

UNFPA at Work 2001



UNFPA

United Nations
Population Fund

Thoraya Ahmed Obaid, Executive Director

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The Mission of **UNFPA**

The United Nations Population Fund (UNFPA) extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues; and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that promoting and safeguarding these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving people's quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women, and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population

and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations (NGOs) and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met. ●



UNFPA works to ensure access to reproductive health to all couples and individuals—including this young mother from Pakistan.

Photo: Jonette I. Stubbs

Foreword

For a young girl growing up in poverty, in a country not yet able to meet the needs of its people, the future may be challenging indeed. She may become pregnant before her body is mature, and married too young in a society that does not fully recognize her rights. Each year, some 500,000 women die in pregnancy and childbirth, and the risk of death for girls under the age of 18 is more than twice that of their older sisters.

But that girl's future can also be one of greater opportunity and choices. As this annual report demonstrates, the United Nations Population Fund (UNFPA) remains both a partner and a leader in the global effort to improve the conditions that trap millions of people in a cycle of poverty, high fertility, ill health and environmental degradation. During 2001, UNFPA contributed its expertise to the Special Session of the UN General Assembly on HIV/AIDS. It sought to make motherhood safer in conflict zones such as Afghanistan, and in other areas of crisis, with emergency shipments of reproductive health supplies. And it continued its long-standing work to help countries respond to changing demographic and social conditions and to extend the reach of family planning.

Many challenges lie ahead in the effort to achieve what world leaders called for at the 1994 International Conference on Population and Development: universal access to reproductive health care by 2015. We have the vision, the tools and the know-how to achieve this critical step towards reducing poverty worldwide and meeting such United Nations Millennium Development Goals as reducing maternal, infant and child mortality, increasing education, empowering women and halting the spread of HIV/AIDS. I hope this report will raise awareness and help mobilize the resources and political will that are the crucial yet still missing ingredients for success.



Photo: UN/Milton Grant

A handwritten signature in black ink, appearing to read 'K. Annan'.

Kofi A. Annan

Secretary-General of the United Nations

Overview

Worldwide, 350 million women are denied access to a range of safe and effective contraceptives. Nearly 175 million pregnancies each year are unwanted or ill-timed. Every day, thousands of young people and pregnant women are infected with HIV. Over 500,000 women die each year during pregnancy and at least 7 million more suffer infection or injury. These problems stand in the way of progress towards poverty reduction, gender equality, slower population growth and sustainable development.

The United Nations Population Fund is strongly committed to addressing these challenges. Progress is evident in this annual report and in the many success stories that give us confidence in the value of our work: in the classroom in Honduras where parents and adolescents grapple with the difficult issue of sex education in the face of HIV/AIDS; in the refugee camp where Afghan women are able to give birth in a clean place with trained assistants; and in the family planning clinic in India where couples come for counselling and contraceptives to plan and space their families.

We have seen dramatic increases in the use of contraceptives and remarkable declines in family size in the decades since UNFPA was founded. When provided with reproductive health information and services, women and couples choose smaller, healthier families. Strong support for the work of the Fund has come directly from the countries it serves.

In 2001, UNFPA continued its complex task of translating the objectives, universal principles and human rights enshrined in the ICPD Programme of Action into programmes that respect the diversity of people's religious and cultural values.

Three basic challenges continued in 2001: ensuring a financially stable Fund, strengthening UNFPA's institutional capacity and addressing the sociocultural context of programme development and delivery. Programmes in family planning, safe motherhood, adolescent reproductive health, HIV prevention and all other core areas carried on and, when possible, were expanded, in response to requests from the governments of more than 140 developing countries.

To better address issues of culture and religion in programming, UNFPA organized a panel of scholars and experts on religion, human rights and globalization in November. A dialogue on these issues may bring about more culturally sensitive programmes that build on the positive cultural values found in all societies.

To help countries plan policies and strategies for population programming, UNFPA supported surveys and censuses; analysed trends in ageing, migration, urbanization and globalization; and articulated the links between reproductive health, gender and environment that have an impact on poverty reduction.

To increase capacity for an intensified response to HIV/AIDS, UNFPA developed a strategic framework,



Thoraya Ahmed Obaid, UNFPA's Executive Director, assumed office in January 2001.

Photo: United Nations

increased its staff and expanded partnerships throughout the year.

To help countries avoid shortfalls in contraceptives and other supplies, we developed a global strategy that outlines a system for making affordable, quality supplies available to the people who need them.

UNFPA launched its largest-ever humanitarian response in 2001 when hundreds of thousands fled Afghanistan, including thousands of pregnant women. Clean delivery kits and other equipment and supplies were pre-positioned as the crisis escalated and, as the task has shifted to supporting Afghanistan's reconstruction, the Fund has worked to rebuild and restore services.

Working with both women and men, we continued the effort to eliminate violence against women and the discrimination that limits the potential of individuals and nations. Our role in human development, mandated by the United Nations and globally endorsed at the ICPD, is to improve the reproductive health of women, men and young people in the poorest countries—and in so doing, to bring about a more equitable world.

Everything we have learned over the past decade shows that when women are empowered—through economic opportunity, health care and education—the benefits go far beyond the individual. Families, communities and nations are better off. Population growth slows, economic growth is stronger, and countries have more capacity, as well as more room, to make choices that favour sustainability.

Thoraya Ahmed Obaid

Executive Director
United Nations Population Fund

Poverty, Population and Development

Challenges ahead

The forces affecting people's lives today are many and powerful—poverty, discrimination, conflict and instability, migration, urbanization, globalization, environmental degradation, the increasing size of a younger generation now in their reproductive years, and the ageing of an older generation threatened by poverty, isolation and ill-health. These forces pose many dangers to those who are vulnerable, especially poor women and girls.

Half of all people live on less than \$2 a day, and the gap between rich and poor is widening. Poverty and environmental stress are likely to intensify globally as a result of rapid population growth from a current 6.1 billion to 9.3 billion worldwide by mid-century—all of the growth will occur in developing countries. Discrimination and violence against women continue to deprive individuals of their rights and nations of great potential. HIV/AIDS continues to take people in their prime from families and countries in desperate need of their skills and strength.

Need is growing worldwide for the information and services promoted by UNFPA. Population growth, the HIV/AIDS crisis and escalating emergency situations are increasing demand, yet resources are not keeping pace.

Millennium goals

We know what needs to be done. Action in our new century was spelled out in the UN Millennium Declaration of September 2000, when heads of state and government declared a commitment to halve extreme poverty, ensure primary education for boys and girls alike, reduce maternal mortality, and halt the spread of HIV/AIDS. UNFPA is contributing to the Millennium Development Goals by advancing the principles of the ICPD (Cairo, 1994). The consensus is global: at the ICPD, 179 countries called for gender equality and women's empowerment and universal access to primary education and reproductive health services, including family planning, by 2015.

UNFPA supports development that is sustainable, gender-sensitive and people-centred. With country offices in 112 nations, we assist governments in identifying priorities, developing and managing population programmes, and tracking progress. Our system of monitoring, evaluation and reporting ensures cost-effectiveness and measurable results. Many countries are making real progress in reproductive health, particularly in family planning.



A member of a UNFPA-supported industrial sewing collective in Jordan. The collective provides a steady income for 10 young women.

Photo: UNFPA/Don Hinrichsen



Census-takers in Sierra Leone, where a peace process is taking hold after devastating warfare. Since the last census in 1985, there have been massive displacements of people within and outside of the country. The Government will use the socio-economic and demographic data to plan policies and strategies for recovery and development.

Photo: Tuen Voeten

Countries have adopted policies and established administrative frameworks, trained new workers and upgraded skills, and extended services to new groups of people and into new areas.

The equal rights of women and men are fundamental values of the Millennium Declaration and the UNFPA mandate. Laws that guarantee women's rights, health care that protects women's well-being and education that ensures women's active participation benefit the individual woman, her family, her community and her

country. Programmes for poor women and girls—who today receive less schooling, less food, less health care and less pay for their work compared to their brothers—are helping bring about change. Indeed, investments in social services, especially for girls, spur economic growth. Empowering women as full partners in sustainable development is essential to combat poverty and environmental degradation, secure democracy and find lasting global harmony.

Population strategies

One of the three main areas of UNFPA's work is to support population and development strategies that enable capacity-building in population programming. UNFPA provides much-needed financial and technical support to gather accurate social and economic information through surveys and censuses. We also work with researchers to analyse the impact of trends on populations today and in the future.

- In 2001, UNFPA worked with the UN Secretary-General's office and UN agencies to develop indicators to measure progress towards the Millennium Development Goals.
- A study of 44 countries was conducted to determine the extent to which reproductive health, gender and population and environment were included in their poverty reduction strategy papers.
- To track the commitment of governments to UNFPA programmes, in 2001 a report featuring country case studies was produced with the Netherlands Interdisciplinary Demographic Institute.

Census data for planning

Good governance requires good population data, and that means a country must conduct a national census at least once every 10 years. Reliable social and economic data is the basis on which nations determine priorities and allocate and monitor resources.

- As part of a five-year project to assist Cambodia in developing a national policy on population and development, UNFPA is supporting efforts to improve research, and to collect, analyse and disseminate new population-related data.
- UNFPA provided Eritrea with 20 all-terrain vehicles to help it prepare for its first census, making it possible to reach remote and nomadic populations and to transport field mapping teams and census and survey enumerators.
- In Mongolia, the national award for Best Statistician was presented to UNFPA's representative in the country, Linda Demers, for her work in strengthening and reforming the country's National Statistical Office.

- India completed the 2001 census of its billion-strong population with support from UNFPA to train enumerators and census supervisors, and to produce television spots in regional languages.
- Counting of Mauritania's nomadic populations was completed in February 2001. UNFPA provided long-term technical assistance for the census, which will be used to plan for the restoration of health centres and provision of medical equipment and reproductive health supplies.
- UNFPA met with donors, partner countries and multilateral agencies in Pretoria, South Africa, to mobilize resources for poor countries to conduct censuses and to explore strategies for reducing costs.

Millennium Development Goals

All 189 United Nations Member States have pledged to meet these goals by 2015:

1. Eradicate extreme poverty and hunger—reducing by half the proportion of people living on less than a dollar a day and suffering from hunger;
2. Achieve universal primary education—ensuring that all boys and girls complete a full course of primary schooling;
3. Promote gender equality and empower women—eliminating gender disparity in primary and secondary education;
4. Reduce by two thirds the mortality rate among children under five;
5. Improve maternal health—reducing by three quarters the maternal mortality ratio;
6. Halt and begin to reverse the spread of HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability—integrating sustainable development into country policies and programmes, reducing by half the number of people lacking access to safe drinking water and improving the lives of slum dwellers;
8. Develop a global partnership for development—addressing poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

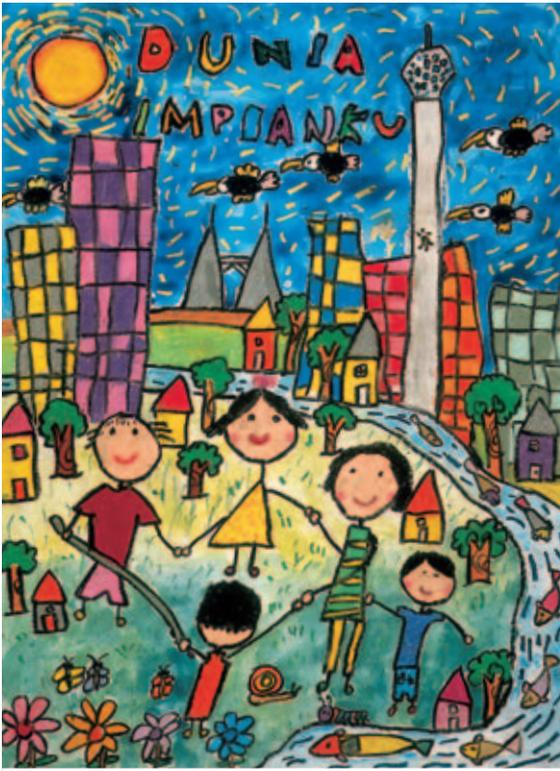
The ageing poor

The older poor in developing countries, a majority of whom are women, are often overlooked by policies and programmes. Inadequate pension schemes and the erosion of traditional family support by migration, urbanization and other factors leave many older people in extreme difficulty. Many of the 374 million older persons



An elderly woman from Bhutan with an infant. UNFPA promotes good health throughout the life cycle—from youth through the reproductive years and on to older age—with the provision of appropriate health-care information and services.

Photo: UN/John Isaac



The winning entry in UNFPA's international poster contest.

Environment: A Theme for 2001

Young artists from 61 countries participated in 2001 in UNFPA's international poster contest, which the Fund has held annually since 1992. Design themes explored the impact of rapid population growth, consumption of natural resources and the role of women in sustainable development. The grand prize was awarded to Angelina Ooi Wei Wei of Malaysia, in the 6- to 8-year-old age category.

To mark World Population Day on 11 July, UNFPA offices and partners held special events or promotional activities pertaining to population and environment. Country offices submitted success stories about programmes that are advancing women's empowerment, poverty reduction and the sustainable use of resources.

The link is made between human activity and the future of our planet in *The State of World Population 2001*, a UNFPA report produced annually. The report, *Footprints and Milestones: Population and Environmental Change*, argues that empowering women and ensuring access to reproductive health care are indispensable to sustainable development. The report received significant media coverage worldwide, and was the topic of a series of town meetings in the United States organized by environmental NGOs.

in less developed countries are living below the poverty line. UNFPA is stressing that, to meet the Millennium Development Goals, poverty reduction strategies must include a focus on the poorest and most vulnerable older persons.

UNFPA supports policies that provide health services to all people in need, whether young or old; that recognize the care-giving role provided by older persons to children orphaned by HIV/AIDS; and that support efforts to eliminate discrimination, abuse and crime against older persons, especially women living in poverty.

- UNFPA organized a meeting of experts on the ageing poor in Malta in October 2001. Participants from 35 countries discussed ways to mainstream issues concerning the older poor, especially women, in development programmes.
- UNFPA supported a variety of activities in preparation for the Second World Assembly on Ageing. It organized a roundtable on ageing and poverty, and produced a report entitled *Situations and Voices: The Older Poor and Excluded in South Africa and India*. The report confirmed that urbanization, migration, the breakdown of traditional social structures and HIV/AIDS have pushed many older people, especially women, into abject poverty and isolation.
- Training in effective ways to address the growing needs of the older poor was conducted for policy makers, programme personnel and educators from developing countries by the International Institute on Ageing in Malta with UNFPA support in partnership with 15 countries.

- Indonesia launched its National Plan of Action for Elderly Welfare, a result of cooperation between UNFPA and Indonesia's Ministry of Transmigration and Manpower. By 2050, the country's older population is expected to almost equal that of those under age 24.

Sustainable development

The health of the environment is inextricably linked to population growth—slower is better, providing time for countries to make sound decisions about the use of croplands, fresh water, oceans, forests, fisheries and other natural resources. The challenge is to increase standards of living for the poor without destroying the environment. Slower population growth will result from enabling people to exercise personal choices in favour of smaller families.

UNFPA has supported many programmes that advance the closely related goals of the 1992 UN Conference on Environment and Development (UNCED) and the ICPD. Working with governments and other partners, we have ensured that national planning reflects population and environmental concerns; improved data systems, research and advocacy; and increased awareness of the key role that women play in the management of their local environment. We have also assisted in times of environmental crisis, when natural disasters have destroyed reproductive health services.

- In 2001, UNFPA participated in a number of preparatory meetings for the World Summit on Sustainable Development to draw attention to the links between population, gender, environment and sustainable development and the need for sound statistical data in addressing these issues.
- A new UNFPA technical report, *Population, Environment and Poverty Linkages: Operational Challenges*, provides an overview of the complex linkages and documents UNFPA support.
- UNFPA supported the publication of NGO advocacy materials in Iran on population planning and preservation of the environment and a series by Jordan's Department of the Environment introducing environmental issues to the general public and rural women. •

Regional Overview 2001

UNFPA supports regional cooperation and sharing of knowledge through its nine Country Technical Services Teams (CSTs) and support for regional initiatives.

In Africa, preventing the spread of HIV/AIDS is the most serious development challenge faced in UNFPA programming. The epidemic has been economically devastating, life expectancy is dropping and infant mortality rates are on the rise. High maternal mortality and adolescent reproductive health are other major challenges.

In the Arab region, uneven progress means that some countries are still experiencing high population growth due to high fertility rates and young populations—on average 50 per cent of the population is under age 25. A high incidence of unwanted pregnancies and the persistently low status of women are also of concern.

In the vast Asia and Pacific region, significant progress in reducing infant, child and maternal mortality is evident in South Asia, yet gender inequity and poverty hinder development for many. While countries in East and South-east Asia continue their economic recovery from the financial crisis of 1997, their social programmes still suffer. In the Pacific Island countries, cost-effective delivery of reproductive health services continues to be a challenge heightened by the needs of a young population.

In Eastern and Central Europe, reproductive health information and services are often of poor quality. Meanwhile, these countries and those in Central Asia recorded the world's steepest increases in HIV infection from 1995 to 2001. Poverty and social exclusion continue to marginalize many.

The countries of Latin America and the Caribbean are diverse, but many show high rates of maternal mortality as well as poverty and social exclusion of indigenous populations and marginalized groups. The Caribbean has the second highest rate of HIV infection in the world.

Improving Reproductive Health



Women attending a reproductive health workshop in Matsana, a village near Matagalpa, Nicaragua. A third of all births in villages in the area are to girls under 19, some of them as young as 12.

Photo: UNFPA/Alvaro Serrano

UNFPA in 2001 provided assistance to 141 developing countries and countries with economies in transition. As the world's largest international source of population assistance, we work among all cultures at various stages of development, with a special commitment to the poorest and most vulnerable populations and the least developed nations. Our mandate to achieve universal access to reproductive health by 2015 is carried out at the global, national and local levels with many valued partners.

Family planning

Better reproductive health depends on being able to exercise the right to decide freely and responsibly the number and spacing of children. Family planning has been one of the great success stories of development, yet even today more than 350 million women do not have access to a choice of safe and effective contraceptive methods. At least 120 million women want to use family planning methods but lack access to information and services or the support of their husbands and communities. UNFPA supports voluntary family planning programmes that bring about healthier and smaller families, empower women to make choices and encourage men to take a responsible role as caring partners.

Adolescent reproductive health

Adolescent girls and young women face risks every day from unwanted pregnancy, unsafe abortion, HIV/AIDS and other sexually transmitted infections (STIs), and sexual abuse. Poverty and low socio-economic status add to the danger.

For both adolescent girls and boys, UNFPA strongly advocates the right to reproductive health information and services. We support programmes that work closely with young people and solicit the support of their parents, teachers, religious leaders, communities and countries.

- The popular UNFPA-supported television series "I Need to Know" continues to reach adolescents in Nigeria with information about reproductive health. Parent-child communication is encouraged by the weekly 30-minute series, which revolves around the lives of seven secondary school students.
- Boy Scouts and Girl Guides in the Arab States have been learning about reproductive health as part of a programme conducted by regional and national NGOs and supported by UNFPA. Group leaders promote advocacy, information and education activities that are sensitive to issues of gender and culture.
- Young people are gaining the attention of policy makers in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan with outreach activities that advocate their right to reproductive health and sexuality education.



In Benin, local royalty and religious and community leaders attended a ceremony to launch a collection of songs about the benefits of family planning.

Photo: UNFPA/Benin

- More than 2,500 adolescents in Nicaragua participated in eight training workshops to become promoters and facilitators in peer education activities to convey information about sexual and reproductive health, and materials were disseminated to more than 20,000 youth.
- In Viet Nam, six television spots were aired on national television during popular sports matches, aiming to reach a young audience with messages on the prevention of unwanted pregnancy and HIV/AIDS, male responsibility and gender equity.

Safe motherhood

Saving women's lives by making childbirth safer is a high priority. More than 500,000 women die each year in pregnancy and 20 million suffer acute complications, according to *Maternal Mortality Update 1998-1999*, a UNFPA publication produced in 2001.

The vast majority of deaths and disabilities could be prevented if women had access to basic and emergency medical treatment during pregnancy, childbirth and the post-partum period. Only 53 per cent of pregnant women in developing countries deliver with the

help of a skilled attendant. And simply meeting the unmet need for contraceptives could reduce maternal mortality by 20 per cent or more.

- In Nigeria, UNFPA has implemented a model project to upgrade and equip 900 primary health facilities and train 900 midwives with life-saving skills. Activities will increase the number of births attended by skilled assistants and expand family planning services.
- A joint project of UNFPA and Columbia University's Averting Maternal Death and Disability programme sought to upgrade obstetric care facilities, train health workers, improve health information systems, and improve communications and transportation. Under this project, India, Morocco and Mozambique implemented programmes to improve access to emergency obstetric care in urban and rural areas. An in-depth needs assessment of 138 health care facilities in Nicaragua was completed and an assessment of obstetric services in five countries in West Africa was carried out.
- Blood transfusion training to reduce maternal mortality was sponsored by UNFPA for 74 laboratory technicians from hospitals in Indonesia, whose improved skills will help ensure that recipients receive safe blood, free from infection.



A student from a UNFPA-supported school in Bibir Bazar, Bangladesh. Under this project, the girls receive free education while their mothers participate in income-generating activities.

Photo: UNFPA/Don Hinrichsen



This UNFPA-trained “village motivator” from India advises men and women about gender-based violence as well as reproductive and legal rights.

Photo: UNFPA/Don Hinrichsen

- Maternal death declined sharply in one Bolivian municipality following the implementation of a UNFPA-supported reproductive health programme that trained health workers, followed high-risk cases, increased referrals and obtained Government assistance.
- In Mali, seven new community health centres and a new maternity unit were constructed as a result of interagency collaboration. Two-way radio communications and cars to transport women to district hospitals are improving obstetric services.
- Training for village midwives took place throughout Sudan as a major effort of the Ministry of Health with support from UNFPA. Training materials were provided to many village midwifery schools, and students’ costs for food and accommodations were covered. In Sudan, few births take place in hospitals and village midwives play a key role in pregnancy, delivery and post-partum care.
- In Bangladesh, where 96 per cent of women give birth at home without a trained assistant, UNFPA co-sponsored a national seminar on emergency obstetric care.
- First ladies from eight African governments participated in a regional forum in Bamako co-organized by UNFPA for Vision 2010, a partnership aimed at reducing maternal deaths in Africa.
- Surveys to establish benchmark indicators and baseline data on reproductive health, including maternal health, were carried out in Tunisia and Syria in 2001 and a third was planned for Djibouti as part of the Pan Arab Project for Family Health, which covers 16 Arab countries.

Ending gender violence

Violence against women takes many forms: girls suffering from genital cutting, women beaten during pregnancy, rape and forced prostitution. One strategy for overcoming the socialization that perpetuates such inhumane behaviour is to directly involve men and boys as partners for change. UNFPA promotes the empowerment of women to speak out against violence and discrimination; laws and policies to protect and to punish; counselling for victims and training for police, judges and health workers. These and other actions raise awareness of gender-based violence as a violation of human rights and a threat to public health.

Obstetric Fistula: Threat to Safe Motherhood

Obstetric fistula is a neglected condition with severe physical and social consequences that affects at least 2 million women. It occurs as a result of prolonged and obstructed labour, often in very young women who are not yet physically mature. Torn tissues between the vaginal wall and the bladder or rectum result in incontinence, infections and ulcerations. Women are often ostracized and abandoned, and their babies usually die as a result of the obstructed labour.

To combat this problem, which has been all but eliminated in industrialized countries, UNFPA launched an international campaign to prevent fistula and increase access to its surgical repair with two important partners: Columbia University's Averting Maternal Death and Disability programme and the International Federation of Obstetrics and Gynecology. A meeting of experts was held in London in July.

Below, a cartoon from a calendar produced by a project in Nigeria that aims to increase awareness about obstetric fistula and other reproductive health issues affecting young people.



- In 2001, the Fund produced and piloted step-by-step guidelines for clinics, *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*. The guide focuses on childhood sexual abuse, domestic violence, rape and sexual assault.
- A film on female genital cutting won the Special UNFPA Prize at the 17th Pan-African Cinema Festival in Ouagadougou, February 2001. The film, by Adjara-tou Lompo of Burkina Faso, explores the impact of the practice on a young woman who succeeds in changing attitudes in her village.
- To better integrate gender issues throughout development programming, UNFPA developed a methodology and hosted a training workshop in Amman in 2001 attended by 35 trainers and focal points from Algeria, Morocco and the Occupied Palestinian Territory.
- The FAMA Centre, a national NGO in Morocco that helps women victimized by violence, received funding to provide reproductive health services, computerize and analyse data, raise awareness and provide legal advice.

Commodity security

UNFPA is the largest international public sector supplier of reproductive health essentials, including condoms and other contraceptives. This strong position means that we can keep costs down for countries in need. Almost every aspect of reproductive health depends on reliable access to commodities.

In 2001, with funding from the United Kingdom and the Netherlands, UNFPA continued to enhance its capacity to help developing countries avoid dangerous shortfalls. During the year, 44 urgent requests for supplies were met through the Global Contraceptive Commodities Programme, a revolving fund that helps UNFPA maintain buffer stocks of essential commodities in case of emergency.

The first in a series of regional meetings to elaborate the global strategy for reproductive health commodity security (RHCS) took place in November 2001 in Mombasa, Kenya. RHCS provides a framework for a system that makes equipment and supplies readily available—the right quantities of the right products in the right condition in the right place at the right time for the right price.



A UNFPA-assisted census found that 43 per cent of Cambodia's 1.4 million people are under the age of 15, like these adolescent street children.

Photo: H el ene Caux

Access and quality

Improving the quality of care—and access to it—cuts across all areas of our work. In family planning, studies are conducted to determine if the methods available meet the unique needs of each user, and the supply of contraceptives is monitored country by country. For adolescents, care is taken to ensure that services are youth-friendly, age-appropriate and promote youth participation. To significantly improve quality of care, UNFPA supports efforts to increase women's awareness of reproductive rights and their capacity to influence decisions about health services.

- Hard-to-reach areas of five remote provinces in Iran are the focus of a UNFPA-supported project to improve access, management and quality of reproductive health services, including family planning and safe motherhood.

Donor Support for Contraceptives Compared with Estimated Requirements (1992 - 2003)



- Total estimated ontraceptive costs
- Actual donor support

Reproductive health commodities for family planning and HIV prevention can save the lives of millions of people around the world. Demand far exceeds supply and costs are rising, but donor support is far below what is required. Each \$1 million shortfall in support for contraceptives means an estimated: 360,000 more unwanted pregnancies; 150,000 additional induced abortions; 800 maternal deaths; 11,000 infant deaths; and 14,000 additional deaths of children under 5.

- In 2001, a project was launched to improve the quality of sexual and reproductive health care by increasing the level of collaboration among UNFPA and international, national and NGO partners. Workshops, studies and training will build capacity in India, Kyrgyzstan, Mauritania, Nepal, Peru and Tanzania.
- Women of the Ng obe, indigenous to Panama, are overcoming their marginalized status through a UNFPA programme to increase access to reproductive health services, provide training for health workers, and raise awareness through activities in 32 communities. •

Intensifying HIV/AIDS Prevention



UNFPA Goodwill Ambassador Mpule Kwelagobe visits an AIDS patient in Botswana. The former Miss Universe won the 2001 Jonathan Mann Award for work in health and human rights. From Botswana, where HIV rates are highest in the world, Ms. Kwelagobe is an outspoken advocate for HIV/AIDS prevention among adolescents.

Photo: Mark Edwards/Still Pictures

UN Special Session

A major event was the United Nations General Assembly Special Session on HIV/AIDS in June 2001. UNFPA prepared technical documents, supported member states and organized two panel discussions at the government ministry level—one on gender and HIV/AIDS and the other on preventing infection among young people. World leaders adopted a Declaration of Commitment on HIV/AIDS with specific goals: reduce HIV infection by 25 per cent among young people in the most-affected countries by 2005 and by the same year provide 90 per cent of young people with access to the information, education and services necessary to reduce their vulnerability to HIV infection.

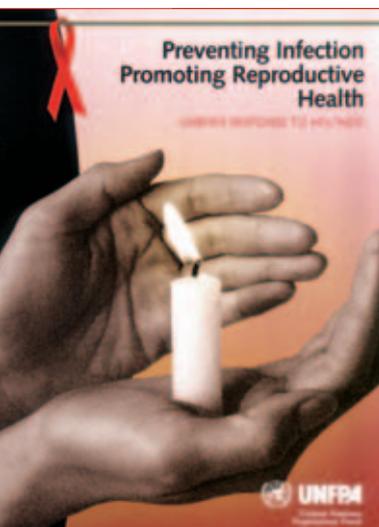
Leadership at the global, regional and national levels and attention to the cultural context of behaviour change were key areas of the UNFPA commitment to HIV prevention in 2001. Among the 5 million people newly infected this year were young people and pregnant women—two groups of primary concern to UNFPA. Africa, with 75 per cent of the world's 40 million people living with HIV/AIDS, continued to suffer the highest rates of infection, threatening development, social cohesion, political stability, food security and life expectancy.

Action against HIV/AIDS

UNFPA is at the forefront of international prevention efforts, building on over three decades of dealing with sensitive issues of sexuality and culture and working to integrate HIV prevention throughout all reproductive health services. Short-term interventions include promotion of responsible behaviour including abstinence, condom use, and delaying the age of sexual activity. Longer-term actions support lasting behaviour change through the empowerment of women and girls and the involvement of men.

Within the organization in 2001, HIV/AIDS prevention became a higher priority than ever before:

- UNFPA dedicated additional staff and continued to enhance prevention programming and networking through HIV/AIDS advisers in regional, multidisciplinary Country Technical Services Teams.
- The Fund continued to work in partnership with other co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). In 2001, Thoraya Obaid, UNFPA Executive Director, chaired the UNAIDS Committee of Co-sponsoring Organizations.
- At a summit of African leaders in Abuja, Nigeria, UNFPA called for stronger prevention efforts to halt HIV/AIDS, with a focus on young people and on the empowerment of women and girls.
- A strategic framework for 2002-2005 was approved by the Executive Board, defining an institution-wide strategy for the UNFPA contribution to prevention among young people and pregnant women and condom programming.
- UNFPA participated in Country Coordination Mechanisms in several countries to help prepare funding proposals that will be submitted to the new Global Fund to Fight AIDS, Tuberculosis and Malaria.



With millions newly infected with HIV each year—5 million in 2001—UNFPA is supporting intensified action to prevent the sexual transmission of HIV/AIDS. UNFPA produced an advocacy booklet on our approach to prevention in preparation for the UN Special Session on HIV/AIDS.

Education and advocacy

UNFPA continued its advocacy efforts to ensure that HIV/AIDS and all other reproductive health priorities, as spelled out in the ICPD Programme of Action, are included in any new social development policies. Advocacy for prevention gained focus with revised guidelines that reflect lessons learned in affecting policy change, building alliances, mobilizing resources and bringing about safer behaviour.

- Teachers in Togo are integrating messages about HIV/AIDS and other STIs into formal education following training sessions in a programme that also produced a teacher's guide and an activity book for students.
- *Sandrine Vivre Positif*, a book of comic strips produced with UNFPA support, is raising awareness of HIV/AIDS among young people in Cameroon, where over 7 per cent of sexually active people are estimated to be HIV positive.
- More than 15,000 young people marched in Burkina Faso on World AIDS Day, 1 December 2001, attracting the attention of policy makers to their message of individual and community responsibility with a youth declaration.
- The Latin American Network in Adolescence and Sexual Education received support to introduce innovative education strategies for the prevention of HIV/AIDS, pregnancy, sexual violence and for gender equity and community participation in 17 countries.
- Russian-speaking youth in Estonia attended performances of a play about the lives of eight teenage girls and participated in workshops after each show on gender roles, sexual and reproductive health and drug use.
- In China, secondary school teachers and administrators in 15 counties participated in advocacy seminars designed to raise awareness about the need to educate young people about HIV/AIDS prevention and other reproductive health issues.
- Awareness about HIV/AIDS in Benin was raised through radio and newspaper information campaigns, workshops and youth centres. Training for 85 peer educators focused on the prevention of HIV/AIDS and pregnancy.

Adolescents and young people

Half of all new cases of HIV infection worldwide are among young people aged 15 to 24, with girls at particular risk. Knowing that a failure to educate young people may be a death sentence, UNFPA supports a wide variety of programmes to protect this vulnerable population and enlist the participation of young people in action to end the epidemic.

- Calling HIV/AIDS “the greatest threat to their generation”, youth from nearly 90 countries adopted the Dakar Youth Empowerment Strategy, resolving to lead the crusade against HIV/AIDS and promote sexual responsibility—including the right to say no to sex and to use condoms if sexually active. The strategy was developed in August at the Fourth World Youth Forum.
- A new youth centre opened in Vientiane, Laos, to provide social activities, skills training, counselling and reproductive health information and services. Adolescents were taught about HIV/AIDS, and a referral network was established with the National Centre for the Control of AIDS.



Education opens up opportunities for girls like these young students from Pakistan. Delaying marriage and the onset of sexual activity can help them avoid the health risks associated with unwanted and too-early pregnancies, as well as sexually transmitted infections, including HIV/AIDS.

Photo: Jonette I. Stubbs

- Teams of trained and uniformed distribution agents went door-to-door with leaflets, condoms and contraceptives in an activity of Ethiopian Aid, an NGO that provides services from job training to health care for street children, with a full range of reproductive health services.

Condom programming

Effective in blocking the HIV virus, condoms are promoted for their dual role in the prevention of sexually transmitted infections, including HIV/AIDS, and the prevention of pregnancy. Condom programming has many aspects, including understanding the perceptions and misconceptions that affect the use of condoms, the dynamics of behaviour change and culture, forecasting, procurement, logistics management and quality assurance.

- Six Christian denominations in Zimbabwe announced at a UNFPA-sponsored meeting that condoms could be used within the family to prevent transmission of the AIDS virus, marking a major shift from statements in recent years that “condom use was a sin”. The churches have united to coordinate HIV prevention activities, counselling and provision of care to people living with HIV/AIDS.
- Fifty-five condom vending machines were installed in public locations in Sri Lanka as part of a project that emphasizes male responsibility in the prevention of unwanted pregnancy and STIs including HIV/AIDS and is managed by local organizations and the armed forces.
- Attracting the attention of young people, social marketing techniques in Albania and Kosovo have boosted demand and increased availability of condoms at kiosks, schools and pharmacies.
- Bar patrons and commercial sex workers are the audience for an innovative peer education pilot project in Mutare, Zimbabwe, where women trained as health educators enter bars and perform skits about HIV/AIDS and other STIs, domestic violence and the use of condoms.

Gender and prevention

The role of men as partners in prevention is linked to the empowerment of women, whose low status, lack of choice and exposure to violence render them more vulnerable to HIV infection. Men’s support will also help reduce the shame, stigma and silence surrounding HIV/AIDS. The epidemic has added urgency to ongoing efforts to involve men in reproductive health and is among the central issues of programmes with the military in numerous countries.

- In Paraguay, 15,000 men in the armed forces have participated in workshops on sexual and reproductive health and gender equity. Services and sensitization activities are being integrated within military training academies and the military health system, with UNFPA support. ●

African Youth Alliance

The African Youth Alliance (AYA)—a partnership of UNFPA, the Programme for Appropriate Technology in Health (PATH) and Pathfinder International—began implementing programmes in 2001 in adolescent HIV/AIDS prevention and reproductive health. The project is based in Botswana, Ghana, Tanzania and Uganda and is funded by the Bill & Melinda Gates Foundation.

AYA worked closely with its implementing partners to build technical capacity and engaged these partners in proposal development, programme orientation, project planning and the creation of curricula and training materials. Among many other activities, AYA conducted reviews of the knowledge, attitudes and behaviours of youth; developed behaviour-change strategies emphasizing parental involvement and peer education; and promoted youth-friendly approaches by assessing service points and revising curricula in national training institutions. The project also strengthened advocacy networks, especially with the media.



In Ghana, a UNFPA-trained health promoter educates truck drivers and marketplace customers about family planning and unsafe sexual behaviours that increase the risk of contracting HIV/AIDS.

Photo: UNFPA/Ghana

Emergencies: Providing Services



A family from Kosovo waiting in a health clinic. Rebuilding reproductive health services is the focus of UNFPA support for recovery in Kosovo now that the conflict has subsided.

Photo: Peter Bussian

In an earthquake, flood or violent conflict, immediate reproductive health concerns are the same: childbirth, sexually transmitted infections and sexual violence. When disaster strikes, precarious conditions multiply risk. Complications of pregnancy and childbirth are a leading cause of death and disease among refugee women of childbearing age. Since 1994, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories.

Women and children account for more than 75 per cent of the refugees and displaced persons at risk from war, famine, persecution and natural disaster. Of this population, 25 per cent are women of reproductive age and one in five is likely to be pregnant.

In 2001, UNFPA supported early and effective action to meet the emergency reproductive health needs of refugees, the internally displaced and others affected by crisis. We worked closely with governments, other UN agencies and NGOs in humanitarian responses to assist people suddenly deprived of life-saving care. The first step was often a rapid needs assessment, followed later by research and data analysis to ensure that basic needs were being met.

Equipment and supplies

UNFPA dispatched 44 shipments of emergency equipment and supplies to 24 countries and territories in 2001. Clean delivery kits, for example, have helped mothers deliver safely in emergency situations, providing soap, plastic sheeting, razor blades, string and gloves. Pre-packaged kits are prepared in advance to meet many needs: safe delivery, condoms to prevent HIV transmission and unwanted pregnancy, rape management, STI prevention and treatment, care after miscarriages and unsafe abortions, caesarian sections and blood transfusions. These supplies help to implement the Minimum Initial Service Package developed by the Inter-Agency Working Group for Reproductive Health in Emergency Situations, of which UNFPA is a founding member.

- Three earthquakes in early 2001 killed or injured thousands in El Salvador and damaged or destroyed nearly every hospital. UNFPA responded immediately, conducting a rapid needs assessment after the first quake and within days dispatching emergency supplies and equipment.

- UNFPA dispatched emergency supplies and personnel, supported 12 mobile health clinics, provided counselling support and refocused ongoing programmes to help pregnant women and infants affected by a major earthquake in Gujarat state, India.
- In Kosovo, projects once focused on the urgent provision of equipment and supplies have progressed into reconstruction, working towards the long-term development of a health care system supported by demographic research.

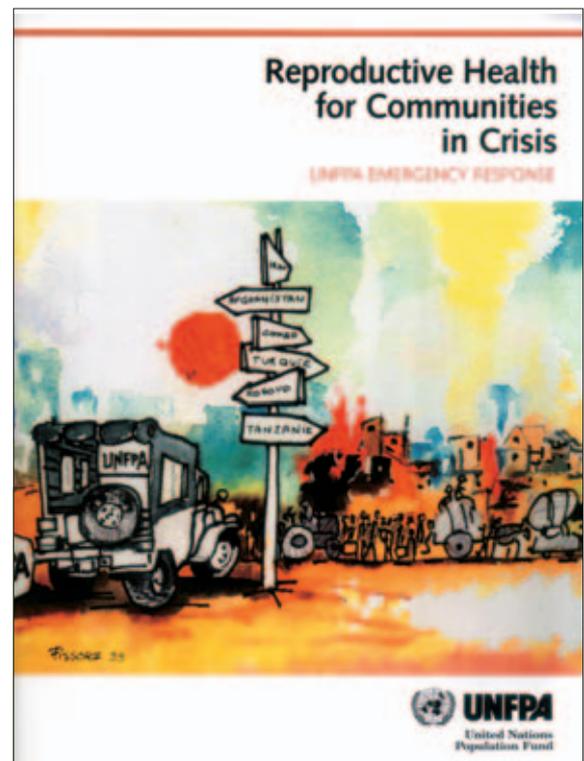
Training and education

Skills and information are needed by many groups confronting crisis: health workers unprepared for a flood of refugees, armed forces exposed to HIV, young people traumatized by violence or catastrophic events who turn to high-risk behaviours. UNFPA supports training to build capacity, counselling and sexuality education to help people cope with heightened risk.



After three earthquakes damaged health facilities in El Salvador, UNFPA responded with emergency supplies and equipment. Soldiers helped transport the aid, which included clean delivery kits.

Photo: UNFPA/Lydia Leon



An advocacy booklet, *Reproductive Health for Communities in Crisis: UNFPA Emergency Response*, was produced in 2001 to raise awareness among donors and partners about the need to protect reproductive health in times of crisis.

- Some 90 relief workers and health professionals from more than 30 countries received training as part of a UNFPA-supported project for reproductive health services in emergency situations.
- A training project in Liberia graduated 212 students in demography and 61 in statistics. Surveys and a new census are providing the Government with the first major demographic and health data since a decade-long civil war caused massive population displacements.
- More than 4,500 young people learned about reproductive health and condoms through a peer education project that concluded in 2001 in Bosnia and Herzegovina, in a complex post-war, multi-ethnic and multi-religious context.



UNFPA emergency assistance to Afghanistan helped mothers like this one deliver safely.

Photo: UNFPA/William A. Ryan

Aid to Afghanistan

UNFPA launched its largest-ever humanitarian operation in September 2001, when hundreds of thousands of Afghans fled their homes to escape armed conflict. First priority was to assist the thousands of pregnant women among the displaced and refugees. UNFPA pre-positioned emergency relief supplies in the countries bordering Afghanistan both for refugees and for distribution inside the country, when conditions permitted. Initial support included clean-delivery supplies, support for border-area hospitals receiving referrals with pregnancy and childbirth complications, and counselling for victims of trauma.

As the task has shifted to helping rebuild Afghanistan, UNFPA is assessing maternal and child health care facilities, providing training and equipping maternity hospitals, as part of a longer-term plan for reconstruction and rehabilitation. The Fund is also advocating the involvement of Afghan women in the planning and delivery of services. Even before the crisis, maternal and infant mortality in Afghanistan were among the highest in the world, and since 1998 UNFPA has directed support to NGOs working to improve reproductive health in the country.

Advocacy and awareness-raising

Too often neglected in the rush to provide relief, reproductive health information and services are required from the start of a crisis. UNFPA raises awareness about the importance of incorporating reproductive health in humanitarian responses. We work closely with many partners, endeavouring to leverage limited resources to establish the services that are the right of vulnerable populations. In November, UNFPA organized a meeting in Bratislava to discuss the impact of conflict on women and girls. Nearly 50 participants attended from governments, UN agencies and NGOs—agreeing that refugee and peace-building efforts must address reproductive health and gender violence. ●

Partnerships and Fund-raising



The Fund's partnerships and fund-raising efforts help ensure the health and well-being of people like these women from Sierra Leone, who are sitting in the waiting room of a UNFPA-supported family planning clinic.

Photo: Tuen Voent

Partnerships provide the most important form of support in meeting common goals. UNFPA has created a strong and diverse network of partners over the years among governments, NGOs, UN agencies, the private sector and individuals. Alliances and coalitions from the global to the local level represent the best hope of tackling challenges related to poverty, exclusion and ill-health—challenges like maternal mortality, which the world has identified as a top priority. Networks and partnerships of many kinds have evolved since the International Conference on Population and Development, giving us the strength in numbers required to meet our goals.

Outstanding commitment to reproductive health was demonstrated in 2001 when the United Nations Foundation provided almost \$10 million for UNFPA projects and other donors gave an additional \$3.8 million for those projects.

Governments

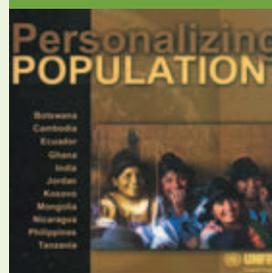
The Government of the Netherlands was the number one donor to UNFPA in 2001, contributing nearly \$75 million. The number of donors reached 120 countries in

2001—nearly doubling in three years from 69 countries in 1999. This increase was made up almost entirely of programme countries. More than ever, countries served by UNFPA are showing support for reproductive health by pledging contributions.

NGOs

Strong partnerships with NGOs multiply the impact of our mission. Local groups implement UNFPA-supported projects at the community level and international partners raise funds and increase awareness about reproductive health issues at the global level. With the International Planned Parenthood Federation (IPPF), UNFPA is supporting the development of NGOs working with young people in Eastern Europe and Central Asia. UNFPA and Rotary International signed a memorandum of cooperation in June 2001 to work together on population and reproductive health issues. Progress continued in the European Commission/UNFPA Initiative for Reproductive Health in Asia, including the launch of a new database on the information, education and communication activities produced in the initiative's projects in seven countries.

In April, UNFPA launched Improving the Quality of Sexual and Reproductive Health Care, a multi-year initiative with funding of more than \$3 million from the United Nations Foundation. The initiative is in cooperation with the International Labour Organization (ILO), United Nations Children's Fund (UNICEF), World Health Organi-



Personalizing Population, which concluded in 2001, was a multimedia advocacy effort in 11 countries to direct media attention to population issues in general and the work of UNFPA in particular. The project supported 11 media trips and four TV feature productions; 10 UNFPA special video productions; over 100 hours of video field footage; 200 professional photographs and numerous magazine, newspaper and radio reports.



Dr. Nafis Sadik (left), former Executive Director of UNFPA, accepting the 2001 United Nations Population Award from UN Secretary-General Kofi Annan in June. The Japanese Organization for International Cooperation in Family Planning also received the award, which honours individuals or groups who have made outstanding contributions to increasing awareness of, and solutions to, population problems.

Photo: UNFPA/Ephrem Cruz

zation (WHO) and global-level partners including the Population Council, EngenderHealth, Marie Stopes International, Association Internationale de la Mutualité, IPPF and PHRplus. Local NGOs and women's associations will become partners during the country-level planning process.

UN agencies

Collaboration with other UN organizations continued to increase in 2001. We worked with other UN agencies and government ministries to apply the new "sector-wide approach" developed as a mechanism for health sector reform to better coordinate partnerships in health and development. As a co-sponsor of UNAIDS, we welcomed the creation in 2001 of the Global Fund to Fight AIDS, Tuberculosis and Malaria, called for by UN Secretary-General Kofi Annan, which has garnered contributions from governments, private individuals, corporations and foundations.

With the World Bank, UNFPA advanced reproductive health through a research and training programme and workshops on health sector reform and building effective partnerships. With WHO, UNAIDS, UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank, we released a report citing success stories from 20 countries to show that global targets can be met—for the reduction of maternal mortality, HIV/AIDS and other poverty-related diseases.

Foundations

Increasingly, UNFPA is forging links with foundations, businesses and organizations in the private sector. The United Nations Foundation (UNF), established by U.S. business leader Ted Turner, has contributed since its inception in 1998 a total of almost \$50 million to UNFPA for 44 ongoing projects. In 2001, UNF approved \$9.6 million for UNFPA-supported projects. Included in this amount is a \$3.5 million project in Mexico to build the capacity of communities to improve sexual and reproductive health and rights for young women, and over \$5 million for the transition towards a stronger UNFPA. The transition also received support from the Packard Foundation, the Hewlett Foundation, the Bill & Melinda Gates Foundation, the MacArthur Foundation and the Ford Foundation. The Gates Foundation also continued its support for a four-year programme to fight HIV/AIDS in Africa.

Academic collaboration

Hundreds of universities worldwide have worked with UNFPA, conducting research, analysing data, facilitating training and developing academic programmes to build national capacity in population and development. In 2001, UNFPA joined forces with Columbia University's Averting Maternal Death and Disability programme and the International Federation of Obstetrics and Gynecology to lead an international campaign to prevent and treat obstetric fistula. A project to develop staff training materials on HIV/AIDS programming was initiated with the Institute of Population and Social Research at Mahidol University, Bangkok. In Sudan, the University of Gezira established a special Population Studies Centre with UNFPA assistance, and a gender-training programme was undertaken by the Ahfad University for Women.

U.S. Committee for UNFPA

The U.S. Committee for the UN Population Fund supports the work of UNFPA through education, advocacy and fund-raising. A major goal is to strengthen U.S. political and financial commitment to international family planning, reproductive rights, gender equity and the empowerment of women. In 2001, more than \$1.5 million was raised from individuals and foundations in the U.S. to benefit UNFPA-supported programmes, including humanitarian relief in Afghanistan. As part of its advocacy work, the committee continued to maintain a speaker's bureau and a web site (www.uscommittee.org) and to conduct awareness-raising trips to project sites—this year taking journalists to Botswana and congressional representatives to Morocco.



Lara Dutta of India, Miss Universe 2000, spoke with young people from her country as she visited health clinics and a project that teaches adolescents to prevent HIV/AIDS. She was one of several celebrities newly appointed as UNFPA Goodwill Ambassadors. Also new this year were French actress Elsa Zylberstein, who visited women's groups and health centres in Mali and Senegal; Princess Basma Bint Talal of Jordan, an advocate for women and children throughout the Arab region; and Chea Samnang, a Cambodian doctor and television star, who spoke out about the role of men in ending violence against women and discussed HIV/AIDS with 100 young people at a youth camp organized by NGOs.

Photo: UNFPA/Don Hinrichsen

Private sector support

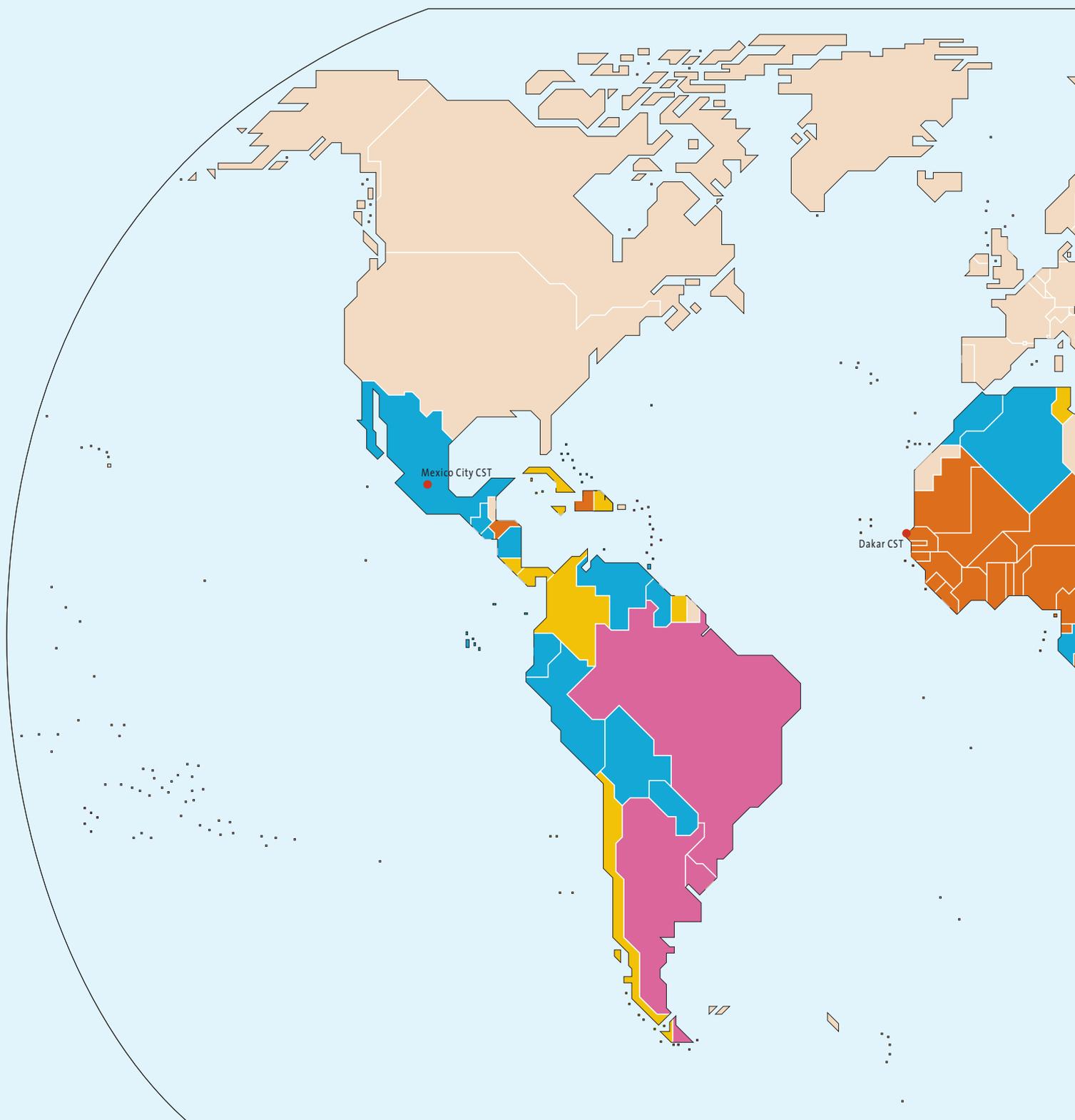
Increasing support from the private sector is helping advance reproductive health in many countries. Manufacturers, contractors, suppliers and others in the private sector play important roles in reproductive health commodity security—ensuring that condoms and other contraceptives meet every person's needs at the right time and in the right place. UNFPA brokers public-private agreements between governments and the private sector to ensure a steady and reliable supply of quality contraceptives. Many partners contribute to UNFPA-supported projects. In Angola, contributions from Chevron helped provide war-affected women with reproductive health services. Shell Development Iran contributed funding for a literacy and skills development training project with a microcredit component for women and girls in Khozestan province, Iran.

Celebrities for UNFPA

UNFPA Goodwill Ambassadors use their celebrity to draw attention to the reproductive health care needs of people in developing countries. Visiting and publicizing UNFPA-supported programmes, they attract much-needed media and public attention. Many also serve as spokespersons for the Face to Face Campaign, which works with UNFPA and NGO partners to raise awareness and financial support for women's rights, especially access to reproductive health care and family planning services. Face to Face reaches out through the mass media and the arts, believing that an aware public will do more to help.

- Former Miss Universe, Lupita Jones, delivered candy-making equipment to help poor women in Mexico's Hidalgo state earn income. She appealed to private companies and the Government, which donated land for the construction of a new industrial kitchen.
- Goedele Liekens, a popular television personality in Belgium, produced a moving documentary about the challenges of an HIV-positive mother in Botswana raising two young daughters who also are living with the virus.
- Portuguese film and theatre actress Catarina Furtado donated computers to a youth counselling centre and spoke of her experiences at a meeting of European NGOs after a visit to Mozambique, where she witnessed the impact of teenage pregnancy, HIV/AIDS and a lack of equipment and supplies.
- Shabana Azmi, Member of Parliament in India and movie superstar, urged influential leaders and celebrities to focus attention and resources on HIV/AIDS when she addressed the Sixth International Congress on AIDS in Asia and the Pacific, in Melbourne, Australia, in October 2001.
- On a visit to Peru in June, Dr. Bertrand Piccard, UNFPA Goodwill Ambassador for Switzerland and round-the-world balloonist, told journalists that men must promote gender equity for women and girls. He has used his balloon flights to publicize issues such as reproductive rights and other social and humanitarian causes.
- Goodwill Ambassadors Lara Dutta, Wendy Fitzwilliam and Mpule Kwelagobe addressed a special panel on HIV/AIDS during the World Youth Forum in Dakar in August. ●

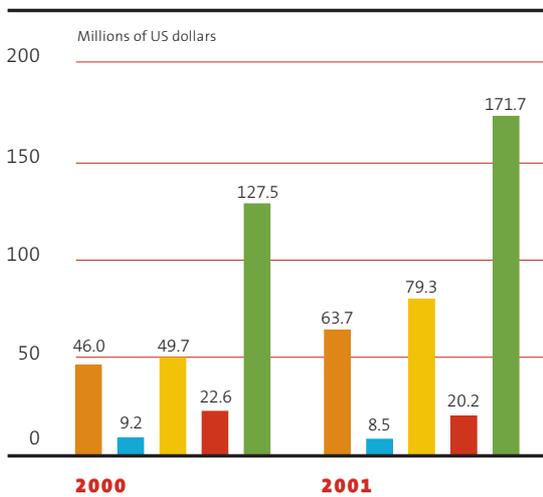
Where UNFPA Works



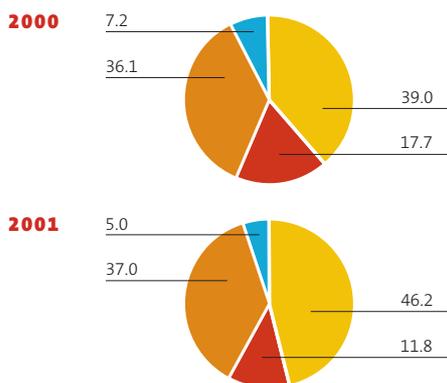
UNFPA provides population assistance to countries based on population size, gross national product, and progress in meeting the international goals set at the International Conference on Population and Development (ICPD) and the ICPD+5. Countries fall into five categories. Group A countries, which include all least developed

Resources and Management

UNFPA Assistance by Executing Agency



Percentage of Total Programme



Note: All data for 2001 are provisional.

- Government-executed projects
- United Nations agencies
- UNFPA*
- Non-governmental organizations
- Total

* Includes assistance to procurement for government projects of \$14.7 million in 2000 and \$14.6 million in 2001.

UNFPA is the world's largest internationally funded source of population assistance, directly managing one quarter of the world's population assistance to developing countries. To be an effective force for development, UNFPA requires a predictable and assured resource base. Shortfalls and sudden changes in funding levels disrupt programmes and undermine partnerships and commitments.

Funded entirely by voluntary contributions, UNFPA counts on support from two primary sources: governments and intergovernmental organizations, and private sector groups and individuals.

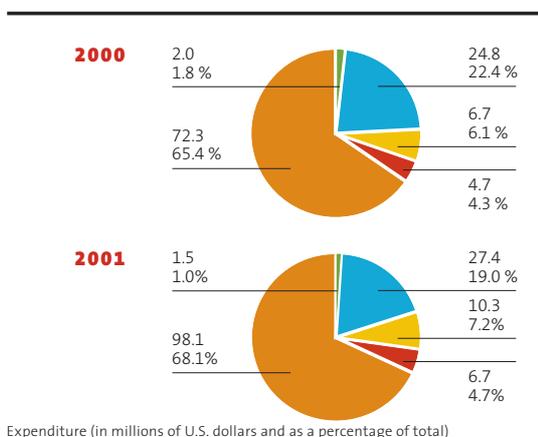
Income

Total income (provisional) for 2001 was \$396.4 million, compared to \$367.4 million for 2000.

Regular income (provisional) was \$268.7 million, an increase of 1.8 per cent compared to regular income of \$264.0 million in 2000. This includes \$258.3 million for voluntary contributions from donor governments and a private contribution from Mars Trust, \$9.7 million for interest receivable and other contributions of \$0.6 million. Regular resources are at the core of our work, steadily supporting UNFPA country programmes in developing countries, primarily through governmental pledges. They also are used for programme support and management and administration of the organization.

Other contributions (provisional) totalled \$123.5 million, an increase of 19 per cent compared to other income of \$103.4 million in 2000. When interest receivable of \$4.1 million and other income of \$0.2 million are added, the total income for other resources is \$127.8 million in 2001. Other resources are earmarked for specific activities, and contributions have been growing in recent years. Income from other resources includes trust funds, cost-sharing programme arrangements and other restricted funds.

Country Activities by Group



Expenditure (in millions of U.S. dollars and as a percentage of total)

Note: All data for 2001 are provisional.

- Group A
- Group B
- Group C
- Economies in Transition
- Other Countries

Includes assistance to procurement for government projects of \$14.7 million in 2000 and \$14.6 million in 2001.

Expenditures

Project expenditures in 2001 totalled \$171.7 million, as compared to \$127.5 million in 2000. This includes \$144.0 million for country programmes in 2001, compared to \$110.5 million in 2000; and \$27.7 million for intercountry (regional and interregional) programmes, compared to \$17 million for 2000. Technical advisory programmes amounted to \$17.7 million, and administrative and operational support (AOS) costs totalled \$5.0 million. Of the total expenditures, UNFPA provided \$119.2 million in assistance for reproductive health and family planning; \$34.2 million for population and development strategies; \$16 million for advocacy; and \$2.3 million for multisector assistance. These expenditures were authorized by the Executive Director to meet recommendations approved by the Executive Board for programme assistance.

Regional spending

In 2001, UNFPA provided support to 141 developing countries and countries with economies in transition: 45 in sub-Saharan Africa, 39 in the Arab States and Eastern Europe, 33 in Asia and the Pacific, and 24 in Latin America and the Caribbean. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance at \$57 million, followed by Asia and the Pacific at \$55.9 million, the Arab States and Europe at \$22.6 million and Latin America and the Caribbean at \$16.9 million. Interregional and global assistance amounted to \$19.3 million.

Transition

Responding to the changing environment in which UNFPA works, the new Executive Director initiated a transition exercise within the Fund in 2001. Its aim is to strengthen UNFPA's lead role in the achievement of the ICPD and Millennium Development Goals.

Transition activities included a field needs assessment study and the creation of six working groups focused on key areas: developing clear strategic direction on how to achieve greater impact in implementing the ICPD Programme of Action, providing more effective support to the field, investing in UNFPA staff through strengthened human resources management and training, improving knowledge-sharing and communications within UNFPA and with partners, and increasing the visibility of UNFPA and its achievements.

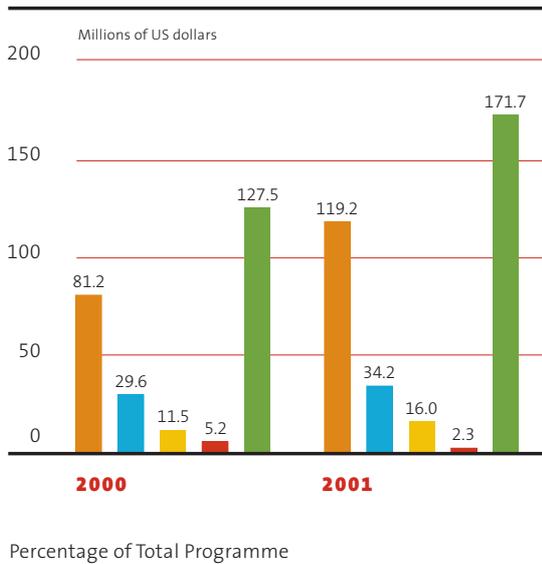
Strategic and operational results of this transition exercise are guiding changes that will take place throughout the next year. For example, the Fund will finalize a new human development resource strategy focusing on training and learning, upgrade field connectivity to enhance knowledge sharing, and continue to streamline administrative and financial systems for simpler monitoring. In addition, a new organizational identity for UNFPA will be launched. Underpinning these changes will be clearer strategic directions in UNFPA's mandated areas of work, and stronger institutional capacity and mechanisms to anticipate and adjust to new issues and challenges, and to more effectively plan and manage our resources.

UNFPA at a Glance: 2001

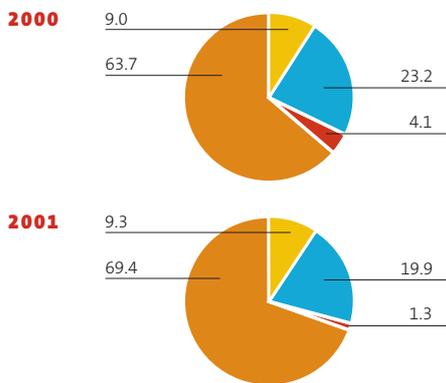
UNFPA works through its headquarters in New York and its regional and field office worldwide. UNFPA also has an office in Geneva and a supply operation in Amsterdam.

- Number of country offices: 112
- Number of Country Technical Services Teams: 9
- Percentage of posts located in the field: 76 per cent
- Number of posts worldwide: 1,020

UNFPA Assistance by Major Function



Percentage of Total Programme



Note: All data for 2001 are provisional.

- Reproductive health/family planning
- Population and development strategies
- Advocacy
- Multisector
- Total

Human resources

UNFPA has assembled nine teams of expert advisers at the regional level. Offices for the Country Technical Services Teams are in Addis Ababa, Amman, Bangkok, Bratislava, Dakar, Harare, Kathmandu, Mexico and Suva. They provide specialized support in reproductive and sexual health, HIV/AIDS, logistics and management of reproductive health commodities, gender, advocacy and other technical disciplines.

Worldwide, UNFPA has 1,020 staff in authorized budget posts, and 50 per cent of the professional staff members are women. In 2001, staff members participated in a number of training and learning activities. Key events included a workshop on reproductive health and

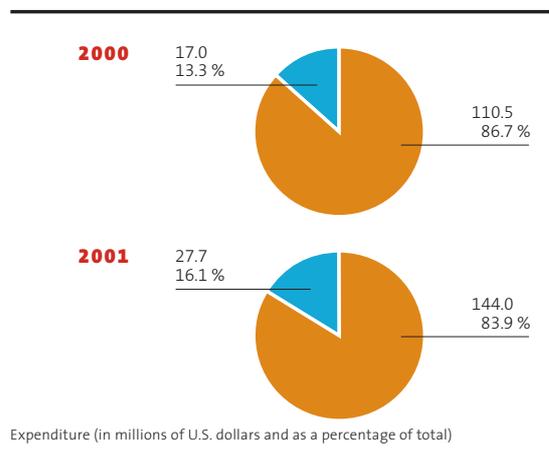
health sector reform that was jointly organized with the World Bank Institute; a workshop in Kuala Lumpur, Malaysia, that addressed fund-raising, advanced advocacy and communications; and programme management workshops in Amman and Mexico City that addressed results-based management, the multi-year funding framework and other management issues. UNFPA also launched a distance-learning programme for staff training in population issues.

Demonstrating results

UNFPA actively participates in processes designed to increase cooperation and efficiency among UN agencies. In 2001, we took steps to harmonize country programme planning with UNDP, a process that is driven by countries according to national priorities and needs. We also participated in inter-agency initiatives such as sector-wide approaches (SWAs), Poverty Reduction Strategy Papers (PRSPs), Common Country Assessments (CCAs), and the United Nations Development Assistance Framework (UNDAF).

To make the most of limited resources to produce the best results, UNFPA has initiated an overall shift towards results-based management, including the use of the multi-year funding framework (MYFF). The first-ever report on the MYFF was prepared in 2001, based on information collected from 123 countries. This overview of UNFPA activity will help guide field offices and improve the use of indicators that measure progress from year to year. An emphasis on development change rather than on activities is expected to improve monitoring, increase accountability, demonstrate more concrete results and help attract more funding. ●

UNFPA Assistance by Country/Intercountry Category

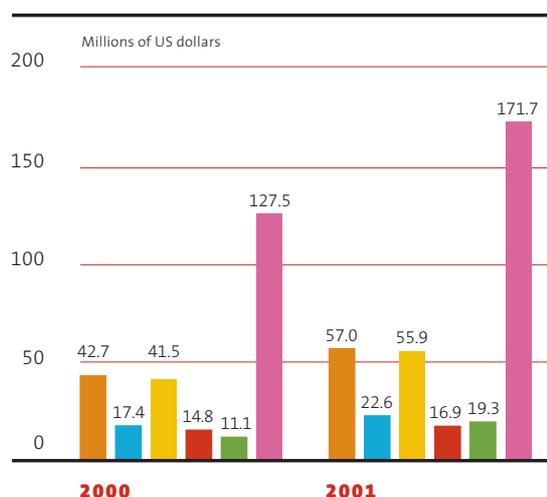


Expenditure (in millions of U.S. dollars and as a percentage of total)

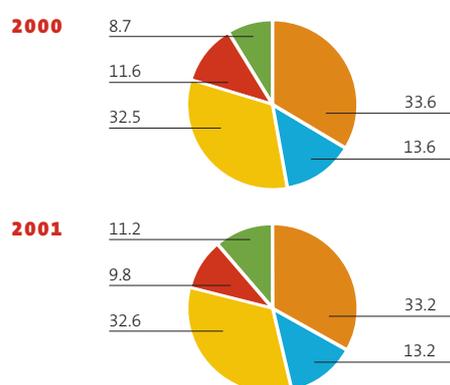
Note: All data for 2001 are provisional.

- Country
- Intercountry

UNFPA Assistance by Geographic Region



Percentage of Total Programme



Note: All data for 2001 are provisional.

- Africa (Sub-Saharan)
- Arab States and Europe
- Asia and the Pacific
- Latin America and the Caribbean
- Interregional and Global
- Total

Top 20 Donors to UNFPA in 2001*

| Donor | Contribution to Regular Funds ¹ | Contribution to Other Funds ² | Total Contribution |
|--------------------|--|--|--------------------|
| Netherlands | 50,279,276 | 24,594,526 | 74,873,802 |
| United Kingdom | 21,905,371 | 44,975,062 | 66,880,433 |
| Japan | 48,785,000 | 1,000,000 | 49,785,000 |
| Norway | 23,994,460 | 4,573,297 | 28,567,757 |
| Denmark | 23,674,521 | 500,658 | 24,175,179 |
| United States | 21,500,000 | - | 21,500,000 |
| Sweden | 16,069,271 | 1,151,810 | 17,221,081 |
| Germany | 13,035,335 | 387,506 | 13,422,841 |
| Finland | 10,603,503 | 898,600 | 11,502,103 |
| Canada | 5,796,178 | 2,484,317 | 8,280,495 |
| Switzerland | 6,741,573 | 447,624 | 7,189,197 |
| Belgium | 3,303,260 ³ | 1,401,473 | 4,704,733 |
| Italy | 2,655,302 | 3,269,316 | 5,924,618 |
| Mars Trust | 1,250,000 | - | 1,250,000 |
| Australia | 1,129,944 | 52,675 | 1,182,619 |
| Ireland | 1,167,038 | - | 1,167,038 |
| France | 1,109,090 | 96,316 | 1,205,406 |
| China | 820,000 | - | 820,000 |
| New Zealand | 771,300 | 164,814 | 936,114 |
| Spain ³ | 620,994 | - | 620,994 |

* Contributions valued in US \$ at the time they were received using the UN Operational Rate of Exchange.

1 Contribution payments received in 2001.

2 Payments received for other resources on trust funds and cost-sharing programme arrangements.

3 Includes an additional payment for 2000.

UNFPA Income and Expenditure 2001

(in thousands of US dollars)

| | Regular Funds | Other Funds | Total |
|--|----------------|----------------|----------------|
| Income | | | |
| Voluntary contributions | 258,338 | 123,456 | 381,794 |
| Interest receivable | 9,717 | 4,125 | 13,842 |
| Other income | 616 | 170 | 786 |
| Total income | 268,671 | 127,751 | 396,422 |
| Expenditure | | | |
| Project expenditure | 171,723 | 121,876 | 293,599 |
| Technical Advisory Programme | 17,676 | 120 | 17,796 |
| Administrative and operational support | 5,030 | 1,309 | 6,339 |
| Total programme expenditure | 194,429 | 123,305 | 317,734 |
| Biennial support budget | 57,100 | - | 57,100 |
| Other expenditure | 2,769 | 197 | 2,966 |
| Total expenditure | 254,298 | 123,502 | 377,800 |

UNFPA Expenditure for 2000 and 2001, by Region

(provisional figures)

| | In Millions of US Dollars | | Percentage of Total Programme | |
|--|---------------------------|------|-------------------------------|------|
| | 2000 | 2001 | 2000 | 2001 |

Africa (Sub-Saharan)

By Major Sector

| | | | | |
|--|-------------|-------------|--------------|--------------|
| Reproductive health/ family planning | 27.1 | 40.0 | 63.5 | 70.1 |
| Population and development strategies | 11.5 | 14.3 | 26.9 | 25.1 |
| Advocacy | 2.7 | 2.2 | 6.3 | 3.9 |
| Multisector | 1.4 | 0.5 | 3.3 | 0.9 |
| Total | 42.7 | 57.0 | 100.0 | 100.0 |

Country Activities by Group

| | | | | |
|--------------------------|-------------|-------------|--------------|--------------|
| Group A | 37.6 | 53.3 | 94.6 | 96.3 |
| Group B | 1.9 | 1.7 | 4.8 | 3.1 |
| Group C | 0.1 | 0.2 | 0.3 | 0.4 |
| Other countries | 0.1 | 0.1 | 0.3 | 0.2 |
| Total country activities | 39.7 | 55.3 | 100.0 | 100.0 |
| Country activities | 39.7 | 55.3 | 93.0 | 97.0 |
| Regional activities | 3.0 | 1.7 | 7.0 | 3.0 |
| Total Region | 42.7 | 57.0 | 100.0 | 100.0 |

Asia and the Pacific

By Major Sector

| | | | | |
|--|-------------|-------------|--------------|--------------|
| Reproductive health/ family planning | 29.6 | 43.0 | 71.3 | 77.0 |
| Population and development strategies | 7.2 | 8.3 | 17.3 | 14.8 |
| Advocacy | 3.3 | 4.1 | 8.0 | 7.3 |
| Multisector | 1.4 | 0.5 | 3.4 | 0.9 |
| Total | 41.5 | 55.9 | 100.0 | 100.0 |

Country Activities by Group

| | | | | |
|--------------------------|-------------|-------------|--------------|--------------|
| Group A | 25.3 | 35.3 | 62.0 | 68.1 |
| Group B | 9.3 | 10.5 | 22.8 | 20.3 |
| Group C | 5.2 | 5.8 | 12.7 | 11.2 |
| Other countries | 1.0 | 0.2 | 2.5 | 0.4 |
| Total country activities | 40.8 | 51.8 | 100.0 | 100.0 |
| Country activities | 40.8 | 51.8 | 98.3 | 92.7 |
| Regional activities | 0.7 | 4.1 | 1.7 | 7.3 |
| Total Region | 41.5 | 55.9 | 100.0 | 100.0 |

| | In Millions of US Dollars | | Percentage of Total Programme | |
|--|---------------------------|------|-------------------------------|------|
| | 2000 | 2001 | 2000 | 2001 |

Arab States and Europe

By Major Sector

| | | | | |
|--|-------------|-------------|--------------|--------------|
| Reproductive health/ family planning | 11.9 | 17.3 | 68.4 | 76.5 |
| Population and development strategies | 3.8 | 3.7 | 21.8 | 16.4 |
| Advocacy | 0.8 | 0.9 | 4.6 | 4.0 |
| Multisector | 0.9 | 0.7 | 5.2 | 3.1 |
| Total | 17.4 | 22.6 | 100.0 | 100.0 |

Country Activities by Group

| | | | | |
|--------------------------|-------------|-------------|--------------|--------------|
| Group A | 7.1 | 7.0 | 43.3 | 32.8 |
| Group B | 4.5 | 6.3 | 27.4 | 29.4 |
| Group C | - | 1.4 | - | 6.5 |
| Economies in transition | 4.8 | 6.7 | 29.3 | 31.3 |
| Total country activities | 16.4 | 21.4 | 100.0 | 100.0 |
| Country activities | 16.4 | 21.4 | 94.3 | 94.7 |
| Regional activities | 1.0 | 1.2 | 5.7 | 5.3 |
| Total Region | 17.4 | 22.6 | 100.0 | 100.0 |

Latin America and the Caribbean

By Major Sector

| | | | | |
|--|-------------|-------------|--------------|--------------|
| Reproductive health/ family planning | 8.7 | 12.2 | 58.7 | 72.2 |
| Population and development strategies | 3.8 | 3.7 | 25.7 | 21.9 |
| Advocacy | 1.0 | 0.8 | 6.8 | 4.7 |
| Multisector | 1.3 | 0.2 | 8.8 | 1.2 |
| Total | 14.8 | 16.9 | 100.0 | 100.0 |

Country Activities by Group

| | | | | |
|--------------------------|-------------|-------------|--------------|--------------|
| Group A | 2.4 | 2.5 | 17.5 | 16.2 |
| Group B | 9.0 | 8.9 | 65.7 | 57.4 |
| Group C | 1.4 | 2.9 | 10.2 | 18.7 |
| Other countries | 0.9 | 1.2 | 6.6 | 7.7 |
| Total country activities | 13.7 | 15.5 | 100.0 | 100.0 |
| Country activities | 13.7 | 15.5 | 92.7 | 91.7 |
| Regional activities | 1.1 | 1.4 | 7.3 | 8.3 |
| Total Region | 14.8 | 16.9 | 100.0 | 100.0 |

Interregional and Global

By Major Sector

| | | | | |
|--|-------------|-------------|--------------|--------------|
| Reproductive health/ family planning | 3.8 | 6.7 | 34.3 | 34.6 |
| Population and development strategies | 3.0 | 4.2 | 27.0 | 21.8 |
| Advocacy | 3.9 | 8.0 | 35.1 | 41.5 |
| Multisector | 0.4 | 0.4 | 3.6 | 2.1 |
| Total | 11.1 | 19.3 | 100.0 | 100.0 |

Donor Pledges and Payments for 2001

Contributions in US dollars

| Government/Donor | Pledged* | Paid** | Government/Donor | Pledged* | Paid** |
|---------------------------------------|-------------------------|-------------------------|-------------------------------|--------------------------|--------------------------|
| Algeria | 10,000 | 10,000 | Myanmar | 133 | |
| Andorra | 7,100 | 7,100 | Namibia | 45,890 | 44,890 |
| Angola | 1,500 | 2,500 ¹ | Nepal | 5,076 | 5,076 |
| Antigua and Barbuda | 1,000 | 1,000 | Netherlands | 53,780,160 ⁷ | 50,279,276 ³ |
| Australia | 1,129,944 ⁷ | 1,129,944 | New Zealand | 728,745 ⁷ | 771,300 ³ |
| Austria | 397,000 | 436,500 ² | Nicaragua | 5,000 | 5,000 |
| Bangladesh | 25,000 | 25,000 | Niger | 3,382 | 6,764 ² |
| Barbados | 3,500 | 3,500 | Nigeria | 20,000 | |
| Belgium | 3,830,314 ⁷ | 3,303,260 ² | Niue | 500 | 500 |
| Benin | 3,500 | | Norway | 24,258,427 ⁷ | 23,994,460 ³ |
| Bhutan | 4,620 | | Oman | 50,000 | 50,000 |
| Bolivia | 4,000 | 4,000 | Pakistan | 500,000 | 500,000 ⁴ |
| Bulgaria | 9,000 | 9,000 | Palau | 1,000 | |
| Burkina Faso | 1,286 | 1,286 | Panama | 25,000 | 13,336 |
| Burundi | 1,174 | | Papua New Guinea | 1,724 | |
| Cambodia | 2,415 | 2,415 | Peru | 10,000 | |
| Canada | 5,947,712 ⁷ | 5,796,178 ³ | Philippines | 38,760 | 42,553 ² |
| Chad | 13,312 | 13,312 | Poland | 28,000 | |
| Chile | 5,000 | 15,000 ² | Republic of Korea | 260,000 | 260,000 |
| China | 820,000 | 820,000 | Romania | 4,775 | |
| Colombia | 40,000 | 40,000 | Russian Federation | 150,000 | 150,000 |
| Cook Islands | 1,000 | | Rwanda | 500 | |
| Costa Rica | 1,115 | 1,115 | Saint Kitts and Nevis | 500 | 500 |
| Côte D'Ivoire | 53,955 | | Samoa | 5,000 | 5,000 |
| Cyprus | 1,500 | 1,500 | Sao Tome and Principe | 668 | |
| Czech Republic | 64,267 | 64,267 | Saudi Arabia | 300,000 | 300,000 |
| Democratic People's Republic of Korea | 9,345 | 9,345 | Sierra Leone | 8,205 | 8,205 |
| Democratic Republic of Congo | 3,609 | 3,609 | Slovak Republic | 100 | |
| Denmark | 24,570,025 ⁷ | 23,674,521 ³ | Slovenia | 1,600 | |
| Dominican Republic | 3,994 | 3,994 | South Africa | 7,980 | |
| Egypt | 89,412 | 89,412 | Spain | 494,894 | 620,994 ² |
| Equatorial Guinea | 41,029 | 123,086 ² | Sri Lanka | 18,000 | 18,000 |
| Ethiopia | 3,506 | | Sudan | 30,000 | 9,285 ⁵ |
| Federated States of Micronesia | 3,000 | 3,000 | Sweden | 16,666,667 ⁷ | 16,069,271 ³ |
| Fiji | 2,232 | | Switzerland | 6,707,317 ⁷ | 6,741,573 ³ |
| Finland | 10,681,809 ⁷ | 10,603,503 ³ | Syria | 2,174 | 2,174 |
| France | 1,078,691 ⁷ | 1,109,090 ³ | Thailand | 96,000 | 96,000 |
| Gabon | 135,751 | | Tonga | 1,000 | 1,000 |
| Gambia | 3,030 | | Tunisia | 23,511 | 23,511 |
| Germany | 13,035,335 ⁷ | 13,035,335 | Turkey | 108,000 | 28,651 |
| Ghana | 12,500 | | Uganda | 10,000 | 1,500 |
| Greece | 6,000 | 6,000 | United Kingdom | 21,739,130 ⁷ | 21,905,371 ³ |
| Guatemala | 7,019 | 7,019 | United Republic of Tanzania | 6,536 | 5,656 |
| Haiti | 750 | 750 | United States of America | 21,500,000 | 21,500,000 ⁴ |
| Honduras | 4,641 | 4,641 | Vanuatu | 1,000 | |
| Iceland | 2,338 | 10,598 ² | Venezuela | 5,000 | |
| India | 192,719 | 386,601 ² | Vietnam | 3,649 | 10,947 ² |
| Indonesia | 15,000 | 273,300 ² | Yemen | 10,000 | 10,000 |
| Iran | 23,792 | 23,792 | Zambia | 6,842 | |
| Ireland | 1,167,038 ⁷ | 1,167,038 | Zimbabwe | 10,909 | |
| Italy | 2,840,277 ⁷ | 2,655,302 ³ | Mars Trust | 1,250,000 | 1,250,000 |
| Jamaica | 25,000 | | Total | 264,659,191 | 259,043,220 |
| Japan | 48,785,000 ⁷ | 48,785,000 | Adjustment for prior years | 1,043,253 | |
| Jordan | 48,023 | 48,023 | Less U.S. tax reimbursement | (1,893,673) ⁷ | (1,893,673) ⁶ |
| Kenya | 5,000 | 5,000 ² | Less loss on foreign exchange | (5,471,495) | |
| Kiribati | 5,181 | | Total | 258,337,276 | 257,149,547 |
| Kuwait | 5,000 ⁵ | 5,000 | | | |
| Lao People's Democratic Republic | 600 | | | | |
| Liechtenstein | 6,060 | | | | |
| Luxembourg | 441,484 | 441,484 | | | |
| Madagascar | 2,680 | | | | |
| Malaysia | 15,000 | 30,000 ² | | | |
| Maldives | 3,000 | 6,000 ² | | | |
| Mali | 3,394 | | | | |
| Malta | 1,073 | 1,073 | | | |
| Marshall Islands | 1,500 | | | | |
| Mauritius | 3,352 | | | | |
| Mexico | 50,000 | 100,000 ² | | | |
| Mongolia | 4,000 | 4,000 | | | |
| Morocco | 10,034 | 10,034 | | | |

* Official written pledges received as of 31 December 2001.

** Actual payments received as of 31 December 2001.

¹ Includes payment for 2002.

² Also includes payments for prior years.

³ Actual payments as per cash receipt vouchers received.

⁴ Payment for prior year – 2000 only.

⁵ Payment for 1999 only.

⁶ US tax reimbursement deducted from the US contribution.

⁷ US\$ equivalent of these pledges were recorded at the UN operational rate of exchange at time of pledge.

List of Abbreviations

| | |
|----------------|--|
| AIDS | Acquired immunodeficiency syndrome |
| AOS | Administrative and operational services |
| AYA | African Youth Alliance |
| CCA | Common Country Assessment |
| CST | Country Technical Services Team |
| HIV | Human immunodeficiency virus |
| ICPD | International Conference on Population and Development |
| ILO | International Labour Organization |
| IPPF | International Planned Parenthood Federation |
| MYFF | Multi-year funding framework |
| NGO | Non-governmental organization |
| PATH | Program for Appropriate Technology in Health |
| PHRplus | Partners for Health Reform Project |
| PRSP | Poverty reduction strategy paper |
| RHCS | Reproductive health commodity security |
| SWAp | Sector-wide approach |
| STI | Sexually transmitted infection |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNCED | United Nations Conference on Environment and Development |
| UNDAF | United Nations Development Assistance Framework |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNF | United Nations Foundation |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |



UNFPA
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Population Fund

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