



Convention on the Elimination of All Forms of Discrimination against Women

Distr.: General
8 June 2006
English
Original: Spanish

Committee on the Elimination of Discrimination against Women

Pre-session working group

Thirty-sixth session

7-25 August 2006

Responses to the list of issues and questions for consideration of the fourth periodic report

Chile*

1. Responses to the list of issues and questions with regard to the consideration of the fourth periodic report of Chile.
2. The fourth periodic report mentions that various ministries and public services were involved in the drafting of the report. Please indicate whether non-governmental organizations and women's groups were involved in this process.

Although no non-governmental organizations or women's groups were involved in the drafting of Chile's fourth periodic report, which was submitted to the Committee in 2004, this was not due to lack of contact between the National Office for Women's Affairs (SERNAM), the body that drafted the report, and the organizations mentioned. At that time, these organizations were participating in other SERNAM agencies and activities, such as the follow-up round tables on the Equal Opportunities Plan that were held in every region of the country and the Rural Women's Task Force, and were also part of the official Government delegation to the Eleventh Regional Conference on Women in Latin America and the Caribbean, held in Mexico, and the Regional Meeting of the Special Committee on Population and Development, held in Puerto Rico (both in June 2004), among other meetings.

The Government endeavoured to make amends for this omission during the second phase of the process by inviting non-governmental organizations and women's groups to participate in the preparation of the responses to the list of issues and questions with regard to the consideration of Chile's fourth periodic report. To this end, and in light of the fact that a new Government took office in March 2006, the Minister met with these organizations to inform them of the new priorities of the

* Issued without formal editing.

Government of President Bachelet and, in fulfilment of the provisions set out by the Committee¹ to invite them to participate in the preparation of the responses. Three meetings were held to discuss the responses with these organizations,² which participated actively, providing suggestions and opinions, although not all their contributions could be included in the Government's responses. In this context, and on the understanding that it is one of the roles of civil society to prepare parallel reports, the participating NGOs and women's groups have stated that they will prepare and submit their own responses.

3. Please provide updated information on the draft legislation and amendments mentioned in the report (paras. 46-88), on the constitutional reform bill (paras. 89-91) and the Criminal Procedures Reform (para. 117).

With respect to the draft legislation mentioned in the report, the following updated information should be noted:

- A. The following draft laws have completed their passage through the legislature and have thus been adopted as laws of the Republic:
 1. Act No. 20,066, amending Act No. 19,325, establishes procedures and penalties for acts of family violence. Published in the Official Gazette on 7 October 2005 (fourth periodic report, para. 48).
 2. Act No. 19,968 creating the Family Courts, published in the Official Gazette on 30 August 2004 (report, paras. 49-50).
 3. Act No. 20,005 on sexual harassment in the workplace, published in the Official Gazette on 18 August 2005 (report, paras. 57-59).
 4. Act No. 19,947 creating the new Civil Marriages Act, published in the Official Gazette on 17 May 2004 (report, paras. 64-68).
 5. Act No. 19,585 on Parental Relationship, amending the Civil Code and other legislation on parental relationships, was adopted in 2005 by Act No. 20,030 (report, paras. 82-83).
 6. The Criminal Procedures Reform has been in full force throughout the country since 16 June 2005 (report, para. 117).
- B. The following draft laws are still being considered by the legislature:
 1. The draft law on quotas, which was introduced by parliamentary motion, amends various laws with a view to promoting women's right to participate in national public life. The bill is in the first constitutional procedural stage in the Committee on Internal Government, Regionalization, Planning and Social

¹ Paragraph 5 of the Overview of the current working methods of the Committee on the Elimination of Discrimination against Women (A/59/38, Annex X): "5. The Committee recommends that States parties consult national non-governmental organizations in the preparation of their reports. It requests that reports of States parties describe the situation of non-governmental organizations and women's associations and their participation in the implementation of the Convention and the preparation of the report". The same recommendation is contained in section D.2.6 of the Compilation of Guidelines on the Form and Content of Reports to be Submitted by States Parties to the International Human Rights Treaties (13 May 2003).

² See Annex I: List of women's groups and NGOs specializing in this question.

Development of the Chamber of Deputies (fourth periodic report, paras. 69-72). It is included in the programme of President Bachelet's Government.

2. The draft law amending the Alimony Act is in the second constitutional procedural stage in the Senate Committee on the Constitution, Legislation, Justice and Regulations, which has already issued an initial report on the three consolidated bulletins (report, para. 80).
3. The draft law on maternity leave, which establishes regulations designed to make the use of maternity leave more flexible, is in the second constitutional procedural stage in the Senate Health Committee (report, para. 81).
4. The draft law establishing a new property ownership regime, which replaces joint spousal ownership, has made some progress in the legislature. It is currently in the second constitutional procedural stage in the Senate, having passed the first stage on 18 October 2005 (report, paras. 86-88).
5. The constitutional reform regarding the International Criminal Court is in the first constitutional procedural stage in the Senate. The Committee on the Constitution has submitted its report, and it is awaiting a reading by the full Senate (report, paras. 89-91).

4. Please include updated information on major achievements and challenges in implementing the Equal Opportunity Plan for Women and Men for the years 2000-2010 on the basis of follow-up and monitoring by the Council of Ministers on Equal Opportunity (para. 100). Please also provide information on the results of the work of the National Office for Women's Affairs (SERNAM) in incorporating the gender perspective into the new institutions and procedures (para. 117).

The Equal Opportunity Plan for Women and Men for the years 2000-2010 is the key instrument for implementing gender equity policies. It focuses on six main priority areas: 1) promoting a culture of equality; 2) promoting women's rights and their full enjoyment; 3) promoting women's participation in power structures and in the decision-making process; 4) guaranteeing economic independence for women and reducing poverty; 5) improving women's day-to-day well-being and quality of life; 6) integrating the gender perspective into public policies.

The main components of the equal opportunities agenda during the first five years of the Plan were: legal reform; defining and disseminating the theme of women's rights; family violence; women's economic independence in the areas of training, employment, income and poverty; and mainstreaming the gender perspective into the public sector with a view to implementing the Plan through two mainstreaming instruments: the Ministerial Commitments on Equal Opportunities and the gender equity system introduced into the Management Improvement Programme (PMG).

The Ministerial Commitments, which arose in 2002 out of a decision of the Council of Ministers on Equal Opportunity, define the annual political agenda for cooperation with the various sectors. This procedure has become part of institutional practice.

The gender equity system was introduced in 2002 within the framework of an initiative that has been in place in the public sector since 1998: the Management Improvement Programme. Administered by the Budget Department, the programme

is designed to strengthen the management of public services by linking public officials' achievement of institutional management objectives to financial incentives.

The aim of the system is to promote gender equity in the work of institutions, which are required to take steps to promote equal opportunities between men and women, both in terms of access to their products (goods and services) and in terms of outcomes. The system has given considerable visibility to SERNAM, which has assumed the role of a technical liaison agency for public services and an instrument for monitoring compliance with agreed objectives.

Since its implementation, the system has involved virtually the entire State apparatus, including the central Government, regional governments and regional housing and urban development departments, spearheading awareness-raising efforts, the provision of information, changes of practice and even management innovation. By the end of 2005, 96 per cent of public services (173 agencies) were implementing all phases of the system.³

During 2005, an evaluation of the first phase of the Equal Opportunity Plan for Women and Men for the years 2000-2010 was carried out. The evaluation identified the following main achievements and challenges:⁴

“The most impressive achievements of the Equal Opportunity Plan were to be found within efforts to mainstream the gender perspective into public policies. Those efforts were given significant impetus by the introduction of the Management Improvement Programme's gender equity system, which is being implemented throughout the country as part of efforts to introduce management-control mechanisms aimed at improving the performance of public institutions.

Consistent progress has been achieved in the area of mainstreaming, as described below:

- SERNAM has ensured that the theme of equal opportunities between men and women is visible in the State apparatus and is recognized as a matter of concern (which may be of lesser or greater priority, depending on the sector, but which must be taken into account) within the context of processes already under way and future challenges.
- Recognition and validation of SERNAM within the State apparatus, due to its power to approve or reject the Management Improvement Programme.
- Within the framework of the Management Improvement Programme, gender training has raised the awareness of, and provided basic information to certain civil service sectors, increasing their familiarity with an area that had not previously been part of their management remit.

³ This system consists of the following four phases, which public departments must continue to implement on an annual basis: I) Diagnostic analysis of information products and systems, from the gender perspective; II) Preparation of a programme of work for incorporating gender into information products and systems; III) Implementation, follow-up and dissemination of programme of work; IV) Evaluation of the results and recommendations for the continued improvement of management based on the implementation of gender equity at the institutional level.

⁴ Equal Opportunity Plan for Women and Men for the years 2000-2010. Evaluation of first phase 2000-2005. National Office for Women's Affairs. December 2005. p. 99.

- Significant progress has been made in the registration and data systems used by various services, most of which break down their statistics by gender, and even, in some cases, perform gender analysis.
- Services have learned to take actions which, to a lesser or greater degree, involve a change of practice with respect to their traditional modus operandi, helping to achieve gender equity.
- Some services are clearly working harder to identify ways to make gender equity a reality. A prime example in this respect is the Judicial Police Force.
- The Regional Equal Opportunity Commissions are giving visibility to the gender theme and ensuring that it is considered at the regional sectoral level. Bilateral agencies, whether acting in parallel with the Commissions or in their place, are also achieving considerable progress.
- In some regions (Valparaíso, Aysén and Magallanes), SERNAM has participated in the work of agencies responsible for resource allocation, such as the Regional Allocation Committee.⁵
- The areas in which significant progress has been achieved in mainstreaming are gender violence, involving the Regional Ministerial Health Department, the Ministry of Health and the Family Violence reception centres; and economic independence, involving cooperation between the Labour Department, the National Training and Employment Service (SENCE), the Technical Cooperation Service (SERCOTEC), the National Agricultural Development Institute (INDAP), among others, and notably including the Entrepreneurship Programme.”

With regard to gender violence, the following activities are worthy of special mention: the conducting of studies on prevalence designed to make the problem of violence more visible; the approval and promulgation of Act No. 20,006 on family violence; public campaigns aimed at raising the awareness of, and informing the population about situations of violence; training of civil servants and private-sector professionals; bilateral agreements aimed at bringing together institutions and actors in efforts to eradicate violence; the creation of 29 domestic violence reception centres; the validation of an intervention model for nursery education from the gender perspective, including a prevention component; and the promotion of actions by social networks and community groups. A cost analysis is being undertaken on addressing situations of violence in the health system, and a comprehensive range of health services to treat violence is being developed with a view to implementing a pilot plan in conjunction with the National Health Fund (FONASA).

A draft multisectoral public policy under development by SERNAM is currently in its final stage, and is designed to mainstream the problem of domestic violence against women. The policy document has been completed and is awaiting approval by the President of the Republic.

“At the international level, SERNAM has played a key role in representing Chile in regional and global forums on the situation of women, and has worked together with women to secure the signing of various related international treaties. In this regard, Chile has played a leading role within

⁵ Comité de Asignación Regional (CAR).

Latin America in the adoption of agreements on challenges facing the region with respect to gender equity. Moreover, Chile's model for mainstreaming the gender perspective into public institutions has aroused the interest of its Latin American peers and serves as a benchmark for the region."⁶

At the present time, the Equal Opportunity Plan is being considered for amendment in accordance with the recommendations contained in the evaluation. The recommended amendments include: strengthening the Plan as the key instrument for gender policy; broadening the Management Improvement Programme as an instrument that transcends mere policy management; disseminating the gender perspective to all officials of public agencies, not just those responsible for its implementation; strengthening the role of the Ministerial Commitments; ensuring that men become more involved in the strengthening of gender equity; consolidating the progress achieved in combating violence and promoting employment; finding innovative solutions with regard to participation and public life; and taking steps to increase Chile's participation in international and regional forums on women's rights.

5. In August 2005, Chile adopted the Domestic Violence Act, which, inter alia, recognizes habitual abuse. Please indicate whether a court must approve protection measures for persons at imminent risk of becoming domestic violence victims.

Protection measures for persons at imminent risk of domestic violence⁷ do not require the approval of a court, including that of an appeals court or supreme court.

Under both family and criminal law, trial courts must grant protection to the victim and the family and adopt measures to ensure their economic survival and the integrity of their property. It is particularly important that guarantee courts should be able to order protection measures irrespective of whether formal charges are brought against the accused.

In addition, the police have the power to detain any person who violates a protection measure and to enter a residence without a warrant in either case.

The judge, in order to afford protection to children or adolescents, can also adopt the special protection measures provided for under article 71 of the Law creating the Family Courts. These measures may be adopted at any stage of proceedings or even before proceedings begin, ex officio or at the request of a public authority or of any person, if such action is necessary to protect the rights of the child or adolescent.

6. In a study carried out by the Economic Commission for Latin America and the Caribbean (ECLAC), overuse of the reconciliation mechanism was identified as one way in which civil court decisions on this matter were inefficient and ineffective, as trials were closed without ending the violence.

⁶ Equal Opportunity Plan for Women and Men for the years 2000-2010. Evaluation of first phase 2000-2005. National Office for Women's Affairs. December 2005. p. 99.

⁷ "Article 7: Situations of risk. In situations where one person or more is at imminent risk of a form of abuse that constitutes domestic violence, even if such abuse has not yet been perpetrated, the court (family courts created under Law No. 19.968), on the basis of the complaint alone, shall adopt the appropriate protective or precautionary measures [...] The court shall also adopt special protection measures in cases where the victim is pregnant or has a disability or condition that renders her vulnerable."

Please indicate the percentage of cases of domestic violence to which the reconciliation mechanism is applied. Describe any efforts that have been made or will be made to prevent excessive reliance on reconciliation in cases of domestic violence and to guarantee respect for women's human rights.

Law No. 20.066 (the new Domestic Violence Act) and Law No. 19.968 creating the Family Courts have eliminated the possibility of reconciliation or conciliatory agreements in cases of domestic violence, considering that agreements between the parties that are not enforceable by the court are inappropriate.

7. The report mentions that interventions by the Centres for the Prevention of Domestic Violence and Comprehensive Care of its Victims are being evaluated and reviewed (para. 330). Please indicate the status of this process and the extent to which the new Domestic Violence Act has had an impact on the Centres and their services. Please also indicate where these Centres are located and whether rural and indigenous women have access to them.

In 2001, the National Office for Women's Affairs (SERNAM) began to set up comprehensive care centres for victims of domestic violence. In 2003, as the result of an evaluation carried out by SERNAM and DIPRES,⁸ the guidelines for intervention by the Centres were reviewed, and Centres were set up throughout the community as "women's centres". The main modifications to the guidelines entailed a shift in focus to care for women only (the Centres previously offered their services to male aggressors and child victims of maltreatment and abuse), the incorporation of group activities and renewed emphasis on prevention.

Since 2004, DIPRES has continued to evaluate the programme with a view to monitoring the process of implementation of the new guidelines. The monitoring process is scheduled for completion in December 2006. There are currently 29 Centres throughout the country's 13 regions.

Under the intervention guidelines, the Centres offer comprehensive (legal, social and psychological) care, primarily through group activities. They are favoured over individual care, since groups have the capacity to strengthen women's protection, self-esteem, independence and support networks.

Since the new Domestic Violence Act entered into force only recently (7 October 2005), and is therefore only in its seventh month of implementation, we do not have sufficient information to provide an assessment of its impact on the work of the Centres.

The 29 Centres are located in 29 towns and cities throughout the country's 13 regions. Rural and indigenous women live predominantly in regions I, II, IV, VI, VII and IX. In each of those regions there is at least one Centre; some regions have two or even three Centres. Although the Centres are located in towns and cities, rural and indigenous women can reach them by public transport; in addition, the Centres have small funds from which they are able to contribute to the travel costs of those women in need of such assistance.

The main limitations in attempting to mitigate or eliminate the problem of femicide are the difficulty of enforcing Law No. 20.066 (inter alia, punishing aggressors and monitoring compliance with protection measures) and the

⁸ Budget Department of the Ministry of Finance.

vulnerability of victims who are financially dependent on their aggressors (the difficulty of ensuring, inter alia, that such women have access to vocational training, employment and housing and the opportunity to transfer their children to a new school).

President Bachelet has undertaken to create a system for the protection of women and their children who live with violence, ordering the implementation of a network of shelters for victims of violence, with at least one shelter in each region. Also, as of August 2006, a telephone hotline will be available free of charge to receive complaints from women seeking urgent protection against violence.

8. According to the report, the figure for women who have declared that they have suffered some type of violence is greater in the rural areas (para. 334). The report also states that to address violence against women in rural families, a strategy has been adopted for creating local support and prevention networks (para. 336). Please provide additional details on this strategy, its impact and existing evaluation mechanisms.

In 2005, the National Programme for the Prevention of Domestic Violence drew up a draft policy that reflects the differences between the regions with respect to the problem through assessments of local needs and challenges. The policy is being implemented on the basis of yearly plans with a regional dimension. Its five core objectives are to establish the elimination of violence against women as a cross-cutting priority; to ensure the protection of women; to extend the coverage and expand the scope of care for women who live with violence; to prevent violence against women and promote non-violent relationships; and to create systems for information on and the monitoring of policies.

All of the professional staff working for the women's centres focus their work on intensive prevention activities in the community and comprehensive care for women who are victims of domestic violence. A particular feature of the new guidelines is the creation of self-help groups, which are run by women who have emerged from care and wish to motivate other women (whether or not the latter are victims of domestic violence). They form independent groups that work to prevent the problem in the community. Where necessary, the women's centres provide such groups with advice and support.

The fact that 40 self-help groups had been set up by March 2006 is an indication of the success of the initiative. The Centres are linked with 120 networks nationwide.

9. The Committee against Torture, in considering the State party's third periodic report submitted to it, recommended that the State party should eliminate the practice of extracting confessions for prosecution purposes from women seeking emergency medical care as a result of illegal abortion, and investigate and review convictions where statements obtained by coercion in such cases have been admitted into evidence (CAT/C/32/5, para. 7 (m)). Please describe any measures taken in this connection.

Legislation relating to the regulation of the health-care system to ensure access to and quality of health care does not stipulate any requirement that confessions should be extracted from those seeking medical care and subsequently recorded in the patient's medical records. The doctor must enter all information in the patient's medical records in order to ensure correct diagnosis and treatment of the patient's

health complaint in order to enable health-care professionals to refer to those records to determine cases in which abortion has been induced. In such cases, health-care professionals find themselves facing a situation of conflicting standards, with the right to confidentiality of medical records on the one hand, as provided for under article 201 of the Code of Criminal Procedure, and, on the other, the obligation of all civil servants to report an offence, in this case induced abortion (article 84 of the Code of Criminal Procedure), given that abortion is a punishable offence under Chilean law.

In general, health-care professionals choose to respect confidentiality. However, those whose religious beliefs are strongly opposed to abortion seek prosecution.

As regards specific measures, since 2001, the Ministry of Health has been developing a draft law on the rights and obligations of patients, the overall objective of which is to guarantee patients the right to dignified and respectful treatment and the right to information and privacy. The Health Commission of the Chamber of Deputies discussed the draft extensively in 2002, proceeding through numerous readings, as the result of which the draft law was once again taken up by the executive. The draft is currently at the review stage, after which it will again be submitted to Parliament for consideration. These issues are therefore being addressed by the Department of Health, with the participation of SERNAM.

10. The report indicates that there are no known statistics on trafficking in persons, and that Chile has not ratified the major international instruments in this area (paras. 356 and 357). Please indicate whether studies have been carried out or are being planned to assess the existence and scale of the phenomenon of trafficking in women and children in Chile. Include information on any efforts being made to identify and prevent trafficking in women and children and to promote the ratification of the relevant instruments.

Chile signed the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, on 25 December 2003.

An intersectoral round table has been held with representatives of the Judicial Police, the Ministry of the Interior, the Ministry of Labour, the State Defence Council and the Fundación Instituto de la Mujer, and various forums have been held to discuss and analyse the issue, strategies for dissemination and the need to adapt the relevant legal provisions, including a seminar held in the border region between Chile and Peru in February 2006.

In addition, an inter-agency commission was recently created to coordinate actions to prevent and punish the offence of trafficking in persons and to ensure that victims receive protection and assistance. The Commission will direct the competent State authorities, draw up a national policy to prevent, punish and suppress trafficking and establish and ensure implementation of mechanisms for the protection of victims and witnesses.

Regarding legislation, in January 2005, a member of Parliament, M. A. Saa, presented a draft law that made trafficking in persons an offence punishable by law, which is currently in the first constitutional procedure in the Chamber of Deputies. The Government has undertaken to address the lack of legislation on trafficking.

11. Please provide updated information on the draft bill on quotas submitted in 2003 (para. 159).

The draft bill on quotas submitted to Congress in March 2003, having been considered by the Family Committee, was submitted in July 2004 to the Commission for Internal Governance, Regionalization, Social Development and Planning, where it is currently in its first constitutional procedure, without urgency.

Nevertheless, the political participation of women with a view to redressing the lack of female political representation in Chile is a priority of President Bachelet's Government and is explicitly referred to in her government programme, which provides for the bill on quotas as a legal initiative to be promoted during her administration. In that regard, it should also be noted that the President has applied a standard of equality in appointing her Ministers (50 per cent) and heads of State departments (48.4 per cent), and that half of the country's regions are governed by women (50 per cent of governors). She has also instructed Ministers to apply the same standard in appointing staff to other official posts, but doing so gradually as they are able.

In addition, the President has set up the Boeninger Commission, which is responsible for analysing and submitting proposals for the reform of the "binominal" electoral system. The Commission is introducing standards of representation and gender equity so as to ensure that the participation of women in the legislature is more balanced. Two of the members of the Commission's working group are prominent female experts on the subject.

In that regard, SERNAM has been given the specific mandate of supporting efforts to address the issue and creating conditions that will facilitate progress towards a national consensus on equality and quotas. To that end, it is developing a national political and communications strategy. At the international level, the Minister of SERNAM is promoting a common agenda with the countries of Latin America and the Caribbean in order to place the issue on the regional agenda.

12. Please provide information on actions taken to promote the application of Law No. 19,688, which embodies the right of access to educational establishments by female students who are pregnant or nursing (para. 51). In particular, please provide information on the impact of the "High School for All" programme (para. 54).

The Ministry of Education is developing an intervention strategy aimed at the retention of pregnant students and mothers. This strategy includes offering psychosocial support — advisers and workshops — strengthening community support networks, providing financial support to ensure childcare and training for school communities. A number of articles that protect the rights of these students are set forth, and each establishment that does not comply with the law and/or the Regulation shall be fined five Monthly Tax Units (UTM). In 2004, 1,179 scholarships were awarded to pregnant students and mothers, and 1,083 in 2005, including continuing and new scholarships. Of these, 387 were new, which is 25% of all new scholarships awarded in 2005.

In 2005, the "High School for All" programme was implemented in 95 establishments, which exceeded the total planned (38) for that year. There was a special allocation of 1,138 scholarships to pregnant student mothers, a substantial increase over what had been planned for 2005, and the total rose to 200

scholarships. In addition, training has been provided for those involved (teachers; mothers; fathers; educational support staff) and the creation of support networks (universities; counselling centres and municipalities) promoted.

13. Please provide updated information on the proposal to incorporate sex education in the education centres, in particular the status of the proposal on responsible sexuality (para. 202), the results of the pilot project on training and instruction on sexuality for principals and teachers in eight of the country's communes and the proposal to create support networks for pregnant girls and adolescent mothers. If they have already been implemented, please describe their impact.

The 2005-2010 plan for education on sexuality and emotional health holds that each educational community as a whole, in particular the family and teachers, are the preferred and relevant actors in the development of the Strategic Plan for the Education on Sexuality and Emotional Health Policy. This policy of the Ministry of Education naturally centres around children of school age who live in different environments, are at different developmental stages and thus have different educational needs for their emotional and sexual development and require timely and appropriate responses.

Thus, it is hoped that on completion of the three phases, the results set forth below can be attained through this plan with the objective of developing a healthy, full and responsible sexuality in children:

- PHASE I (2005-2006): The creation of a technical secretariat for education on sexuality and emotional health, under the General Education Division of the Ministry of Education, a follow-up and evaluation system for the Education on Sexuality and Emotional Health Plan that will consider the various levels involved, and mechanisms for information and comprehensive, individualized and updated ministerial guidance for the entire educational system, including the Ministry itself.

As of April 2006 the Plan extended to municipal establishments in 53 of the country's communes in which Communal Education on Sexuality and Emotional Health Plans are being developed. Actions include developing a process of technical support and training for the municipal education team, and working on specific objectives that directly respond to the 2005 National Education on Sexuality and Emotional Health Plan. Communities must develop a communal Plan to be implemented in 2007 in the educational establishments of the commune, with financial support from the Ministry of Education. The communes receive a total of 2,000 scholarships for the online course "Post-graduate certificate in education on sexuality and emotional health". Communes received the following materials through 2005: on the topic: "meetings of guardians", "support for mothers, fathers and guardians for education on sexuality", and curricular support entitled "curricular opportunities". Materials will be distributed in 2006 on prevention of child sexual abuse in educational communities, as well as other materials for students and teachers, such as VHS videos, games, comics, CDs and educational micro-programmes.

- PHASE II (2007-2008): Professional educators with pedagogical experience in approaches to education on sexuality, and education students who are equipped

through their training, with the tools required for the task of teaching emotional health and sexuality.

- PHASE III (2009-2010): Families with knowledge of and skills in education on emotional health and sexuality, in order to contribute to their children's development; students who have developed the attitude, skills, values and knowledge to take on healthy, full and responsible sexuality, and students with attitudes of respect and non-discrimination with regard towards their peers and others.

14. The report indicates that the female labour force is better educated than the male labour force; yet women have higher unemployment rates than men, and their jobs are more vulnerable in times of economic difficulty (paras. 206-207). Please indicate any specific measures that have been planned or carried out to overcome this situation and ensure equal access to the labour market.

The National Office for Women's Affairs (SERNAM) intends to help bridge the gaps in access and retention of women in the labour market, and has taken measures specifically targeted at improving employability, working conditions and unemployment rates through vocational training programmes, production and micro-entrepreneurship initiatives, childcare and remedial education, among others. SERNAM began implementation of the "Pro-Employment" (*Pro-empleo*) programme in 2002, targeting women with the objective of decreasing the unemployment rate. The programme includes a recruitment bonus for a maximum period of four months and job training for new hires (targeting women heads of household), the promotion of independent work and micro-entrepreneurship initiatives through skills and management training, and providing tools and capital. SERNAM aims to make the most successful initiatives sustainable by linking them to production chains.

Considering that the presence of children is one of the barriers hampering women's participation in the labour market, efforts are being made to create a quality universal childcare system that will make it possible for women with young children to have access to work. President Bachelet has created a *Presidential Advisory Council for Reform on Child Policies*, the goal of which is to draw up a proposal that will ensure the full and balanced development of children in Chile in their first years of life. SERNAM is one of the Ministries to which it must present its proposal at the end of June, after which it will take a decision on the definitive modality for addressing childcare in Chile in the coming years.

Finally, with regard to education, the educational needs of adult women are being addressed through a remedial studies programme under the "Chile Makes the Grade" (*Chile Califica*) Programme, part of the "Learning Together" (*Aprendo Contigo*) campaign of the Ministry of Education, which targeted 60 per cent of its quotas on women in 2004 and 2005.

15. The report indicates that since 2000, SERNAM has stepped up the pace of its work with entrepreneurs in general, and with certain production sectors in particular, with the objective of ending gender-based occupational discrimination (para. 227). Please describe progress and achievements in this regard.

The National Competition for Good Labour Practices for Equal Opportunity between Men and Women was implemented in 2003 with the support and

participation of relevant actors in business, academia and the public sector, among them: Diario Financiero, SERCOTEC,⁹ Acción RSE,¹⁰ CEDEM,¹¹ VINCULAR,¹² and SENCE,¹³ expanding the competition to the categories Large National Enterprises and Large Transnational Corporations.

There has been increasing interest in the theme of corporate social responsibility and good labour practices, which is highlighted by the 4,000 hits to the <http://buenaspracticas.SERNAM.cl>¹⁴ website during the registration period for the Competition from July to September 2004.

There has been a fluid dialogue among businesses that implement good labour practices (like IBM and Maver Laboratories), women workers and SERNAM, and conventions and/or agreements on good labour practices have been signed in all regions of the country. The 9th APEC¹⁵ Women Leaders' Network Meeting: "The Synergy of Diversity" (*La sinergia de la diversidad*), organized by SERNAM, was hosted by Chile in 2004 and led to the establishment and convening of the Women Leaders' Network of Chile. The main discussion topics focused on entrepreneurialship as a factor of socio-economic and cultural development in the international experience of women entrepreneurs in small, medium and large businesses; the need to promote technology among micro-businesses; and the problems that affect the integration of women into the world of work.

The Good Labour Practices Code formulates guidelines on a range of topics intended to eradicate discrimination in the public sector, in particular to guarantee equality among men and women, and to reconcile occupational and family life. The guidelines cover the following areas: recruitment and selection, training and career development, equal pay, balanced or equal representation, protection for maternity, reconciliation of occupational and family life and workplace and sexual harassment. The Code describes the mechanisms for follow-up and evaluation so the measures may be implemented in all services and ministries.

Through the "Public-Private Committee on Seasonal Farm Work", in which the major agricultural export business organizations and representatives of women seasonal workers participate, a measure has been adopted whereby men and women seasonal workers can opt for health coverage for themselves and their dependents, through the National Health Fund, by paying only 60 days of contributions, whether continuous or split.

Other advances by the Public-Private Committee include the creation of 301 care centres for the children of women seasonal workers (a project currently under evaluation) in 9 of the country's 13 regions; the protection of occupational health through risk prevention in the workplace and the early investigation of injury in the

⁹ Servicio de Cooperación Técnica (Technical Cooperation Service) under the Ministry of Economy.

¹⁰ Acción RSE is a non-profit organization that arose from the Chilean business sector to promote Corporate Social Responsibility (Responsabilidad Social Empresarial; RSE) among the businesses of the country.

¹¹ Centro de Estudios de Desarrollo de la Mujer (Centre for Study on Women's Development).

¹² Corporate Social Responsibility of Chile's Pontificia Universidad Católica.

¹³ Servicio Nacional de Capacitación y Empleo (National Training and Employment Service) under the Ministry of Labour and Social Security.

¹⁴ Page last visited on 24 May 2006.

¹⁵ Asia Pacific Economic Cooperation.

event of an accident (training, monitoring of the workplace, and amendment of Decree 594 to incorporate special guidelines for the primary sector).

The Senate Labour Committee recently passed a draft law that regulates outsourcing and establishes mechanisms for joint and secondary liability of production chain employers for workers hired under these conditions.

This situation will benefit, among others, sectors with a high percentage of female participation, such as packing in agro-industry, fisheries, tourism, and financial and other services.

16. According to the report, employment is still segmented by sex and most women continue to hold jobs that society considers as “women’s work” (para. 40). Please provide updated information on the development and impact of the joint actions by SERNAM and the National Training and Employment Service to reduce occupational segmentation for women and their difficulties in obtaining occupational training (para. 240). In particular, please provide information on the impact of the persistence of stereotypes on the role of women in the labour market.

The following activities of the 2005 Management Improvement Programme (PMG) gender equity system and its projections for 2006 are highlighted:

- Availability of statistics by gender for most job training programmes administered by SENCE (National Programme for Scholarships and Tax Exempt Training).
- The procedural manual for Training Application Centres (CPC), which are for the purpose of referring training scholarship applicants to courses offered by training organizations, was revised, updated and implemented from a gender perspective. At the same time, lists of courses offered by the many regional bureaus of SENCE were filtered from a gender perspective in order to give women more information on the alternatives available given the profile of the occupations or jobs.
- Training for SENCE officials who design and implement social programmes, so they may incorporate the gender perspective from the design stage of programmes.
- A plan to raise awareness in the business sector was implemented through breakfast meetings in several regions, with the participation of various production sectors.
- Including a “pre-contract” line in the tax exempt training programme managed by the Service that incorporates a gender dimension by identifying vulnerable groups at risk of exclusion that could take part in the training, although the decision to implement this depends on the needs of the business sector.
- Preparation of a manual to incorporate a gender perspective in user services at Municipal Labour Information Offices, based on the Job Seekers Manual prepared in Chile in 1993 by SERNAM-SENCE-International Labour Organization.
- Raising awareness in the business sector through brochures to promote increased participation of women in the apprenticeship programme

administered by SENCE. This programme is in the redesign phase in accordance with the measures suggested by the President of the Republic.

Currently, the participation of women in the SENCE programmes is as follows: in its national scholarship programme, it is on the order of 57.1 per cent; in its tax exemption programme, about 33 per cent; in its apprenticeship programme, about 30 per cent; in the skills training programme for military conscripts, about 39 per cent; and in the techniques for job seekers programme, it is 68 per cent. Women represent about 53.2 per cent of those registering with the municipal labour information offices run by the Electronic Job Exchange, where they are given information and orientation on how to find jobs and directed towards training programmes.

The number of women in most of the programmes is higher or equivalent to the number in the workforce (36 per cent). It should, however, be pointed out that these programmes tend to benefit primarily poor women: almost 100 per cent of the women in the training programmes — those receiving scholarships, for instance, or those registered with the municipal labour information offices — are women of limited means; whereas the reverse is true for the women active in the labour force, where only about 20 per cent of them are poor women, as determined by income quintile.

17. The report indicates that women whose working careers are interrupted by the arrival of children are at a disadvantage with regard to the amount of their pensions (para. 213). Have any short-term measures to eliminate these disadvantages been contemplated?

The Government has set up an Advisory Council for the Reform of the Social Security System, which is analysing, as part of its agenda, some of the chief problems faced by working women, especially their lower rate of contributory service, lower volume of accumulated funds and higher life expectancy as compared to men. Measures to deal with this are being studied, such as giving a special maternity benefit for each offspring, or using unisex tables or some such equivalent to determine life expectancy for the purpose of pension benefit calculations. In the case of temporary work, thought is being given, inter alia, to annualizing contributions so that women can amass the required months of work and contribution levels for eligibility for the minimum guaranteed government pension.

The Council has heard appraisals and proposals on this issue by executive bodies (the Budget Department, Ministry of the Treasury, Supervisory Board of Pension Fund Administrators, SERNAM and National Commission on Older Persons), by a number of civil society organizations (United Federation of Workers, Trade Unions, Associations and Women's Organizations, ANAMURI,¹⁶ and the like), by universities and by international bodies.

The proposals that emerge from this will be presented to the President in June, and she, together with her Ministers of the Treasury and of Labour, with SERNAM and with SEGPRES,¹⁷ will make the final decisions on the action to be taken.

¹⁶ National Rural and Indigenous Women's Association.

¹⁷ General Secretariat of the Office of the President.

18. Please indicate whether a study on the impact of the privatization of the social security system on women's access to pensions has been carried out or is being planned.

No new impact studies have been done focussing exclusively on this because the disadvantages to women are very well known, as reported in the 1995 SERNAM study, "The situation of women under the new Chilean social security system"¹⁸ and in "SERNAM studies, 1992-2003", pages 50-55.¹⁹

At the present time, one thing that needs to be done to flesh out the Advisory Council's proposals under discussion is to analyse different aspects of the employment and social security status of working women, and the difficulties they now encounter.

19. Please provide updated information on the draft legislation to eliminate the prohibition on receiving two or more pensions from the same fund, which would benefit widows (para. 251).

There is a draft bill on this subject. However, the debate on the proposals to reform the social security laws has been put on hold until the comprehensive reform of the retirement system, regulated by Decree-Law No. 3500, is enacted.

Retirement and other pension payments used to be issued by insurance funds that are in the process of being phased out. They were responsible for the rule that a person could not receive more than one pension from the same fund and that is what the Congressional draft bill seeks to change. Discussion of this bill, as of others dealing with social security matters, has had to be suspended until the broader issues in the ongoing social security reform are resolved, and on the basis of those decisions, changes will be made on points not covered by the comprehensive reform.

20. In 1997, the Ministry of Health and SERNAM initiated the Women's Health Programme and in 2002, 75 per cent of services it provided were related to sexual and reproductive health (para. 269). Please indicate progress and achievements of the Programme, particularly in the case of adolescents, and poor and rural women. Are there any specific strategies for those groups of women?

Maternal mortality, the indicator that measures the most serious risk that women face in childbearing, has fallen from a rate of 1.9 per 10,000 live births in 2000 (49 deaths) to 1.4 per 10,000 live births in 2003 (35 deaths). Deaths resulting from complications of abortion declined from 29 in 1990 to 5 in 2003, and hospital records indicate that the number of women having abortions declined from 44,468 in 1990 to 34,479 in 2001 (a 22 per cent drop).²⁰

Sixty-eight per cent of women between the ages of 16 and 24 use birth control methods, as do 23 per cent of adolescent girls between the ages of 15 to 19.²¹ Various obstacles that prevent teenagers from having access to methods of contraception explain this low rate of use, which is the main reason for the pregnancy rate recorded among girls in that age group (50.5 pregnancies per 1,000

¹⁸ Working Paper No. 34.

¹⁹ Available on its website: <http://www.sernam.cl/estudios/index.htm> (last hit on 25 May 2006).

²⁰ Source: Ministry of Health, Department of Health Statistics and Information.

²¹ Source: first Health and Living Standards Survey, Ministry of Health, 2001.

girls). Access to contraception is even more difficult for adolescent girls under 14, and a factor in this may be the law requiring the Public Prosecutor's Office to be informed of any reproductive health care given to girls in this age group on the grounds that sexual abuse may be involved (see response to question 24 below).

Among the health objectives for the 2000-2010 period proposed by the Ministry of Health (the national goals to be achieved by the year 2010), the sexual and reproductive health objectives are: to reduce reproductive inequality; to reduce the incidence of induced abortions; and to reduce unwanted teenage pregnancies. In connection with Goal 5 of the Millennium Development Goals (Improve maternal health), Chile has proposed an additional target: Reduce by 45 per cent the percentage of children born to mothers younger than 19, bringing it down from 16.2 per cent in 2000 to 8.91 per cent in 2015. In 2003, the indicator stood at 14.9 per cent.

To reduce the risks associated with unplanned teenage pregnancies, a combined "before-the-fact" promotional and preventive approach must be used when it comes to sexual and reproductive health. Under the Public Health Plan for 2005, the Ministry of Health is to commit itself to ensuring that primary health care centres apply an "adolescent-friendly model of health care" for both sexes, that adopts a gender approach. The Ministry of Health has endorsed this model in the plan of action for young people drawn up by the Intergovernmental Committee for Greater Government Action on behalf of Young People, a plan that began to be put into effect in 2004. At the same time, new birth control standards have been being developed since 2005.

Monitoring of the National Health Services showed that between December 2003 and June 2005, the proportion of women using birth control had gone up by 4.3 per cent (with a 40.3 per cent coverage of women of childbearing age in primary care centres).

Between 2002 (34.8 per cent) and 2004 (40 per cent) a rise of 5.2 per cent was recorded in the number of deliveries performed by the National Health Services using epidural anaesthesia.²² A greater use of effective painkillers during childbirth must be made a priority under the Explicit Health Guarantees Regime.

Cervical and uterine cancer is a major public health problem, being the second leading cause of cancer deaths among women in developing countries.²³ In 2002 in Chile, 632 women died of this cancer, and it was the fourth most common cause of cancer deaths in women. In 1987, the Ministry of Health established the National Cervical and Uterine Cancer Research and Control Programme, whose goal was to "reduce the mortality rate and incidence of invasive cancer through detection in the pre-invasive stages and proper and timely treatment"; in 1997, cervical and uterine cancer was defined as a country programme priority.

The pap-smear coverage of women between the ages of 25 and 64 rose from 26 per cent to 66 per cent in 2003; while the mortality rate in women over 25 showed a decline of 38.8 per cent between 1990 and 2002.

In 2002, breast cancer was third among the causes of cancer deaths in women, with a rising mortality rate: from 802 cases in 1992 (11.7 per cent per 100,000

²² Source: Ministry of Health, Department of Health Statistics and Information.

²³ Source: Pan American Health Organization, 2002.

women), it rose to 1,049 cases in 2002 (13.3 per cent per 100,000).²⁴ In 1995, the National Breast Cancer Programme was established, one of whose main goals was to “reduce breast cancer deaths by expanding research on stage-I and stage-II cancers and offering proper and timely treatment”.

21. Please indicate whether the Ministry of Health has a plan to ensure the effective distribution of and access to emergency contraceptive methods at all women’s health centres that need it, regardless of mayoral opposition for reasons of conscience. Since local governments are responsible for ensuring primary health care, please indicate any measures the central Government will take vis-à-vis local authorities that do not comply with the technical regulation of the Ministry of Health. Please also indicate whether there are plans to review the policies of certain municipalities that require a court finding of a violation before women are granted access to emergency contraceptive methods.

The Ministry of Health is striving to implement the Presidential instruction to promote, in the medium-term, universal access to emergency contraception for all women who need it and not simply for victims of sexual violence as is now the case. This and all other methods of birth control offered in primary care centres within the public health system must be offered in conjunction with activities such as individual counselling and sexual education, so that the person requesting it can make a fully informed decision. The “Norms and clinical guidelines for emergency services for victims of sexual violence” prepared by the Ministry of Health in April 2004 include hormonal emergency contraception as a measure to be offered to victims who are not using a regular birth-control method, in order to prevent an unwanted pregnancy. This set of regulations acknowledges that health professionals may have values, beliefs or principles that keep them from indicating this preventive treatment, and their conscientious objection to it should be respected; but in order not to violate the victim’s right to be properly informed and freely decide about its use, they must delegate her care to another health professional.

Mayors, being democratically elected administrative authorities, are obliged to apply the body of regulations issued by the national health authority, the Ministry of Health. In their case, it is not appropriate to invoke the kind of conscientious objection envisaged for health professionals who care for the victims of sexual violence. Failure to comply with a health regulation would constitute an instance of discrimination, and those affected may bring a complaint, directly or through a legal representative, to the appropriate authority.

22. Please indicate any plans the Ministry of Health has to ensure that public and private health centres do not violate the regulation on voluntary sterilization by requiring the consent and signature of the husband when a woman requests sterilization.

Special Resolution 2326 of the Ministry of Health (of 30 November 2000) states the following: “A person may undergo sterilization voluntarily, for medical reasons or, in special cases, at the request of third parties.”

The decision to undergo sterilization is a personal one and depends solely on the will of the individual concerned. Nonetheless, there are two types of situations: first, there is deemed to be an unmet demand owing to the lack of resources in

²⁴ Source: Ministry of Health, Department of Health Statistics and Information, 2005.

health centres, which forces doctors to give priority to life-threatening situations rather than non-emergency situations such as sterilization; second, it may be the case that the provider has violated the regulation on sterilization, in which case the individual concerned may call on the relevant administrative authority to ensure that his or her decision is respected.

23. The measures undertaken in June 2005 by the Deputy Director of the North Santiago Metropolitan Health Service violate adolescents' right to health and constitute sex-based discrimination, as health-care providers are encouraged to report to the Attorney General's office all sexual activity by girls under 14 years of age or who become pregnant, even if it was a result of sexual violence. Please indicate any measures the State will undertake to ensure that adolescents under 14 years of age will have access to reproductive health services in confidentiality and without fear that their sexual activity will be reported to the Attorney General's office.

Health professionals who treat a girl or a boy under 14 years of age are required by law to report the act or situation (**not the person being treated**) to the Attorney General's office, by means of the fastest channel, and preferably one agreed beforehand, in the following cases:

- In the event that they confirm that a girl under 14 years of age is pregnant;
- In the event that they realize, in the course of treatment, that a boy or girl under 14 years of age has been subjected to a sexual act.

This obligation is based on the fact that the age of sexual consent is 14; any sexual act before that age could, therefore, be assumed to be associated with sexual abuse. Legally, this obligation to report is associated with public criminal action, which is defined as action that promotes the criminal prosecution of acts that appear to be criminal and are in the public interest.

The reporting of such situations to the Attorney-General's office should in no way limit or modify the services offered to people by the assistance network, among which is the guarantee that any information provided by the patient remains confidential. Any modification to this legal norm would require a new law on sexual crimes.

24. In examining the State party's third periodic report, the Committee recommended that the Government consider reviewing the laws relating to abortion with a view to their amendment, in particular to provide safe abortion and to permit termination of pregnancy for therapeutic reasons or because of the health, including the mental health, of the woman. The fourth periodic report indicates that the Government has no plans to decriminalize abortion during its term of office, because conditions are not yet ripe for addressing the issue in public debate, not even in terms of therapeutic abortion (para. 285). Please indicate whether there is any initiative to promote a democratic dialogue between the Government and non-governmental organizations and women's groups on this issue. Also, please report on the status of the draft Law on Sexual and Reproductive Rights (para. 283).

Three draft laws on the matter are currently making their way through Congress. The first draft (submitted for consideration on 20 June 2002) amends the Criminal Code's provisions on abortion. The second draft (submitted for

consideration on 23 January 2003) amends article 119 of the Health Code's provisions on therapeutic abortion. The third draft, submitted for consideration on 7 October 2004, contains a proposal to reform the Chilean Constitution with a view to establishing a new constitutional guarantee of sexual and reproductive rights. All three initiatives are in the first constitutional procedure stage and nothing has been done, as yet, to move the process forward. The first draft introduces tougher penalties for the crime of abortion. The second initiative seeks to re-introduce therapeutic abortion. Lastly, the motion submitted in 2004 seeks to give constitutional rank to the right of persons, in particular women, to choose the most appropriate methods, scientifically speaking, of preventing and planning pregnancy.

Any legislative initiative relating to abortion requires political consensus in our country. However, all the signs suggest that there is no political will on this, as Congress is currently considering two draft laws that will make it harder to decriminalize abortion. One draft seeks to reform the Constitution by increasing the quorum needed to decriminalize abortion; the other seeks to add a new Art. 345-bis to the Criminal Code so that the only way to decriminalize abortion is through constitutional reform. It is clear from the fact that these two legislative initiatives are under consideration that no such consensus exists.

Given that obstacles to decriminalizing abortion exist both in the political opposition and within the coalition Government itself, as well as within religious sectors and the NGOs linked to them, the debate on how to reconcile positions spans civil society and the political system, and involves not only the stakeholders mentioned.

Moreover, an undisputed objective of the current legislative agenda is to discuss the issue of sexual and reproductive rights. The executive branch has made the political decision to put the draft framework Law on Sexual and Reproductive Rights back on the agenda, having explicitly included the issue in the government programme of the President of the Republic.

25. According to the report, one of the most serious problems in the current health insurance system is the differing premiums that people must pay as a function of their sex, age and other risk factors (para. 272). Please indicate the status of the Universal Access with Explicit Guarantees (AUGE) system aimed at eliminating such discrimination in the health system.

Law 19,966 establishing the Universal Access with Explicit Guarantees (AUGE) system provides the legal mechanisms needed to establish and implement the "Health Guarantees Regime". This basically means giving the Ministry of Health the requisite powers to define a priority set of diseases and health conditions and explicit guarantees that the services associated with them will be provided. Since 1 July 2005, all Chileans, without discrimination as to their ability to pay, sex or age, have been able to enjoy better health and have access to better quality, more efficient and more timely treatment. The health problems covered by AUGE that correspond to women are cervical and uterine cancer, breast cancer and prematurity (prevention of premature births).

Guarantees of access, timeliness, quality and financial coverage are the same for beneficiaries of both the public and the private health system. This represents a major step forward in reducing the current equity gap in the Chilean health system as a whole.

In 2004, the plans of the Health Insurance Institutions (ISAPRES) that did not provide coverage for childbirth were phased out. This was a first step towards eliminating discrimination against women. Moreover, with the implementation of AUGE, this discriminatory situation — which affected women of childbearing age — was eliminated by law.

This year, 15 new health programmes have been included, bringing the total to 40. The aim is gradually to include more diseases with a significant impact on the Chilean population. In order to detect diseases early, the system now includes coverage for a free preventive medical examination. The Health Insurance Institutions (ISAPRES) and the National Health Fund (FONASA) must provide coverage for this in their respective benefits portfolios and extend these guarantees to their respective beneficiaries. People can ask either the system to which they are affiliated, the Superintendence of Health or the other relevant bodies to ensure that this obligation is met.

26. In examining the State party's third periodic report submitted to it, the Committee on Economic, Social and Cultural Rights expressed concern at the increase in the incidence of HIV/AIDS and sexually transmitted infections (STIs) among young women (E/C.12/1/Add.105, para. 27). In that connection, it recommended that the State party intensify its efforts, including through public information campaigns, to control the spread of sexually transmitted infections. Please indicate any measures that have been taken to this end and report on their impact.

Through the system of epidemiological surveillance of HIV/AIDS and STIs, national information disaggregated by sex is collected and analysed. The policies implemented in the areas of prevention and comprehensive care include strategies targeting both women and men.

In the area of comprehensive care of HIV/AIDS sufferers, both the public and private health systems provide access to antiretroviral treatment with 100 per cent coverage, a guarantee of timely treatment and financial protection.²⁵

In October 2005, the Chilean health system adopted norms to prevent the vertical transmission of HIV/AIDS. These norms are based on the need to meet the Health Objectives by 2010, maintaining the impact of the reduction in vertical transmission at 2 per cent.

In December 2004, a framework agreement on inter-ministerial cooperation at the national level (Ministry of Health and National Office for Women's Affairs (SERNAM)) was signed, establishing policies and actions to address the HIV/AIDS and STI epidemic among women. According to the joint evaluation report carried out one year after implementation of the framework agreement, 80 per cent of planned initiatives were gender-focussed and 20 per cent of financial resources had been invested in initiatives targeting women.

A gender perspective is being incorporated more and more in all prevention and comprehensive care programmes relating to HIV/AIDS and STI, through the Management Improvement Programme (PMG-Gender) signed by the health sector.

²⁵ Explicit Health Guarantees (GES).

During the period 2004-2005, a study was carried out to identify the vulnerability and risk factors affecting housewives and women working in private homes with regard to HIV/AIDS and STIs, with a view to seeking inputs in order to design models of preventive intervention in such groups.

As part of its communication strategy, the VII social and educational communication campaign for the prevention of HIV/AIDS, which was broadcast during three months in 2005, aimed 50 per cent of its publicity spots at housewives, heterosexual women in a stable relationship, young female students and adolescent girls.

A study is currently being developed on the perception and acceptability of female condoms among female university students, female sex workers and women living with HIV/AIDS, in order to evaluate whether they could be applied and promoted as a public health measure to prevent HIV and STIs among women, in addition to male condoms.

27. Please indicate the status of the proposal by the Rural Women's Task Force that public institutions should promote new initiatives for rural women (paras. 384 and 385). If it has already been adopted, please describe the activities carried out and their impact. Please also indicate any efforts being undertaken to ensure access to health services by this group of women.*

The Rural Women's Task Force provides a forum for discussion and coordination between the State and civil society on issues affecting rural women. Its objective is to improve the public policy process, from design through evaluation. Its major impact, at the central and regional levels alike, has been in promoting the analysis and enhancement of policies.

An assessment of the Task Force was launched in 2005. A study was undertaken to update data concerning rural women. One document focusing on the country as a whole and 13 regional studies were produced. Another report, currently in preparation, is evaluating a set of proposals offered by rural women in 1997. The final report will be submitted on 15 July 2006.

The concrete progress achieved by rural women may be seen in their increased participation in all activities of the Agricultural Development Institute, which is part of the Task Force and works directly with farmers, men and women alike. The following data illustrate the progress made: (a) in 2004, 20 per cent of the Institute's clients were women and their share of investments rose to 16 per cent, or 4,979,000 pesos, whereas in 1992 the figures were 13 per cent and 9.3 per cent, respectively; (b) 40 per cent of the recipients of technical assistance provided by the Local Development Programme (PRODESAL) initiative were women, compared to 14 per cent in 1999; and (c) 60 per cent of the participants enrolled in basic computing programmes were women.

28. Please report on the status of the work plan (2003-2006) of the Social Defence Division of the Ministry of Justice for indigenous peoples (para. 403) that includes actions to prevent discrimination. Please also identify actions that are planned or have been carried out specifically for indigenous women, in particular Mapuche women. Please report on the impact of any action undertaken thus far.

* Translator's note: corrected translation of Question 27.

Action has been taken in three areas:

a. Coordination of the justice sector: In accordance with the 2005 Action Plan, the Status of activities targeting indigenous peoples was standardized and commitments for 2006 were undertaken; the 2006 Action Plan was prepared in cooperation with subsidiary and related bodies; and a seminar on the indigenous world view and the Law was held.

b. Coordination with the Vice-Ministry of Planning: Three meetings are under way with the government coordinating bureau for indigenous peoples. A collaboration agreement was signed by the Vice-Ministry of Planning, Programa Orígenes and the Vice-Ministry of Justice. Pursuant to the collaboration agreement, a book on rights of indigenous peoples in the inter-American system and criminal procedures reform was published and an interactive CD on justice sector reform: a perspective on indigenous rights was released. The Vice-Ministry of Justice released an interactive CD on gender, justice and ethnicity, which will be distributed in the regions, and three coordination meetings with the Vice-Ministry of Planning were held.

c. External requirements concerning legal proceedings involving indigenous persons: Information on the status of proceedings involving a number of indigenous persons was provided in compliance with the requirements of various international bodies.

29. The report states that there is a tendency towards less formal partnership relations (para. 23). Please indicate whether cohabitation/partnership is a legally recognized civil status at this time and whether women's rights are protected in de facto unions.

In 2005, 56 per cent of the children born in Chile were born out of wedlock. Although there are no regulations governing de facto unions, a significant body of family law is applicable to such unions.

The National Congress is currently considering three draft laws designed to grant recognition to de facto unions by regulating marital property in informal unions and establishing a legal framework for such unions. The three draft laws are in the first constitutional procedure (Chamber of Deputies).

Furthermore, certain issues relating to less formal partnership relations and de facto unions have become subject to regulation. Under the Civil Code, the fact that a child is conceived during a period of cohabitation establishes grounds for claiming paternity before the courts. The Civil Code also establishes the right of descendants responsible for the care of children to claim support.

With regard to alimony and de facto unions, article 18 of Law 14,908 stipulates that an individual living in a less formal partnership with a father, mother, or non-custodial spouse shall be required, jointly and severally with that other person, to pay alimony.

Moreover, since the second half of 2004, spouses, adolescents and young persons have been able to purchase health care vouchers without requiring the subscriber's approval.

30. The Committee on the Rights of the Child, in examining the State party's second periodic report submitted to it, recommended that it review its

legislation with regard to the minimum age for marriage (12 years of age for girls and 14 years of age for boys with the parents' consent), even if this provision is not implemented in practice (CRC/C/15/Add.173, paras. 22 and 23). Please indicate whether this legislation has been reviewed.

The new Civil Marriages Act, which has been in force since November 2004, increased the minimum age of marriage for both boys and girls to 16 years of age. Persons between the ages of 16 and 18 require parental consent.

31. Paragraph 93 of the report mentions that the Optional Protocol was approved by the Chamber of Deputies in plenary. Paragraph 94 indicates that it was not approved in the Senate owing to intense opposition campaigns in the media and the opposition of the country's highest ecclesiastical authority, who appeared before the Senate Committee. Please indicate the most recent advances with respect to ratification of the Optional Protocol and any measures that have been taken to promote a democratic and inclusive dialogue on this issue.

The bill calling for ratification of the Optional Protocol is in the second constitutional procedure (the Senate) and is on the agenda of President Bachelet's Administration. The bill was withdrawn during the 2002 special legislative session and was subsequently reintroduced in 2004. Many Senators objected to granting powers to the Committee on the grounds that its recent observations exceeded its terms of reference, in particular given the breadth of its approach to abortion and divorce.

Annex**Organizations which attended meetings convened to prepare the report in reply to the list of issues and questions with regard to the fourth periodic report of Chile**

- Chilean Association for Family Protection (APROFA)
 - National Association of Rural and Indigenous Women (ANAMURI)
 - Center for the Development of Women (DOMOS)
 - Centro de Estudios de la Mujer (CEM)
 - Centre for Research on the Development of Women (CEDEM)
 - Con-spirando Collective
 - Latin American and Caribbean Committee for the Defence of Women's Rights (CLADEM)
 - Comunidad Mujer
 - Corporation for the Development of Women La Morada
 - Humanas Corporation
 - Programmes of Action for Women (PROSAM)
 - Sexual and Reproductive Health and Rights Network — Chile
 - Fundación Instituto de la Mujer
 - Chilean Institute of Reproductive Medicine (ICMER)
 - International Women's Information and Communication Service (Isis International)
 - Movement for the Emancipation of Chilean Women (MEMCH)
 - Network of Women in Social Organizations (REMOS)
 - Solidarity and Local Organization (SOL)
 - Facultad Latinoamericana de Ciencias Sociales — Chile (FLACSO — Chile)
-