Latin American countries, where richness concentration in one fraction of the population has remained static through periods of change, and political and economic peaks and crises.



## GENERAL VIEW OF GOAL ACHIEVEMENT

Area: Economic Autonomy and Poverty  
Goal Achievement around 1995, 2000 and 2003

Countries	1995	2000	2003
Argentina	86,9%	83,1%	76,7%
Bolivia	67,1%	71,6%	72,5%
Brazil	75,3%	78,6%	77,5%
Chile	80,9%	81,2%	88,4%
Colombia	57,8%	76,4%	76,7%
Costa Rica	81,2%	81,3%	84,0%
Ecuador	69,4%	67,7%	72,6%
El Salvador	68,5%	74,7%	79,2%
Guatemala <sup>/a</sup>	-	63,4%	63,2%
Honduras	57,9%	61,6%	69,1%
Mexico	75,8%	78,0%	77,5%
Nicaragua	61,6%	57,8%	66,1%
Panama	79,6%	84,9%	82,2%
Paraguay	55,0%	79,7%	77,7%
Peru	71,7%	76,2%	76,9%
Dominican Republic	76,0%	70,7%	70,4%
Uruguay	85,0%	87,1%	87,7%
Venezuela	73,2%	75,1%	75,9%
<b>Average</b>	<b>71,9%</b>	<b>74,9%</b>	<b>76,3%</b>

Notes: /a : Guatemala does not have information for 1995 regarding the relation between women's and men's income, nor regarding non poor female-led households, therefore, the corresponding IFC for 1995 could not be calculated.

This index shows a general trend of progress towards the expected equality goal, setting the index less than 25% away from the goal. This is due more to a favorable initial condition, than to a clear trend to shorten the gap. Indicators in this area make market inequities regarding women visible, and express the economic, social and cultural barriers they face to achieve their economic autonomy. Such inequities are expressed in spheres where the State cannot (or will not) intervene, and the figures stress the need for the State to take a regulating role in order to reverse this situation.

The time frame encompassed by the indicators confirms this trend, which is characterized by economic growth speed-down after the 1997 Asian Crisis initiated the end of a sustained growth cycle that was followed by the Argenti-

The roots of discrimination are present in the economic-cultural character of the sexual division of labor. The rest of the evidence is only a reflection or a complement of this basic inequality that is strengthened by culture.

The answers do not necessarily belong to the closed sphere of economics and can be explained by factors such as citizen broadening, structural reforms, social movement strengthening, as well as cultural and institutional factors.

(Thelma Galvez. Aspectos Económicos de la Equidad de Género. Mujer y Desarrollo 35, June 2001)

nian Crisis late in 2001. This generated reductions in social spending and in an increase in poverty, unemployment and inequality levels. The year 2003 found the region at the beginning of its economic recovery, with less regulated economies and expectations of economic growth and stability that set the distribution of benefits among the entire population of all countries as their main challenge.

This area makes the economic, social and cultural barriers faced by Latin American women in the achievement of their economic autonomy, visible: education and employment and their consequences on poverty. It also reveals inequalities among women. In this sense, it relates to equality considering the differences stemming from living conditions. The IFC indicators aim at the achievement of equality by women: in labor rights, working conditions, access to resources and skills.

The persistence of inequitable situations as the ones showed by the indicators comprised in this area set doubts regarding the solutions and proposals implemented by governments so far. There is an evident tension between the operation of free market and the objectives of equity that democratic governments have attempted to achieve. There has been progress, but there remains a debt with the principles proposed by Nancy Fraser against poverty, and exploitation and favoring equality in income to achieve both gender equity and social justice<sup>19</sup>.

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19 Fraser, Nancy (1998), *Iustitia Interrupta. Reflexiones críticas desde la posición postsocialista*, Colombia, Siglo del Hombre Editores, Los Andes University.



## INDICATORS. PROGRESS AND RETREATS

Area: Economic Autonomy and Poverty  
 Achievement of equality between female and male<sup>/a</sup>  
 average income around 1995, 2000 and 2003<sup>20</sup>

Countries	Ratio of average female income compared to male average income <sup>/b</sup>		
	1995	2000	2003
Argentina <sup>/c</sup>	71,0%	65,0%	58,5%
Bolivia	54,0%	63,0%	60,5%
Brazil	54,0%	64,0%	63,0%
Chile	67,0%	61,1%	77,2%
Colombia	68,0%	75,0%	76,8%
Costa Rica	69,0%	70,0%	74,7%
Ecuador	66,5%	67,0%	66,5%
El Salvador	63,1%	74,6%	87,0%
Guatemala <sup>/d</sup>	–	55,0%	57,8%
Honduras	63,0%	64,7%	75,6%
Mexico	57,0%	58,1%	62,6%
Nicaragua	76,8%	65,1%	69,0%
Panama	71,0%	83,0%	76,3%
Paraguay <sup>/e</sup>	60,0%	71,0%	70,2%
Peru <sup>/f</sup>	54,4%	63,4%	67,1%
Dominican Republic	75,0%	68,5%	68,3%
Uruguay	61,0%	67,0%	71,8%
Venezuela <sup>/g</sup>	70,0%	74,0%	75,6%
<b>Average</b>	<b>64,8%</b>	<b>67,2%</b>	<b>69,2%</b>

Sources: See Annex 2.A

Data: See Annex 1.

Notes: /a: The goal for this indicator is 100%, that is, equal remuneration. Figures indicate the percentage of the goal achieved.

/b: It refers to income differences among the total employed population in urban zones.

/c: Only for Great Buenos Aires.

/d: No information available for Guatemala around 1995.

/e: Only Asuncion.

/f: Only Metropolitan Lima for 1995.

/g: 2000 y 2003 national totals.

Women's situation in the region is characterized by their massive entry to the labor market in recent decades, as a result of cultural changes and of demands associated to the need to contribute to the family income. Regardless of their insertion in the labor market –and despite their higher levels of education compared to men's– women receive an average of less than 70% of the what men receive in average.

20 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

Among the measures to be adopted by governments committed in the Beijing Platform for Action, the following can be noted:

l) (...) to establish equal remuneration for women and men for work of equal value and non discrimination in employment, with complete respect of the International Labor Organization conventions in the case of State parties in such conventions\*\*.

\*\* ILO Convention N° 100 regarding equal remuneration for work of equal value was ratified by the countries in the region between 1952 and 1989, except El Salvador that ratified it in 2000.

On this regard, the regional situation shows slight progress in the reduction of barriers for income generation by women, with an improvement of only 4 percentage points within the eight years encompassed. This general image includes a group of countries that have experienced sustained rises in the period, with an 8% average progress, and countries that between 1995 and 2000 advanced nearly 10 points, but stepped back a couple of points by al 2000. Only Argentina and the Dominican Republic show a sustained drop in income equality, which in the first case was of 15%, and it naturally had an impact on the general trend.

It is worth noting the situation around the year 2000, that was preceded by a double situation of crisis in some countries and of sustained progress in others<sup>21</sup>. There is a greater number of women entering the labor market and at the same time, more unemployed women. Given the economic worldwide conditions it could have been expected that the ratio of income per sex would worsen, particularly in countries in crisis, however quite the opposite occurred, and there was a reduction in the gap. In countries liken Chile, Paraguay, Peru or Uruguay this situation was linked to a general deterioration in wages, more than to an improvement in women's income, thus producing a "downwards standardization" of women's and men's salaries. In Central American countries, sustained growth generates the same gap reduction effect, but for the opposite reasons.

On the other hand, the difference in average income reflects the gender order and the sexual division of labor that translates into labor market segmentation and into unequal situations with respect to labor insertion. For example, the remuneration/instruction relation, actually shows a smaller gap as individuals are better educated. However, this difference is smaller at the beginning of the career path, but as professional trajectories evolve, the gap becomes larger. It is true that women put off work for maternity reasons, they have less access to training and less availability for work periods that do not respect the family sphere. As a result, men have access to more power and better remunerated, a phenomenon that is particularly relevant in professions that have traditionally had better remuneration and social status.

Income differences between men and women are one of the clearest indicators of gender inequity, and given the factors underlying it, they are among the most difficult to overcome. Albeit the view of the IFC refers to Beijing accords, it is worth noting that the International Labor Organization (ILO) Convention N° 100 regarding equal remuneration was signed in 1952, and was ratified after 1975 only by three of the countries considered. This is a commitment made almost half a century ago that is yet to be fulfilled, since this requires the complement of other initiatives, such as amending labor laws and codes, as well as effective measures in related realms that influence women's better labor insertion, like educational levels, training, child care, among others.

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21 Even though 2000 was a year of economic growth in the region, beginning the recovery from the 1998 drop, indicators around that year show the contraction suffered by South American countries particularly. On the other hand, Central American countries led by the Dominican Republic show an accelerated growth during the period.



Area: Economic Autonomy and Poverty  
Achievement of poverty elimination in female led households/<sup>a</sup>  
around 1995, 2000 y 2003<sup>22</sup>

Countries	Non poor female led households/ <sup>b</sup>		
	1995	2000	2003
Argentina/ <sup>c</sup>	95,9%	89,9%	76,4%
Bolivia	57,8%	60,4%	63,5%
Brazil	80,4%	78,8%	77,4%
Chile	80,8%	88,0%	93,4%
Colombia	63,1%	58,5%	56,9%
Costa Rica	80,2%	78,9%	82,4%
Ecuador	46,9%	39,6%	56,7%
El Salvador	59,5%	64,7%	64,7%
Guatemala/ <sup>d</sup>	–	65,6%	60,5%
Honduras	26,3%	33,6%	41,4%
Mexico	78,6%	83,3%	76,9%
Nicaragua	38,0%	36,7%	41,1%
Panama	75,5%	78,7%	76,9%
Paraguay/ <sup>e</sup>	65,6%	74,1%	69,2%
Peru	70,2%	73,4%	71,2%
Dominican Republic	65,3%	53,2%	51,8%
Uruguay	100%	100%	96,8%
Venezuela/ <sup>f</sup>	53,2%	54,0%	54,6%
<b>Average</b>	<b>55,7%</b>	<b>67,3%</b>	<b>67,1%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: The goal for this indicator is 95%, corresponding to the best situation in the region in the period measured (Uruguay 2000). Figures indicate the percentage of the goal achieved.

/b: It refers to the proportion of female led households in urban zones

/c: Only for Great Buenos Aires

/d: No information available for Guatemala around 1995

/e: Only Asuncion

/f: 2000 and 2003 national totals

From the point of view of society integration on the basis of equity, poverty lived by significant sectors of the population constitutes a fact of concern, particularly when looking at the situation of women in the region. An important part of the possible solutions for this situation is related to the resources and skills that can empower households, particularly their labor and social capital. In order to change the situation of a household in a concrete way, not only are opportunities needed, but also people must have the skills needed to take them.

Despite the favorable evolution of the female economic participation rate, women still face multiple obstacles to take advantage of the opportunities that the labor market may present to them. This means that they have greater difficulty to maintain acceptable life conditions for themselves and for their families. Motherhood and housework become a barrier for their incorporation to the labor market, a

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22 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

situation that has severe consequences in the case of many women who are heads of their household, and responsible for between one fifth (Ecuador and Mexico) and one third of the (El Salvador and the Dominican Republic) total number of households in the region.

Many of these households are supported only with the work of women, which makes them more vulnerable to become poor and to suffer multiple social problems. Approximately 36% of households led by women in the countries considered are poor, and in some cases, as in Honduras and Nicaragua, the percentage exceeds 50%.

Considering the established goal for this indicator, that aims at having 95% of female led households overcome poverty<sup>23</sup>, there has been progress in 1995 and 2000, with a standstill in 2003 around 67% of goal achievement, that reflects the mentioned drop in most countries.

This is so in Brazil, Chile, El Salvador and Venezuela, while only Bolivia and Honduras present a steady rise, leaving both countries in a more favorable situation, even when in the case of Honduras, the level of poverty among women heads of households reached 75%. In the remaining countries, 4 of them show a sustained deterioration and the other 8 present discontinuous trends among the years considered, as is the case of Ecuador, where the indicator shows an important reduction (17%) of the gap towards the goal, after the 1999 recession, when 7% more households led by women fell below the line of poverty in comparison to 1995.

Only Bolivia, Chile, Honduras and Venezuela present a steady rise. This, in spite of the fact that poverty among female-led households in Honduras reached 75% in 1995. Of the remaining countries, Argentina, Brazil, Colombia and the Dominican Republic show a sustained retreat and the rest of the countries present discontinuous trends among the years considered. That is the case of Ecuador, where the indicator shows an important decrease (10%) of the gap towards the goal after the 1999 recession pulled 7% more female-led households below the poverty line.

In the case of Venezuela, where change during the period measured is of only 1,4%, one in every four households in the country is led by a woman, increases between 1995 and 2000 of nearly 370 thousand new households indicate that there are nearly 45.500 new female-led households in poverty. To this we must add all households where women are the main suppliers, but that due to cultural factors, they are not recognized as heads of the household, since this role is reserved to men.

Finally Uruguay, that is the parameter for the definition of the goal, lost its success in 2003 dropping to 97% of goal achievement.

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23 The goal is equivalent to an improvement in the situation of a country within the time frame considered, and it corresponds to Uruguay in 1995 and 2000. Even though 10 of the goal would be ideal, it is not considering the real possibilities of such achievement to happen when not more than 90% of the population have managed to overcome poverty.



Area: Economic Autonomy and Poverty

Achievement of universal literacy for women between the ages of 15 and 24<sup>a</sup>  
around 1995, 2000 and 2003<sup>24</sup>

Countries	Literacy in women between the ages of 15 and 24 <sup>b</sup>		
	1995	2000	2003
Argentina	98,6%	98,8%	98,9%
Bolivia	91,6%	93,6%	96,1%
Brazil	95,4%	96,7%	95,7%
Chile	98,7%	99,0%	99,2%
Colombia	96,7%	97,5%	97,9%
Costa Rica	98,2%	98,6%	98,7%
Ecuador	96,0%	96,9%	96,5%
El Salvador	85,2%	87,3%	88,1%
Guatemala	69,7%	72,7%	73,8%
Honduras	83,9%	86,6%	90,9%
Mexico	95,7%	96,6%	96,5%
Nicaragua	70,5%	72,3%	88,8%
Panama	95,6%	96,3%	96,6%
Paraguay	96,2%	97,0%	96,5%
Peru	93,8%	95,2%	95,6%
Dominican Republic	90,2%	91,9%	92,5%
Uruguay	99,2%	99,4%	99,4%
Venezuela	97,8%	98,6%	98,9%
<b>Average</b>	<b>91,8%</b>	<b>93,1%</b>	<b>94,5%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: The goal for this indicator is 100%, corresponding to universal literacy of women in the ages considered. Figures indicate the percentage of the goal achieved.

/b: Data according to UNESCO annual estimations

Based on the evidence provided by the IFC, it is possible to state that Latin American young women have achieved an important level of literacy, that is increasingly closer to the expected goal of universal literacy, that is, that 100% of young women between 15 and 24 can read and write a simple short story about their every day lives<sup>25</sup>.

However important differences can be observed among the countries, where some of them still have illiteracy segments, that reflect the greater difficulty for these young women to have access to economic growth and to the benefits that society can provide for women.

24 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

25 Definition provided by UNESCO.

Whereas there is an average literacy level of 93% for 2000, showing an important reduction in the rate of female illiteracy respect to 1995, Unicef forecasts show a standstill among countries that were closer to the goal, such as Argentina, Chile, Costa Rica or Uruguay, whose progress range between 0,1% and 0,3%, while countries with low estimations, like Nicaragua or Guatemala made ten times more progress, but remained more than ten points below the 95% goal achievement set for 2003.

Guatemala, with a 74% female literacy rate shows a significant retreat compared to the rest of the Latin American region, even when the rate of literacy among young women has shown rising trends since 1995 (when it reached 70%), this remains a problem that focuses around rural areas in the country, where indigenous population is the social group that maintains the highest rate of illiteracy, reflecting a regional trend, where illiteracy is traditionally related to indigenous populations (Guatemala, Bolivia, Peru, Ecuador, Mexico) or with rural exploited zones (like the Brazilian north-east).

Illiteracy is linked to poverty contexts in such a way, that for its elimination, integral programs in traditionally vulnerable sectors are needed for life quality improvement, since illiteracy for lack of knowledge is not the only kind of illiteracy relevant. Attention must be paid so that literate women do not fall into functional illiteracy due to a lack of opportunities to exercise their reading and writing skills. Young women and girls who drop out of the school system due to a lack of resources or to teen age pregnancy are particularly vulnerable to this situation.

Likewise, young women who do not achieve minimal levels of education risk the effective exercise of their rights in other spheres of social life, such as political participation, opportunities in the labor market, wage levels and decisions related to reproductive conduct. Therefore, a mother with scarce education or illiterate usually lacks support in the education of her own children and dooms them to low-qualified and low-paid employments and to precarious insertion in the labor market.

Finally, whereas youth illiteracy seems not to be a problem in the region anymore, the fact that it is still there reflects that basic education remains far from universal within the region (a commitment made at the Copenhagen Conference) and that if there is illiteracy among young women, it is possible to think of the existence of a quota of girls between 10 and 14 who have still not learned how to read and write and that appear as future illiterate grown-ups.



# CHAPTER V

## IFC WOMEN’S HEALTH AND SEXUAL AND REPRODUCTIVE RIGHTS

Today, health is understood worldwide not only as the absence of disease, but as a full state of physical, mental and social wellbeing<sup>26</sup>. This means that people have the right to the highest level of health and to enjoy the benefits of scientific progress. From this perspective, reproductive health encompasses both the ability to enjoy a satisfactory sex life, and the ability to procreate, and it must ensure sexual and reproductive rights, which means that couples as well as individuals can: enjoy their sexuality free of unwanted pregnancy risks, as well as of the risk of catching sexually transmitted diseases and AIDS, to decide freely and responsibly the number and timing of children they want to have, as well as having access to the information needed to do so. They also include access to adequate gynecological care during pregnancy, childbirth and puerperium, as well as prevention and treatment of infertility. These rights are, therefore, part of the process of recognizing women as autonomous subjects with responsibilities and abilities to make decisions over their own bodies, their sexuality and their fertility.

However, the valid sociocultural order and fundamental religious visions put women in a disadvantaged situation, due to the role they play in the reproduction of the human species. Social constructions of the feminine and masculine have an impact on the health profiles of women and men, as well as on the rights they have over their own bodies.

IFC indicators in this area aim at the full validity of women’s human rights along their life cycle, to the freedom to make decisions about their sexuality and reproduction, to non discrimination and to social equity. Debates and institutions themselves are plagued with gender stereotypes, where the androcentric model –that has the male as the referent point and measure– tends to prevail. This translates into a blindness before the women’s health needs. It is the State’s responsibility to promote actions directed at overcoming the existing barriers and to guarantee access to quality health services, considering women’s differences and particular needs.

Among the trends illustrated by the Index of Fulfilled Commitment in this area there is one that stands out over the rest and that impacts Latin American women’s health:

“...All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women’s health care; prevention and appropriate treatment of infertility (...) and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required (...)

(International Conference on Population and Development Action Program. Strategic objective F.5)

26 Report of the International Conference on Population and Development (El Cairo, September 5-13th 1994) (A/CONF.171/13).

1 Information (un)availability. Exercising the right to health as well as sexual and reproductive rights requires information and knowledge of the health problems and needs of men and women. Without this, neither decision makers, nor women's movement or health systems can provide timely or adequate solutions to women's health needs. Lack of information inhibits the development of actions that lead to gender equity or to a better understanding of the consequences the gender order has on women and men's opportunities to preserve and promote their health. It is also impossible to exercise social watch properly.

The absence of sex-disaggregated data on these issues is a general trend in the region, as well as difficult access to it, in case it exists, and scarce systematization regarding collected and periodicity. With the exception of those countries where international cooperation agencies perform periodic health and demographic surveys, there is a constant absence of sex-disaggregated information or lack of gender analysis of data.

Without accessible, timely and quality information, there are no basis for decision making to define policies and programs, and there can be no follow-up or evaluation of their rights and wrongs, and neither can there be transparency and democracy. It is not possible to perform social watch social actors are entitled to, and governments' accountability is put at stake.

2 In general terms, the index shows a retreat of nearly 3% in the time frame considered for all countries of the region that have information (there are 6 countries with incomplete information: Argentina, Brazil, Colombia, Costa Rica, Ecuador and Uruguay).

3 The use of modern contraception (reversible and irreversible) by women in the region experiences progress, reaching three quarters of the expected goal, with 73% in 2003. Whereas several countries might accomplish this goal, Panama and Venezuela are way behind around one third of goal fulfillment.

4 Adolescent pregnancy in 2003 is the source of nearly 17% of the total births in the region, with little variation since 1995, ranging from 28% to 9% of all live births.

5 Institutional childbirth care shows clear improvement, with little less than twenty percentage points left to reach the goal, and being almost universal in countries like Argentina or Chile, but still below 50% in Nicaragua.

6 Among the 11 countries where progress can be measured in all the years considered, the Dominican Republic faces 2003 with the best situation, with 96.7% of goal achievement. Nicaragua is left in the worst position with only 62.7%.

7 Between 1995 and 2000, where the evolution of 15 countries can be observed, the lowest position corresponds to Guatemala, preceded by Nicaragua.

8 As for the pace of progress, the highest achievements are in Paraguay, with 14% between the 8 years considered, followed by El Salvador. On the other hand, Mexico and Nicaragua experience retreats in stead of progress, which in the case of Nicaragua are of up to 13%.

9

Considering the pace of progress, the first country to reach the goal would be Paraguay within 7 years, whereas it will take Venezuela, and Ecuador over 60 years to reach the goal.

10

Albeit there is progress, it is worth noting that there is not enough information to project the situation of two of the countries with the highest population concentrations in the region, like Argentina and Brazil. In both cases, no information is available regarding the use of birth control among their women for the years measured.



## GENERAL VIEW OF GOAL ACHIEVEMENT

Area: Women's Health and Sexual and Reproductive Rights  
Goal Achievement around 1995, 2000 y 2003

Countries	1995	2000	2003
Argentina	-	94,5%	-
Bolivia	59,6%	69,7%	71,1%
Brazil	96,1%	-	-
Chile	84,2%	88,4%	88,6%
Colombia	76,3%	82,1%	-
Costa Rica	87,6%	91,6%	-
Ecuador	70,9%	72,8%	-
El Salvador	72,0%	77,9%	84,8%
Guatemala	54,1%	57,9%	-
Honduras	73,7%	74,8%	82,2%
Mexico	80,7%	76,1%	78,4%
Nicaragua	76,2%	62,2%	62,7%
Panama	71,4%	75,6%	75,8%
Paraguay	74,0%	77,6%	88,2%
Peru	67,8%	74,2%	78,7%
Dominican Republic	93,5%	95,8%	96,7%
Uruguay	-	-	-
Venezuela	73,1%	84,7%	76,1%
<b>Average</b>	<b>75,7%</b>	<b>78,5%</b>	<b>73,6%</b>

As it can be seen in the results of the general regional IFC in the area of women's health and sexual and reproductive rights, there is retreat in the fulfillment of commitments made, even though there was progress in 2000. It has not been easy to overcome the cultural and religious barriers that affect these issues, along with the deficiencies in health services in general, and in reproductive health, in particular.

Likewise, the possibility to perform a real measurement is undermined by problems in data collection, since in many cases, data is not desaggregated by sex or age, there are no time series or comparable sources; and access to existing information is complex and some times impossible for civil society. This has affected both the selection of indicators and the measurement of those chosen.

Considering the information available, it is possible to see that the starting point for measurements (1995) is itself a pretty favorable basis for the implementation of a woman's

"Albeit many of the integral care programs for women in reproductive age are a result of feminist demands regarding women's rights to sexual and reproductive health, that are originated by the recognition of a high and unbearable rate of mother mortality, the current health policies and their corresponding programs are still based on a vision of motherhood as a female misión. Additionally, the set of programs is directed to attend "Women's health", as if their health began and ended with motherhood".

(Análisis de equidad de género 1992-2002. Women's Viceministry, Bolivia, quoted in the IFC Bolivia).

health model that effectively relates empowerment with reproductive health, involving not only economic and educational aspects, but the access to information, technology and services, as well as the development of skills and social networks.

The expected goals related to contraception, childbirth care and adolescent pregnancy require States to maintain –and in many cases, to strengthen– the actions they have undertaken.



## THE INDICATORS. PROGRESS AND RETREATS

Area: Women's Health and Sexual and Reproductive Rights  
 Achievement of women in reproductive age using modern contraception<sup>a,b</sup>  
 around 1995, 2000 y 2003<sup>27</sup>

Countries	Women in reproductive age using modern contraception		
	1995	2000	2003
Argentina <sup>/c</sup>	-	97,8%	-
Bolivia	29,7%	42,0%	58,2%
Brazil <sup>/d</sup>	100% <sup>/j</sup>	-	-
Chile <sup>/i</sup>	50,2%	69,5%	69,8%
Colombia <sup>/f</sup>	65,8%	73,0%	-
Costa Rica <sup>/e</sup>	77,3%	93,8%	-
Ecuador <sup>/f</sup>	47,7%	55,3%	-
El Salvador <sup>/f</sup>	80,5%	92,7%	100% <sup>/j</sup>
Guatemala	44,8%	51,5%	49,7%
Honduras <sup>/g</sup>	77,8%	83,3%	100% <sup>/j</sup>
Mexico	54,5%	61,0%	60,8%
Nicaragua	94,3%	51,3%	67,2%
Panama	22,5%	32,3%	33,2%
Paraguay	68,8%	79,5%	100% <sup>/j</sup>
Peru	54,5%	68,8%	84,0%
Dominican Republic	98,7%	100% <sup>/j</sup>	100% <sup>/j</sup>
Uruguay <sup>/h</sup>	-	-	-
Venezuela <sup>/i</sup>	18,0%	71,7%	36,7%
<b>Average</b>	<b>62,6%</b>	<b>70,7%</b>	<b>73,0%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: It refers to women between 15 and 49 who use modern birth control methods (pills, intrauterine device, condom, intravaginal, sterilization or injectables)

/b: The goal for this indicator is 60%. Figures indicate percentage of goal achievement.

/c: Information corresponding to sexually active women of 25 years old and more. All kinds of methods. No information available for 1995 and 2003

/d: In Brazil there is no information available after 1996

/e: The latest year available is 2000. The National Survey on Demography and Health is the source and it is performed every 5 years.

/f: No information available for 2003

/g: Non-single women

/h: In Uruguay there is no record of the number of contraceptive users and/or regarding sexual and reproductive health in general

/i: Information referred to the public health program of family planning.

/j: Indicator that has exceeded its goal.

27 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

One of the fundamental dimensions of women's sexual and reproductive rights is the access to control over their fertility, and therefore, over their bodies, their sexuality and their lives. This enables them, at the same time, to make autonomous decisions regarding their personal and professional trajectories. Such control is conditioned by their access to effective contraception that can respond to different requirements and needs. It is also blocked by the rejection of the Catholic Church of modern contraception, particularly within the least educated sectors.

Of all the modern methods used by women, sterilization is the one ranked in the first place in preference. Such is the case of Brazil, in 1996 (only figure available), where it was estimated to reach 42% of the users, and of El Salvador, where more than 30% of women<sup>28</sup> use it. Chile is an exception with less than 1% because until 2000 there were many barriers for its use<sup>29</sup>. Sterilization as a simple birth control method of low cost tends to be the most used, but at the same time, it is a method that due to its irreversibility, limits women's freedom to decide over their reproductive capacities. In the case of contraceptive pills, their use increases with schooling and socioeconomic level and urbanity.

Regarding the goal that aims to have 60% of women in reproductive age use modern contraception<sup>30</sup>, only Brazil had been able to comply in 1996, followed in 2000 by the Dominican Republic and by El Salvador, Honduras and Paraguay in 2003. Panama, Venezuela and Guatemala have not reached half of the goal yet, which means that only one quarter of the potential users is currently using a modern family planning method.

A few notes must be made regarding some of these countries: in the case of Panama, with only 33% in 2003, there is no certainty that such figure includes feminine sterilization among the modern methods measured. In the case of Venezuela, due to problems in the production of information, figures present a high level of variation, showing 71% for 2000 based on family planning surveys performed by the Ministry of Health, while the Programa País jointly with the UNFPA, show only 36.7% for 2002, based on information of consumption in the primary health network<sup>31</sup>.

According to the results of demographic and health surveys in some countries, out of the total women who do not currently use a family planning method, most of them wish to do so, especially among the poorest groups. This matches the fact that Guatemala presents the lowest rates of modern

28 In the case of Brazil, this situation is justified, as Law 9263 approved in January 1996 makes it compulsory for the Unified Health System (public health) to perform all female or male sterilization surgeries free of charge.

29 Among other requirements, it was necessary to have 4 living children, a minimum age of 32 and written agreement of the spouse, and the decision was made by a board of doctors set up ad-hoc.

30 This goal is justified according to trends related to: number of women who declare to be users of any contraception method, proportion of sexually active women in reproductive age and percentage of pregnant women with wanted or planned pregnancy at the moment of measurement in the different countries.

31 This last figure seems correct considering that the last purchase of oral contraceptives by the Ministry was done in 2000. Due to budget adjustments, since 2002 it only buys condoms, making these and the IUD the only methods available in public health facilities.

contraception use, precisely when it is one of the poorest countries in the region<sup>32</sup>. The result of this situation is a “demographic inequity” due to lack of access to adequate and timely information, and to effective contraception in these sectors, so that poorest women tend to have unwanted pregnancies and more children than they had planned<sup>33</sup>.

Availability and access to secure and proper contraception is crucial in the case of adolescent and young population. Initiating sex life without protection or with the proper information is frequent, which may lead to unwanted pregnancies, sexually transmitted diseases, abortion and restriction to the right to the full enjoyment of their sexuality.

Finally, in the cases of Argentina, Brazil and Uruguay, it is basic to have information regarding the care provided by health services, contraception delivery and users of these services.

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32 It is worth noting that the 1985 Political Constitution in Guatemala, recognizes the couple’s right to decide freely the number and timing of the children they want to have.

33 United Nations, ECLAC-CELADE 1993.



Area: Women's Health and Sexual and Reproductive Rights  
 Goal achievement regarding adolescent pregnancy<sup>/a</sup>  
 around 1995, 2000 y 2003<sup>34</sup>

Countries	Live births by women of 20 or more years old		
	1995	2000	2003
Argentina	88,8%	89,3%	90,0%
Bolivia <sup>/b</sup>	96,3%	95,8%	95,2%
Brazil	82,9%	80,7%	81,4%
Chile	90,0%	88,3%	88,8%
Colombia <sup>/c</sup>	82,5%	82,1%	82,1%
Costa Rica	85,4%	83,0%	84,0%
Ecuador <sup>/d</sup>	93,5%	87,8%	87,6%
El Salvador <sup>/b</sup>	88,8%	89,6%	89,6%
Guatemala <sup>/e</sup>	80,9%	80,5%	92,2%
Honduras <sup>/b</sup>	91,8%	91,3%	90,8%
Mexico	88,0%	87,3%	87,2%
Nicaragua	82,6%	79,0%	75,5%
Panama	85,4%	85,8%	85,0%
Paraguay <sup>/b</sup>	95,3%	95,8%	95,1%
Peru <sup>/e</sup>	95,5%	94,9%	95,3%
Dominican Republic	88,3%	87,7%	87,2%
Uruguay <sup>/e</sup>	87,9%	88,0%	89,4%
Venezuela	84,5%	82,6%	81,9%
<b>Average</b>	<b>88,2%</b>	<b>87,2%</b>	<b>87,7%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: The goal for this indicator is 95%. Figures indicate the percentage of the goal achieved.

/b: Data for all years corresponds to five-year estimates and forecasts made by the Latin American and Caribbean Demographic Centre, CELADE (1995: 1990-1995 period, 2000: 1995-2000 period, 2003: 2000-2003 period)

/c: Colombia collects key statistics periodically since 1998, such figure is considered as "around 1995"

/d: Data for 1995 corresponds to the 1990-1995 estimate by CELADE

/e: Data for 2003 corresponds to the 2000-2005 estimate by CELADE

The indicator regarding live births by women of 20 or more years old, seeks to show how adolescent pregnancy increases or decreases. This indicator is justified since it is not possible to clearly reflect the magnitude of adolescent pregnancy in all the countries of the region. For example: there is no information available regarding interrupted pregnancies (spontaneously or not), or this kind of information is simply not collected. At the same time, the indicator refers –for opposition– to Live births by non-adolescents due to a methodological requirement of the IFC, where all indicators must tend to increase as performance gets closer to the expected goal. In this case, it is

34 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

95%, that is, that no more than 95% live births are performed by a 19 year old or younger mother. This goal corresponds to first world country levels.

This indicator shows that in 1995, 84,3% of the live births corresponded to mothers over 20, while by 2000 this percentage decreased to 82,8%, with a slight improvement in 2003 with 83,2%. This means that out of the more than eleven million births projected for Latin America in the 2000-2005 period, almost two million will come from adolescent mothers (see Annex 1).

Among the different countries, it is Nicaragua, once more, the one furthest away from the goal in 2003, with only 75.5% of goal achievement and a steady retreat among the years measured. CELADE estimates set Peru as the country closest to the goal, only five points away from full achievement.

The fact that young women begin their reproductive lives so early has a negative effect on the continuity of their educational process, their labor insertion, it interrupts their life projects, their economic autonomy and results in a general lack of power to define a life path of their own.

Additionally, adolescent pregnancy is a serious risk for young women's health. The group between the ages of 15 and 19 is the one with the highest pregnancy risk: a pregnant young woman under 20 faces abortion risk two times more than women over 45, for in most cases, adolescent motherhood is not wanted and these mothers usually do not have the social and economic support required to face its consequences.

Legislation penalizing abortion exists in most of the countries in Latin America and the Caribbean, and it has not prevented the region to have one of the highest abortion rates worldwide: the World Health Organization estimates that 4 million abortions are performed yearly in Latin America. A woman who gets pregnant without expecting or wanting it, in many cases resorts to abortion, that performed in clandestine and unsecure conditions due to its illegal status, may put her health and even her life at risk.

The causes of adolescent pregnancy are related, among others, to lack of information and adequate sexual and reproductive health services, that recognize the particular needs of young people in this dimension of their lives. There are deficiencies in public education, since it does not incorporate sexual and reproductive issues in school programs. Some religious creeds have inhibited the incorporation of sexual education in schools in a number of countries. This is key not only to prevent adolescent pregnancy and sexually transmitted diseases and HIV/AIDS, but it is also an educational action related to their sexual and reproductive rights and their autonomy.



Area: Women's Health and Sexual and Reproductive Rights.  
 Achievement of institutional childbirth care<sup>/a</sup>  
 around 1995, 2000 y 2003<sup>35</sup>

Countries	Institutional childbirth care <sup>/b</sup>		
	1995	2000	2003
Argentina	95,8%	97,5%	98,6%
Bolivia	42,7%	61,7%	55,9%
Brazil	96,1%	96,6%	96,5%
Chile	99,2%	99,8%	99,8%
Colombia	76,8%	87,5%	96,1%
Costa Rica	96,0%	98,4%	98,5%
Ecuador	63,5%	69,2%	72,6%
El Salvador	51,0%	58,0%	69,4%
Guatemala <sup>/c</sup>	34,3%	40,4%	—
Honduras	54,2%	54,0%	61,7%
Mexico	89,5%	74,6%	80,6%
Nicaragua	59,2%	52,8%	47,8%
Panama	87,4%	91,9%	92,6%
Paraguay	56,8%	59,4%	74,0%
Peru	49,6%	57,9%	59,8%
Dominican Republic	95,3%	97,0%	97,9%
Uruguay <sup>/d</sup>	95,8%	95,6%	95,8%
Venezuela	95,3%	94,7%	94,4%
<b>Average</b>	<b>74,4%</b>	<b>77,1%</b>	<b>81,9%</b>

Sources: See Annex 2.A

Data: See Annex 1

Notes: /a: The goal for this indicator is 100%. Figures indicate the percentage of the goal achieved.

/b: It encompasses childbirths attended in hospitals, clinics, policlinics or other institutions specialized in public or private health that have maternity wards.

/c: No information available for 2003

/d: Non institutional care includes military hospitals.

The expectation of all childbirths to be attended in adequate health institutions has had a steady rise of 7 points between 1995 and 2000, with countries like Argentina, Chile, Costa Rica and the Dominican Republic very close to universal care. On the opposite side, Bolivia, Guatemala, Nicaragua and Peru have not reached 60% of institutional childbirth coverage.

This indicator is directly related to mother mortality, which could not be considered by the IFC due to existing records problems. These do not enable a reliable analysis of trends, as the last joint

35 Data may correspond to the actual year noted or to a different one within a 2 year range both previous or subsequent.

research performed (2001) by the World Health Organization, UNICEF and the United Nations Population Fund clearly reflects. It shows that in the best case, information of countries with good records require an adjustment of over 1,5<sup>36</sup>.

The Beijing Platform proposal to reduce mother mortality to one half of its 1990 value requires developing activities to prevent life-risk situations to which women are vulnerable due to pregnancy, childbirth, abortion or puerperly. Among such activities, institutionalized childbirth stands out as a factor related to mortality by gestation, a figure that also shows the differences among women living in less urbanized sectors, where such kind of attention decreases. Traditional medicine practices may increase risks, although in many countries, there is an attempt to integrate and complement them with modern medicine in intercultural medical centers.

Mexico and Venezuela present a drop between 1995 and 2000, while Bolivia and Nicaragua show a decrease of more than 5% of goal achievement between 2000 and 2003.

Among the most frequent causes of mother mortality in the region are: arterial hypertension, eclampsia, haemorrhage, infections and spontaneous abortions –these are “direct” causes of mother mortality- many of them may have less lethal effects when childbirth is attended in an institution that has adequate services. Abortion is still high in the rank of indirect causes of death that are fully preventable, but its effective number is unknown due to the illegal situation in which it is performed. The poorest women are the ones most affected when resorting to abortion performed in poor sanitary conditions, which takes them to health institution with incomplete or deficient abortions. In many cases, they do not use hospitals because of the risk of being reported and arrested.

Paraguay is one of the countries that has notoriously improved its childbirth care, rising from 57% to 74%. Institutionalized childbirths are still less frequent in rural zones (39.0% compared to 81,3% in urban zones) and in women with low educational level (21,8% compared to 93,7% of women with superior studies)<sup>37</sup>.

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36 For further information, see WHO/UNICEF/UNFPA Maternal Mortality in 2000. Geneva 2004.  
37 Information around 2000.



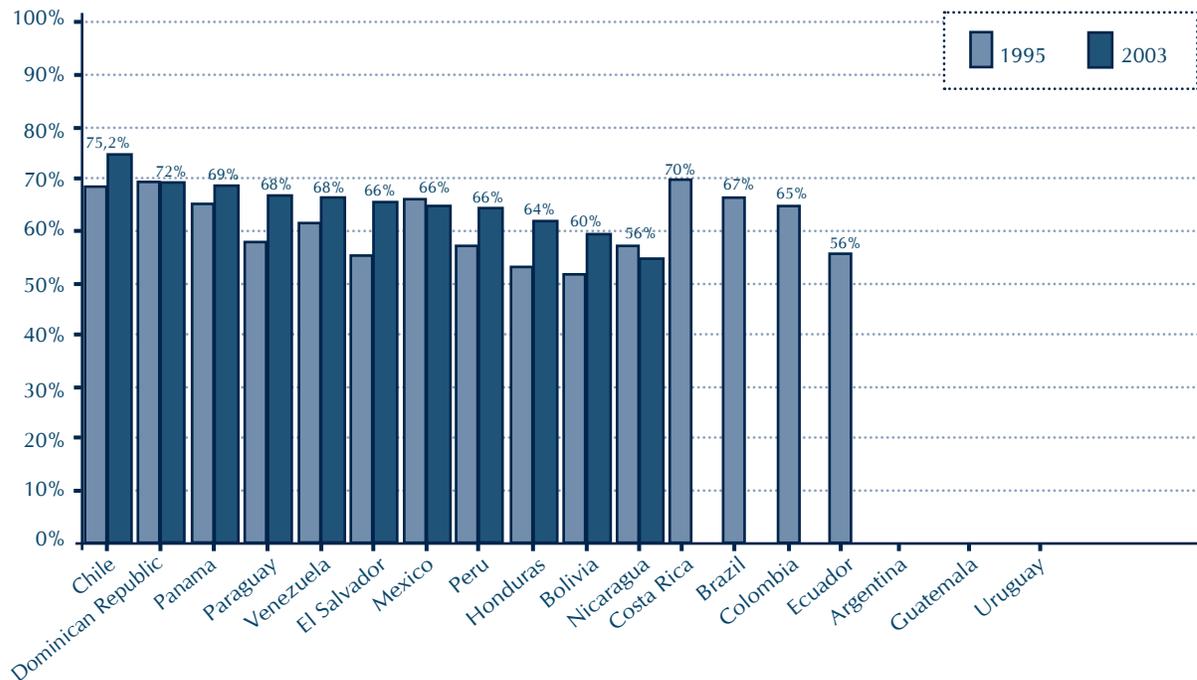
# CHAPTER VI

## COUNTRY RANKING BY GOAL ACHIEVEMENT

After looking at the areas encompassed by the IFC, it is possible to state that processes encouraged since 1995 have originated an improvement in Latin American women's situation, that is not homogenous, but that has relevant subtelties to be considered while concluding this evaluation.

As chart 1 shows, albeit most countries with available information present a positive evolution, this does not happen neither in Mexico nor in Nicaragua. Additionally, the best ranked country in 2003 –Chile– is not the one with the largest progress, El Salvador, that is ranked 5th. There is still not a clear answer to the question regarding women's situation in Costa Rica and Brazil, countries that begin 1995 with a very similar situation to that of Chile, but that do not have enough data to account for an evolution through 2003. Nevertheless, when projecting Costa Rica's progress trend between 1995 and 2000, it might have left Chile behind by 2003.

Chart 1  
General IFC Evolvement 1995-2003

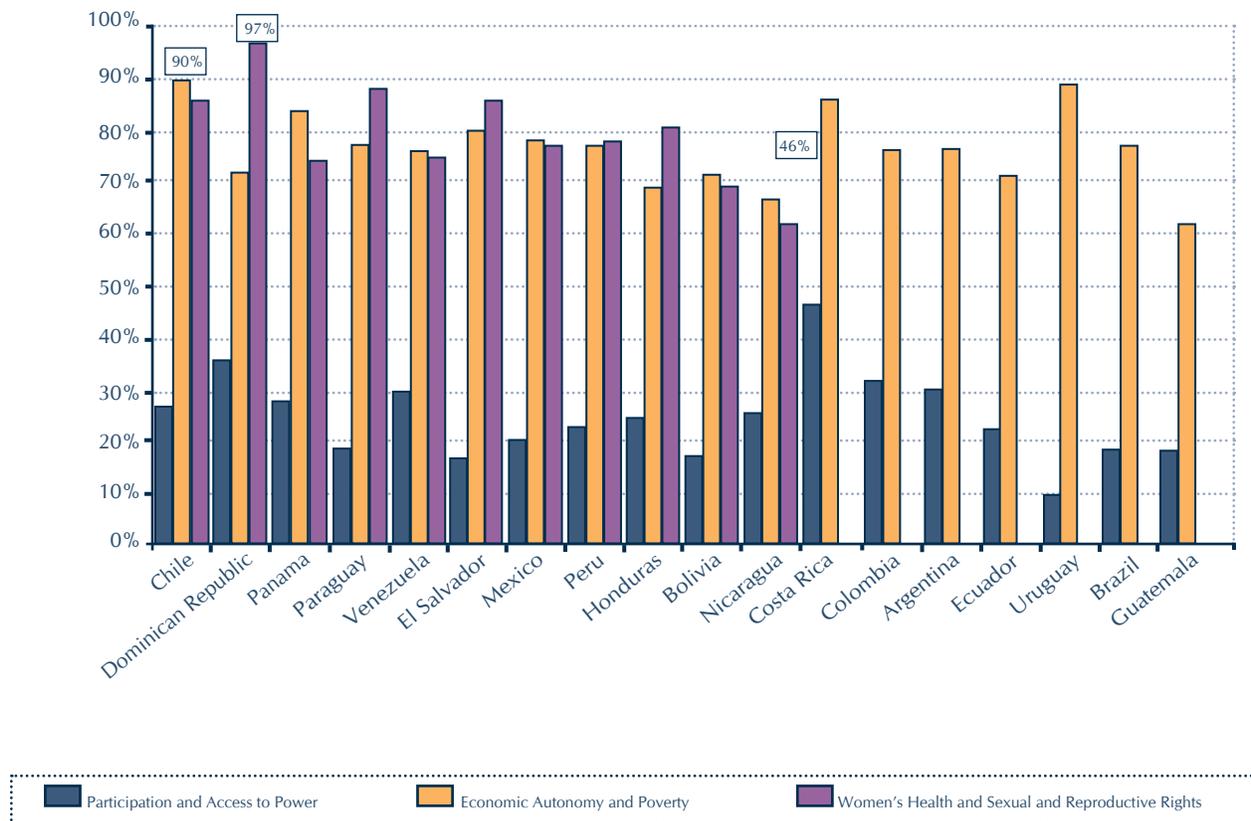


An analysis of the IFC by area shows that women have, to a great extent, been absent of public life and under-represented in power spheres, within the executive power, Parliament and at the local government levels. There has been important progress since 1995, but there is still a long way to cover. This situation constitutes a serious barrier in terms of equity since it hinders women's possibilities to improve their situation in the other two areas. Actually, it is an increase in women's political participation and representation in power spheres that will enable them to overcome the deficiencies, discrimination and problems they face in the other realms of social life.

On the opposite end is the economic autonomy and poverty area, where in spite of showing the highest percentages of goal achievement, variation is rather low during the period analyzed. This is due to the market fluctuations experienced by the continent and to its impact on national economies. Among the most obvious of these are the consequences over the policies implemented by governments, particularly regarding women's employment and income situations.

The value reached in this area confirms a trend that has been developing in recent decades and that relates, on one hand, to an increase in the level and coverage of women's education, and on the other, to a lack of long-lasting policies that have a medium range impact in their productive and labor insertion. This may cause educational improvement to fail in having the expected effects on women's economic autonomy and life quality.

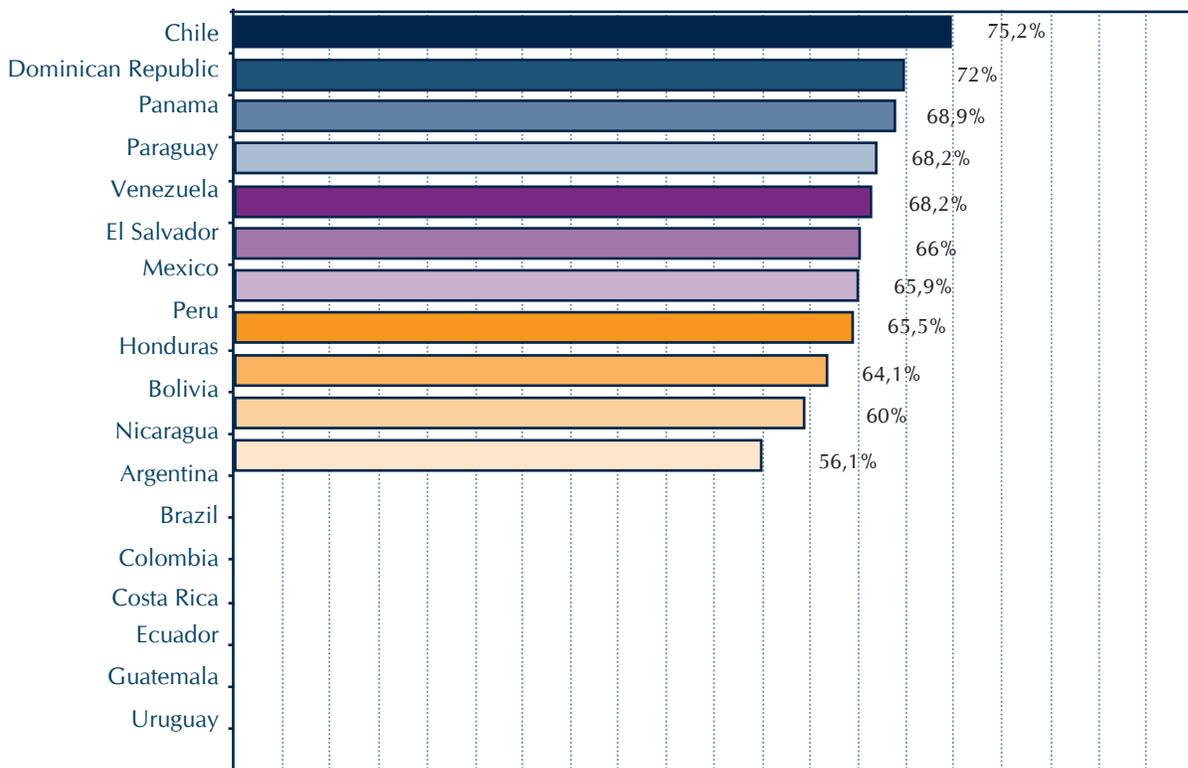
Chart 2  
2003 IFC goal achievement in the three areas



When looking at women’s health and their sexual and reproductive rights, in the cases where there was enough information available, a progress trend can also be appreciated. The remaining gap may rely on the fact that the evolvement of many of its indicators involve substantive changes in the existing power relations, generally known as “cultural change”. We must highlight the expansion of health services focused on pregnant women, but there is still a low percentage of achievement regarding the right of women to control their own bodies and sexuality.

The IFC for all countries in the 3 areas up to 2003 can be appreciated in the following chart, where the highest values in each area are pointed out. These correspond to Costa Rica for citizen participatin and access to power, to Chile in economic autonomy and poverty, and to the Dominican Republic in the women’s health and sexual and reproductive rights area.

Chart 3  
 Ranking of Fulfilled Commitment 2003  
 IFC General 2003

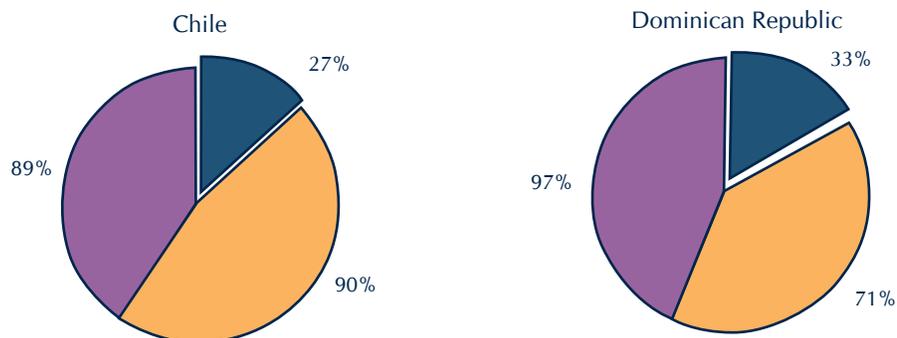


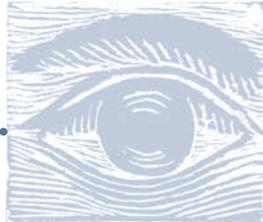
Based on the addition of goal percentage achievements by 2003 it is possible to elaborate a ranking of Fulfilled Commitment, considering the average level of goal achievement. As a result, Chile due to its achievement level in the economic area and despite its low progress in participation and access to power is ranked in the first place, followed by the Dominican Republic –with the best result in health-leaving Panama in the third place. Due to information problems, seven countries are left out of this ranking. Among them are Costa Rica with the best performance in participation, and leading the General IFC in 1995; and Argentina with the best rank for 2000.

The composition of the different areas of the two countries that lead the ranking show the low importance that participation and access to power has regarding the full goal achievement. Unless this area improves, achievements in the economic autonomy and health areas will be negatively affected.

Chart 4  
Composition by areas

Chile y Dominican Republic 2003





## CHAPTER VII

### FINAL REMARKS

The Index of Fulfilled Commitment presented here is the result of a process that was initiated in 1996 by the women's movement, seeking to ensure that the Beijing achievements turned into concrete results for the lives of Latin American and Caribbean women. The IFC experience leaves a series of contributions that go beyond a successful monitoring of States' work to incorporate the Beijing accords into their policies. The IFC has also contributed to orient a new capacity of the women's movement, broadening its margin of action by providing it with a new tool for the dialogue with authorities in their respective countries, from a point of view that combines the technical with the political aspects. The IFC adds to the efforts made by women to overcome the exclusion mechanisms represented by the management and control of information, which can be set in the political arena of equity, defined as an expected goal.

#### 1. Commitment Fulfillment

As it can be seen along this summary, nearly a decade after Beijing, there have indeed been advances in the life situation of many women: legal changes were performed to allow affirmative measures in the political realm, public policies focused on women contributed to improving specific areas of their development and visibilization of many problems led to implementing concrete actions and commitments to solve them. The situation in 2003 is better than in 1995, but there is still a long way to go. When comparing the IFC with women's objectives, it was evident that such advances in fulfilling the Platform's recommendations were, in many cases, minor; that progress has occurred with defects and imbalances, that there are retreats and discontinuities. The creation of government mechanisms for women's advance has not been enough, since their range and resources are more limited than expected. Likewise, government changes occurred since 1995 reveal that, even when States –regardless of the government in office– make commitments, these are forgotten or postponed when new rulers or government coalitions take over.

Additionally, progress has occurred in those issues where consensus was generalized, where there is no public debate. Areas challenged by influential sectors, such as some churches and religious groups, have been consistently left behind regarding improvement actions –specifically– in the area of sexual and reproductive rights and the incorporation of women to power spheres.

How to express, in such short time, the confidence with which we went to Beijing? How to tell you in four minutes, all the things we did in these five years to fulfill our share of the Platform for Action?

Do we have to convince you again, in these five minutes, that our struggle is fair? How many more words must be said so that being young is no longer a stigma? How many words must be learned so that a female astronaut amazes no one? How much citizenship, how much democracy learning does it take for the positive discrimination and institutional mechanisms we claim for to be a matter of the “past century”? How many more words does it take to make motherhood free of deathly risk? For abortion not to remain the first cause of such deaths? For love not to be judged when it does not comply with the words with which some of you wish to define it?

What religion do words profess? What words define the god on whose name despise, violence and injustice to women are to be legitimized? With what words do you believe that the creativity, ideas and dreams of millions of women can be gagged?

...Ladies and gentlemen delegates. The time of prohibition and silence belongs to some of you. But the time of History, despite some of you, is ours. You have the opportunity to advance with us.

Extract of the speech given by Virginia Vargas at the Special Session of the United Nations' General Assembly in June 2000, Nueva York, within the framework of the revision of the Beijing Platform

The results of the IFC show that the reality of the Latin American countries is full of contrasts. On one hand, we observe modern and dynamic sectors, integrated into the global society and, on the other hand, sectors and regions left behind, poor and notoriously excluded from economic, social and cultural possibilities and opportunities. These are countries that combine economic growth rates and social indicators acceptable in average, with paradoxically high levels of poverty. As a general view, the IFC provides a good summary of such paradox and inequality, when a little more than half of the goals proposed by women of the region have been achieved, leaving a long way to reach real equity.

## 2. Reflections from the technical-political view

As it has been pointed out, the IFC is an instrument with a double character: technical and political. Even though sometimes one of them prevails over the other, both of them are always present. From the technical side, perhaps one of the greatest difficulties the different national teams have faced for the elaboration of the IFC is related to information. The IFC uses information provided exclusively by renamed and validated national and international sources, in order to solve possible challenges to its results due to the lack of reliability of the information used in its construction. It is an index that uses the same information published and provided by States, but it seeks to question the reality they want to show.

Not having the adequate information on time had consequences over the selection and final inclusion of indicators in the IFC, both for the country indexes, and for the Latin American IFC. Actually, some indicators were left out due to the lack of information and had to be replaced by others, some times equivalent, but without the same importance, which unavoidably hinders the assessment of the progress or retreats on gender equity. The most serious situation occurred in the women's health and sexual and reproductive rights area, since it was impossible to replace those indicators that did not have enough information, with equivalent ones in order to have the desired measurement of all countries within the time frame considered.

There were three kinds of problems related to information:

a) Access: The access to information is a requirement for democracy, both due to transparency in the exercise of power, as well as to carry out monitor and supervising activities on public actions. However, as noted in the previous chapters, the construction of the IFC met difficulties in the access to data needed for its elaboration. It is worth noting that whereas there are countries where a policy of information transparency has been developed along with an adequate response to the demands of citizens—such is the case of Argentina, Chile, Mexico and Panama among others— in countries like Guatemala there is still a negative attitude regarding the provision of public information for social watch purposes. This is a serious obstacle at the moment of monitoring and evaluating fulfillment of commitments made.

b) Availability: Because this is an instrument that measures progress in time, the IFC requires, not only the existence of information for a given moment, but also that its collection is periodic, sex-disaggregated and performed in comparable conditions so trends can be observed. In many cases, this does not happen because there is no information or statistic record for some indicators, and in other cases, the information was collected, but not elaborated or published, sometimes, information

was simply not available, or the measuring instruments were modified or its sporadic publication did not allow us to have the necessary data for the years considered. To all of this, we must add information from good sources, collected periodically, but with no projection or estimates for periods without data collection.

c) Quality: The construction of the IFC assumes the existence of statistical information of good quality, as understood by the women's movement. However, statistical information used by States and international organizations does not always come from adequate data collection procedures, and in many cases instead of being a reflection of reality, it is the result of mathematic elaboration that have such amount of assumptions behind them that the quality and validity of the information may be challenged by the women's movement. Lastly, official or specialized sources with guaranteed reliability on a particular subject were not always found.

The lack of information regarding women's situation is an expression of the deficiencies of Latin American democracies regarding their real "accountability", as well as of the prevailig discriminatory views of women. For example, in the case of economic statistics, they tend to reflect only those activities that respond to the modern pattern of market based economies. This way, the female economic contribution within the household, say in the family land, in non monetarized activities or in activities performed in the informal market are not reflected in the official figures, mainly due to a general tendency to consider women as economically inactive, a situation that difficults data collection that reflects the true contribution of women to the socioeconomic development of their countries.

In spite of the above, important progress was observed in several countries of the region regarding information starting in the year 2000, in many cases, thanks to the technical advisory of ECLAC. The need to include a measurement for the base year -1995- prevented us from taikng advantage of this improvement.

Regarding the development of the IFC as measuring instrument, it is worth noting that, since the beginning of its development, there have been valuable changes in the area of gender equity indicators, particularly indicators of gaps and others that enable the observation of complexities that were not previously reflected by data. The Women and Development Unit of ECLAC has had a leading role in this process. Such advances set a challenge for the IFC as instrument, since its ability to incorporate them in its formulation is a task left for the future, for it means making an already complex index even more complex for the women's movement because it requires knowledge regarding the production, processing and analysis of quantitative and qualitative data.

Since most women lack these skills, the development of the national IFCs has contributed – in many cases – to the establishment of alliances between professionals and academics with women in the political grassroot activism for its development and use, thus favoring these two worlds to come closer and making social watch a democratic and democracy-making task. It has also enabled the installation of skills within NGOs committed to the women's movement agenda.

### 3. Reflections from the technical-political view

The political sense of the IFC finds its expression both in its development based on the political priorities of the women's movement and the equity basis they propose, as in its use to control government actions from their citizen role. On this second level, the development and use of the IFC represents a learning process as well one of building a strong female citizenship, with pressure and

criticism capacity in the public space. It also supposes a State with a democratic culture and public spaces for the dialogue with the civil society, and regular communication channels.

Control over States' actions regarding gender equity achievement involves society as a whole, even though the women's movement play a key role in it. Therefore, we need an empowered and diverse civil society, organized in different ways and sectors, with the ability to agree, dialogue and autonomously solve conflicts in order to make democracy more profound and permanent. Social watch requires strengthening the women's movement as a political and autonomous force with pressure capacity, that links gender equity with social equity in a political way, by building dialogue spaces with other social actors. It also requires setting joint mobilization spaces for those aspects that are common to different political agendas. This way, the identification and recognition of gender problems as public problems will be possible.

Support for the Beijing agenda by civil society organizations women's organizations, non-governmental organizations, as well as the women and feminist movements defined a cumulative process in social, political and institutional terms related to citizen capacities. At the time of preparations for the World Conference, the stress was set on the collection of information of whatever existed, today, it focuses on the right to social watch, reminding States that their task now is to guarantee the implementation of the advances in legal amendments, public policies and proposals that they promised to develop.

Women's movements in the region then become more than spectators, fundamental political actresses for the advance of women's situation. Among its main achievements are the creation of a special government mechanism and the advances in legal matters that are the result of a joint action with congresswomen.

Challenges 10 years after Beijing are mostly to work further on the convergence points of an increasingly diverse movement. This means prioritizing a common agenda where pressure is exercised from the different views and particularities to achieve progress in issues such as equal participation, decent employment for women in all areas and in equal conditions, effective fulfillment of labor dispositions, access to property, to productive resources and to support services. It also means advancing in the area of sexual and reproductive rights, towards sexual education, and gender awareness raising and training of the health personnel, as well as increasing the coverage of sexual and reproductive health to women of all ages, regions and locations, among others. That is, to continue promoting the inclusion of women in public policies, programs, plans and actions that guarantee their rights, equal opportunities and gender equity. At the same time, it is also necessary to recognize all people as subjects of rights, and autonomous actors broadening their citizenship.

The Beijing Platform for Action remains, the goal to be achieved and a set of intentions and principles, a political commitment made by governments and their authorities with society as a whole, at the national and international levels, whose fulfillment needs to be demanded:

"The Beijing Platform for Action expresses to a great extent, the expectations and hopes of millions of women and peoples committed to democracy, justice and human rights of women and men. It is the result of a feasible and mature consensus built by organized civil society and States. The path to fulfill its commitments is covered every day through the dialogue with civil society, through the allocation of substantive resources, and most of all, with the political will of the governments of our region"<sup>38</sup>.

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38 Statement of the Women's and Feminist Organizations before the Subregional Preparatory Meeting of South America towards the Ninth Regional Conference on Women of Latin America and the Caribbean.



# ANNEX 1

## IFC CHARTS Latin American IFC Area: Participation and Access to Power IFC around 1995

Countries	% Female Ministers Value	% Congresswomen Value	% Women in Local Government Value	Female Ministers IFC	Congresswomen IFC	Women in Local Government IFC	1995 CPA IFC	% 1995 Goal Achievement
Argentina	0,0	20,4	7,0	0,000	6,788	2,316	9,104	18,21
Bolivia	0,0	8,3	4,2	0,000	2,760	1,393	4,153	8,31
Brazil	5,0	6,7	3,4	1,667	2,244	1,146	5,057	10,11
Chile	11,1	7,2	7,2	3,703	2,395	2,395	8,493	16,99
Colombia	26,7	9,8	5,6	8,899	3,270	1,869	14,038	28,08
Costa Rica	11,0	15,8	6,6	3,666	5,263	2,193	11,122	22,24
Ecuador	0,0	4,9	3,0	0,000	1,626	1,000	2,626	5,25
El Salvador	0,0	10,7	12,2	0,000	3,571	4,063	7,634	15,27
Guatemala	25,0	7,5	1,7	8,333	2,500	0,561	11,393	22,79
Honduras	8,3	7,0	11,3	2,778	2,344	3,754	8,875	17,75
Mexico	15,8	13,6	3,6	5,263	4,540	1,183	10,986	21,97
Nicaragua	10,0	10,8	20,7	3,333	3,584	6,899	13,816	27,63
Panama	10,0	8,3	13,4	3,333	2,778	4,477	10,588	21,18
Paraguay	0,0	5,6	3,0	0,000	1,866	1,000	2,866	5,73
Peru	6,9	10,8	3,2	2,299	3,611	1,053	6,962	13,92
Dominican Rep.	11,8	10,7	12,8	3,933	3,555	4,269	11,757	23,51
Uruguay	0,0	6,9	0,0	0,000	2,307	0,000	2,307	4,61
Venezuela	8,7	6,4	6,7	2,898	2,116	2,222	7,236	14,47

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Equal Goal for the three indicators: 50%

Equal Weighted Goal for the three indicators 16,67

Total Area Weighted Goal: 50%

Latin American IFC  
Area: Participation and Access to Power

IFC around 2000

Countries	% Female Ministers Value	% Congresswomen Value	% Women in Local Government Value	Female Ministers IFC	Congresswomen IFC	Women in Local Government IFC	2000 CPA IFC	% 2000 Goal Achievement
Argentina	16,7	21,9	6,5	5,555	7,294	2,159	15,009	30,02
Bolivia	7,1	8,9	6,4	2,381	2,972	2,143	7,496	14,99
Brazil	0,0	5,9	5,5	0,000	1,964	1,835	3,798	7,60
Chile	31,5	9,5	12,3	10,416	3,174	4,105	17,695	35,39
Colombia	23,5	12,2	5,5	7,842	4,055	1,824	13,722	27,44
Costa Rica	20,0	19,3	5,0	6,666	6,432	1,667	14,765	29,53
Ecuador	6,7	14,6	2,8	2,222	4,878	0,930	8,030	16,06
El Salvador	30,0	6,0	8,4	9,999	1,984	2,799	14,782	29,56
Guatemala	16,7	9,7	1,8	5,555	3,245	0,612	9,411	18,82
Honduras	26,7	9,4	9,1	8,888	3,125	3,030	15,043	30,09
Mexico	14,3	17,8	3,6	4,761	5,944	1,209	11,914	23,83
Nicaragua	5,0	9,7	9,3	1,667	3,225	3,090	7,982	15,96
Panama	18,2	21,0	13,5	6,060	6,995	4,504	17,559	35,12
Paraguay	8,3	8,0	5,0	2,778	2,666	1,667	7,110	14,22
Peru	20,0	21,7	4,7	6,666	7,222	1,567	15,454	30,91
Dominican Rep.	15,8	14,3	25,5	5,263	4,761	8,509	18,533	37,07
Uruguay	0,0	11,5	0,0	0,000	3,846	0,000	3,846	7,69
Venezuela	0,0	10,9	6,6	0,000	3,636	2,189	5,825	11,65

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Equal Goal for the three indicators: 50%

Equal Weighted Goal for the three indicators 16,67

Total Area Weighted Goal: 50%

Latin American IFC  
Area: Participation and Access to Power

IFC around 2003

Countries	% Female Ministers Value	% Congresswomen Value	% Women in Local Government Value	Female Ministers IFC	Congresswomen IFC	Women in Local Government IFC	2003 CPA IFC	% 2003 Goal Achievement
Argentina	7,7	31,3	8,4	2,564	10,435	2,808	15,807	31,61
Bolivia	0,0	18,3	6,4	0,000	6,111	2,123	8,234	16,47
Brazil	12,0	9,1	5,7	4,000	3,030	1,901	8,930	17,86
Chile	17,6	10,1	12,3	5,882	3,353	4,105	13,340	26,68
Colombia	31,3	10,8	7,5	10,416	3,607	2,489	16,511	33,02
Costa Rica	25,0	35,1	9,0	8,333	11,695	3,000	23,027	46,05
Ecuador	13,3	16,0	5,9	4,444	5,333	1,978	11,755	23,51
El Salvador	10,0	10,7	6,9	3,333	3,571	2,298	9,202	18,40
Guatemala	15,4	8,2	2,4	5,128	2,742	0,803	8,673	17,35
Honduras	20,0	6,3	9,1	6,666	2,083	3,020	11,769	23,54
Mexico	5,6	21,2	3,3	1,852	7,059	1,100	10,010	20,02
Nicaragua	8,3	20,4	9,3	2,778	6,809	3,090	12,677	25,35
Panama	18,2	9,9	14,0	6,060	3,286	4,666	14,012	28,02
Paraguay	14,3	8,8	5,0	4,761	2,933	1,667	9,361	18,72
Peru	12,5	18,3	2,6	4,166	6,111	0,867	11,143	22,29
Dominican Rep.	6,7	15,4	27,7	2,222	5,128	9,232	16,582	33,16
Uruguay	0,0	11,5	0,0	0,000	3,846	0,000	3,846	7,69
Venezuela	26,3	10,9	7,	8,771	3,636	2,333	14,740	29,48

Sources: Annex 2 A. Notes:

Equal Weighting for the three indicators: 0,333

Equal Goal for the three indicators: 50%

Equal Weighted Goal for the three indicators 16,67

Total Area Weighted Goal: 50%

Latin American IFC  
Area: Economic Autonomy and Poverty

IFC around 1995

Countries	% Female/Male average income Value	% Non poor female-headed households Value	% Literate Women 15 to 24 Value	female/Male average income IFC	Non poor female headed households IFC	Literate Women 15 to 24 IFC	Economic autonomy and poverty IFC	1995 Goal achievement %
Argentina	71,0	91,1	98,6	23,664	28,851	32,867	85,382	86,86
Bolivia	54,0	54,9	91,6	17,998	17,387	30,547	65,932	67,07
Brazil	54,0	76,4	95,4	17,998	24,196	31,807	74,001	75,28
Chile	67,0	76,8	98,7	22,331	24,323	32,897	79,551	80,93
Colombia	68,0	59,9	96,7	22,664	18,970	32,221	56,782	57,76
Costa Rica	69,0	76,2	98,2	22,998	24,133	32,717	79,848	81,23
Ecuador	66,5	44,6	96,0	22,164	14,125	31,996	68,285	69,47
El Salvador	63,1	56,5	85,2	21,031	17,894	28,383	67,308	68,47
Guatemala	-	-	69,7	-	-	23,244	-	-
Honduras	63,0	25,0	83,9	20,998	7,918	27,978	56,894	57,88
Mexico	57,0	74,7	95,7	18,998	23,657	31,886	74,541	75,83
Nicaragua	76,8	36,1	70,5	25,597	11,433	23,500	60,530	61,58
Panama	71,0	71,7	95,6	23,664	22,707	31,863	78,234	79,59
Paraguay	60,0	62,3	96,2	19,998	19,730	32,063	54,034	54,97
Peru	54,4	66,7	93,8	18,125	21,124	31,257	70,506	71,73
Dominican Rep.	75,0	62,0	90,2	24,998	19,635	30,063	74,696	75,99
Uruguay	61,0	95,1	99,2	20,331	30,118	33,073	83,522	84,97
Venezuela	70,0	50,5	97,8	23,331	15,993	32,587	71,911	73,15

Fuentes: Anexo 2.A

Notas:

Igual Ponderación para los tres indicadores: 0,333

Meta indicador Ingresos medios mujeres/hombres: 100%

Meta indicador Hogares encabezados por mujeres en categoría no pobres: 95%

Meta indicador Alfabetismo en mujeres de 15 a 24 años: 100%

Meta Ponderada indicador Ingresos medios mujeres/hombres: 33,33

Meta Ponderada indicador Hogares encabezados por mujeres en categoría no pobres: 31,64

Meta Ponderada indicador Alfabetismo en mujeres de 15 a 24 años: 33,33

Meta Ponderada Total Área: 98,30%

Latin American IFC  
Area: Economic Autonomy and Poverty

IFC around 2000

Countries	% Female/Male average income Value	% Non poor female headed households Value	% Literate Women 15 to 24 Value	female/Male average income IFC	Non poor female headed households IFC	Literate Women 15 to 24 IFC	Economic autonomy and poverty IFC	2000 Goal achievement %
Argentina	65,0	85,4	98,8	21,665	27,046	32,930	81,641	83,05
Bolivia	63,0	57,4	93,6	20,998	18,179	31,210	70,387	71,60
Brazil	64,0	74,9	96,7	21,331	23,721	32,239	77,291	78,63
Chile	61,1	83,6	99,0	20,365	26,476	33,005	79,846	81,23
Colombia	75,0	55,6	97,5	24,998	17,609	32,511	75,118	76,42
Costa Rica	70,0	75,0	98,6	23,331	23,753	32,852	79,936	81,32
Ecuador	67,0	37,6	96,9	22,331	11,908	32,302	66,541	67,69
El Salvador	74,6	61,5	87,3	24,864	19,477	29,105	73,446	74,72
Guatemala	55,0	62,3	72,7	18,332	19,730	24,215	62,277	63,35
Honduras	64,7	31,9	86,6	21,565	10,103	28,878	60,546	61,59
Mexico	58,1	79,1	96,6	19,365	25,051	32,212	76,628	77,95
Nicaragua	65,1	34,9	72,3	21,698	11,053	24,093	56,844	57,83
Panama	83,0	74,8	96,3	27,664	23,689	32,109	83,462	84,91
Paraguay	71,0	70,4	97,0	23,664	22,296	32,345	78,305	79,66
Peru	63,4	69,7	95,2	21,131	22,074	31,739	74,944	76,24
Dominican Rep.	68,5	50,5	91,9	22,831	15,993	30,625	69,449	70,65
Uruguay	67,0	95,2	99,4	22,331	30,150	33,122	85,603	87,08
Venezuela	74,0	51,3	98,6	24,664	16,247	32,879	73,790	75,07

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Female/Male average income goal: 100%

Non poor female headed household goal: 95%

Literacy women 15 to 24 goal: 100%

Female/Male average income weighted goal: 33,33

Non poor female headed household weighted goal: 31,64

Literate women 15 to 24 weighted goal: 33,33

Total area weighted goal: 98,30%

Latin American IFC  
Area: Economic Autonomy and Poverty

IFC around 2003

Countries	% Female/Male average income Value	% Non poor female-headed households Value	% Literate Women 15 to 24 Value	female/Male average income IFC	Non poor female headed households IFC	Literate Women 15 to 24 IFC	Economic autonomy and poverty IFC	2003 Goal achievement %
Argentina	58,5	72,6	98,9	19,498	22,992	32,963	75,453	76,76
Bolivia	60,5	60,3	96,1	20,165	19,097	32,030	71,292	72,52
Brazil	63,0	73,5	95,7	20,998	23,277	31,897	76,172	77,49
Chile	77,2	88,7	99,2	25,727	28,091	33,063	86,881	88,38
Colombia	76,8	54,1	97,9	25,597	17,133	32,630	75,360	76,66
Costa Rica	74,7	78,3	98,7	24,898	24,798	32,897	82,593	84,02
Ecuador	66,5	53,9	96,5	22,164	17,070	32,163	71,397	72,63
El Salvador	87,0	61,5	88,1	28,997	19,477	29,364	77,838	79,18
Guatemala	57,8	57,5	73,8	19,265	18,210	24,598	62,073	63,15
Honduras	75,6	39,3	90,9	25,197	12,446	30,297	67,940	69,11
Mexico	62,6	73,1	96,5	20,865	23,151	32,163	76,179	77,50
Nicaragua	69,0	39,0	88,8	22,998	12,351	29,597	64,946	66,07
Panama	76,3	73,1	96,6	25,431	23,151	32,197	80,779	82,18
Paraguay	70,2	65,7	96,5	23,398	20,807	32,163	76,368	77,69
Peru	67,1	67,6	95,6	22,364	21,409	31,863	75,636	76,94
Dominican Rep.	68,3	49,2	92,5	22,764	15,582	30,830	69,176	70,37
Uruguay	71,8	92,0	99,4	23,931	29,136	33,130	86,197	87,69
Venezuela	75,6	51,9	98,9	25,197	16,437	32,963	74,597	75,89

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Female/Male average income goal: 100%

Non poor female headed household goal: 95%

Literacy women 15 to 24 goal: 100%

Female/Male average income weighted goal: 33,33

Non poor female headed household weighted goal: 31,64

Literate women 15 to 24 weighted goal: 33,33

Total area weighted goal: 98,30%

Latin American IFC  
Area: Women's Health and Sexual and Reproductive Rights

IFC around 1995

Countries	Women in reproductive age using modern contraception Value %	Live births by women of 20 or more years old Value %	Institutional childbrith care Value %	Women in reproductive age using modern contraception IFC	Live births by women of 20 or more years old IFC	Institutional childbrith care IFC	Women's health and reproductive rights IFC	Goal achievement % 1995
Argentina	-	84,3	95,8	-	28,097	31,930	-	-
Bolivia	17,8	91,4	42,7	5,933	30,464	14,232	50,628	59,57
Brazil	70,3	78,7	96,1	23,431	26,231	32,023	81,685	96,11
Chile	30,09	85,4	99,2	10,029	28,464	33,063	71,556	84,19
Colombia	39,5	78,3	76,8	13,165	26,097	25,597	64,860	76,31
Costa Rica	46,4	81,1	96,0	15,465	27,031	31,993	74,489	87,64
Ecuador	28,6	88,7	63,5	9,532	29,564	21,165	60,261	70,90
El Salvador	48,3	84,3	51,0	16,098	28,097	16,998	61,194	72,00
Guatemala	26,9	76,8	34,3	8,966	25,597	11,432	45,995	54,12
Honduras	46,7	87,1	54,2	15,565	29,030	18,065	62,660	73,73
Mexico	32,7	83,5	89,5	10,899	27,831	29,824	68,553	80,66
Nicaragua	56,6	78,4	59,2	18,865	26,131	19,731	64,727	76,16
Panama	13,5	81,1	87,4	4,500	27,031	29,130	60,661	71,37
Paraguay	41,3	90,5	56,8	13,765	30,164	18,931	62,860	73,96
Peru	32,7	90,6	49,6	10,899	30,197	16,532	57,628	67,80
Dominican Rep.	59,2	83,8	95,3	19,731	27,931	31,763	79,425	93,45
Uruguay	-	83,5	95,8	-	27,817	31,930	-	-
Venezuela	10,8	80,2	95,3	3,600	26,731	31,763	62,094	73,06

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Women in reproductive age using modern contraception goal: 60%

Live births by women of 20 or more years old goal: 95%

Institutional childbrith care goal: 100%

Women in reproductive age using modern contraception weighted goal: 19,98

Live births by women of 20 or more years old weighted goal: 31,635%

Institutional childbrith care weighted goal: 33,33

Total area weighted goal: 83,307% 84,948%

Latin American IFC  
Area: Women's Health and Sexual and Reproductive Rights

IFC around 2000

Countries	Women in reproductive age using modern contraception Value %	Live births by women of 20 or more years old Value %	Institutional childbrith care Value %	Women in reproductive age using modern contraception IFC	Live births by women of 20 or more years old IFC	Institutional childbrith care IFC	Women's health and reproductive rights IFC	Goal achievement % 2000
Argentina	58,7	84,8	97,5	19,565	28,264	32,497	80,325	94,51
Bolivia	25,2	90,9	61,7	8,399	30,297	20,575	59,271	69,74
Brazil	-	76,6	96,6	-	25,531	32,193	-	-
Chile	41,7	83,8	99,8	13,899	27,931	33,263	75,092	88,35
Colombia	43,8	77,9	87,5	14,599	25,977	29,164	69,740	82,05
Costa Rica	56,3	78,8	98,4	18,765	26,264	32,797	77,826	91,57
Ecuador	33,2	83,3	69,2	11,066	27,764	23,064	61,894	72,82
El Salvador	55,6	85,0	58,0	18,531	28,331	19,331	66,193	77,88
Guatemala	30,9	76,4	40,4	10,299	25,464	13,465	49,228	57,92
Honduras	50,0	86,7	54,0	16,665	28,897	17,998	63,560	74,78
Mexico	36,6	82,9	74,6	12,199	27,631	24,864	64,694	76,12
Nicaragua	30,8	75,0	52,8	10,266	24,998	17,598	52,861	62,20
Panama	19,4	81,4	91,9	6,466	27,131	30,630	64,227	75,57
Paraguay	47,7	90,9	59,4	15,898	30,297	19,798	65,993	77,65
Peru	41,3	90,1	57,9	13,765	30,030	19,298	63,094	74,24
Dominican Rep.	64,1	83,2	97,0	21,365	27,731	32,330	81,425	95,80
Uruguay	-	83,6	95,6	-	27,851	31,860	-	-
Venezuela	43,0	78,4	94,7	14,332	26,131	31,564	72,026	84,75

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Women in reproductive age using modern contraception goal: 60%

Live births by women of 20 or more years old goal: 95%

Institutional childbrith care goal: 100%

Women in reproductive age using modern contraception weighted goal: 19,98

Live births by women of 20 or more years old weighted goal: 31,635%

Institutional childbrith care weighted goal: 33,33

Total area weighted goal: 84,948%

Latin American IFC  
Area: Women's Health and Sexual and Reproductive Rights

IFC around 2003

Countries	Women in reproductive age using modern contraception Value %	Live births by women of 20 or more years old Value %	Institutional childbrith care Value %	Women in reproductive age using modern contraception IFC	Live births by women of 20 or more years old IFC	Institutional childbrith care IFC	Women's health and sexual and reproductive rights IFC	Goal achievement % 2003
Argentina	-	85,4	98,6	-	28,464	32,863	-	-
Bolivia	34,9	90,4	55,9	11,632	30,130	18,631	60,394	71,06
Brazil	-	77,3	96,5	-	25,764	32,147	-	-
Chile	41,9	84,3	99,8	13,965	28,097	33,263	75,326	88,63
Colombia	-	77,9	96,1	-	25,967	32,030	-	-
Costa Rica	-	79,7	98,5	-	26,564	32,830	-	-
Ecuador	-	83,1	72,6	-	27,697	24,198	-	-
El Salvador	61,8	85,0	69,4	20,598	28,331	23,131	72,059	84,78
Guatemala	29,8	87,5	-	9,932	29,164	-	-	-
Honduras	61,8	86,2	61,7	20,598	28,730	20,565	69,893	82,24
Mexico	36,5	82,8	80,6	12,165	27,597	26,864	66,627	78,39
Nicaragua	40,3	71,7	47,8	13,432	23,898	15,932	53,261	62,67
Panama	19,9	80,7	92,6	6,633	26,897	30,864	64,394	75,76
Paraguay	60,5	90,3	74,0	20,165	30,097	24,664	74,926	88,16
Peru	50,4	90,5	59,8	16,798	30,164	19,931	66,893	78,71
Dominican Rep.	65,8	82,8	97,9	21,931	27,597	32,630	82,158	96,67
Uruguay	-	84,9	95,8	-	28,297	31,937	-	-
Venezuela	22,0	77,7	94,4	7,333	25,897	31,464	64,694	76,12

Sources: Annex 2 A.

Notes:

Equal Weighting for the three indicators: 0,333

Women in reproductive age using modern contraception goal: 60%

Live births by women of 20 or more years old goal: 95%

Institutional childbrith care goal: 100%

Women in reproductive age using modern contraception weighted goal: 19,98

Live births by women of 20 or more years old weighted goal: 31,635%

Institutional childbrith care weighted goal: 33,33

Total area weighted goal: 84,948%

Latin American IFC  
1995, 2000, 2003

Countries	1995 <sup>C</sup> General IFC	2000 <sup>C</sup> General IFC	2003 <sup>C</sup> General IFC	1995 Goal achievement %	2000 Goal achievement %	2003 Goal achievement %
Argentina	--	58.986	--	--	75.9%	--
Bolivia	40.234	45.713	46.635	51.7%	58.8%	60.0%
Brazil	53.576	--	--	68.9%	--	--
Chile	53.195	57.539	58.510	68.4%	74.0%	75.2%
Colombia	45.222	52.855	--	58.2%	68.0%	--
Costa Rica	55.147	57.503	--	70.9%	74.0%	--
Ecuador	43.719	45.484	--	56.2%	58.5%	--
El Salvador	45.374	51.469	53.028	58.4%	66.2%	68.2%
Guatemala	--	40.301	--	--	51.8%	--
Honduras	42.805	46.378	49.862	55.1%	59.6%	64.1%
Mexico	51.355	51.073	50.934	66.0%	65.7%	65.5%
Nicaragua	46.353	39.225	43.624	59.6%	50.4%	56.1%
Panama	49.822	55.077	53.056	64.1%	70.8%	68.2%
Paraguay	39.916	50.465	53.546	51.3%	64.9%	68.9%
Peru	45.027	51.159	51.219	57.9%	65.8%	65.9%
Dominican Rep.	55.287	56.463	55.967	71.1%	72.6%	72.0%
Uruguay	--	--	--	--	--	--
Venezuela	47.076	50.542	51.338	60.5%	65.0%	66.0%
AVERAGE				61.2%	60.4%	66.4%

Notes:

<sup>C</sup> Circa

Total IFC Weighted Goal: 77,20%



## ANNEX 2

### METHODOLOGY ANNEX

The Latin American Index of Fulfilled Commitment<sup>39</sup> is a system of indicators, that through a series of calculations, generates a score showing the degree of fulfillment of international commitments made by governments regarding gender equity. These indicators were selected through discussions with the different teams of countries that have elaborated an IFC. This was done considering common and relevant aspects that affect gender equity in such countries, as well as information availability in each case. Technical consultancy was also provided by the Women and Development Unit of ECLAC.

1. Commitments encompassed in each indicator: All IFC indicators reflect one or more of the commitments made by governments in the BPA (Beijing 1995) and/or the Cairo Action Plan (1994), which specify the CEDAW mandate. (See Annex 3).
2. Operational definition of indicators: All IFC indicators must meet two requirements:
  - a) to be expressed in percentage form
  - b) their orientation towards the goal must be positive, that is, increasing its value as the situation improves.
3. Goal definition: all indicators must have a goal expressed in a numerical value within the possible range to be adopted by the indicator. They are defined by the political debate of the women's movement (parity in the case of political participation), and validated by experts to make them technically correct and feasible, in the case of health, for example. They must express progress towards gender equity.
4. Data collection: information from the IFCs calculated in each country was used, as well as data from national statistics institutions, public organizations, United Nations agencies and others, all of them sources valued for their reliability, periodicity, revision and national coverage. (See Annex 4).
5. Indicator calculation: The following table presents the formulas used to calculate each indicator of the Latin American IFC:
6. Indicator and goal weighting: All indicators are weighed by area as equal parts of a unit. That is, with a weighting value of the 0,33333 kind. The value obtained by each indicator (V) is multiplied by this weighting value, thus obtaining the "index value" (VI) of the indicator.  $VI = V \times PC$ . The same procedure is carried out with goals.
7. Index construction by thematic area: Once the values have been obtained for each indicator and weighed by the correction factor, they are added up for each year. The sum of all index values for each year is the IFC for each year, in that area. The same procedure is carried out with weighed goals. This procedure is the same for each area and for the construction of the General Index.

39 The regional IFC is different from the IFC calculated for each country because it considers a reduced number of indicators for each area, that are the same for every country, allowing comparisons between countries and providing a regional view of the advances and retreats towards gender equity.

8. Goal normalization. To allow comparison between areas and indicators of the IFC, the proportion (%) that corresponds to each goal is calculated, thus obtaining the fulfillment percentage of the goal.

Proportion of women in ministerial positions	= Total Women Ministers/Total Ministries
Proportion of women in parliament	= Total women in parliament/Total number of seats  All seats are considered in single-chamber parliaments and both chambers in two-chamber ones. In all cases only official seats were considered
Proportion of women in local government positions	= Total female mayors/Total municipalities  Heads of municipal governments appointed by popular election were considered (or its equivalent in each country)
Average wage of women compared to men's wage	Average income of employed women per working period/Average income of employed men per working period  Measurement of working periods vary from country to country and it can be made in hours, days, weeks or months.
Female-led households in non-poor category	Total women household heads - Total women household heads in poverty or indigence situations/ Total women household heads.
Literate women	Literate women/ Total female population
Women in reproductive age using modern contraception	- Women between 15-49 years of age using modern contraception (IUD, pill, injectables, condom, sterilization)/ Total women between 15-49 years of age - Women between 15-49 years of age not single, using modern contraception (IUD, pill, injectables, condom, sterilization)/ Total women between 15-49 years of age not single - Women between 15-49 years of age, beneficiaries of public health services using modern contraception (IUD, pill, injectables, condom, sterilization) / Women between 15-49 years of age beneficiaries of public health services
Childbirth insitutional attention	Total childbirth attended in health institutions (hospital, clinic, policlinic)/Total childbirths in that year
Children born alive from mothers over 20 years of age	Total children born alive – Children born alive from 19 year old and younger mothers/Total children born alive



## ANNEX 3

### COMMITMENTS BY INDICATOR

#### Area: Participation and Access to Power<sup>40</sup>

##### PROPORTION OF WOMEN IN MINISTRIES, PARLIAMENT AND CITY HALLS

Strategic Objective G.1, Take measures to ensure women's equal access to and full participation in power structures and decision-making

Paragraph 190

(a) Commit themselves to establishing the goal of gender balance in governmental bodies and committees, as well as in public administrative entities, and in the judiciary, including, inter alia, setting specific targets and implementing measures to substantially increase the number of women with a view to achieving equal representation of women and men, if necessary through positive action, in all governmental and public administration positions;

(b) Take measures, including, where appropriate, in electoral systems that encourage political parties to integrate women in elective and non-elective public positions in the same proportion and at the same levels as men;

(c) Protect and promote the equal rights of women and men to engage in political activities and to freedom of association, including membership in political parties and trade unions.

#### Area: Economic Autonomy and Poverty<sup>41</sup>

##### WOMEN'S AVERAGE INCOME COMPARED TO MEN'S AVERAGE INCOME

Strategic Objective F.1. Promote women's economic rights and independence, including access to employment, appropriate working conditions and control over economic resources

Paragraph 165

a) Enact and enforce legislation to guarantee the rights of women and men to equal pay for equal work or work of equal value;

o) Enact and enforce equal opportunity laws, take positive action and ensure compliance by the public and private sectors through various means;

r) Reform laws or enact national policies that support the establishment of labor laws to ensure the protection of all women workers, including safe work practices, the right to organize and access to justice.

Strategic Objective F.2. Facilitate women's equal access to resources, employment, markets and trade

Facilitar el acceso de la mujer, en condiciones de igualdad, a los recursos, el empleo, los mercados y el comercio

Paragraph 166

l) Safeguard and promote respect for basic workers' rights, including the prohibition of forced labor and child labor, freedom of association and the right to organize and bargain collectively, equal remuneration for men and women for work of equal value and non-discrimination in employment, fully implementing the conventions of the International

40 Commitments in this area correspond to the measures to be taken by governments contained in Chapter IV, section G. of the Beijing Platform for Action.

41 Commitments in this area correspond to the measures to be taken by governments contained in Chapter IV, section F. of the Beijing Platform for Action.

Labor Organization in the case of States Parties to those conventions and, taking into account the principles embodied in the case of those countries that are not parties to those conventions in order to achieve truly sustained economic growth and sustainable development.

Strategic Objective F.5. Eliminate occupational segregation and all forms of employment discrimination  
Paragraph 178

a) Implement and enforce laws and regulations and encourage voluntary codes of conduct that ensure that international labor standards, such as International Labor Organization Convention No. 100 on equal pay and workers' rights, apply equally to female and male workers

#### **NON POOR FEMALE-HEADED HOUSEHOLDS**

Strategic Objective A.1. R Review, adopt and maintain macroeconomic policies and development strategies that address the needs and efforts of women in poverty  
Paragraph 58

b) Analyze, from a gender perspective, policies and programs - including those related to macroeconomic stability, structural adjustment, external debt problems, taxation, investments, employment, markets and all relevant sectors of the economy - with respect to their impact on poverty, on inequality and particularly on women; assess their impact on family well-being and conditions and adjust them, as appropriate, to promote more equitable distribution of productive assets, wealth, opportunities, income and services;

c) Pursue and implement sound and stable macroeconomic and sectoral policies that are designed and monitored with the full and equal participation of women, encourage broad-based sustained economic growth, address the structural causes of poverty and are geared towards eradicating poverty and reducing gender-based inequality within the overall framework of achieving people-centred sustainable development;

d) Restructure and target the allocation of public expenditures to promote women's economic opportunities and equal access to productive resources and to address the basic social, educational and health needs of women, particularly those living in poverty;

i) Formulate and implement, when necessary, specific economic, social, agricultural and related policies in support of female-headed households;

j) Develop and implement anti-poverty programs, including employment schemes, that improve access to food for women living in poverty, including through the use of appropriate pricing and distribution mechanisms;

m) Enable women to obtain affordable housing and access to land by, among other things, removing all obstacles to access, with special emphasis on meeting the needs of women, especially those living in poverty and female heads of household.

#### **LITERACY AMONG WOMEN BETWEEN 15 AND 24 YEARS OLD**

Strategic Objective B.2. Eradicate illiteracy among women  
Paragraph 81

a) Reduce the female illiteracy rate to at least half its 1990 level, with emphasis on rural women, migrant, refugee and internally displaced women and women with disabilities;

(b) Provide universal access to, and seek to ensure gender equality in the completion of, primary education for girls by the year 2000;

(c) Eliminate the gender gap in basic and functional literacy, as recommended in the World Declaration on Education for All (Jomtien);

Strategic Objective L.4. Eliminate discrimination against girls in education, skills development and training  
Paragraph 279

a) Ensure universal and equal access to and completion of primary education by all children and eliminate the existing gap between girls and boys, as stipulated in article 28 of the Convention on the Rights of the Child; 11/ similarly, ensure equal access to secondary education by the year 2005 and equal access to higher education, including vocational and technical education, for all girls and boys, including the disadvantaged and gifted;

(b) Take steps to integrate functional literacy and numeracy programs, particularly for out-of-school girls in development programs.

## Area: Sexual and Reproductive Health<sup>42</sup>

### WOMEN IN REPRODUCTIVE AGE USING MODERN CONTRACEPTION

Chapter VII Reproductive Rights and Reproductive Health

B. Family Planning

7.15. Governments and the international community should use the full means at their disposal to support the principle of voluntary choice in family planning.

7.16. All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

7.19. As part of the effort to meet unmet needs, all countries should seek to identify and remove all the major remaining barriers to the utilization of family-planning services. Some of those barriers are related to the inadequacy, poor quality and cost of existing family-planning services. It should be the goal of public, private and non-governmental family-planning organizations to remove all program-related barriers to family-planning use by the year 2005 through the redesign or expansion of information and services and other ways to increase the ability of couples and individuals to make free and informed decisions about the number, spacing and timing of births and protect themselves from sexually transmitted diseases.

7.20. Specifically, Governments should make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods.

7.23. All family-planning programs must make significant efforts to improve quality of care. Among other measures, programs should: (a) Recognize that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice;

Chapter VIII. Health, Morbidity and Mortality

C. Women's health and safe motherhood

8.26. Programs to reduce maternal morbidity and mortality should include information and reproductive health services, including family-planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programs should include counselling and family-planning information.

### INSTITUTIONAL CHILDBIRTH CARE

Chapter VII Reproductive Rights and Reproductive Health

A. Reproductive rights and reproductive health

7.6. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility (...) and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required (...)

42 Indicators in this area refer to commitments made in the Program of Action of the International Conference on Population and Development (Cairo) mentioned by the Beijing Platform for Action in paragraph 106.a calling to "Support and implement the commitments made in the Program of Action of the International Conference on Population and Development, as established in the report of that Conference and the Copenhagen Declaration on Social Development and Program of Action of the World Summit for Social Development 15/ and the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages".

Chapter VIII. Health, Morbidity and Mortality

C. Women's health and safe motherhood

Capítulo VIII. Salud, Morbilidad y Mortalidad

8.21. Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births.] However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.

8.22. All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programs, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programs. Programs and education to engage men's support for maternal health and safe motherhood should be developed.

**LIFE BIRTHS BY WOMEN OVER 19**

Chapter VII Derechos Reproductivos y Salud Reproductiva

E. Adolescents

7.45 (...) countries must ensure that the programs and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

7.46. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.

Chapter VIII. Health, Morbidity and Mortality

C. Women's health and safe motherhood

8.23. All countries, especially developing countries, with the support of the international community, should aim at further reductions in maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late-parity women.

8.26. Programs to reduce maternal morbidity and mortality should include information and reproductive health services, including family-planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programs should include counselling and family-planning information.



## ANNEX 4

### SOURCES AND BIBLIOGRAPHY

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NI	1995: Encuesta sobre Salud Familiar Nicaragua 92/93 ONG Profamilia and Centers for Disease Control CDC
PA	2000-2003: Encuesta Nicaraguense de Demografía y Salud. 1998 y 2001, INEC MINSA
PE	1995-2000-2003: Sistema de indicadores con Enfoque de Género de Panama y Estadísticas del Ministry of Health- Estadística y Censos Contraloría General de la República
PY	1995-2000-2003: INEI. Encuesta Demográfica y de Salud Familiar. 1991/92, 1996, 2000
UY	1995-2000-2003: ENDSR 1995, ENSMI 1998 Y ENDSR 2004
VE	1995-2000: MSDS, Indicadores de Salud Sexual y Reproductiva en Venezuela (mimeo.) 2003: Sistema Logístico de Anticonceptivos en la Red Primaria de Salud, Government of Venezuela-UNFPA

## 8. Life births by women over 20 years of age

### Country Sources

AR	1995-2000-2003: Department of Health Statistics and Information "Estadísticas Vitales. Información Básica" Ministry of Health, Secretary of Sanitary Policy and Regulation, Undersecretary of Planing, control, Regulation and Supervision.(December 1996, 2001 y 2003)
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BO, DO, ES, GT, HN, PY	1995-2000-2003: Proyecciones y estimaciones de población CELADE (1990-1995, 1995-2000, 2000-2005)
BR	1995-2000-2003: MS/SVS/DASIS, Sistema de Informações sobre Nascidos Vivos, SINASC
CL	1995-2000-2003: Anuario de Estadísticas Vitales. INE
CO, EC, PA	1995: Estimaciones históricas CELADE 1990-1995
CO	2000-2003: National Administrative Department of Statistics, Estadísticas Vitales
CR	1995-2000-2003: National Council of Rectors, Programa Estado de la Nación. Décimo Informe del Estado de la Nación.
EC	2000-2003: National Institute of Statistics and Census. Anuario de Estadísticas Vitales
MX	1995-2000-2003: National Institute of Statistics, Geography and Computing. Estadísticas de Natalidad
NI	1995-2000-2003: Proyecciones y estimaciones de población CELADE (1990-1995, 1995-2000)
PA	2003: National Institute of Statistics and Census
PA	2000-2003: Contraloría General de la República, Dirección de Estadística y Censo "Estadísticas Vitales Volumen II: Situación Demográfica - Estadística Panameña"
PE	1995: Encuesta Demográfica y de salud Familiar ENDES
	2000-2003: Proyecciones y estimaciones de población CELADE (1995-2000, 2000-2005)
UY	1995-2000: National Statistics Institute, with information provided by the Statistics Division of the Ministry of Public Health
	2003: Proyecciones de población CELADE (2000-2005)
VE	1995-2000-2003: National Statistics Institute, Anuario Estadístico de Venezuela y Boletín Informativo de Natalidad 2002

## 9. Institutional childbirth care

Country Sources

AR, EC, ES, GT, NI, VE	1995-2000: Unicef, Maternal database
AR	2003: Indicadores de salud materno infantil 2002. Department of Health Statistics and Information, Ministry of National Health and Environment.
BO	1995-200-2003: Encuestas Nacionales de Demografía y Salud 1994, 1998 y 2003, National Statistics Institute.
BR	1995-2000-2003: Ministério da Saúde/SVS - Sistema de Informações sobre Nascidos Vivos (SINASC)
CL	1995-2000-2003: Ministry of Health, Department of Health Statistics and Information <a href="http://deis.minsal.cl">http://deis.minsal.cl</a>
CO	1995: Unicef. Op.Cit
	2000-2003: National Administrative Department of Statistics, Estadísticas Vitales
CR	1995-2000-2003: INEC y CC.SS. Department of Health Services Statistics; INEC Estadísticas Vitales.
DO	1995: Unicef. Op.Cit.
	2000: Encuesta Experimental de Demografía y Salud 1999, CESDEM, USAID, Macro Internacional
	2003: Encuesta Demográfica y de Salud, ENDESA 2002, CESDEM, SESPAS and others
EC	2003: Ministry of Health
ES	2003: Encuesta Nacional de Salud Familiar (FESAL) 2002/2003 Informe Final
HN	1995-2000: Encuesta Nacional de Epidemiología y Salud Familiar (ENEFS) 1996, 2001
	2003: Ministry of Health
MX	2000: Mujeres y Hombres en Mexico 2003 (dato 2000)
	1995-2003: SISESIM. INEGI. Dirección General de Estadísticas Demográficas y sociales. Serie boletín de estadísticas continuas demográficas y sociales. 2003
NI	2003: Ministry of Health
PA	1995-2000-2003: Boletín Anual de Estadísticas de Salud. Ministry of Health
PE	1995-2000: Ministry of Health, Dirección General de Salud de las Personas, Oficina de Estadística e Informática
	2003: Ministry of Health
PY	1995: Unicef. Maternal Database
	2000: ENSMI 1998
	2003: ENDSSR 2004
UY	1995-2000-2003: Estadísticas de Salud. Ministry of Health
VE	2003: OCEI, Anuario Estadístico de Venezuela
	2000: ENSMI 1998
	2003: ENDSSR 2004
UY	1995-2000-2003: Estadísticas de Salud. Ministerio de Salud
VE	2003: OCEI, Anuario Estadístico de Venezuela

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Bolivia	Machicao, Ximena (coordinator); Rico, Susana and Salguero, Elizabeth (2004). <i>ÍNDICE DE COMPROMISO CUMPLIDO – ICC BOLIVIA</i> . Un instrumento de Control Ciudadano. CIDEM, La Paz.
Brazil	Heringer, Rosana (coordinator) and Miranda Dayse (2004). <i>ICC – Brazil. ÍNDICE DE COMPROMISSOS CUMPRIDOS: UMA ESTRATÉGIA PARA O CONTROLE CIDADÃO DA IGUALDADE DE GÊNERO</i> . Informe Final Nacional, CEPIA, Rio de Janeiro. Electronic version: <a href="http://www.cepia.org.br/Textos_online/textos_online.html">http://www.cepia.org.br/Textos_online/textos_online.html</a>
Chile	Valdés, Teresa (coordinator) et al (2001). <i>EL ÍNDICE DE COMPROMISO CUMPLIDO – ICC</i> . Una estrategia para el control ciudadano de la equidad de género. FLACSO- Chile, Santiago.
Colombia	Posada, Carmen (coordinator) and Sánchez, Olga Amparo (2001). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe Nacional, CERFAMI, Medellín. (mimeo)
Costa Rica	Camacho, Lorena (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe Costa Rica. Centro Feminista Francisca Carrasco, San José. (In process)
Ecuador	Rosero, Rocío and Vela, María Pilar (2001). <i>ECUADOR. EL INDICE DE COMPROMISO CUMPLIDO</i> . Una herramienta para el control ciudadano de las mujeres. FORO PERMANENTE DE LA MUJER ECUATORIANA, Quito. (mimeo)
El Salvador	Argueta, Yanira and Rodríguez, Roxana (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe El Salvador. Asociación para la Autodeterminación y el Desarrollo de Mujeres Salvadoreñas, San Salvador. (In process)
Guatemala	Rodríguez, Alicia and Jayes, Ana Lucrecia (2004). <i>EMPODERANDO A LAS MUJERES: INFORME DE INDICE DE COMPROMISOS CUMPLIDOS</i> . Comité Beijing Guatemala. Iniciativa Centroamericana de Beijing, Ciudad de Guatemala (mimeo)
Honduras	Colectivo Feminista Mujeres Universitarias (2005). <i>INDICE DE COMPROMISO CUMPLIDO – ICC- Honduras</i> . Colectivo Feminista Mujeres Universitarias, Tegucigalpa. (mimeo)
Mexico	Pérez Fragoso, Lucía and Rangel, Rosalío Luis (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe Mexico. Equidad de Género: Ciudadanía, Trabajo y Familia A.C., Mexico City (In process)
Nicaragua	Torres, Sylvia; SamQui, Eva María and Salazar, Mariano (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe Nicaragua. Red de Mujeres contra la Violencia, Managua. (In process)
Panama	Muñoz, Ermila and Peart, Mireya (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe Panama. Iniciativa de Seguimiento a Beijing de Panama, Panama City. (In process)
Paraguay	Soto, Cyde and Sottoli, Susana (2001). <i>ICC. ÍNDICE DE COMPROMISO CUMPLIDO PARAGUAY</i> . Un instrumento de control ciudadano para las mujeres. Centro de Documentación y Estudios (CDE), Asunción. (mimeo)
Peru	Tello, Max (2001). <i>INDICE DE COMPROMISOS CUMPLIDO. IV CONFERENCIA INTERNACIONAL DE LA MUJER</i> . Informe Peru. Centro de la Mujer Peruana Flora Tristán, Lima. (mimeo)
Dominican Republic	Gómez, Carmen Julia (2005). <i>INDICE DE COMPROMISO CUMPLIDO</i> . Informe República Dominicana. CIPAF, Santo Domingo. (In process)
Uruguay	Bonino, María and Espino, Alma (2000). <i>INDICE DE COMPROMISO CUMPLIDO. IV CONFERENCIA INTERNACIONAL DE LA MUJER</i> . Informe Uruguay. Comisión Nacional para el Seguimiento de los Acuerdos de Beijing. Montevideo (mimeo)
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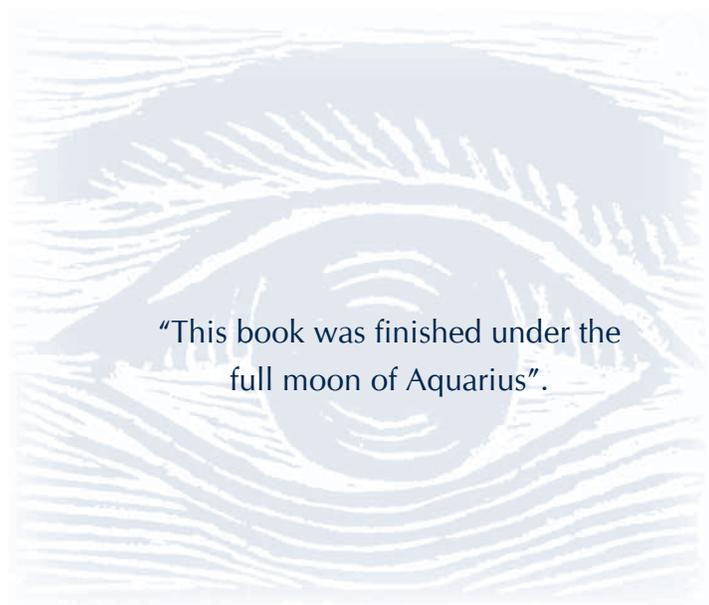
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“This book was finished under the  
full moon of Aquarius”.

# 1995-2003:

## Have Women Progressed? Latin American Index of Fulfilled Commitment

An exercise of social watch is performed through the Index of Fulfilled Commitment (IFC), which gathers indicators built with official statistics provided by governments within the region, and/or by international organizations. Based on the three thematic areas -participation and access to power, economic autonomy and poverty and women's health and reproductive rights- we measure the degree of fulfillment of commitments made by governments with gender equity at the Beijing (1995) and El Cairo (1994) World Conferences, showing the progress and retreats regarding gender equity at the national level.

Since such commitments are not compulsory, in spite of being supported by the United Nations' Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) that is legally binding, it is a task of the women's movement and its organizations to supervise that they are implemented. Such is the objective of this IFC developed in Chile by the Grupo Iniciativa Mujeres and made available for all organizations within the region.

The IFC, as a technical-political instrument, is a political bargaining tool that establishes a dialogue with women's machineries, public policies and programs and with the different actors committed with equity. With it, women can demand transparency and progress in public management on these issues from the State.

The results of this measurement of gender equity in 18 Latin American countries reveal the validity of the Beijing and Cairo proposals, the great pending challenges, and they should call governments to multiply their efforts to reach such equity within reasonable time frames.