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REPORT OF THE EXECUTIVE DIRECTOR FOR 1996: REGIONAL OVERVIEW

1. During 1996, UNFPA's work in all of the regions of the world was characterized by a few major themes: integrating quality reproductive health programmes into the primary health systems of programme countries; addressing the reproductive health needs of adolescents; working to improve the status of women; increasing national capacity, including such efforts as building up non-governmental organizations (NGOs) and improving research and analysis capabilities; improving the evaluation of programme activities; and encouraging South-South cooperation.

Africa

2. Population programmes continued to advance in most African countries during 1996 despite numerous obstacles. Political commitment to the goals of the International Conference on Population and Development (ICPD) remained relatively strong, at least at the highest levels of government, in almost all of the 45 countries covered by the Africa Division, and progress toward gaining the support of NGOs and the civil society for population programmes, especially in the area of reproductive health, continued. Encouraging indications of increasing contraceptive prevalence and decreasing fertility appeared in a growing number of countries. Budgetary limitations, other crises competing for scarce funding, an inadequate pool of trained manpower, and civil unrest in several countries

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persisted as the major constraints on expanding and improving population programme implementation.

3. In May 1996 **Benin** became the eighteenth sub-Saharan African country to adopt a comprehensive population policy while several other countries, including **Cote d'Ivoire** and **Namibia**, were assisted in developing population policies that should be adopted in 1997. Additionally, countries such as **Kenya** made strides in updating previously adopted policies. Most countries benefited from UNFPA support for efforts to incorporate population factors into sectoral policies and programmes.

4. Operationally, 1996 witnessed further advances in bringing national population efforts in line with the ICPD objectives and Programme of Action. For example, in the area of reproductive health, most countries continued attempts to restructure previously vertical maternal and child health and/or family planning interventions into integrated reproductive health programmes. UNFPA generally assisted in these efforts through support for training of health personnel in integrated service delivery, including Safe Motherhood and referral procedures, and related information, education and communication (IEC) as well as through advocacy with Ministries of Health and other governmental bodies and leadership groups in favour of the reproductive health approach. UNFPA's assistance for reproductive health service costs requiring hard currency outlays, especially for contraceptives, medical equipment and supervision and logistics vehicles, proved critical in a number of countries, particularly in light of the withdrawal from some of them by other major donors.

5. With the exception of a few countries such as **Botswana**, **Kenya**, **Mauritius** and **Zimbabwe**, reproductive health services remain, in spite of past efforts, accessible to only a minority. Hence UNFPA support has been directed in most of the other countries of the region towards making such services available in the extant governmental health infrastructure. This approach has been viewed as strategically sound even in the face of governmental budgetary and personnel problems since in most countries this infrastructure provides a much greater potential coverage than any existing alternative. Nevertheless, in recognition that the public sector alone cannot provide desired levels of accessibility, UNFPA also provided assistance to NGOs and for the creation of community-based outreach services in such countries as **Ethiopia**, **Ghana**, **Malawi** and **Zimbabwe**.

6. Another notable feature of the evolution of reproductive health programmes in the region is the considerable attention given to IEC and services for adolescents much earlier in the history of national population efforts than was the case in other regions. UNFPA has been at the forefront of advocacy for addressing adolescent reproductive health concerns and developing pioneering approaches to service delivery for this group. Likewise, UNFPA has been strongly supportive of the incorporation of prevention of sexually transmitted diseases (STDs), particularly HIV/AIDS, into basic reproductive health information and services. UNFPA consequently has been an active partner

in UNAIDS initiatives at the country level. Additionally, UNFPA provided support for advocacy activities in a number of the countries where female genital mutilation is most common that were directed towards reducing the incidence of the practice.

7. UNFPA remains the principal donor throughout the region for population and family life education in schools, which is viewed as a natural opportunity to reach large "captive audiences" of adolescents. Nevertheless, such efforts have occasionally, as in the case of **Kenya**, produced a backlash against what is viewed as "premature indoctrination on sensitive matters better left to the family". Thus in that country other approaches involving school counsellors as well as information agents outside the schools, such as the scouting movement, have been utilized. In fact, the scouts have also been enrolled in sensitization of youth in other countries including **Cameroon, Madagascar, Senegal** and **Zimbabwe**. The Kenyan experience underscores the necessity for adequate consensus building before family life material is widely introduced in the school system.

8. Efforts relating to gender revolved around development of capacity for advocacy in both government and NGO agencies as well as gathering and analysis of the data necessary for the design and implementation of gender-sensitive development interventions. Committees established to build consensus against harmful traditional practices such as female genital mutilation received modest levels of support in many of the countries where the practice is common. Degrees of progress vary dramatically: in some countries initial advocacy activities stirred a strong backlash while in others, such as **Uganda**, the incidence of female genital mutilation has fallen significantly in the relatively limited area of the country where it is a tradition.

9. As always, capacity-building continues to be a priority in the African region. During 1996 20 PRSD exercises were completed in the Africa region, all characterized by a much greater degree of national participation than had been the tendency in the past. Through this modality it is hoped that a greater sense of ownership among both government and NGO participants will prevail during programme implementation. The PRSD process likewise emphasized ways of bringing national population efforts into greater conformity with the ICPD and the inculcation of a "programme approach" as opposed to an isolated project orientation.

10. In 1996 UNFPA country offices continued attempts to diversify the range of national partners involved in population programmes. From 31 projects directly executed by NGOs in 1993, the number had grown to 68 by the end of 1996. Expenditures are expected to have risen from $1.5 million in the former year to around $4.3 million in 1996. These figures underestimate the growth in NGO involvement since they do not take into account the frequent inclusion, often as a direct result of UNFPA advocacy, of NGOs as important actors in projects where the primary executing agency is not the NGO itself. The new NGO partners include not only those with long-term involvement in population matters such as national affiliates of the International Planned Parenthood Federation

(IPPF), but also grass-roots community youth, women's, and religious organizations previously marginal to such efforts. UNFPA has also been instrumental in supporting fledgling NGOs in countries previously lacking any NGO tradition.

11. In 1996, the trend continued toward greater support for research directly related to programme implementation, especially investigations of sociocultural obstacles to the improvement of reproductive health including traditional attitudes and practices. However, support was also provided for macro-data interventions such as the censuses of **Eritrea** and **Mozambique,** which are of very high priority to these Governments as well as migration surveys in several countries including **Cote d'Ivoire**.

12. Regional activities included close collaboration with the full range of United Nations agencies in definition of common strategies for the United Nations Special Initiative on Africa. In the health sector portion of the Initiative, UNFPA worked with WHO, UNICEF, UNDP and the World Bank in defining priorities including the introduction of basic reproductive health care in all primary health care units and health sector reform.

13. UNFPA also funded several significant regional conferences and meetings. At the Second Regional Conference of African Women Ministers and Parliamentarians held in Dar-es-Salaam, **United Republic of Tanzania** in October, ministers and parliamentarians from 34 countries participated actively in a programme designed to equip them with practical knowledge of population matters and advocacy skills. UNFPA and the Government of **Senegal**, under the auspices of the Economic Commission for West African States (ECOWAS), co-sponsored a regional seminar that resulted in a strong statement linking urban management and population growth. UNFPA likewise contributed to a conference on "Crisis, Poverty, and Demographic Changes in Sub-Saharan Countries" held in **Burkina Faso** in November. Additionally, UNFPA joined the Economic Commission for Africa (ECA) in sponsoring a technical meeting charged with identifying ways to reduce costs while improving the quality of censuses within the region. As a follow-up to ICPD, UNFPA contributed to a regional forum on teaching reproductive health in health schools that was held in **Burkina Faso** in September.

14. The stage was also set for additional advocacy efforts with high-level government officials through the approval of a new project with the Organization for African Unity (OAU). Under that project, assistance was provided for the African Conference on the Empowerment of Women through Functional Literacy and Education held in Kampala, **Uganda**, in September. Recommendations from the conference provide a basis for advocacy with governments throughout the region.

15. In an attempt to assure basic reproductive health services for refugees, a project was approved in 1996 to empower the International Federation of Red Cross and Red Crescent Societies

to provide services to Rwandan refugees in **Zaire**. The dispersion of this group and the return to **Rwanda** of many of them has impeded delivery of expected inputs. On the other hand, a similar project in the **United Republic of Tanzania** continued to function throughout the year but will be redirected to other refugee groups now that the majority of Rwandans have returned home. In several other countries where refugees have intermingled with the resident population, UNFPA assistance is channeled into development of regular government and NGO service networks that can provide reproductive services to both groups.

16. South-South exchanges of experience were encouraged during the year. In addition to sending significant numbers of trainees to regional training programmes in **Cameroon, Cote d'Ivoire, Ghana, Kenya, Mauritius** and **Senegal**, UNFPA supported the development of a sub-regional programme of information exchange that initially involved **Kenya, Uganda** and **United Republic of Tanzania**.

Arab States and Europe

Arab States

17. In spite of great diversity among Arab countries in terms of social indicators, these countries face several common challenges. Among the most important of these are continued high levels of maternal mortality rates as a consequence of lack of basic maternal care and of referral services. The quality and accessibility of reproductive health information and services is another critical issue that is often compounded by the large gap between urban and rural development.

18. Another challenge common to states in this region is the status of girls and women. Despite the improved status of women in some countries of the region, women's assertion of rights in other countries still faces considerable social, economic and legal barriers. Harmful traditional practices, such as female genital mutilation, continue to be prevalent. There are also large gaps in the male and female literacy rates throughout the region. Notwithstanding these challenges, governments share commitment to population and development issues. Among the reasons for this promising environment is the long history of support towards addressing population issues and a renewed commitment towards implementing the goals and objectives of the ICPD Programme of Action. Related to this, increasing South-South cooperation has allowed countries with greater experience to share their expertise with those that have only recently begun addressing population and development issues.

19. UNFPA continued to support the post-ICPD momentum that has been achieved in the Arab States, although the implementation of the Programme of Action varied significantly from country

to country. In 1996, those countries of the region where the concept of reproductive health had not yet been operationalized made significant efforts to bridge the gap by adjusting their development policies to incorporate the new concepts that emerged at the ICPD and by making explicit policy statements. These countries included **Algeria**, where the National Economic and Social Council undertook an in-depth study of the current national population policy in light of the ICPD recommendations. A holistic approach to maternal health and reproductive health was formally endorsed by the **Palestinian** Authority and by the Governments of **Lebanon** and **Sudan**. These steps were partly achieved as part of the programme review and strategy development (PRSD) missions undertaken in those countries with the technical assistance of UNFPA. A national conference on reproductive health was held in Baghdad, **Iraq**, in October where the Minister of Health reaffirmed the Government's policy of support for family planning. In **Yemen**, an update of the population strategy was conducted as part of the preparations for the Second Population Policy Conference, held five years after the declaration of the National Population Strategy. This exercise allowed the Government to review the achievements made and revise the quantifiable national population objectives and adjust the strategies aimed at achieving them.

20. Institutional changes were also introduced as a result of these policy reorientations. For example, in **Sudan**, the Directorate General for Reproductive Health was established to replace the maternal and child health unit of the Ministry of Health, and a workshop was organized to develop a five-year plan for reproductive health activities. In **Algeria**, as a testimony to the Government's desire to promote an integrated approach to the implementation of the population programme, an Inter-Sectoral Committee on Population was established within the Ministry of Health and Population in October.

21. UNFPA worked closely with national counterparts and executing agencies to strengthen the adaptation and implementation of guidelines for reproductive health, including family planning and sexual health, and in setting priorities in new and ongoing programmes. Through training and logistical support, UNFPA's assistance aimed at strengthening the capacity of central and provincial government institutions and NGOs to implement, monitor and evaluate programmes and to provide quality service delivery for maternity care, family planning, and for preventing and managing reproductive tract infections and STDs, including HIV/AIDS. Such support benefited, in 1996, the national family planning programmes, such as those of **Jordan** and the **Syrian Arab Republic**, that began the integration of a broad range of reproductive health services into the regular MCH/FP care facilities. National NGOs, particularly the national family planning associations affiliated with the International Planned Parenthood Federation (IPPF) in **Iraq**, **Jordan**, **Lebanon**, **Sudan**, **Syrian Arab Republic** and **Yemen**, continued to play a lead role in implementing reproductive health services and in providing related IEC.

22. More emphasis was also put on incorporating adolescent reproductive health in a number of programmes. This occurred in spite of sociocultural barriers and conservative trends prevailing in some countries. There is an increased awareness among policy makers and community leaders of the importance of this issue, and there has been a better coordination of the initiatives undertaken by governments and NGOs in this area. Accordingly, with support from UNFPA and other donors, a number of countries of the region launched new programmes on sexual and reproductive health for youth. UNFPA enlisted additional allies in this field, and a joint agreement was signed with the Islamic Educational, Scientific and Cultural Organization (ISESCO) in 1996.

23. In **Yemen**, a ground-breaking initiative was led by the Ministry of Youth and Sports to provide education, information, and counseling services to young men and women who are members of the Boys Scouts and Girls Guides Association. In **Jordan**, national NGOs intensified their work with youth using such creative channels as puppet shows, mobile theatre, and youth summer camps. In order to facilitate the dissemination of accurate and reliable information on sexual health to young men and women, the Jordanian Association of Family Planning and Protection conducted training for a group of youth leaders. In **Egypt**, an innovative project executed by the IPPF began training for peer educators within the Federation of Scouts and Girl Guides and the Youth Association for Population and Development on gender empowerment, reproductive and sexual health and participatory approaches to training. In **Djibouti**, a pilot activity was launched with the Ministry of Education to integrate family health issues in a radio programme entitled "Youth for Youth", which received a positive response from young people. To further sustain this new trend and as part of its advocacy efforts aiming to promote youth reproductive health in the region, UNFPA organized a regional meeting that gathered more than sixty government, youth and NGO representatives.

24. In many countries of the region, there was a growing emphasis on quality-of-life issues and on the enforcement of respect for human rights. In **Egypt,** in July 1996, the Minister of Health banned the practice of female genital mutilation in state-run hospitals. UNFPA welcomed the move as a critical step in the goal of eliminating this harmful traditional practice. Ministers, experts and NGO representatives met at the Arab Regional Meeting on "Beijing Year One", to review the processes put in place for the follow-up on the recommendations of the Platform of Action of the Fourth World Conference on Women, to exchange information and to build partnerships. UNFPA supported an NGO forum that organized a panel debate on reproductive health and the Convention on Eliminating All Forms of Discrimination against Women. In **Jordan**, the Cabinet endorsed in March 1996 a comprehensive population strategy and in September issued a decree delegating to the National Committee for Women the responsibility to plan, implement, and monitor the implementation of the national strategy on women as well as overseeing legal reforms to improve the status of women.

25. UNFPA also supported the conduct of a number of national workshops to strengthen the capacity of national counterparts to implement, monitor and evaluate population programmes. Such workshops led to the training of health personnel in **Jordan, Lebanon, Iraq, Somalia, Sudan, Syrian Arab Republic** and **Yemen** on provision of reproductive health services. As indicated above, promoting the participation of national NGOs in the process of population policy development and implementation has emerged as a critical strategy for most programmes of the region. In **Tunisia**, in line with new government priorities, NGOs are being increasingly used to expand reproductive health information and services in remote rural areas. To strengthen NGO capacity to efficiently participate in the implementation of national population programmes, UNFPA organized a regional meeting in **Jordan**. The meeting gathered representatives from 28 NGOs and 22 government institutions. Participants identified the means by which NGOs could improve their participation and coordination with pertinent partners, including government institutions and the private sector, in such areas as advocacy and service delivery to special groups.

26. During 1996, the regional demographic maternal and health survey (PAPCHILD) and the Gulf Family Health Survey provided a number of demographic and reproductive health indicators in **Bahrain, Lebanon, Oman, Sudan** and the **United Arab Emirates**. Within the framework of the Regional survey, a comprehensive interpretation of the reproductive health module is currently being implemented in **Morocco**. Other indicators are being generated at country level through UNFPA-supported surveys such as the reproductive health morbidity study in the **Syrian Arab Republic**, which has now been completed and analysed and the results are being disseminated. One aim of these important exercises is to provide benchmarks for countries to assess the achievements made towards achieving the ICPD goals. Service delivery indicators are to be generated through a regional project with the collaboration of The Population Council: support to situation analyses in **Jordan** and **Yemen**, for which government consultations preceding the field work have already taken place.

27. UNFPA continues to support systematic efforts to assess the progress and impact of its programmes. Almost all of the UNFPA programmes in the Division for Arab States and Europe have undergone more than one type of evaluation. In 1996, UNFPA supported final evaluations of 33 country projects and five regional ones. The input provided by the evaluations was systematically incorporated in the subsequent phases of the programme. For example, in **Morocco**, an external evaluation of the Center for Demographic Research and Studies (CERED) showed that UNFPA support had been instrumental in the institutionalization of the Center as an autonomous institution of the Ministry of Population. The evaluation helped to define its future role as technical secretariat of the National and Provincial Population Commissions.

Central and eastern Europe

28. Not surprisingly, demographic indicators in the countries of central and eastern Europe and the former Soviet Union have been affected by the decline in living standards caused by economic stress in the region. Data show that population growth rates remained negative in a number of countries, while in the rest of the region population growth rates remained extremely low (ranging from -0.7 to 1.0 per cent a year). In most countries, this trend is caused by declining total fertility rates, raising overall mortality rates and emigration, themselves attributed to the collapse of the public health care system and a further declining of standards of living.

29. Aware of the importance and urgency of assisting countries with economies in transition bridge technical gaps in the areas of population and reproductive health, the Executive Board approved in 1995 the establishment of two UNFPA field offices, i.e., in **Romania** (covering **Belarus, Estonia, Latvia, Lithuania, Moldova, Poland, Romania, Russian Federation, Slovakia** and **Ukraine**) and **Albania** (covering **Albania, Armenia, Bulgaria** and **Georgia**). This field presence is to ensure a better coordination of the activities initiated with UNFPA assistance, better liaison with other agencies and programmes on-going in these countries, including UNAIDS, and a possible expansion to countries where UNFPA has so far not provided support. The two new UNFPA offices became operational in 1996.

30. The health indicators continue to cause great concern among governments of the region. Life expectancy rates remain low and in some countries continue to decline, particularly for men. Also, in many countries the number of induced abortions continue to outnumber live births and it appears that in most countries of the region, couples continue to rely on abortion as a means to regulate fertility. This is partly caused by the limited access to modern contraceptives through both the public and private sector. Also, medical professionals have been reluctant to promote modern contraceptives, as the performance of abortions provides additional income to their generally low salaries. To reverse the current trend, UNFPA supported a strategy in central and eastern Europe and countries of the former Soviet Union that aims to facilitate the transition from a reliance on abortion to regulate fertility to an approach based on the concept of reproductive health. This implies provision of technical assistance to build national capabilities of health providers to meet the needs of the population, through country-based and regional workshops on contraceptive technologies, prevention and management of reproductive tract infections, including STDs, which are on the rise, and management of other reproductive health conditions including cervical and breast cancer.

31. To address the serious issue of lack of access to reproductive health information and services, UNFPA continues to assist governments to expand such services, particularly at the primary health care level. In addition to the training of service providers at national or regional level, UNFPA also provides support for the procurement of contraceptives, IEC materials and medical equipment.

UNFPA provided for contraceptive supplies in **Poland**, **Moldova**, **Armenia** and **Georgia**. In **Bosnia-Herzegovina**, UNFPA is providing, in cooperation with WHO, reproductive health kits to the Government-run health care facilities. Staff training is conducted with the view to improving quality of care and women's access to reproductive health services. In addition, UNFPA approved a project providing assistance to populations in emergency situations. The project is implemented by an NGO, Marie Stopes International, and aims at providing reproductive health services to refugee women in the "collective centres" across the country.

32. In view of the rapid increase in the incidence of STDs, including HIV/AIDS, particularly among youth and adolescents, attention to adolescent sexuality is an important feature of UNFPA's support to the region. For example, since lack of information about STDs and the means to prevent transmission of disease are considered major problems in the **Russian Federation**, UNFPA is currently supporting two sex education projects. UNFPA is currently also reviewing a proposal from the Ministry of Health in **Poland** to set up a national screening centre for the detection and treatment of STDs.

33. Capacity-building at the national level remains a major part of UNFPA's support to the countries in Eastern Europe and the former Soviet Union. In **Romania**, a UNFPA-supported project is designed to strengthen the capacity of family planning reference centres and local health posts throughout the country. In **Albania**, 1996 was the last year of UNFPA's first programme of assistance. A PRSD mission took place in September/October to review the past programme and the make recommendations for the next programme of assistance. Based on the findings and recommendations from the PRSD mission, a new country programme (1997-2000) was formulated that focuses entirely on the area of reproductive health, including family planning and sexual health. Through two regional projects implemented by the University Medical School of Debrecen, **Hungary**, and the Netherlands School of Public Health, three courses for high-level health professionals from central and eastern Europe and the former Soviet Union were conducted in 1996.

34. NGOs involved in reproductive health issues are still a rather new phenomenon in most of central and eastern Europe and the former Soviet Union. Their number is, however, growing rapidly. In **Albania**, for instance, some 300 NGOs have been officially registered in barely three years. In general, many NGOs are still weak in terms of staffing, technical skills and expertise, and financial management. Nevertheless, UNFPA is facilitating the input of NGOs to complement Government initiatives in the area of reproductive health, particularly with regard to sensitive issues such as reproductive health services for adolescents and the role of men in family planning.

35. Although the main area of concentration was on reproductive health, assistance to data collection and research remained nevertheless an important part of UNFPA's support to the region as part of efforts to strengthen national capacity. In this respect, the focus was on shifting from

demographic-oriented research to the collection of data on reproductive health issues. For example, UNFPA funded the preparation and publication of a comprehensive study on maternal mortality and abortion in **Romania**. In **Armenia**, UNFPA provided support for research on sociocultural determinants of reproductive behaviour and on sexual attitudes and behaviour patterns of Armenian adolescents. Four regional projects were approved for execution by the Economic Commission for Europe (ECE). These projects were to continue to provide a database on international migration and on older people and new data on sexual behaviour and fertility in these countries. An evaluation of three preceding regional projects in Europe led to the development of a framework that served for the design of these subsequent regional activities. Among the important findings of the evaluation was the need to strengthen local capacity through advanced training of demographers and statisticians, establishing regular networks for exchange of information in particular among the former Soviet Union countries and addressing fertility and contraceptive preferences and practices.

Asia and the Pacific

36. The Asia and Pacific region, which had been quick to commence advocacy and other activities in support of the Programme of Action of the ICPD in 1995, saw the concrete results of many of these efforts in 1996 both in policy and programme areas. Thus, in **Mongolia**, Parliament approved an intersectoral policy aimed at reducing infant and child mortality by one third and maternal mortality by 50 per cent, to promote birth spacing as a means of improving the health of women and children and to maintain annual population growth at not less than 1.8 per cent. The Cabinet also resolved to set up a National Council for Women's Issues to be chaired by the Minister for Health and Social Welfare. **India** continued to move from a target-based approach to a needs-based approach, under which quality of care is emphasized, new indicators for measuring client satisfaction and needs are being developed and health providers are being trained. In the **Philippines**, a population bill, formulated with the assistance of UNFPA, has been sponsored that would set a more holistic population policy to promote equity and empowerment, especially for women, youth, elderly and indigenous populations.

37. The region as a whole made some important strides in implementing the ICPD Programme of Action in population programmes especially in operationalizing the reproductive health approach, including both services and IEC and advocacy in support of the new approach. This was done through making adjustments in on-going country programmes as well as in the design of new country programmes starting in 1997, which had been approved by the Executive Board in 1996 for **Cambodia, Sri Lanka** and **Viet Nam**. In addition, PRSDs were held in **Bangladesh, Bhutan, India, Mongolia** and **Nepal**. The PRSD process was utilized for this purpose in preparing country programmes for submission to the Executive Board in 1997. In **Indonesia** a concerted effort was coordinated by the State Ministry of Women's Role to increase public awareness of the high maternal

mortality rate, its determinants and consequences and how the public can work with the Government and NGOs to reduce this. In **Mongolia** 1996 was the last year of the country programme, and activities were completed with a near 100 per cent implementation rate. UNFPA supported reproductive health training for 125 senior health workers and 54 doctors from 9 provinces.

38. Some constraints have been encountered in the shift to an integrated reproductive health approach. In some countries, institutional issues are being reviewed to facilitate this process, e.g., **Bangladesh** where the health and family planning services are delivered by two parallel directorates. In **Papua New Guinea** ways need to be further investigated to systematically incorporate reproductive health into the existing health systems, including the health worker training programme. Another constraint is financial since in some cases health programmes are affected by faltering economies or structural adjustment programmes and a reduction in assistance by international donors.

39. The reproductive health of adolescents is increasingly being recognized as a key area for UNFPA support. Thus, in **Sri Lanka** UNFPA supported the National Youth Services Council as it embarked on a pilot project to provide reproductive health education to out-of-school young people and through this project the National Youth Services Council has been able to adopt a programme on reproductive health that is expected to continue in the new programme. UNFPA also supported the production of a book on adolescent health by the National Adolescent Health Committee.

40. Most Asian governments have long experience in planning and implementing population programmes, and national execution is the main mode of execution. Nevertheless, because of the recent shift to a reproductive health approach, there is a need to enhance national capacity to respond to these new directions. During the year many governments utilized UNFPA assistance to provide relevant training to service providers, policy makers, programme managers, and other government officials in the **Bhutan**, **Nepal**, **Philippines**, **Sri Lanka** and **Thailand**, through fellowships, study tours, and in-country training courses. In addition, there remain a few countries in the region where major UNFPA assistance is relatively recent or which for other reasons need more assistance with national capacity-building. Assistance to **Central Asian** countries, **Myanmar** and **Papua New Guinea** addresses this need.

41. It is encouraging to note that although there remains a reluctance in some countries to permit significant NGO execution, there are others that appear to have become more open to the idea. Thus it is anticipated that NGOs in **India** will receive about 10 per cent of the funds allocated from the UNFPA under the new country programme. In the **Philippines**, UNFPA supported a number of work shops to strengthen the implementation of reproductive health programmes for NGOs. In **Papua New Guinea** collaboration between government and NGOs has improved since the government recently endorsed an NGO policy that formalizes mechanisms to encourage collaboration, and the Papua New Guinea Watch Council was established for this purpose. Two local

NGOs, the National Council of Women and the YWCA, have been recently selected as executing agencies.

42. In addition to utilizing its own regular resources for strengthening the capacity of NGOs wherever governments request it, UNFPA has also been entrusted with multi-bilateral funds for this purpose. For example, in the **Central Asian** Republics the Government of the Netherlands is supporting, through UNFPA in collaboration with IPPF, the establishment of national family planning associations in six countries and strengthening their capacities through provision of equipment and training. In the **Maldives** a multi-bilateral project with the European Union is supporting the strengthening of women's organizations in selected islands, and the sensitization and mobilization of national NGOs in reproductive health.

43. Monitoring of on-going programmes was undertaken in a number of countries through tripartite reviews, final project reviews, mid-term reviews and project evaluations. All three Country Support Teams (CSTs) in the Asia and Pacific region provided a full range of technical services for these activities. Problems were reported in monitoring, e.g., the South Pacific office reported that because of high turnover of project staff, and lack of trained personnel, timely receipt of financial reports was not always possible, making monitoring somewhat difficult. UNFPA is working with governments and executing agencies to address these issues. **Pakistan** was one of the countries where major progress was reported in the monitoring of service-delivery outlets as a result of intensive and frequent joint UNFPA/government monitoring teams. The results of the emphasis on monitoring are obvious in the planning of the country programmes recently approved by the Executive Board. For example, in **Viet Nam**, based on lessons learned, UNFPA will support strengthening of the managerial capacities of the authorities involved through tailor-made training for the national staff involved in the implementation of the fifth country programme. A monitoring schedule for 1997 for the region has been drawn up by UNFPA headquarters in consultation with country offices and CSTs to strengthen monitoring during the coming year.

44. Regional activities included a sharing of South-South experiences in collaboration with regional organizations. Thus, UNFPA collaborated with the Economic Cooperation Organization (ECO) in two important regional conferences on reproductive health, one in Islamabad, **Pakistan**, and another in Almaty, **Kazakstan**, which each brought together over one hundred participants from ten member states. UNFPA also collaborated with the World Bank in organizing, at the latter's request, an international work study tour on reproductive health for francophone West Africa and Central Asian countries in the **Islamic Republic of Iran** to exchange ideas on implementation of reproductive health programmes and the integration of reproductive health into the primary health care system.

Latin America and the Caribbean

45. In 1996 several country programmes in the Latin American and Caribbean region came to an end or were proposed for short extensions. In all cases the aim was to ensure that the limited financial resources available indeed helped reach the populations most in need and that activities helped the programme countries to continue to move forward in their efforts to achieve the goals of the ICPD. This included a much sharper focus on priority geographical areas and on one or more of overlapping priority groups -- the poor, adolescents and indigenous groups -- with reproductive health information and services. Quality issues, including such areas as sensitivity to gender and ethnic considerations, received special attention. Sex education and services for adolescents were prominent in all 1996 programmes and will be a focus of UNFPA cooperation in the new programme cycle.

46. Among legislative advances, the 1995 **Guyana** laws which should help reduce maternal mortality supported programmatic efforts in 1996. **Bolivia** passed national legislation in several areas designed to improve the status and conditions of women. In **Peru**, the Ministry for the Promotion of Women and Human Development was established, which was made responsible for the population portfolio. **Ecuador** also passed a law against domestic violence, and **Argentina** was actively debating a law promoting responsible reproduction.

47. The integration into the primary health care system of past vertical programmes that used the MCH/FP model into comprehensive reproductive health programmes remains largely undone, although efforts in this direction have been made throughout the region since the ICPD and, in some cases, even earlier. In 1996, as new programmes were formulated, operationalizing this concept was given attention by ensuring that support was given at central levels to formulate norms and guide the process even though the bulk of resources were channelled at the decentralized level where they could most effectively reach the populations with the greatest needs.

48. **Mexico**, the first Latin American and Caribbean country formally to institutionalize the reproductive health approach within the public health system, began a pointed effort to integrate gender concerns in their programmes with the support of UNFPA and other organizations. In **Haiti**, in recognition of the still very fluid transition from humanitarian towards long-term development assistance, the Fund developed a shorter, three-year programme. Reductions in the levels of maternal mortality and STDs, including HIV/AIDS, were identified as the main priorities. In the **Dominican Republic**, the new programme aims at moving more efficiently towards the ICPD goals by focusing resources in the parts of the country most in need, and better integrating gender issues and sociocultural aspects in the programme. The reduction of maternal mortality, unwanted teenage pregnancies and assistance for the formulation a national population policy were other objectives. In **Cuba**, assistance is to be focused on sex education and the provision of contraceptives to ensure that the gains made in the past were not compromised by the adverse economic situation. Given the

process of decentralization going on in most countries of the region, the programmes increasingly involved local governments, such as the municipality of Quito in **Ecuador** and local governments in **Mexico.**

49. In **Honduras**, the dissemination of the results of a sociocultural study carried out within a project on reproductive risk and women's health, led to greater efforts to improve the quality of reproductive health services. Workshops, seminars and media events were held to raise awareness on reproductive health and related indicators. In **Paraguay,** several sociocultural and statistical research activities contributed to identify barriers for exercising reproductive and sexual rights among rural and indigenous women as well as adolescents. These studies will be published to increase awareness of decision makers of ICPD priority issues. Also in **Paraguay**, a National Plan of Reproductive Health and Family Planning was approved by the Government and a national board dealing with reproductive health and family planning issues was constituted in 1996.

50. A regional project carried out in partnership with the Pan-American Health Organization (PAHO), developed a management training programme for health managers focused on reproductive health. Three training institutions in **Brazil**, **Costa Rica** and **Venezuela** also trained managers of the public health sector from the **Dominican Republic**, **Honduras** and **Paraguay**. The training contributed to develop skills to lead institutional changes and to shift services from current vertical models to gender-sensitive programmes based on a reproductive health approach. In **Ecuador** and in **Nicaragua,** the areas in which UNFPA supports reproductive health information and services expanded with the incorporation of the Armed Forces and its network of service points in difficult to reach areas.

51. IEC in schools as well as non-formal education for youngsters outside of the school system (currently more than 30 per cent of the school-age population) continued to be an important part of programme efforts in 1996. Population education in schools has a long tradition in UNFPA-supported activities in the region, and this work helped support the inclusion of population education into curricula as part of the present education reforms that are taking place. **Bolivia, Chile** and the **Dominican Republic** can be highlighted in this regard.

52. In 1996 innovative efforts were initiated to reach youngsters through NGOs and through decentralized education programmes. In **Colombia, Mexico** and **Venezuela**, UNFPA has supported the development of innovative outreach and school-associated approaches; in some cases governments took over these models and have built upon them. In **Venezuela**, a model developed with UNFPA assistance was included in the portfolio of Inter-American Development Bank-funded projects in the social area.

53. In **El Salvador,** special attention was put into IEC activities in the new programme, since one of the main identified bottlenecks to increase current levels of contraceptive use was found to be a population that had insufficient tools for decision-making in this important part of their lives. In **Ecuador,** the IEC component is being operationalized through an innovative approach that involves local populations in school activities in order to reach youngsters as well as their parents.

54. Providing information to adolescents is a priority of the new programme in **Cuba** together with the increase of reproductive health services to lower the prevalence of abortions and early pregnancies, one of the long-standing priorities of UNFPA support. The two projects approved in 1996 aimed at supporting sex education in the formal education system (this was the first project that introduced sex education in the national education system) and at supporting the national programme of reproductive health and family planning through the provision of contraceptives. In line with ICPD priorities, this last project focused on high-risk groups and HIV/AIDS campaigns. In the area of advocacy, ICPD priorities were promoted through the media, and especially through television; activities included also the production of tee-shirts promoting the use of condoms.

55. Also with the aim of improving information and communication services and better serving adolescents, in the **Dominican Republic**, an inter-institutional group was created last year to coordinate activities in this area and to optimize resource utilization. UNFPA contributed to the opening of three new centres to provide integrated health services for adolescents and for updating the national reproductive health norms. An innovative project incorporated non-traditional agents such as taxi drivers, traditional healers and barbers for orientation activities in reproductive health, including prevention of STDs/AIDS, responsible parenthood and family planning.

56. In **Saint Lucia**, UNFPA is supporting, through the regional programme, innovative activities involving parents, teachers, the community and the mass media to develop adolescent-friendly services, expand sexual education and promote responsible sexual behaviour. In **Honduras**, UNFPA also provided technical assistance for formal education curricula and textbook development as part of the country's educational reforms.

57. Building national capacity is the ultimate aim of UNFPA assistance to all countries. During the 1996 programming process, guidelines were further clarified to strengthen the assessments of institutional capabilities and to achieve a broader identification of national partners. In **Guatemala,** national capacity-building in knowledge and understanding of population matters in the context of the peace process was a very high priority of UNFPA's work. In the **Dominican Republic** UNFPA supported the strengthening and decentralization of the country's population information system. Technical assistance was provided by the CST team through several missions, and eleven nationals participated in the various modules of the South-South Cooperation Programme in Mexico City.

58. In **Cuba**, UNFPA provided technical assistance to reinforce national institutions. Technical assistance was also provided through the CST to the National Statistics Office to improve data collection systems and to the Ministry of Education for the implementation of the National Programme of Sexual Education. The Fund also supported the Ministry of Public Health through South-South cooperation activities and by providing financial and technical assistance for the construction of an oral contraceptives plant to help ensure the availability of contraceptives in the country.

59. 1996 was a year of consolidation of the very strong support provided by UNFPA to many groups of NGOs in the region, most particularly women and health networks. A substantial part of financial resources of the regional programme has been channeled through NGOs. In **Haiti,** the Fund joined the international community in an emergency humanitarian assistance programme and expanded UNFPA assistance beyond the area of reproductive health to include population and development and women's empowerment activities. During this period of emergency recovery, the implementation of the programme was channeled through national NGOs. Their record of service delivery and implementation rate were highly satisfactory. It was through the transfer of substantial know-how and funds to the NGO sector during this period that reproductive health services expanded during a difficult period. The overall strategy for the next programme is national capacity-building at all levels while utilizing the existing capacity of NGOs.

60. In **Honduras**, several projects in the area of reproductive health and gender were executed by NGOs; some of these NGOs were given technical assistance and management training. Also, representatives and members of NGOs were trained in sex education and reproductive health in order to strengthen their capacity to contribute to the implementation of the ICPD Programme of Action. The innovative training strategy used guarantees sustainability of the process. This was also the case in the **Dominican Republic**, where innovative activities were undertaken with several NGOs in the area of reproductive health. In **Paraguay**, women and other NGO and private-sector groups were actively involved in both advocacy and research activities in 1996, the latter aimed at identifying knowledge and use of family planning methods in rural areas.

61. PRSDs were carried out in 8 out of 17 country programmes (**Bolivia, Caribbean, Dominican Republic, Ecuador, El Salvador, Haiti, Mexico** and **Peru**) and a final programme review was conducted in **Cuba**. Of particular interest are the cases of **Cuba** and **Mexico**, where the new programmes were formulated through a logical framework methodology of participatory planning oriented to specific objectives (ZOOP methodology) which is expected also to allow a better monitoring and evaluation process. Mid-term reviews of country programmes took place in **Nicaragua** and **Colombia**.

62. Approximately 65 per cent of all country programmes were reviewed in 1996 in their entirety including their component projects through PRSDs, mid-term reviews and final evaluations. Additional countries will undertake such exercises in 1997. In some countries projects had been evaluated earlier, or are too small to merit a full-scale evaluation, in which case tripartite reviews and monitoring by UNFPA Representatives serve to evaluate developments without the large expense of evaluations (e.g., where there are no country programmes or very small country ceilings, such as **Argentina**, **Belize**, **Chile** and **Venezuela**).

Interregional Programmes

63. The year 1996 was the beginning of a new cycle for UNFPA's intercountry programme, which will extend from 1996 to 1999. As the new cycle is implemented, UNFPA will closely monitor programme activities and feed lessons learned back into the programming process. This will be the first post-ICPD cycle, and, therefore, much of the focus of activities has been on operationalizing strategies in the three core programme areas of the Fund as defined in Executive Board decision 95/15: reproductive health, including family planning and sexual health; population and development strategies; and advocacy.

64. In reproductive health, several organizations, including WHO, The Population Council, UNIFEM, the Program for Appropriate Technology in Health (PATH), the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) and UNAIDS are collaborating with UNFPA in implementing the post-ICPD strategic objectives in this area. These activities include: (a) research and development of new and improved methods of fertility regulation and of assuring their quality; (b) development of guidelines, methodologies and operational approaches to strengthen reproductive health programmes and services; (c) development and testing of feasible and cost-effective reproductive health interventions for application at the primary health-care level; and (d) promotion of the concept of reproductive health as an overall approach to the health and well-being of women, men and adolescents.

65. As part of the intercountry programme in the area of reproductive health, UNFPA continued its support for activities under the Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries. The Global Initiative has carried out a number of activities to help developing countries to better assess and meet their contraceptive requirements and to strengthen their contraceptive logistics systems. The Initiative undertook eleven in-depth studies during the first round of its assessments (**Bangladesh**, **Brazil**, **Egypt**, **India**, **Mexico**, **Nepal**, **Pakistan**, **Philippines**, **Turkey**, **Viet Nam** and **Zimbabwe**); a twelfth study in **Nigeria** could not be completed because of a national strike. These studies examined contraceptive use and made estimates of contraceptive requirements over the next 10 years; assessed logistics management capabilities; investigated the potential for in-country production of contraceptives; estimated condom needs for STD/AIDS prevention; conducted a financial analysis of the sources and uses of funds for

acquiring contraceptive commodities; and considered the opportunities and constraints to NGO and private sector participation in family planning service delivery.

66. Since the conclusion of the first round of studies, a number of other governments have shown interest in conducting similar in-depth studies. Such studies were conducted in **Haiti**, the **Dominican Republic** and **Morocco** in 1995-1996, and in early 1997 a study in **Ethiopia** was completed with the technical collaboration of the Global Initiative. Follow-up studies were also completed in **India** in 1995 and in **Pakistan** in 1996. As mentioned in Part I of this report, the Global Initiative has also carried out logistics management training to improve technical knowledge at the country level and has developed a database that covers all contraceptives donated by the major donors since 1990.

67. UNFPA also continued its support for the promotion of South-South cooperation in the field of reproductive health. UNFPA's efforts in this regard included, among other things, the dissemination to all of its country offices and field staff of a paper outlining the Fund's strategy and calling for the greatest possible use of this modality. The Fund also continued its financial and organizational support for Partners in Population and Development, an intergovernmental organization co-founded by 10 countries to promote South-South cooperation in reproductive health. During 1996, the secretariat of the new organization was established in Dhaka, **Bangladesh**, and staff were recruited. Major projects were initiated in support of the Centres of Excellence in **Indonesia**, **Mexico**, **Thailand** and **Tunisia** to enhance South-South exchanges. These centres provide opportunities for familiarization and training of personnel from other developing countries as well as in-country advisory support for developing new ideas and approaches in the area of reproductive health.

68. In the area of population and development strategies, support was provided to activities for promoting the development and use of new methodologies in data collection, processing and dissemination. These included participation in the initiatives of the Common Data System (CDS) Task Force, the United Nations Economic and Social Information System (UNEIS) and the minimum national social data set (MSDS), which is pioneering the use of a standardized database of socio-economic indicators at the national and sub-national level. Building on past achievements, UNFPA assisted the efforts of the United Nations Statistics Division and the United Nations Division for the Advancement of Women to compile and update databases on gender, population and development (WISTAT). Support was also continued for the Population Information Network (POPIN), which provides technical leadership in support of cooperation and coordination among population information networks.

69. UNFPA's interregional programme provides assistance to two initiatives in conjunction with UNESCO and the Society for International Development (SID) that carry out sociocultural research

on how to operationalize the concept of reproductive health. The UNESCO initiative is looking at the sociocultural factors affecting demographic behaviour and their implications for the formulation and execution of population policies and programmes. SID conducts research on reproductive health, the empowerment of women and population policy. Research is also being supported at The World Conservation Union (IUCN) on the integration of population and environment factor into strategies for sustainable development. Other research relating to population and development linkages is under way with the participation of organizations such as the International Union for the Scientific Study of Population (IUSSP), FAO and IOM.

70. A major component of interregional efforts in the population and development strategies area is the Global Programme of Training in Population and Development. In 1996, a meeting of the directors of the programme was held to discuss the further implementation of the recommendations of the 1995 evaluation mission as well as to continue developing modalities to more fully incorporate the ICPD Programme of Action into the training programme. The major emphasis of the Global Training Programme will continue to be the nine-month courses, with individual centres supplementing the regular curriculum with other training activities. It is envisaged that a higher proportion of future trainees will be drawn from sub-national levels and NGOs. The directors' meeting also proposed strategies to facilitate the eventual long-term sustainability of each training centre and emphasized the use of the Internet to further strengthen the exchange of information among the centres and UNFPA.

71. In advocacy, UNFPA's primary aim is to strengthen and broaden the base of policy support for the priority concerns of the Fund. Several organizations, particularly the Population Council, UNIFEM and the Center for Development and Population (CEDPA), participated in activities related to the development of training and advocacy prototype materials on such issues as girls' education, the needs of adolescents and the importance of male involvement. The International Labour Organisation (ILO) was also supported in a project aimed at increasing the interest and capacity of ILO's partners in the labour sector in developing programmes for workers that promote responsible family life, gender equality and reproductive health.

72. UNFPA supports several NGOs in their work of disseminating information on population and reproductive health. These include The Population Institute with its publications programme and its World Awareness Week; The Population Council's *Population and Development Review*; The Alan Guttmacher Institute with its *International Family Planning Perspectives*; Planet 21 with its quarterly publication, *People and the Planet*; and *Earth Times*, a publication with a population and development focus.
