

*executive committee of  
the directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



92nd Meeting  
Washington, D.C.  
June 1984

Provisional Agenda Item 11

CE92/10 (Eng.)  
6 April 1984  
ORIGINAL: ENGLISH

WOMEN, HEALTH AND DEVELOPMENT. REPORT OF THE SUBCOMMITTEE

Resolution XXVII of the XXI Pan American Sanitary Conference (1982) requests the Executive Committee to convene its Special Subcommittee on Women, Health and Development at least twice a year in the remaining years of the Five-Year Regional Plan of Action on Women, Health and Development to monitor the program and review achievements. The Subcommittee members (Cuba, Ecuador and Panama) will hold their first meeting in 1984 on 22 June, to prepare their report and present it to the 90th Meeting of the Executive Committee.

The main goal of the Five-Year Plan is to assist PAHO and its Member Governments to successfully integrate women of the Americas into new and ongoing health and development activities. In its Resolution XV, the XXVIII Meeting of the Directing Council (1981) adopted the Five-Year Regional Plan of Action, requesting that its activities become an integrated part of the Plan of Action for the implementation of regional strategies of Health for All by the Year 2000. The two plans were developed separately to ensure prompt action in relation to women, health and development in the second half of the United Nations Decade for Women. The goals of the Five-Year Plan constitute an important part of the regional strategies in which women are considered as a priority group, because of their greater vulnerability and degree of exposure to health risks.

During its XXIX Meeting (1983), the Directing Council approved Resolution XXII (attached), that includes in its recommendations to the Member Governments that they establish more effective mechanisms for the promotion and recognition of women's roles in health and development; strengthen national policies and programs for the protection and

improvement of women's health; increase the participation of nongovernmental organizations in the formulation of national health care goals; and establish mechanisms to identify and nominate more women for professional posts in the Organization.

The Directing Council further requested the Director of the Pan American Sanitary Bureau to promote the measures required to make available the human and financial resources needed to carry out the activities of the Five-Year Plan; to ensure that Country Representatives are committed to carrying out their functions as the Organization's focal points in the country; and to intensify the efforts to identify and employ women candidates for professional and high-level posts within the Organization.

The Executive Committee may wish to review the attached resolution (CD29.R22) in preparation for the Subcommittee's report and the ensuing discussions.

Annex



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XXIX Meeting

XXXV Meeting CE92/10 (Eng.)  
ANNEX

## RESOLUTION XXII

## WOMEN, HEALTH AND DEVELOPMENT

THE XXIX MEETING OF THE DIRECTING COUNCIL,

Recognizing the important roles played by women both in the home and at the work place;

Considering that the Organization has the capability to provide greater leadership and guidance in the design and implementation of activities related to women, health and development;

Concerned with the slow rate of progress achieved in the implementation of the Plan of Action on Women, Health and Development; and

Recognizing that success in attaining the goals of the Five-Year Plan of Action on Women, Health and Development is largely dependent on the full participation of the Member Countries,

## RESOLVES:

1. To urge the Member Governments to:
  - a) Establish more effective mechanisms for the promotion and recognition of women's roles in health and development;
  - b) Strengthen national policies and programs for the protection and improvement of women's health both in the regulated and unregulated sectors of the economy, and particularly with regard to the health and safety of women in the work place;
  - c) Strengthen programs for the prevention, early detection and treatment of diseases such as breast and cervical cancer, peculiar to women in their reproductive role;
  - d) Increase the participation of nongovernmental and charitable organizations, as well as community groups that are concerned with women's issues in the formulation of national health care goals, priorities and programs;

./...

- e) Create more opportunities for women to acquire the skills necessary for professional development, career advancement, and accession to posts of authority, especially in the health and social sectors;
  - f) Establish mechanisms to identify and nominate more women for professional posts in the Organization;
  - g) Enact legislation designed to guarantee equal rights for women.
2. To request the Director to:
- a) Accord a higher priority to the program for women, health and development;
  - b) Promote the measures required to make available the human and financial resources needed to effectively carry out activities to achieve the goals of the Five-Year Plan of Action on Women, Health and Development;
  - c) Intensify efforts to identify and recruit suitable women candidates for consideration in the selection process for senior and professional posts in the Organization;
  - d) Ensure that Country Representatives are committed to carrying out their functions as focal points for women, health and development in the countries, and so make real efforts to accomplish the purposes of the program;
  - e) Provide policy guidelines to the Member Governments and the Organization to assist in the implementation of the Five-Year Plan of Action;
  - f) Ensure closer coordination of PAHO's activities on women, health and development with those of other national and international agencies concerned with women's issues.

(Approved at the eighth plenary session,  
29 September 1983)

*executive committee of  
the directing council*



PAN AMERICAN  
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92nd Meeting  
Washington, D.C.  
June 1984

Provisional Agenda Item 11

CE92/10, ADD. I (Eng.)  
25 June 1984  
ORIGINAL: ENGLISH-SPANISH

REPORT OF THE SPECIAL SUBCOMMITTEE ON WOMEN IN HEALTH AND DEVELOPMENT

In compliance with operative paragraph 4 of Resolution XXVII of the XXI Pan American Sanitary Conference, the Special Subcommittee on Women in Health and Development, consisting of the Representatives of Cuba, Ecuador, and Panama, met on 22 June 1984 in Washington, D.C., to review the work done by PAHO and the Member Governments to implement the Five-Year Regional Plan of Action on Women in Health and Development.

The Subcommittee examined the Progress Report presented by the Secretariat, made the necessary adjustments and changes, and decided to present it to the Executive Committee as part of the present Report (see annex).

Conclusions

1. The Subcommittee commends the Director and the PAHO Focal Point on Women in Health and Development for having given due priority to the Program and for supporting the countries in their implementation of the Regional Five-Year Plan.
2. Although the Member Governments are making the necessary efforts to improve the health of women and to take cognizance of the part they play in the development process, many countries are still only at the opening stage of that process.
3. PAHO and its Member Governments will have to make specific efforts to step up their measures on WHD and to ensure the continuity of the measures called for in the Five-Year Regional Plan after 1985, the terminal year for the Plan and the United Nations Decade for Women, on the basis of the resolutions that will emerge from the World Conference to Review and Appraise Achievements of the United Nations Decade for Women to be held in 1985.

Recommendations

The Subcommittee puts forward the following recommendations:

1. That the countries:

- a) Make efforts to heighten awareness of the responsibilities that the father and mother share in the rearing, education, and protection of their children, by conducting programs directed at men and women, setting up the requisite infrastructure, and promoting family laws that will contribute to the opening up of equal opportunities for women and enable them to participate in activities outside the home and in addressing their countries' problems.
- b) Increase the resources that contribute to reduce the morbidity and mortality rates of women in general, and the proportion of institutional childbirths in countries where it is low.
- c) Add to the study program, at the level of education programs for health, subject matter on the importance of participation by women in the national development process, especially in rural and urban-fringe areas.
- d) Underscore the importance of the WHD focal points in the intersectoral coordination of activities under the Five-Year Plan, so that those focal points may be allocated the resources they need to perform their important task.

2. That PAHO:

- a) Continue activities to promote and facilitate implementation of the Five-Year Regional Plan in the countries and exchanges of experience among them, and especially among those that have made substantial gains in the WHD area and among those requiring further guidance in their activities.
- b) Have its Regional Focal Point on WHD participate actively in preparations for the 1985 World Conference to Review and Appraise Achievements of the United Nations Decade for Women. Also, that it arrange for the participation of its Focal Point in the Regional Evaluation Meeting sponsored by the United Nations Economic Commission for Latin America (ECLA) and the United Nations Bureau for the Advancement of Women (BAW), to be held in Havana, Cuba, in the last quarter of 1984.
- c) Present, in 1985, in accordance with the Five-Year Plan, a progress report covering constraints encountered by the countries in implementing the Plan during the five-year period 1981-1985.

3. That the Executive Committee:

- a) Elect Canada to a seat on the Subcommittee in 1984 on expiration of Panama's period of membership, so as to assure the continuity of the Subcommittee's activities and so that the members may serve for staggered three-year terms.

COUNTRIES REPRESENTED ON THE EXECUTIVE COMMITTEE

<u>Term Expiring 1984</u>	<u>Term Expiring 1985</u>	<u>Term Expiring 1986</u>
Dominican Republic	Cuba*	Canada
Panama*	Ecuador*	Costa Rica
Uruguay	United States of America	Dominica

\* Members of the Subcommittee

- b) Approve, on the basis of the foregoing conclusions and recommendations, the following

Proposed Resolution

THE 92nd MEETING OF THE EXECUTIVE COMMITTEE,

Aware that the Special Subcommittee on Women in Health and Development, in compliance with Resolution XXVII of the XXI Pan American Sanitary Conference, has met to evaluate the program and review its achievements; and

Having reviewed the report of the Special Subcommittee on Women in Health and Development,

RESOLVES:

To recommend to the XXX Meeting of the Directing Council that it approve the following resolution:

THE XXX MEETING OF THE DIRECTING COUNCIL,

Considering the importance of the United Nations Decade for Women in securing recognition for their role in society in the countries of the Region and the agencies of the United Nations System and other regional agencies;

Considering, however, that to guarantee the improvement of the health status of women that recognition must be translated into concrete action based on the goals of the Five-Year Regional Plan of Action on Women in Health and Development; and

Cognizant that these actions must continue beyond the end of the five-year period as an integral part of the strategies for attainment of the goal of health for all by the year 2000,

RESOLVES:

1. To urge the Member Governments:
  - a) To intensify their efforts to provide more education opportunities for women such as will contribute to their occupational development and give due recognition and support to their important contribution as provider and user of health care at all levels;
  - b) To strengthen country WHD focal points and give them a part to play at the decision-making level and the resources and time they need to bring about adequate intersectoral coordination among the different government institutions and women's non-governmental organizations;
  - c) To enforce their laws on the protection of women's rights and have all discriminatory legislation rescinded.
2. To request the Director:
  - a) To continue giving priority to support for country activities in implementation of the Five-Year Plan and to the WHD Program, and to continue efforts to facilitate exchanges of information and experience in this field among the Member Countries;
  - b) To continue specific support to the Special Subcommittee on Women in Health and Development in the performance of its functions, and to facilitate for the countries represented on it the receipt of current information on the subject;
  - c) To ensure that the goals and actions of the Five-Year Regional Plan of Action on Women in Health and Development continue to be pursued beyond 1985 and are fully integrated into the Plan of Action for the Implementation of Regional Strategies for attainment of the goal of health for all by the year 2000.





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PROGRESS REPORT TO THE SPECIAL SUBCOMMITTEE ON WOMEN,  
HEALTH AND DEVELOPMENT OF THE EXECUTIVE COMMITTEE

Washington, D.C., June 1984

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## 1. INTRODUCTION

The Five-Year Regional Plan of Action on Women, Health and Development (WHD) was adopted in 1981 to help PAHO and its Member Governments successfully integrate women of the Americas into new and continuing health and development activities. To ensure prompt implementation of the Plan, the XXI Pan American Sanitary Conference, in Resolution CSP21.R27, requested that a Special Subcommittee on WHD, designated by PAHO's Executive Committee, meet at least twice yearly to monitor the program and review its achievements.

The Secretariat has presented a progress report to the Subcommittee each June since 1982. These reports serve as a basis for the Subcommittee's subsequent reports to the Executive Committee. Last year the Subcommittee's recommendations led to the adoption by the XXIX Meeting of PAHO's Directing Council of Resolution XXII (see Annex I). This Resolution urges Member Governments to improve mechanisms for promoting WHD activities, to increase coordination with non-governmental groups, to strengthen national policies and programs for improving women's health, to enact legislation guaranteeing women's equal rights, and to create more opportunities for women's professional development and career advancement.

The Resolution also requests the Director, PASB, to accord a higher priority to the Program, to ensure closer coordination of WHD activities with other agencies, and to intensify efforts to recruit suitable women for consideration for senior posts in the Organization.

This progress report is intended to assist the Subcommittee in its review of actions taken by PAHO and Member Governments to implement Resolution XXII and the Five-Year Plan. In April, 1984 all governments were asked to provide summaries of WHD activities carried out since June 1983, focusing on the areas outlined in Resolution XXII. Responses of varying length and detail were received from 23 countries.

This report cannot include all of the information available on activities carried out in the Region that relate to women's health, as this would comprise maternal and child health, nutrition, family planning, and many other public health programs. Rather, the report focuses primarily on changes made during the past 12 months, and references to previous years, as needed, to provide perspective. For example, some countries have added a new focus to an established program; created new projects in response to special women's health problems; provided improved training or health education for groups of women; or improved coordination with women's organizations for planning and implementation of specific health projects.

Although progress in implementing the Five-Year Plan throughout the Region is difficult to measure systematically, it is clear from the activities summarized in this report that efforts are being made to identify and provide for women's special needs and to provide more support and recognition for women as health care providers. These efforts vary greatly. Some countries

have developed national plans and programs focusing on women, health and development which extend well into the future, while others have taken no specific action. Despite the diversity among countries, some general tendencies can be identified.

Improved coordination of WHD efforts and activities at the national level was a focus for many countries during the past year. The creation of national focal points to coordinate these efforts has proved a necessary and important step for mobilizing resources and promoting action. As part of its efforts to promote national action, PAHO provided support for several workshops on WHD in different countries, and conducted two regional seminars involving 12 countries, which here held in Washington, D.C. Most countries are working to coordinate health activities more closely with non-governmental organizations, many of which are women's groups active in providing primary health care, especially health education.

At the regional level, PAHO has maintained contacts with the major international organizations active in women and development issues. During the year, representatives from PAHO headquarters and field offices have participated in meetings held by other agencies throughout the Region. PAHO has contributed presentations and discussions on women's health, and has emphasized the importance of including health as a component of women and development projects.

Preparations are currently underway for the 1985 World Conference to Review and Appraise Achievements of the U.N. Decade for Women. Information collected from the U.N. Member Countries by questionnaire will be presented at the Conference, along with progress reports from U.N. agencies and recommended strategies for the future.

In the area of policies and programs related to women's health, many countries report at least one or two program areas in which efforts are being made to give special attention to women's health. Some countries are developing data bases on women's health status and working to ensure that health data are collected and published by sex.

Legislative advances have been made in relation to women's rights in at least six countries, with emphasis on the needs of working women.

Some countries are improving training and career opportunities for women through special efforts to provide more fellowships and study grants, workshops and other training and continuing education programs.

Finally, in relation to PAHO's recruitment practices and policies, the Director has established an Advisory Group on the Status of Women in PAHO to recommend improvements in the areas of recruitment, selection, training and professional development of women within the Organization. PAHO's senior staff have been urged to increase the number of qualified women recruited for consultancies and permanent positions within the Organization. To ensure progress and identify obstacles, hiring patterns in each program and country office will be monitored.

## 1. COORDINATION AND PROMOTION OF NATIONAL WHD ACTIVITIES

### A. National Focal Points

During the past year, PAHO has continued to compile and update information on national focal points designated by each country to coordinate intersectoral activities on women, health and development. Of the 34 PAHO Member Countries, 33 reported having national focal points. The name and title of the person or group designated by each Member Government appears in Annex II. The focal points are generally located in either the Ministry of Health or in the national office, bureau or commission on women's issues.

Although there have not been many changes in the focal points during the year, many countries are making special efforts to improve coordination and communication between health ministries and national women's offices or bureaus. Some relevant examples follow:

In Jamaica, a focal point has been established in the Ministry of Health to serve as liaison with the National Women's Bureau by providing information on women's health status, and by giving technical support when needed. The Ministry of Health Focal Point also works to ensure that national health programs support and promote women's health, by encouraging research in this area, and lobbying to include more women in top decision-making groups (e.g., the National Family Planning Board), while encouraging women to acquire skills for decision-making jobs.

Similar collaboration is also taking place in many of the Eastern Caribbean countries, where Ministry of Health focal points have recently been established to collaborate with the women's bureaus which serve as national WHD focal points.

The WHD Focal Group for the Eastern Caribbean, coordinated by PAHO, includes representatives of various groups, such as the Young Women's Christian Association (YWCA), the Women and Development Unit of the University of the West Indies (WAND), and the Caribbean Women's Association (CARIWA). The Focal Group recently developed a joint proposal for a project to increase coordination among national women's bureaus, women's organizations and ministries of health. The Group also plans to promote the inclusion of WHD components in primary health care activities, especially where governments are currently preparing national programs, such as Antigua, Dominica, Guyana and St. Lucia.

Canada has taken two important and exemplary steps to further incorporate WHD activities into health programs at all levels. First, an official network was created to ensure coordinated efforts by provincial and territorial governments responsible for health care delivery. All provincial deputy ministers of health have named senior health liaison officials to work with the National WHD Focal Point on health matters affecting Canadian women.

As a second step, the Canadian Government is formulating a new National Plan of Action on the Status of Women for 1985-1990. A working group with representatives of 12 federal government departments, headed by the National Focal Point, is currently identifying obstacles and developing concrete measures to overcome them for the sections related to health and social issues in the new plan.

In Cuba, the national Focal Point is the President of the Federation of Cuban Women, who works closely with the Ministry of Health in developing Maternal and Child Health activities. Each year, the Health Ministry and the Federation meet to analyze the Federation's work plan. This collaboration helps to establish periodic training for the Federation's female health volunteers in clinics and rural health posts, ensuring that improved health education reaches the members of their own communities.

In Guatemala, a PAHO consultant collaborated with the National Women's Office (ONAM), to develop a policy statement and preliminary plan of action for 1984-85.

Mexico has developed a National Program on Women and Health (PRONAMUSA), coordinated by an intersectoral group. As part of the five-year program (1984-1988), the Group will collect and analyze information from the health sector on programs related to improving women's health status; produce publications on WHD; and increase support for women's participation in the sector as health care providers.

Although countries have reported progress in this area, difficulties have been mentioned by national focal points and by PAHO field staff. These can generally be divided into three major obstacles to more effective promotion and coordination of WHD activities.

First, intersectoral coordination continues to be a problem in many countries, especially those which have a variety of offices and departments dedicated to the advancement of women. Data on the status of women is often dispersed among these offices and is difficult to collect.

Second, focal points have found that some Ministry of Health personnel have difficulty conceptualizing the issues and objectives in the Five-Year Plan and relating them to ongoing programs.

Third, the lack of resources in health ministries and in national women's bureaus makes it difficult to undertake the work required to adapt the Five-Year Plan to the national level. Many of the countries have not been able to spare the resources needed to adequately collect the data requested in the questionnaires sent by various international agencies to measure progress made during the U.N. Decade for Women.

Some countries are proving that these obstacles can be overcome. National seminars and workshops are serving to strengthen intersectoral links, increase awareness and understanding of the issues involved, and maximize use of available resources through coordination and promotion. Official liaisons between Ministries of Health and Women's Bureaus also seem to be improving coordination. Finally, the planning taking place now in some countries for the years beyond the Decade will help ensure more continuity of efforts and integration of WHD activities into national health plans and programs in the future.

B. PAHO's Seminar-workshops on Women, Health and Development

Since the Subcommittee on Women, Health and Development last met in June 1983, PAHO's efforts to promote the Five-Year Plan have intensified. For example, two appointments were made in the Office of the Assistant Director, Regional Focal Point for Women, Health and Development: one professional and one general services post.

Also, as part of its collaboration with the countries in carrying out national WHD plans and activities, PAHO held two seminar-workshops in Washington D.C., in December 1983 and April 1984, in which a total of 12 countries participated. PAHO Country Representatives from participating countries attended the seminars, along with national focal points and other health professionals. Representatives from various international organizations attended the second seminar.

The general objectives and format of the seminars were determined by a Group Consultation held in Washington, D.C., in November 1983.

The purpose of the seminars was to promote and accelerate the implementation of the strategies and actions outlined in the Five-Year Plan of Action, and to incorporate WHD projects into ongoing health programs at the national level. In the seminars, the participants discussed national experiences in implementing WHD activities, research priorities on women's health, increased support for women providers of health care, and monitoring and evaluating WHD activities.

As an immediate product of each seminar, participants developed work plans for specific WHD activities to be carried out or promoted by the national focal points of the countries represented.

Some countries have already shown progress in accelerating national action. For example, Colombia held a Regional Meeting on Women and Health from 28 May-2 June, with funding from PAHO and other international sources. This meeting, the first of its kind in the Region, had an international focus, with participants from ten Latin American countries.

Cuba's Focal Point, the Federation of Cuban Women, in coordination with the Ministry of Health and PAHO, is planning a national workshop with regional participation, to be held in October 1984. The main objective of the meeting will be to increase support and recognition of women's promotional work in health programs at the community level.

Mexico's national program, PRONAMUSA, represents another example of national follow-up to the Seminar-workshop in Washington, D.C. in which Mexico was represented. A national workshop is being planned for July 1984, to introduce and promote PRONAMUSA to health personnel throughout the country, to exchange information and experiences, and to develop specific activities at both federal and state levels.

### C. Non-governmental Organizations

Resolution XXII of the XXIX PAHO Directing Council urges Member Governments to increase the participation of non-governmental and charitable organizations, as well as community groups that are concerned with women's issues in the formulation of national health care priorities and programs.

As described in last year's progress report (PAHO Document CD29.10), in 1983 PAHO organized a series of activities to promote support for women's groups active in primary health care. A survey was conducted of organizations in the Region working in the health field. The survey covered rural and urban self-help or grass-roots groups; intermediary groups which usually work from urban centers and facilitate communication and collaboration with self-help groups; and international women's organizations which usually represent national level non-governmental organizations from various countries. The survey was followed by an in-depth review of health activities of women's organizations in Barbados, Colombia, Honduras and Peru. Afterwards, a workgroup was convened in Washington, D.C., in April 1983, to discuss how organized groups of women could become more effectively involved in primary health care.

In February 1984, WHO convened an informal working group in Geneva to discuss approaches for designing and carrying out activities in support of involving women's organizations in primary health care. The Group agreed that there is a need to develop community-level guides for use by women's organizations and community leaders, which provide information on health issues and illustrate why these health issues are important and how they could be resolved by communities. The Group also suggested that WHO ask one or two of its regional offices to prepare and field-test drafts of these guides.

As a follow-up to these regional and global activities and recommendations, a number of countries have taken steps towards collaborating more closely with local groups. For example, with PAHO technical cooperation, projects are being developed in the Dominican Republic, Honduras, and other Caribbean countries for inclusion in the United Nations Development Programme (UNDP) Global Project on "Promotion and Support for Women's Participation in



the International Drinking Water and Sanitation Decade". In Honduras, three projects have been identified to improve water and sanitation through new technology with the participation of women's groups. In the Dominican Republic, a project is being developed to train women's groups and provide them with resources to disseminate appropriate health information on improved sanitation and hygiene practices in their communities. In Barbados, Guyana, Jamaica and St. Lucia, a survey of potential project activities involving women and sanitation was recently carried out.

The Colombian National Advisory Office on the Integration of Women into Development is coordinating a series of workshops on integrated family education, including a health component. This is a joint effort of the Ministry of Health, the Ministry of Education and non-governmental institutions and associations working on women's issues.

The Federation of Cuban Women (FMC) carries out important collaborative and advisory functions in the formulation of national health policies, plans and programs. The National Health Promotion Program is carried out in close coordination between the FMC and the Ministry of Health. More than 50,000 women provide valuable services as volunteers in programs such as maternal and child health, preventive medicine and others.

In the United States, the Special Task Force on Women's Health, convened by the Assistant Secretary for Health, held meetings throughout the country in 1983, in which health care providers, women's organizations, and individuals concerned with related issues were invited to express their views. The issues discussed served as the basis for the report recently completed by the Task Force.

In Honduras, The Federation of Women's Associations (FAFH), in collaboration with the Ministry of Health, developed three seminars in 1983 to increase the participation of women's organizations in maternal and child health care activities. A total of 72 leaders of women's organizations from both rural and urban areas throughout the country participated in the seminars, which were funded by the U.N. Voluntary Fund for the Decade for Women. The long-term objective of the seminars was to more actively and effectively involve communities in taking responsibility for their health by generating an educational process coordinated by local women's organizations. The seminars included presentations and discussions on family planning, breastfeeding, women's legal rights, and health services provided by the Government. A wide variety of educational materials, pamphlets and brochures were distributed at the meetings.

Despite the obvious progress being made in governmental coordination with women's groups, lack of interagency coordination is still a major problem in many countries. Reasons for this were mentioned in country reports and discussed at regional and global meetings on this subject. These reasons include the following:

Ministry representatives have the problem of keeping abreast of the wide variety of programs being financed and administered by a myriad of private organizations. In many cases, it is not a lack of will but a lack of information and coordination which has severely limited meaningful public-private sector cooperation.

Although WHD focal points in a number of countries are beginning to compile inventories of women's organizations and their activities, most countries do not yet have a forum where public and private sector agencies working with women can meet to discuss programming issues, to share experiences and methodologies and to plan for subsequent collaboration. In many countries, a mechanism, not necessarily governmental, is needed to coordinate the activities of all of the associations and groups working on women's issues.

Despite the problems, it is clear from the country reports that some ministries are giving increased priority to working with women's groups, and are putting more efforts into overcoming the obstacles involved.

D. PAHO's coordination with other international agencies

To avoid duplication of efforts and to exchange information and ideas on women, health and development activities in the Region, PAHO has established and maintained contacts in this area with the U.S. Agency for International Development (AID), Canadian International Development Agency (CIDA), Inter-American Commission on Women (CIM/OAS), Economic Commission for Latin America (ECLA), International Labor Organization (ILO), U.N. Institute for Training and Research for the Advancement of Women (INSTRAW), United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA) and the World Bank. PAHO's efforts to ensure closer coordination with these and other agencies in the area of women, health and development is reflected in a variety of joint activities, which are highlighted below.

PAHO representatives actively participated in three regional meetings sponsored by ECLA, in 1983:

- 1) The Third Regional Conference on the Integration of Women into the Economic and Social Development of Latin America and the Caribbean, Mexico City, August 1983.
- 2) The Regional Seminar on Low-income Working Women and Their Families in Latin American Cities, Santiago, Chile, November 1983.
- 3) The FAO/ECLA Round Table on Strategies for Survival in Rural Economies: the Role of Women, Bogotá, Colombia, November 1983.

In September 1983, PAHO organized and presented a panel discussion on Women as Users and Providers of Health Care, as part of the XVIII Congress of the Pan American Medical Women's Alliance held in Mexico City.

In December 1983, PAHO attended the Interregional Seminar on the Incorporation of Women into Development Planning, held by INSTRAW, at its new headquarters in the Dominican Republic.

PAHO actively participated in a presentation on women's health, as part of the Regional Seminar for the Inter-American Year of the Family, held by the Inter-American Commission of Women (CIM), in Santiago, Chile, in September 1983.

PAHO also participated in the Seminar for Women Leaders on Population and Development, sponsored by UNFPA and the host Government, St. Christopher/Nevis, from 22-24 November. This meeting was attended by first ladies, government ministers and directors of government units concerned with population, health, family planning and women's affairs. Its objective was to enhance the participation of women in all aspects of population and development programs.

PAHO was also represented at another UNFPA meeting on the participation of women in development programs held in New York City, from 6-8 June 1983.

In Haiti, PAHO is currently collaborating with UNDP in an evaluation of the impact on women of UN development agencies' programs.

E. 1985 World Conference to Review and Appraise the Achievements of the United Nations Decade for Women

Preparations are currently underway for the 1985 World Conference to Review and Appraise the Achievements of the United Nations Decade for Women, to be held in Nairobi, Kenya, from 15 to 26 July 1985. The purposes of the Conference are:

- a) to provide an international forum for a critical review and appraisal of the achievements of the U.N. Decade for Women, the difficulties encountered in achieving the objectives of the Decade, and probable future trends; and
- b) to formulate strategies which will lead to the further advancement of women to be applied at national, regional and international levels, based on experience gained during the Decade.

The UN Commission on the Status of Women, the preparatory body for the Conference, decided that the Conference should focus on progress achieved and obstacles encountered in attaining the goals and objectives of the Decade: equality, development and peace. The following documents are being prepared for the Conference:

**Review and appraisal:** This report deals with government activities to implement the plans of action of the U.N. Decade at the national level. WHO is responsible for the chapter on Health and Nutrition, which is to be based on the analysis of questionnaires completed by governments at the request of the U.N. Branch for the Advancement of Women (BAW). Relatively few questionnaires have so far been completed by countries in this Region.

Along with the BAW, the Inter-American Commission of Women (CIM/OAS) also sent Member Governments detailed questionnaires on women's health status. To avoid duplication of these efforts, instead of issuing a third questionnaire, PAHO requested CIM and the BAW to provide the information collected in these surveys. This information, however, was not available in its entirety, in time to be analyzed and included in this Progress Report. Therefore, the Secretariat plans to incorporate it into its 1985 Progress Report to the Special Subcommittee on WHD.

**Review of U.N. activities:** This report will describe progress achieved and obstacles encountered by the U.N. system in support of the Decade goals. WHO is currently preparing a contribution to this report focusing on WHO and PAHO activities, which aim to further integrate women into ongoing programs and training activities.

**Forward-looking strategies:** This report will include concrete measures to implement the goals and objectives of the Decade by the year 2000 at local, national, regional and international levels. It will include a section on health, developed by WHO, and will be presented for discussion and redrafting at the 1985 Conference.

**Brochure of Statistics:** This compilation of selected statistics and indicators on the status of women will be printed as a brochure, to help evaluate and assess the achievements of the Decade. The project will be carried out jointly by INSTRAW, the U.N. Statistical Office, and the Branch for the Advancement of Women.

**World Survey:** This report concentrates on the role of women in agriculture, industry, and in the development and application of science and technology. WHO is not participating in the preparation of this survey.

In preparation for the 1985 World Conference, ECLA and the BAW will sponsor a Regional Preparatory Meeting, which will be held in Havana, Cuba, in the last quarter of 1984. Two days before this Regional Meeting, a number of non-governmental organizations that are officially recognized by the United Nations, will hold a meeting to assess the impact of their own activities in the Region, during the Decade. Both meetings will review separately strategies proposed for improving women's status in development up to the year 2000.

## II. POLICIES AND PROGRAMS TO PROTECT AND IMPROVE WOMEN'S HEALTH

Most of the 23 countries that reported to the Secretariat described at least one or two program areas in which efforts are being made to give special attention to women's health. As in previous years, maternal and child health, family planning and health education are the main areas of emphasis for most countries. This year, however, cervical cancer control was mentioned consistently by the countries reporting to PAHO as an area of action and concern. At least two countries are analyzing women's health and socioeconomic conditions, based on data more recently disaggregated by sex. Some interesting research is also underway in certain countries.

Barbados reports that research results in nutrition show that breastfeeding at six months declined from 51% in 1969 to 17% in 1981. Research is also being conducted on the needs of the elderly population which is 60% women and represents 10% of the total population of the country. This project is moving into the planning stages with PAHO technical cooperation.

Canada is focusing its research on the health aspects of family violence, new reproductive technologies, occupational health and various aspects of reproductive health, such as infertility, substance use and abuse during pregnancy, and the ethical concerns involved in prenatal diagnosis.

In Colombia, PAHO and the Ministry of Health carried out a survey on neonatal tetanus vaccine coverage (September 1983) to measure the magnitude of the problem in one of the health departments and the accessibility and utilization of services by pregnant women. A preliminary report on the survey results is now available.

The following statistics from Cuba represent improvements in women's health status resulting from the Health Ministry's policies and strategies: life expectancy for women increased from 72.6% in 1970-1975, to 75.2% in 1984; institutional births rose from 91.5% of all births in 1970 to 98.2% in 1982; and the number of women examined as part of the Cervical Cancer Control Program rose from 404,585 in 1970 to 482,980 in 1982..

Ecuador has recently conducted research on breastfeeding, maternal morbidity and mortality, and abortion incidence in Quito, a project coordinated with PAHO. Also in Ecuador, an agreement was recently reached between the Ministries of Health and Education to incorporate health education into the public school curricula.

Jamaica is placing emphasis on two main research areas: 1) the reproductive health of female adolescents and 2) the long-term effects and relationships between sexually transmitted diseases, hormonal contraceptives and cancer of the cervix.

PAHO's regional nutrition program is conducting a study of the impact women have on family and community health and nutrition. Based on the study, specific target areas in health and nutrition education will be identified to enhance the effectiveness of women's participation in this process.

To promote the development of effective cervical cancer control, as part of Member Governments' public health programs, PAHO cosponsored a meeting with the American Cancer Society in Mexico, in January 1984. The final draft of PAHO's Manual of Norms and Procedures for Cervical Cancer Control was introduced and reviewed at the meeting.

This meeting was one of the first international meetings which brought together government officials, health professionals and voluntary cancer societies to discuss implementation of collaborative cervical cancer control programs. Although presentations by panelists and workgroup discussions reflected considerable differences in norms and procedures, there was unanimous agreement that formally constituted volunteer cancer societies should work collaboratively with the Health Ministries, in accordance with national policy.

One of the most important conclusions made at the meeting was that countries must analyze and define high risk populations, and use this information as a basis for planning adequate use of resources, not only for detection but for subsequent diagnosis, treatment and evaluation.

### 3. NATIONAL LEGISLATION DESIGNED TO GUARANTEE EQUAL RIGHTS FOR WOMEN

Many countries in the Region, either before or during the U.N. Decade for Women, established mandates prohibiting sex discrimination. In recent year, many countries have designed and modified legislation for the protection of women's rights in marriage, divorce, abortion, rape, and maternity benefits for domestic workers, equal pay for equal work and hiring and firing practices.

In the past year, significant legislative advances have been made in relation to women's rights in at least six countries. For example, in Honduras and Peru, the Civil Codes are currently being adjusted to more accurately reflect existing constitutional equality for men and women. Mexico enacted a General Health Law in December 1983 which established the constitutional right of all citizens to health protection and basic health services such as maternal and child health care, family planning, improved nutrition and special attention to high risk groups.

Since the formation of its National Commission on the Status of Women in 1978, Barbados has enacted nine pieces of family law. The most recent of these are the Medical Termination of Pregnancy Act and the New Factories Act of 1983, which affects a labor force made up of a considerable number of women. This law clearly sets out the conditions under which employees should work, with special reference to health and safety, including the availability of adequate first aid facilities.

Costa Rica's legislature has recently passed a number of laws aimed at improving the situation of working women. In January 1983, a legal mechanism was established to ensure the effective participation of the community in the planning, programming, implementation and evaluation of health care services with equal participation of both sexes. In the same year, another law was enacted to increase availability of child care centers, especially those benefiting poor working women.

In Costa Rica, the laws regarding maternity leave are being revised to extend to the private sector and an executive decree was published in January 1984, extending social security benefits to low-income citizens without stable employment. The Legal Office of the Health Ministry is currently evaluating compliance with these and other laws dealing with rights of working women.

In Ecuador, reforms in social and business law were recently introduced to allow married women to participate directly, freely and willingly in partnerships and stock holdings, without the participation of their husbands. Another law recently passed, and soon to be implemented, allows women to retire after 25 years of contributions to Social Security, regardless of age. Furthermore, benefits for working women, including maternity leave and breastfeeding, are currently being provided due to recent legislative advances.

In Panama, at the end of 1983, an intersectoral commission with participation from both governmental and non-governmental officials, submitted a proposal to the Executive Branch for a revised Family Code. The Code will be presented to the Legislative Branch this year for discussion and approval .

In March 1984, Haiti passed into law a work code establishing equal salary for equal work, maternity leave for 12 weeks and time off from work for breastfeeding.

Although the enactment of legislation guaranteeing equal rights and benefits for women under the law is a necessary first step towards ensuring those rights, the legislation alone does not result in immediate changes in actual conditions or services provided.

Countries cited the following reasons for why much of this legislation is not adhered to nor effectively enforced: lack of resources leading to slow implementation of laws such as those requiring the provision of day care centers or other specific services; laws that establish maternity leave requirements and breastfeeding accommodations have led many private firms to limit their hiring of women for steady work, especially married women, because with these benefits they are considered by their employers more expensive to maintain as employees; cultural and ethnic biases in certain areas lead to discrimination against women despite the laws, especially in rural areas; finally, a high percentage of women are not adequately knowledgeable about the laws that protect them and how to ensure their enforcement.

#### 4. TRAINING AND CAREER OPPORTUNITIES FOR WOMEN

##### A. National level

The XXIX Meeting of the Directing Council, in its Resolution XXII (Annex I), urged the Governments to create more opportunities for women to acquire skills necessary for professional development, career advancement, and accession to posts of authority, especially in the health and social sectors. The countries were also urged to establish mechanisms to identify and nominate more women for professional posts in the Organization.

Some countries report that although they have not taken any specific measures to create more opportunities for women, the percentage of women in training programs and in medical schools has increased significantly in the last few years and continues to do so.

Women still make up the majority of health workers in the Americas, while men dominate in directive positions. Many countries in the Region have found it necessary to take more definitive steps towards providing better training for women in health care professions and promoting women's greater participation in health sector decision-making.

##### B. Regional level

As follow-up to a 1982-1983 study on PAHO fellowships for women, an evaluation was initiated in 1983 to measure the success of long-term (six months or over) awards to women as compared to awards to men during 1976-1980. The study surveyed a random sample of 100 men and 100 women proportional to the number of men and women awarded fellowships, by country of origin. Government authorities, PAHO field staff and professional associations made follow-up efforts to ensure that questionnaires were completed and returned. Despite these efforts, the final return was disappointing, in that only 122 questionnaires (64% of the women and 58% of the men) were received.

Although statistically-significant results will be difficult to identify, the sample includes useful information on places and fields of employment, appropriateness of fellowship studies and their subsequent benefits. These data are currently being analyzed by PAHO's Health Systems Manpower Program to develop comparative profiles for analysis of the current fellowship program.

Many women working in the health professions are less interested in moving into careers that are traditionally dominated by men, than in improving the conditions and support they receive in their positions as nurses, nurse auxiliaries or health promoters. PAHO is currently working with countries to identify the needs of women working in these professions and how they can be better supported.



There are over 600,000 nursing auxiliaries in Latin America and the majority are women. PAHO is conducting a survey throughout Latin America to better understand the current situation of nursing auxiliaries and the problems they face in relation to training, employment, salary, etc.

PAHO has made five grants, totaling US\$90,000, to national nurses' associations and groups in Brazil, Colombia, Ecuador, Honduras and Peru to conduct studies of the nursing profession in terms of nurses' positions, salaries, work hours, etc., as they relate to other health professions.

In the area of PAHO's recruitment policies and practices, 1983 was a year of transition and planning. Due to the reorganization of the Secretariat, recruitment for most vacancies was curtailed. This situation is reflected in the 1983 professional personnel statistics (Annex III). However, the proportion of female staff in the professional categories remained stable, i.e., 22.3% in 1983, as compared to 22.5% in 1982.

As part of a reappraisal process, the Director established an Advisory Group on the Status of Women in PAHO to review the immediate and long-term needs for achieving greater participation of women in the professional staffing of the Organization. The group was asked to make recommendations for improvement in the areas of recruitment, selection, training and professional development of women within the Organization, as well as approaches to improving the level of collaboration, cooperation and respect among all staff members.

The Women's Resource and Development Group (WRDG), an interest group formed by PAHO staff members committed to the enhancement of the status of women at PAHO, played an important role in the formation of the Advisory Group. WRDG is well represented in the Group, which is expected to provide an official channel through which WRDG can work with the Administration to improve women's status within PAHO.

Based on the Advisory Group's recommendations, all PAHO senior staff at headquarters and in the field have been urged to increase the number of qualified women recruited for consultancies and permanent positions within the Organization. To ensure progress and identify obstacles, hiring patterns in each program, country office, and center will be monitored.

To encourage participation of women in the Secretariat's decision-making process, every attempt has been made to ensure that female professional staff are represented on personnel and administrative advisory boards. Likewise, efforts have been made to expand training and career development programs which apply to all staff, but with a particular focus on creating more opportunities for women to acquire the skills necessary for professional development.

RESOLUTION XXII

WOMEN, HEALTH AND DEVELOPMENT

THE XXIX MEETING OF THE DIRECTING COUNCIL,

Recognizing the important roles played by women both in the home and at the work place;

Considering that the Organization has the capability to provide greater leadership and guidance in the design and implementation of activities related to women, health and development;

Concerned with the slow rate of progress achieved in the implementation of the Plan of Action on Women, Health and Development; and

Recognizing that success in attaining the goals of the Five-Year Plan of Action on Women, Health and Development is largely dependent on the full participation of the Member Countries,

RESOLVES:

1. To urge the Member Governments to:
  - a) Establish more effective mechanisms for the promotion and recognition of women's roles in health and development;
  - b) Strengthen national policies and programs for the protection and improvement of women's health both in the regulated and unregulated sectors of the economy, and particularly with regard to the health and safety of women in the work place;
  - c) Strengthen programs for the prevention, early detection and treatment of diseases such as breast and cervical cancer, peculiar to women in their reproductive role;
  - d) Increase the participation of nongovernmental and charitable organizations, as well as community groups that are concerned with women's issues in the formulation of national health care goals, priorities and programs;

- e) Create more opportunities for women to acquire the skills necessary for professional development, career advancement, and accession to posts of authority, especially in the health and social sectors;
  - f) Establish mechanisms to identify and nominate more women for professional posts in the Organization;
  - g) Enact legislation designed to guarantee equal rights for women.
2. To request the Director to:
- a) Accord a higher priority to the program for women, health and development;
  - b) Promote the measures required to make available the human and financial resources needed to effectively carry out activities to achieve the goals of the Five-Year Plan of Action on Women, Health and Development;
  - c) Intensify efforts to identify and recruit suitable women candidates for consideration in the selection process for senior and professional posts in the Organization;
  - d) Ensure that Country Representatives are committed to carrying out their functions as focal points for women, health and development in the countries, and so make real efforts to accomplish the purposes of the program;
  - e) Provide policy guidelines to the Member Governments and the Organization to assist in the implementation of the Five-Year Plan of Action;
  - f) Ensure closer coordination of PAHO's activities on women, health and development with those of other national and international agencies concerned with women's issues.

(Approved at the eighth plenary session,  
29 September 1983)

WOMEN IN HEALTH AND DEVELOPMENT  
COUNTRY FOCAL POINTS

<u>Country</u>	<u>Focal Point</u>
<u>Antigua</u>	Ms. Gwendolyn Tonge, Director Women's Desk Ministry of Education St. John's Antigua
<u>Argentina</u>	Srita. Zita Montes de Oca Directora Nacional, Mujer y Familia Secretaría de Desarrollo Humano y Familiar Ministerio de Salud y Acción Social Buenos Aires, Argentina
<u>Bahamas</u>	Ms. Cora Bain Women's Desk Ministry of Youth, Sport, Community Affairs and Culture Nassau, Bahamas
<u>Barbados</u>	Ms. Joan Williams, Director Bureau of Women's Affairs Ministry of Information Culloden Road St. Michael, Barbados
<u>Belize</u>	Ms. Dorla Bowman, Director Women's Bureau Social Development Department Ministry of Labour Belmopan, Belize
<u>Bolivia</u>	Dra. Ana Quiroga de Barrientos Directora, Nacional de la Mujer, Familia y Comunidad La Paz, Bolivia
<u>Brazil</u>	Dra. Eliana Taddei Técnica de la Secretaría Nacional de Programas Especiales de Salud Brasilia, Brazil
<u>Canada</u>	Ms. Freda Paltiel Senior Advisor, Status of Women Department of National Health & Welfare Ottawa, Ontario K1A 0K9 Canada

<u>Country</u>	<u>Focal Point</u>
<u>Chile</u>	Dr. Fernando Symon Jefe del Departamento del Programa de las Perscras Ministerio de Salud Santiago, Chile
<u>Colombia</u>	Dra. Georgina Ballesteros de Gaitán Consejera Presidencial y Directora Consejo Colombiano para la Integración de la Mujer al Desarrollo Bogotá, Colombia
<u>Costa Rica</u>	Dra. Rosa María Novygrodt Subdirectora, Departamento de Nutrición Ministerio de Salud San José, Costa Rica
<u>Cuba</u>	Ing. Vilma Espín de Castro Presidenta Comisión Permanente de la Asamblea Nacional para la Niñez, la Juventud y la Igualdad de Derechos de la Mujer La Habana, Cuba
<u>Dominica</u>	Ms. Hyacinth Elwin, Director Women's Desk Ministry of Home Affairs Rosseau, Dominica
<u>Dominican Republic</u>	Licda. Marisela Duval de Ramírez Jefe, División de Investigación Secretaría de Estado de Salud Pública y Asistencia Social Santo Domingo, República Dominicana
<u>Ecuador</u>	Dra. Guadalupe Pérez de Sierra Subsecretaria de Salud Ministerio de Salud Quito, Ecuador
<u>El Salvador</u>	Sra. Dina Castro de Callejas Delegada Titular de El Salvador ante la Comisión Interamericana de Mujeres (CIM) San Salvador, El Salvador
<u>Grenada</u>	Ms. Joan Purcell, Member Interim Administration Women's Affairs Department St. George's, Grenada

<u>Country</u>	<u>Focal Point</u>
<u>Guatemala</u>	Oficina Nacional de la Mujer (ONAM) Ministerio de Trabajo y Previsión Social Guatemala, Guatemala
<u>Guyana</u>	Ms. Faustina Ward, Coordinator Women's Affairs Bureau Ministry of Cooperatives Georgetown, Guyana
<u>Haiti</u>	Dr. Lucie de Vastey, Assistant Director Section D'Assistance Externe Secrétairerie D'Etat de la Santé Publique et de la Population Port-au-Prince, Haiti
<u>Honduras</u>	Dra. Anarda Estrada Jefe, Recursos Humanos Ministerio de Salud Tegucigalpa, honduras
<u>Jamaica</u>	Dr. Carmen Bowen-Wright Principal Medical Officer Ministry of Health Kingston, Jamaica
	Ms. Scarlett Gillings, Director Women's Bureau Life of Jamaica Building - 4th floor 61 Half Way Tree Road Kingston 10, Jamaica
<u>Mexico</u>	Licda. María del Carmen Elu de Leffero Directora, Unidad de Comunicación y Proyectos Especiales Dirección General de Salud Pública México, D. F., México
<u>Nicaragua</u>	Licda. Fátima Real Subdirectora, Relaciones Internacionales Ministerio de Salud Managua, Nicaragua
<u>Panama</u>	Licda. Minerva Lara B. Jefe, Oficina de Relaciones Internacionales Panamá, Panamá
<u>Paraguay</u>	Departamento de Educación Sanitaria Ministerio de Salud Pública y Bienestar Social Asunción, Paraguay

<u>Country</u>	<u>Focal Point</u>
<u>Peru</u>	Dra. Rosa Elvira Jiménez La Rosa Funcionaria Médica del Nivel Central Ministerio de Salud Lima, Perú
<u>St. Lucia</u>	Ms. Martina Mathurin Senior Community Development Officer Ministry of Social Affairs Castries, St. Lucia
<u>St. Vincent</u>	The Permanent Secretary Ministry of Foreign Affairs Kingstown, St. Vincent
<u>Trinidad and Tobago</u>	Ms. Cynthia Bishop, Secretary National Commission on Status of Women Riverside Plaza Besson & Picadilly Streets Port-of-Spain Trinidad
<u>United States of America</u>	Dr. Ruth Kirschstein, Director Dr. Doris Merrit Public Health Service Task Force on Women's Health National Institute of General Medical Sciences National Institutes of Health (NIH) Bethesda, MD, USA
<u>Uruguay</u>	Lic. Roberto Marino Director, División de Planificación Ministerio de Salud Pública Montevideo, Uruguay
<u>Venezuela</u>	Dra. Elsa Tenías de Salazar División de Enfermedades Transmisibles y Accidentes de Tránsito Caracas, Venezuela

## PAHO/WHO HEADQUARTERS PROFESSIONAL STAFF

## BY GRADE AND SEX

1983

<u>MALE</u>			<u>FEMALE</u>		
<u>No.</u>	<u>%</u>	<u>Grade</u>	<u>No.</u>	<u>%</u>	
3	100	UG	0	0	
4	100	D-2	0	0	
8	89	D-1/P-6	1	11	
66	96	P-5	3	4	
26	63	P-4	15	37	
20	51	F-3	19	49	
20	59	P-2	14	41	
5	25	P-1	15	75	
152	69	TOTAL	67	31	

## PAHO FIELD PROFESSIONAL STAFF

## BY GRADE AND SEX

1983

<u>MALE</u>			<u>FEMALE</u>		
<u>No.</u>	<u>%</u>	<u>Grade</u>	<u>No.</u>	<u>%</u>	
0	-	UG	0	-	
0	-	D-2	0	-	
4	100	D-1/P-6	0	0	
65	98	P-5	1	2	
142	86	P-4	23	14	
14	52	P-3	13	48	
22	71	P-2	9	29	
6	67	P-1	3	33	
253	84	TOTAL	49	16	



PAHO/WHO HEADQUARTERS AND FIELD PROFESSIONAL STAFF  
BY GRADE AND SEX

1983

<u>MALE</u>			<u>FEMALE</u>	
<u>No.</u>	<u>%</u>	<u>Grade</u>	<u>No.</u>	<u>%</u>
3	100	UG	0	0
3	100	D-2	0	0
12	92	D-1/P-6	1	8
131	97	P-5	4	3
168	82	P-4	38	18
34	52	P-3	32	48
42	65	P-2	23	35
11	38	P-1	18	62
404	78	TOTAL	116	22

APPOINTMENTS

1983

<u>Grade</u>	<u>HEADQUARTERS</u>		<u>FIELD</u>	
	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
P-1	-	-	-	1
P-2	-	-	-	-
P-3	-	1	-	-
P-4	-	1	1	8
P-5	-	2	-	4
P-6	-	-	-	-
D-1	-	-	-	-
D-2	-	2	-	-
UG	-	2	-	-
TOTAL	0	8	1	13

PROMOTIONS BY REASSIGNMENT

1983

<u>Grade</u>	<u>HEADQUARTERS</u>		<u>FIELD</u>	
	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
P-1	-	-	-	-
P-2	-	1	-	1
P-3	-	-	-	1
P-4	-	-	-	-
P-5	-	-	-	1
P-6	-	-	-	-
D-1	-	-	-	-
D-2	-	1	-	-
<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>

TERMINATIONS

1983

<u>Grade</u>	<u>HEADQUARTERS</u>		<u>FIELD</u>	
	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
P-1	-	-	-	2
P-2	1	-	1	5
P-3	1	1	4	4
P-4	-	2	6	29
P-5	1	3	-	11
P-6	-	-	-	-
D-1	1	1	-	1
D-2	-	1	-	-
UG	-	2	-	-
<b>Total</b>	<b>4</b>	<b>10</b>	<b>11</b>	<b>52</b>