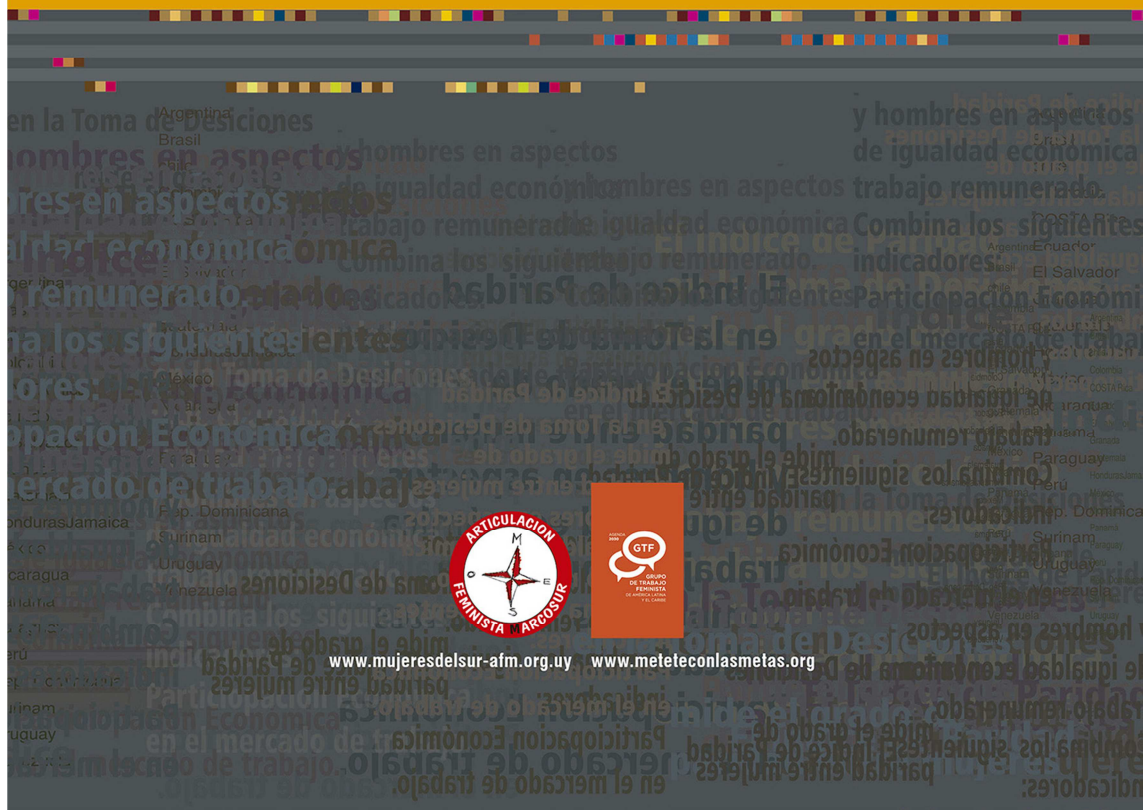


ISOMontevideo: a tool for monitoring Montevideo Consensus (2013)

«More than 20 years have passed since 1994. We know which the problems are and we know how to solve them.

There is economic growth, there is stability in electoral processes, and we have the legitimacy and resources required to eliminate inequality. There are no more excuses for not doing so.»

Articulation of Civil Society Organizations
from Latin America and the Caribbean



ISOMONTEVIDEO: A TOOL FOR MONITORING MONTEVIDEO CONSENSUS.

1.- The Montevideo Consensus, that emerges from the I Regional Conference on Population and Development in Latin America and the Caribbean, is a significant document for the women of the region. It points out that “full integration of population dynamics into sustainable development with equality and respect to human rights” is the general framework that should lead the deepening of public policies and the actions necessary to eliminate poverty, exclusion and inequality.

With this spirit, over 120 measures were adopted on eight areas considered a priority, to follow-up the Programme of Action of the International Conference on Population and Development (ICPD) of the United Nations held in Cairo in 1994.

Regarding the first priority area: *rights, needs and requirements of boys, girls, adolescents and young people*, the countries agreed to guarantee opportunities for living free of poverty and violence, without any form of discrimination; to invest more in youth, particularly in public education; to implement comprehensive sexual and reproductive health programmes and to give priority to adolescent pregnancy and eliminate unsafe abortion, among other several measures.

In the second area: *ageing, social protection and socio-economic challenges*, it was agreed to formulate gender-based policies to ensure good quality ageing, to incorporate older adults as a priority focus of public programmes and to broaden social security and protection systems.

The third area, that refers to *universal access to sexual and reproductive health services*, establishes the promotion of policies to ensure that people may exercise their sexual rights and make decisions about their sexual orientation without coercion, discrimination or violence. The countries bind themselves to review the legislations, standards and practices that restrict access to reproductive health services, and to guarantee universal access thereto; also, they agreed to ensure that there are safe and quality abortion services available for women with unwanted pregnancy in cases where abortion is legal, and urge the States to progress on the amendment of public policies and laws on the voluntary interruption of pregnancy to protect the lives and health of women and adolescents.

In the fourth priority area, *gender equality*, one of the measures established by the Consensus is to comply with the commitment of increasing spaces for equal participation of women in the implementation of policies in all spheres of public authority, enforcing preventive actions that help eradicate all forms of violence against women and girls, and guaranteeing the joint responsibility of the State, the private sector, the community, families, women and men in unpaid domestic and care work by integrating it to social protection systems.

As regards *international migration and the protection of all migrants rights*, it was agreed to ensure full inclusion in global, regional and national post-2015 development agendas and strategies, provide assistance and protection to

migrants by fully respecting their rights, and promote the signature of bilateral and multilateral social security agreements that include migrant workers.

The sixth area makes reference to *territorial inequality, spatial mobility and environmental vulnerability*, where it is agreed to build more articulated and cohesive territories by designing and executing urban management plans centered on the people, and to plan territorial development with a human rights and gender perspective.

As to the seventh area: *indigenous peoples, interculturality and rights*, it was agreed to comply with the provisions of the United Nations Declaration on the rights of indigenous peoples, as well as with those of the 169 Convention of the International Labour Organization (ILO), and to exhort countries to ratify it. Guaranteeing territorial rights of indigenous people is encouraged, as well as paying special attention to their mobility and forced displacement.

The eighth place deals with *Afro-descendants, rights and the fight against racism and racial discrimination*. The Consensus recommends the application of the provisions of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Forms of Intolerance, and address the gender, race and generational inequalities, especially the discrimination of women and young people of this population group.

The civil society has to play a key role intended to ensure that these agreements are implemented and complied with.

2.- IsoMontevideo promotes the monitoring of the measures to guarantee the health and the full exercise of sexual and reproductive rights stated under 2013 Montevideo Consensus, by means of the commitment of the Articulación Feminista Marcosur and the Feminist Working Group of Latin America and the Caribbean to provide instruments for the advocacy of organized women in the enforcement of their rights.

IsoMontevideo rests on the methodology to be developed for IsoQuito in the monitoring of the Consensus of Quito, Brasilia and Santo Domingo of the ECLAC's Regional Conference on Women in Latin America and the Caribbean (2007, 2010, 2013).

It consists of a regulatory index on sexual and reproductive rights and an index of sexual and reproductive health. These two indexes arrange the countries by assigning them a value between 0 and 1 that arises from the average of values obtained in the indicators chosen for each of them. Thus, the regulatory index is composed of 6 indicators related to the situation of sexual and reproductive rights in the countries of the region, and the index of sexual and reproductive health of 3 sexual and reproductive health indicators. The selected indicators are described below.

3.- Relevant indicators to monitor the Consensus, included in the Index of Sexual and Reproductive Health.

Indicator: Access to modern contraceptive methods**Description**

Prevalence rate in the use of contraceptives, women currently married or in consensual union aged 15 to 49, any modern method. Estimations from models based on data obtained from the results of sample surveys. Such data indicate the proportion of married women (including those in consensual unions), aged 15 to 49, who currently use any modern contraceptive method, such as male and female sterilization, IUDs, contraceptive pills, injectables, hormonal implants, condoms and female barrier methods.

Sources and measurement

UNFPA, State of World Population 2014. "The Power of 1.8 Billion" (2014). United Nations Population Division 2014.

Last information available

2014

Notes

The measure is restricted to women who are married or in consensual union.

It is incorporated to the index of sexual and reproductive health, and the value is standardized through the transformation of the original variable for two reasons: the need to standardize its ranges of variation, and the need to define *empirical* parameters to operationalize such standardization. The procedure consists in dividing the variable maximum value minus the variable value in the country by the maximum value minus the minimum value.

Indicator: Maternal mortality ratio**Description**

It represents the death of a woman who is pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from complications of pregnancy, child birth and the puerperium (from any cause related to or aggravated by pregnancy itself or its management), excluding accidental or incidental causes.

Sources and measurement

Source: Gender Equality Observatory for Latin America and the Caribbean. UNICEF United Nations International Children's Emergency Fund.

Rate per 100,000 live births. It is calculated as the quotient between the number of maternal deaths (numerator), divided by the total number of newborns alive (denominator), during a period of time, multiplied by 100,000. This indicator has been revised and corrected many times, and still has certain weaknesses (including the distance between the estimates made by some countries and the one made by the interagency

group formed by the World Health Organization, UNICEF, UNFPA and the World Bank).

Last information available

2013

Notes

It would be desirable to use an indicator of preventable maternal death, and be able to measure the reduction or elimination of preventable maternal deaths. At present, we do not have such information for all the countries of the region.

The use of another indicator such as the Percentage of births attended by skilled health personnel or pregnant woman who have four antenatal check-ups or more. However, these data are not available for all the region.

It is incorporated to the index of sexual and reproductive health, and the value is standardized through the transformation of the original variable for two reasons: the need to standardize its ranges of variation, and the need to define *empirical* parameters to operationalize such standardization. The procedure consists in *dividing the variable maximum value minus the variable value in the country by the maximum value minus the minimum value*.

Indicator: Births attended by skilled health personnel

Description

Percentage of births attended by skilled health personnel (doctors, nurses, midwives). It represents the percentage of births attended by skilled personnel providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; to conduct deliveries on their own; and to care for newborns.

Sources and measurement

Source: UNFPA, State of World Population 2014. "The Power of 1.8 Billion" (2014). World Health Organization (WHO) and United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators.

Last information available

2006 - 2013

Notes

Traditional midwives are not included, even if they have received a short training course.

It is incorporated to the index of sexual and reproductive health, and the value is standardized through the transformation of the original variable for two reasons: the need to standardize its ranges of variation, and the need to define **empirical** parameters to operationalize such standardization. The procedure consists in dividing the variable maximum value *minus* the variable value in the country by the maximum value *minus* the minimum value.

4.- Other relevant indicators for monitoring the Consensus which might be incorporated to the index of sexual and reproductive health

Indicator: Percentage of adolescent women aged 15 to 19 who are mothers

Description

Maternity in adolescents: Total of women aged 15 to 19 who state to have had at least 1 child born alive at the time of the CENSUS, divided by the total number of young women of the same age group, multiplied by 100. The denominator of this indicator includes all young women aged 15 to 19, with or without information on children born.

Sources and measurement

Gender Equality Observatory for Latin America and the Caribbean. Special processing of census microdata available to CELADE. Cuba does not include consultation of life births in recent censuses. Haiti census microdata are not yet available in CELADE. Results of Colombia 2004-2005 and Peru 2007 come from processing online the websites of the DANE (National Administrative Department of Statistics) and the INEI (National Institute of Statistics), respectively.

Last information available

2000-2014

Argentina: 2010, Belize: 2000, Bolivia: 2012, Brazil: 2010, Chile: 2002, Colombia: 2004, Costa Rica: 2011, Ecuador: 2010, El Salvador: 2007. Guatemala: 2002, Honduras: 2001, Mexico: 2010, Nicaragua: 2005, Panama: 2010, Paraguay: 2002, Peru: 2007; Uruguay:2010, Venezuela: 2011

Notes

This indicator is subject to different interpretations. Studies conducted¹ at national level indicate that the highest number of unplanned children is found in this age range. This argument suggests that the right to start the reproductive life whenever they want is restricted in countries with a high rate of adolescent mothers.

¹ Reproduction Overview. Díaz- Roselló et al. 2014; Unintended pregnancy. World wide levels, trends and outcomes. Studies in Family Planning. Singh et al 2010, See also studies on non-voluntary pregnancies at www.guttmacher.org.

Indicator: Unmet need for family planning

Description

Women with unmet need are those who are fertile and sexually active, use no contraceptive method, and state that they wanted no more children or wished to delay the next pregnancy. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior. For monitoring the Millennium Development Goals, unmet need is expressed as a percentage based on women who are married or in a consensual union.

Sources and measurement

Source: Gender Equality Observatory for Latin America and the Caribbean. UNFPA, State of World Population 2014. "The Power of 1.8 Billion" (2014) for Argentina, Chile, Puerto Rico, Uruguay, Venezuela.

Standard definition of unmet need for family planning includes in the numerator: All pregnant women (married or in a consensual union) whose pregnancies were unwanted or untimely at the time of conception. All women with postpartum amenorrhea (married or in a consensual union) who use no family planning and whose last birth was unwanted or untimely. All fertile women (married or in a consensual union) who are not pregnant or amenorrhic after birth, and who either do not want to have any more children (limit), or wish to postpone the birth of a child for at least two years, or do not know when and if they want to have another child (space), and use no contraceptive method.

Last information available

2006-2014

Barbados: 2012, Belize: 2011, Bolivia: 2008, Brazil: 2006, Colombia: 2010, Costa Rica: 2011, Cuba: 2014, Ecuador: 2004, El Salvador: 2008, Guatemala: 2009, Guyana: 2009, Haiti: 2012, Honduras: 2012, Jamaica: 2009, Mexico: 2009, Nicaragua: 2006, Panama: 2013, Paraguay: 2008, Peru: 2013; Dominican Republic, Santa Lucia: 2012, Surinam: 2010

Notes

It would be desirable to have an unwanted pregnancy indicator: however, such data are not available.

Please note that this indicator refers only to women who are married or in a consensual union.

Indicator: Women killed by their partner or former partner

Description

It corresponds to the annual quantification of women aged 15 and older who were killed by their intimate partner or former partner.

Sources and measurement

Source: Gender Equality Observatory for Latin America and the Caribbean.
Rate per 100,000 inhabitants of women killed by a partner or former partner.

Last information available

The data available correspond mainly to 2013. For Paraguay and Peru, the last information refers to 2012, and for Honduras to 2010.

Notes

The indicator available has had a very significant evolution in the Observatory; however, there are still certain methodological obstacles that jeopardize the development of this indicator, including the fragmentation of the origin of the data, that come from police records, investigations from public prosecutors offices, from forensic information, from vital statistics related to the health system and the civil register” (2013-2014 Annual Report. Gender Equality Observatory for Latin America and the Caribbean. Eclac. http://repositorio.cepal.org/bitstream/handle/11362/37185/S1500499_es.pdf?sequence=4).

It is recommended to present this information separate from the other indicators, for the abovementioned reasons related to data comparability.

5.- Desirable but not available indicators

Indicator: Sexual and reproductive health services

Description

Proportion of health centres providing postpartum and post-abortion care and/or HIV services who also provide contraceptive information or services.

Indicator: Unsafe abortion

Description

Rate of unsafe abortions per 1,000 women aged 15 to 49

Indicator: Unsafe abortion care

Description

Proportion of health centres that provide attention to unsafe abortion complications or, when not prohibited by law, that provide safe abortion services.

6.- Indicators incorporated to the Regulatory Index of Sexual and Reproductive Rights

Indicator: Education for prevention

Description

Existence of legislation on sexuality and HIV prevention, both at national and state/province level.

Sources and measurement

Source: Survey of 34 countries supported by UNFPA for the First Meeting of Ministers of Health and Education to stop HIV in Latin America and the Caribbean, held in Mexico City in August, 2008.

Last information available

2014

It is incorporated to the regulatory index taking on the following values: 0= non-existent; 1= existent.

Indicator: Integration of sexual education / Comprehensive sexuality education in public schools.

Description

Percentage of contents * established in books or chapters for Primary, Middle and High Schools related to sexual education and VIH prevention.

* 1. Primary Education. Chapter or book on the following thematic areas: biological aspects of human reproduction, self-esteem, stigma and discrimination, gender equality (gender roles), sexually transmitted infections, contraception. 2. Media. Chapter or book on the thematic areas above plus: information on how to wear a condom correctly; abstinence and use of condom as a form of prevention; how to agree with a partner the use of a condom; how to decide whether to have sex; how to say no to sex when you don't want to; how to resist peer pressure to have sexual relations; where to seek guidance if needed; where to find healthcare services.

Sources and measurement

Source: Survey of key informants (Ministers of Education and/or Public Health). National Institute of Public Health of Mexico. UNFPA. UNESCO. 2008

Last information available

2008

Notes

One-time survey of 34 countries with information of 27 of them.

It is incorporated to the regulatory index with the following values:

0= non-existent

0.25 = 25% or less

0.5= less than 50%

0.75= less than 75%

1= up to 100%

It includes summary measurement of the three levels of education for each country

Indicator: Scope of laws on consensual union, marriage and adoption in same-sex couples

Description

Existence of laws that formalize unions between same-sex couples and their possibilities to adopt children.

Sources and measurement

Source: Report of LGBT laws worldwide. Amnesty International (2014). Report on laws around the world that affect gays, lesbians and transgender people; Daniel Ottosson. 2006. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA).

Last Information Available

2014

Notes

It is incorporated to the regulatory index taking on 4 values: Non-existent consensual union – Marriage with restrictions (different ages, one of the sexes)- Unrestricted marriage - Marriage + Adoption.

Indicator: Gender identity and expression

Description

Existence of laws that permit changing the name and registered sex.

Sources and measurement

Sources: LGBT laws worldwide; Amnesty International (2014). Report on national legislations

Last information available

2014

Notes

It includes countries that enable the change of name and registered sex to transgender people, such as Brazil, that requires a surgery.

It is incorporated to the regulatory index taking on the following values: 0= non-existent; 1= existent.

Indicator: Legality of voluntary termination of pregnancy.

Description

Legal status of abortion

Sources and measurement

Guttmacher Institute Report: "Facts about Abortion in Latin America and the Caribbean". (2012) Guttmacher Institute. "Data about Abortion and Unplanned Pregnancy in Latin America and the Caribbean" (10/2009).

Last information available

2014

Notes

Emphasis is made in using abortion legal status as an indicator upon the inability – for the lack of data – to use the access as a measure.

It is incorporated to the regulatory index. Countries where abortion is not considered legal under any circumstances are graded 0; 0.25 when abortion is legal to save the woman's life; 0.5 when it is legal to preserve physical health *; 0.75, to preserve the health, or the socio-economic reasons and all the reasons above are legal; y 1, states to be unrestricted.

*Some countries also allow abortion in cases of rape, rate of mentally disabled women, incest or fetal malformation.

Indicator: Protection against sexual harassment

Description

Levels of protection under national laws in case of sexual harassment in the workplace and/or education centres.

Sources of measurement

Source: Report of the Inter-American Commission of Women (CIM) of the Organization of American States (OAS). Scope of Sexual Harassment Laws in the workplace and/or education centre. (2012)

Last information available

2012

Notes

The categorization proposed by the study, although there are certain objections to the concept of "protection" used, is accepted.

It is incorporated to the regulatory index taking on the following values: 0 =non-existent; 0.33= low level of protection; 0,66= Moderate level of protection - y 1= High level of protection.