

**IMPLEMENTING THE PLAN OF ACTION  
OF THE WORLD SUMMIT FOR CHILDREN:  
CONTRIBUTIONS AND FUTURE ACTIONS BY  
UNFPA**

## **TABLE OF CONTENTS**

### **I. UNFPA’S CONTRIBUTION TO THE ACHIEVEMENT OF THE GOALS OF THE WSC DECLARATION AND PLAN OF ACTION**

INTRODUCTION: UNFPA’s Mission and Work

- A. Adolescent Health and Development (Collaboration and partnership with relevant UN agencies and international organizations, actions taken at a global, regional and field level)
- B. HIV/AIDS Prevention (Collaboration and partnership with relevant UN agencies and international organizations, actions taken at a global, regional and field level)
- C. Reducing Maternal Mortality and Morbidity (Collaboration and partnership with relevant UN agencies and international organizations, actions taken at a global, regional and field level)
- D. Girls Education (Collaboration and partnership with relevant UN agencies and international organizations, actions taken at a global, regional and field level)

### **II. IMPLEMENTING THE CONVENTION ON THE RIGHTS OF THE CHILD**

UNFPA’s contribution at a global, regional, and field level.

### **III. COORDINATION AND COLLABORATION**

### **IV. MONITORING AND REVIEW**

### **V. FUTURE ACTIONS**

## **I. UNFPA's Contribution to the Achievement of the Goals of the WSC Declaration and Plan of Action**

### **Introduction**

The purpose of this report is to present UNFPA's contribution to the implementation of the Plan of Action of the World Summit for Children. This report will focus primarily on UNFPA's contributions in four areas: improving adolescent health and development, HIV/AIDS prevention, reducing maternal mortality and morbidity, and girls' education.

The United Nations Population Fund (UNFPA), which began operations in 1969, is the largest internationally funded source of population assistance to developing countries. The Fund assists developing countries to improve reproductive health information and services on the basis of individual choice, to formulate population policies and other population activities in support of efforts towards sustainable development, and to promote and advocate for gender equity and equality.

UNFPA is guided by and promotes the principles and strategy of the Programme of Action of the International Conference on Population and Development which took place in Cairo in 1994. The ICPD PoA articulates a comprehensive approach to issues of population and development, identifying a range of demographic and social goals to be achieved over a 20-year period. ICPD strategy emphasizes the numerous linkages between population and development and focuses on meeting the needs of individual women and men. The shift from a focus on family planning to a broader reproductive health approach has played a fundamental role in UNFPA program development. This shift constitutes one of the greatest breakthroughs of the ICPD. The concept of reproductive health draws attention to the fact that people's needs in reproductive and sexual health go far beyond family planning and that their rights in these matters should be respected. Key to this new, rights-based approach is empowering women and providing them with more choices through expanded access to education, health services and employment opportunities and through their full involvement in policy and decision making processes at all levels. The ICPD Programme of Action also emphasized that everyone has the right to education, which shall be directed to the full development of human resources and human dignity and potential, with particular attention to women and the girl child. Therefore everyone should be provided with the education necessary to meet basic human needs and to exercise their human rights.

As the lead United Nations organization for the follow-up and implementation of the ICPD Programme of Action, UNFPA coordinated the United Nations General Assembly Special Session on the five year review (ICPD + 5) of the Implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD+5). The five-year review of progress since ICPD, a broad based and inclusive process, showed that the implementation of the recommendations of the ICPD Programme Of Action has yielded positive results. The Report of the 1998 UNFPA Field Inquiry demonstrated that many countries have taken steps to integrate population concerns into their development strategies. Steps are being taken to provide comprehensive services in many countries, with

increasing emphasis being given to quality of care. In addition, there has been rising use of family planning and an increasing number of couples and individuals able to choose the number and spacing of their children. Many civil society organizations are contributing to the formulation and implementation of policies, programmes, and projects on their own or in partnership with governmental and intergovernmental organizations as well as the private sector.

Over the last decade, UNFPA has actively contributed to the implementation of the goals set forth in the 1990 Plan of Action of the World Summit for Children (WSC). WSC and ICPD share several goals in common. These goals include: reduction in levels of infant, child, and maternal mortality, prevention and control of HIV/AIDS, increase accessibility to education for the girl child and increased awareness of the importance of adolescent reproductive health and rights. UNFPA continues to affirm its commitment to meeting these goals at both global and national levels. We are greatly involved in and committed to working in partnership with governments, all parts of the United Nations system, development banks, NGOs and civil society. UNFPA strongly supports the implementation of the United Nations Resident Coordinator System (RCS). We continue to promote improved research and surveillance using better indicators and data collection processes and have promoted advocacy and collaboration with local agencies and international organizations with much success. Through extensive programming on women's issues, adolescent health, girls' education, HIV/AIDS and safe motherhood, UNFPA is playing a significant role in implementing WSC goals and helping them become a reality.

This report will focus on four issues where UNFPA is particularly involved in meeting the WSC goals: Adolescent Health and Development, prevention of HIV/AIDS, reduction of maternal mortality, and Girls Education. This report therefore does not cover in detail many other activities supported by the Fund in its three areas of work: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender issues such as prevention of harmful traditional practices and collection of data disaggregated by gender are mainstreamed in all activities, as UNFPA programmes follow a logical approach that establishes linkages between sectors. In addition, progress towards clearly defined organizational results is assessed through a set of indicators recently defined in the Multi-Year Funding Framework (MYFF).

However, UNFPA is very active in a number of other areas such as gender based violence, including female genital mutilation and other harmful traditional practices. The 2000 edition of UNFPA's "State of World Population" had a very simple message: "The price of inequality is too high to pay". This report distils a vast quantity of evidence. It shows that in countries all over the world, gender inequality, discrimination and violence are holding back not only women but men: not only families but communities and whole nations. This violation of human results in certain deficiencies of practical importance. One of them is continued unwanted high fertility and rapid population growth among some of the world's poorest people. Another is the rapid spread of HIV infection.

The Report says that partnerships are needed between governments and non-governmental organisations; among governments, civil society and the international bodies; among

countries north and south, rich and poor; and between individual men and women. These partnerships point the way towards an end to gender discrimination and violence, towards a more equal place for women in the family and in the world, towards a way to contain the AIDS crisis, to achieve slower and more balanced population growth and fight poverty.

The Report points out that gender inequality, discrimination and violence are still the rule rather than the exception in most societies.

- One woman in three will experience violence during her lifetime, most often at the hands of someone she knows.
- About a third of all pregnancies, some 80 million a year, are unintended or unwanted.
- Some 2 million girls are subjected every year to Female Genital Mutilation
- Some 2-4 million girls under 15 and women are forced into the sex trade each year.
- Trafficking for sexual purposes is the fastest-growing area of organized crime.

Violence is one of the emerging challenges in the implementation of the ICPD Programme of Action and Beijing + 5 recommendations, to which all of us in the Fund have to respond.

The ICPD PoA notes that “human sexuality and gender based violence as a crime and recommended specific actions to be taken *inter alia* within the judicial and health systems in paragraphs 103a-103i (full text provided as an annex)

- a) Ensure support at central level  
UNFPA can address GBV in the Country Programme Framework with inputs that complement the manual or facilitate its implementation as many of the following issues will lay ground for future introduction. Guiding principles include establishing partnerships between professionals associations and community organizations, donors and UN agencies, and promoting the participation of women at all stages of programme development. This section is inspired by UNFPA’s Programme Advisory Note “Reproductive Health Effects of Gender Based Violence – Policy and Programme Implications”, issued in 1998.

This support will facilitate the implementation of the GBV project at the local level in proceedings such as protocol formulation, staff training provision and changes in curricula, IEC material development and distribution, staff monitoring and evaluation, data collection and policy oriented research (to be used for advocacy and information sharing), development of referral networks and cost evaluation.

- b) General Advocacy on GBV
- c) Legislative and Policy Changes  
Incorporate the principles endorsed in international conferences (ICPD + 5, Beijing + 5). Enact laws that specifically criminalize domestic violence, marital rape and

other forms of GBV, and reform existing laws to promote enforcement that would lead to prosecution of gender based crimes such as rape and domestic assault. Develop a well-defined and substantive national gender policy to be articulated and implemented, in which GBV is integrated a development concern in the public domain of policy making, to enhance promotion of policy reform and programmatic action;

- d) Capacity Building of partners including CSO, namely to:
  - Expand their efforts in the promotion of reproductive rights and sexual and reproductive health; Seek changes in policy and institutional culture to redress the serious grievances of abused women and girls;
  - Develop training programmes on GBV for police, lawyers and judges, particularly targeting men; Increase gender balance in the law enforcement community by recruiting and promoting to senior levels female police officer, judges and prosecutors;
- e) Research and data collection on GBV:
  - Male identity and male involvement
  - Integration of gender sensitive indicators in all crime statistics to highlight the gender nature of violence and crime.

Men's behaviour as well as women's is often conditioned by expectations which are no longer relevant in a changing world. Merely stigmatising men's behaviour is not productive: what works is to encourage dialogue and discussion. The Report shows that gender stereotypes hold back mutual understanding even within the family: when partners communicate rather than making assumptions, they often find that they have a common view. The roles and responsibilities of men, including adolescents boys, in protecting themselves and supporting their families is taken into consideration in the design of UNFPA programmes.

The issues of gender based violence and Sexual Health are receiving increased attention from the part of UNFPA and its partners. Programming interventions are being developed and tested in a number of countries.

UNFPA will also take the lead in reproductive health commodity security. In response to the growing need in developing countries to ensure the security of their reproductive health supplies, UNFPA has developed "A Global Strategy for Reproductive Health Commodity Security". As demand for reproductive health services is increasing, there is a need for the international community to respond, to bring more partners into the arena, and to better coordinate the various inputs of the different partners.

Over the past five years, at the request of and in full collaboration with national authorities and United Nations agencies, UNFPA has increasingly assisted with the provision of basic reproductive health services in a number of emergencies. Such assistance included rapid assessments of reproductive health needs, technical assistance, provision of equipment and

supplies following armed conflict or political crises in Afghanistan, Angola, Burundi, Colombia, Republic of Congo, Democratic Republic of the Congo, Eritrea, Ethiopia, Indonesia, Islamic Republic of Iran, Kenya, Pakistan, Russian Federation, Somalia, Sudan, Uganda, United Republic of Tanzania and Yugoslavia.

News Release, 14 March 2000- UNFPA is sending more than six tones of life-saving safe motherhood and reproductive health supplies, such as clean delivery kits, that will help about 200,000 victims of Zimbabwe's cyclone for three months. Of the total, 50,000 women are in their reproductive age and some 12, 300 deliveries are expected during that period. UNFPA is also helping in repairing damaged rural clinics and is sending 1,6 million iron tablets. The kits provide basic supplies needed to perform clean deliveries. They include a plastic sheeting, razor blades for cutting the umbilical cord, cord ties and sterile gloves. Kits for health centers include drugs to stabilize precarious conditions, such as convulsions and bleeding, and instruments used to perform cesarean sections and to resuscitate newborns as well as HIV tests and blood transfusion packages.

A large number of natural disasters occur every year, resulting in population displacements, destruction of health infrastructure and negative impact on health services. After the earthquakes in Turkey and the floods in India, Madagascar, Mozambique, Sri Lanka, Sudan, Venezuela and Zimbabwe, these respective governments requested specific support to replace services for the populations affected. UNFPA participated fully in coordinated multisectoral relief activities.

Guided by the outcome of the ICPD+5 process, the overall strategy of the intercountry programme of UNFPA will focus on a limited number of priority areas, ensure that cross-cutting areas such as gender are mainstreamed throughout the programme; develop Fund-wide strategies on issues such as IEC, adolescents and sector-wide approaches, among others; strengthen working partnerships with agencies and organizations which would be implementing various parts of the programme; provide support for training, especially training of trainers and development of new approaches such as distance learning; and support the collection and analysis of comparative population and reproductive health data, including for advocacy and awareness-creation.

In formulating the new intercountry programme, the UNFPA has been guided by the ICPD+5 key actions for the further implementation of the ICPD Programme of Action, and in particular would focus on those areas which correspond with the Fund's mandate; its comparative advantage; and its programme priorities. The programme would focus on areas which warrant investment at regional and interregional levels to support and strengthen national capacity to further implement the ICPD Programme of Action, especially within changing environments associated with health and social sector reform. The Fund's comparative advantage is based on its expertise and experience in the areas of reproductive health and population, particularly from an operational perspective. Through both the intercountry programme and a more systematic review of the experiences of national programmes, the Fund expects to strengthen its capacity to provide leadership on programming based on effective interventions, in support of national efforts to implement the ICPD Programme of Action.

The types of activities which would be supported include: comparative policy analysis and research; comparative population research; census and survey techniques; applied reproductive health research and development; the development of innovative operational strategies, models, programming tools, guidelines, norms, standards, and protocols, and the strengthening of institutional capacities. These strategic activities would facilitate the implementation of population and development policies; improve delivery of reproductive health services; strengthen the reliability and timeliness of censuses and surveys; improve the quality of training curricula, materials and methodologies; facilitate the development of population databases and information networks; and increase capacities to advocate for implementation of the ICPD Programme of Action at all levels.

Specific examples of such activities would include: increasing access to reproductive health technologies (including research and development; introduction of new and underutilized methods; logistics management; and meeting emergency requirements for commodities); adolescent sexual and reproductive health; human resource development (including institutional development support, development of distance learning, and South-South initiatives); improving quality of care (including development and promotion of standards of care and improving technical and communications skills of service providers); developing national information systems (including indicators for reproductive health, population and development, and advocacy; national data for reproductive health programme planning; and costs and resources for population and reproductive health programmes); and advocacy on the full range of population and population-related issues. Gender equity and equality and respect for human rights are fundamental principles on which all programming efforts would be built.

## **A. ADOLESCENT HEALTH AND DEVELOPMENT**

For well over a decade, UNFPA has provided increasing support for programmes aimed at adolescents. When UNFPA first started supporting activities concerning Adolescent Sexual and Reproductive Health (ASRH), many national policies and programmes neglected the needs of adolescents. Traditional family planning programs tended to be aimed at the married segment of the population and thus neglected issues pertaining specifically to adolescent health needs and development.

UNFPA stresses the importance of addressing adolescent sexual and reproductive health issues in the context of adolescent's specific needs. Since adolescents exist within a transitional period between childhood and adulthood, specific issues arise as a result of the unique physical, emotional and social changes that are occurring. ASRH touches upon many areas that UNFPA serves. With limited knowledge about their sexuality and its implications, adolescents are often exposed to sexually transmitted diseases and infections, including HIV/AIDS, and are more vulnerable to substance abuse, sexual exploitation, and violence. Pregnancy and childbearing to girls in early adolescence (10-14) constitutes increased health risks as compared to fully developed women. Maternal mortality is high among this age group due to the physical danger that childbearing poses to the health of adolescents.

**The ICPD Programme of Action, by which UNFPA is guided by and promotes, addressed the reproductive rights and health of adolescents in the following paragraphs:**

“The objectives are: (a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence, and the provision of appropriate services and counseling specifically suitable for that age group; (b) To substantially reduce all adolescent pregnancies.” (Para. 7.44)

“Countries, with the support of the international community should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.” (Para 7.46)

“Sexually active adolescents will require special family planning information, counseling and services, and those who become pregnant will require special support from their families and community during pregnancy and early childhood.” (Para 7.47)

“Governments and non-governmental organizations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behavior and reproductive health services.”(Para 7.48)

UNFPA’s primary goal in ASRH programming and policy is to enable adolescents to enjoy their sexual and reproductive rights, which involve: providing adolescents with knowledge and services to prevent involuntary sexual encounters, pregnancies, and STDs, including HIV transmission; sexual and reproductive health care for adolescents who have already experienced the ill-effects of sexual activity or have borne children at a young age; and creating an enabling environment at all levels of society which supports and reinforces preventive interventions and services for adolescents.

UNFPA supported activities concerning ASRH include but are not limited to: (1) Developing holistic and comprehensive approaches; (2) focusing on prevention; (3) linking research, monitoring and evaluation to programme design; (4) Integrating IEC into RH services; (5) Using popular media with adolescents; (6) Ensuring that youth programmes are gender sensitive (7) Training service providers to be youth/adolescent friendly; (8) ensuring youth participation in programmes; (9) involving parents, teacher, and community leaders; and (10) establishing multi-sectoral partnerships.

## **Global Initiatives**

At a global level, through interregional projects, UNFPA has sought to identify viable strategies and interventions for the improvement of adolescent sexual and reproductive health information and services and to create an environment for healthy adolescent development. The overall approach is the establishment of activities which apply to different regions or which can facilitate the exchange of knowledge between regions. Activities are

mainly undertaken in: (a) advocacy, (b) Information, Education and communication (IEC), (3) Research, (4) Developing approaches to Services Provision, (4) Networking, and (5) Policy.

The main UNFPA supported programme in ASRH is in collaboration with the WHO and is entitled the Adolescent Health and Development (AHD) Programme. The major AHD undertakings during the last decade have been in the development of strategies and methodologies to identify and meet adolescent sexual and reproductive health needs such as for example the “narrative research method” and to transfer these technologies to countries. In recent years, the priority of the AHD programme has centered on strengthening ASRH programming at the country level. In order to further this initiative a WHO/UNFPA/UNICEF Joint Study Group meeting on programming for adolescents convened with resource persons from all regions. The results appeared in the 1997 publication “Action for Adolescent Health” which lays out a strategic framework for country programming in the field of adolescent health and includes a “Common Agenda” which calls for joint action by the three United Nations agencies to help rationalize their activities. The success of the AHD programme is evident from its growth with a single donor (UNFPA) programme to a multi-donor programme. With each four-year programme cycle of UNFPA support, the focus on gender has gained greater significance in the objectives of UNFPA support to the programme and the concept of adolescent sexual and reproductive health is now being used. UNFPA has been a major donor to this project and continues to do so.

In addition to the AHD programme, a major ASRH advocacy programme was the “Youth for Youth Programme”, which was created in 1998 at meeting attended by International Planned Parenthood Federation (IPPF), WHO, UNFPA and seven major international NGOs. The initiation brought together young people from national youth organizations to form a network addressing particular adolescent reproductive health concerns. Activities included training of youth leaders in sexual and reproductive health issues, project formulation and managerial capability; training in peer education and peer counseling; production of educational materials and a participatory training manual; KAP surveys; networking with significant adults (parents, teachers, and school administrators); and mobilization of the media; some activities receiving world wide media coverage and international recognition.

Education helps build self-esteem of young people and empowers them to “negotiate” and prevent unplanned or abusive sexual relationships. There is evidence shows that good quality sexuality education delays first intercourse, protect sexually active youth from sexually transmitted diseases including HIV/AIDS, and prevent unplanned pregnancy.

Furthermore, research shows that responsible and safe sexual behaviour can be learned and that sexual health education is best started before the onset of sexual activity. This is a strong argument for introducing appropriate sexuality education for adolescents. Nevertheless, sexual health education for the young remains a sensitive issue in a large number of countries. Accurate information and accessible health care services are rarely to be found when adolescents need them most.

Obstacles to sexuality education also get in the way of young people's ability to take charge of their health, whether they are married or unmarried. Such information and services are the right of all young people, and it is the responsibility of adults to protect this right. Sexuality education should be complemented by appropriate youth friendly health services especially to ensure that interventions are provided beyond the clinical setting, in multiple contexts where young people will have greater access to information, counseling and services.

## **Regional and Country level Activities**

In Sub-Saharan Africa, the 10-19 year-old age group is growing faster than in any other region of the world: the total number individuals in this group has increased by 54% between 1980 and 1995 and is projected to increase by another 45% in the period of 1995-2010. UNFPA regional programmes in this area have served to promote an environment conducive to the formulation and operation of country-level projects. For example, as a direct result of UNFPA regional project (RAF/95/PO1) initiated in 1994, appropriate policies and programmes for youth and adolescents, designed with their involvement, have been developed in 10 Sub-Saharan countries. Of the 45 countries in Sub-Saharan Africa, UNFPA has supported projects or programmes in 40. Seventeen were conducted in Anglophone countries, 20 in Francophone and 3 in Portuguese-speaking countries.

The primary area of programme support in this region is in Information Education and Communication (IEC) and Family Life Education (FLE) programmes for in school, out-of-school and working youth. Since ICPD in 1994, an increasing number of projects are being implemented in an intersectoral approach that recognizes the congruence of adolescent health needs and life skills as opposed to programme implementation solely through single governmental departments or NGOs. These intersectoral projects include such activities as support for the establishment of youth advisory centers and "youth-friendly" clinical services, situation analysis/needs assessments for these centers, youth-to-youth projects, and promotion of Technical Cooperation among Developing Countries (TCDC) activities.

In Asia and the Pacific, UNFPA's approach to meeting Adolescent Reproductive Health (ARH) needs has been to complement Government-led reproductive health programmes, often through NGOs such as National Family Planning and Planned Parenthood Associations. Support for ARH has been given through specific projects focusing on adolescents, as well as through sub-programme components that integrate adolescent health aspects in larger RH initiatives. The principles on which the support is based are informed choice, quality service provision, respect for social and cultural values and differences, incorporation of gender concerns and promotion of male participation in RH, and participatory and incremental approaches that stresses youth involvement and utilizes local resources. The needs of individuals are emphasized, as are their reproductive rights. A major goal of UNFPA assistance in this region has been to improve ARH through increasing access to and provision of high-quality gender sensitive reproductive health services. In the mid 1990s, UNFPA supported a situational analysis of poor adolescent girls living in Jabalpur city in the Indian state of Madhya Pradesh, which showed that they knew little about bodily changes associated with puberty and had limited access to RH services. In

1997, UNFPA started a project in this area in which the girls receive RH services and encouragement to continue with their schooling. Poor adolescent boys are also beneficiaries of this project.

In Latin America and the Caribbean the proportion of the total population represented by young people is one of the highest in the world. Three factors have been identified by the UNFPA Latin America and Caribbean Division as requiring particular consideration when addressing adolescent needs: the need to obtain information on the existence and use of contraceptive methods, the need to close the differential gap between women's and men's enjoyment and autonomy in deciding their sexual and reproductive behavior; and the need to introduce initiatives which incorporate skills and responsible attitudes to permit better decisions with respect to sexual and reproductive behavior. Much of the work at a regional level in this region has been in support of the training of trainers in adolescent reproductive health, family planning and sex education, the production and dissemination of educational guidelines on population education for primary school curricula, and a clearing-house for adolescent reproductive health with a section on reproductive health.

#### **UNFPA Helps Dominican NGOs Empower Youth**

In a UNFPA collaborative effort with the Ministry of Health and the NGOs PROFAMILIA and the Dominican Institute for Integrated Development, UNFPA is supporting the training of some 360 adolescents as voluntary peer counselors on sexual and reproductive health matters, as part of a project to expand young people's access to sexual education and reproductive health services in 36 poor neighborhoods of the capital, Santo Domingo, and three medium-sized cities. Each volunteer counsels between 15 and 30 youths, and distributes educational materials and, with parent consent, contraceptive methods, such as condoms and oral contraceptives after prescription by doctors. They refer special cases to health centers and follow up on these referrals. The counselors also conduct town meetings and present plays to enlighten their communities. The goals are to reduce adolescent pregnancies and maternal mortality, which are the leading causes of death among the young – as well as STDS and HIV/AIDS prevention activities. This project, which began in 1997, has been very helpful in this country where one in four adolescent girls has either been pregnant or given birth. So far, 6,000 young people have been counseled, 30 per cent of whom are in school, and the growing demand for these services has given rise to open educational activities in schools, churches, and community forums. This project has also trained 90 Ministry of Health doctors, nurses, and psychologists in comprehensive adolescent health care, and produced a manual on sexual and reproductive health, videos and other educational materials.

In Arab States, half the population is younger than 20. In Eastern Europe research shows that a significant percentage of adolescents are sexually active but have little access to RH information or services. In both regions the needs of adolescents are not being adequately addressed by national population programmes and health programmes. In Arab states, the concept of adolescence as a particular social stage in human development is not recognized, further impeding adolescents from the opportunity to discuss the physical and emotional changes of puberty and to obtain correct information about sexuality.

UNFPA assistance to Arab countries covers UNFPA's three core areas: reproductive health, including family planning and sexual health; population and education strategy; and advocacy. In this region to increase awareness of adolescents concerning population problems, UNFPA assists governments of Arab countries in formulating, implementing, and

monitoring projects aiming to integrate population education into the school system. UNFPA also provides technical assistance, information for the design of adequate population policy, and institutional support to governments dealing with family planning and reproductive health problems of adolescents. In addition, UNFPA support of RH programmes includes developing regional training programmes for trainers in the management of RH programmes and support for the analysis of existing data to better understand reasons why reproductive health needs of adolescents are not being met.

In Eastern Europe, the focus has been on advocacy, data collection and research. The advocacy component includes organizing regional workshops to promote reproductive health programmes and related IEC programmes among young people. UNFPA has provided assistance to European governments and NGOs in dealing with ARH by providing them with technical assistance, institutional support, training, and information to design adequate population policies and implement appropriate programmes targeting the RH/FP needs of adolescents. UNFPA supported projects in this area aim to: introduce a programme of sex education and reproductive health care for teenagers, train qualified personnel for sex education of teenagers regarding sexuality, safe sex and contraceptives; and to help improve the knowledge and attitudes of parents about sexual health and strengthen their ability to communicate about this subject with their children.

## **B. HIV/AIDS PREVENTION**

UNFPA has an inherent and compelling interest in developing effective HIV/AIDS prevention interventions. The epidemic affects all aspects of the lives of women, men, and adolescents served by UNFPA. It also has the potential for negating the progress in the health and development of people in developing countries. HIV/AIDS affects all of the programme strategies that UNFPA promotes and supports. This is why UNFPA has made the prevention and treatment of sexually transmitted diseases (STDs) including HIV/AIDS, an integral component of its core mandate: reproductive health care.

UNFPA's support for HIV/AIDS prevention is provided within the larger framework of a country programme of assistance to developing countries and in close collaboration with other agencies and organization. The Fund also operates in line with national AIDS policies and programmes, and within the framework of the global strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNFPA, as one of the 7 co-sponsors of UNAIDS is working with its UN counterparts at the country level through theme group mechanisms to strengthen and better coordinated UN system support.

The main focus of UNFPA's HIV/AIDS prevention activities is at the country level. The Fund's HIV/AIDS prevention activities do not take place in isolation but are integrated into ongoing programmes and projects in reproductive health (RH), family planning (FP), and sexual health (SH), service delivery, and information, education, and communication (IEC). UNFPA funded projects have reported innovative contributions to the field of HIV/AIDS prevention through:

- Including interpersonal communication and counseling on HIV/AIDS in the training of health information and service providers.
- Providing condoms for STD/HIV/AIDS prevention through dispensers, Community Based Distributors and other Volunteers.
- Promoting the use of gloves and other good clinical practices and providing gloves for service providers to protect themselves;
- Including HIV/AIDS messages and themes in mass media and traditional media
- Adding HIV/AIDS related content to schools curriculum and teaching materials
- Including extra-curricular activities related to HIV/AIDS.

## **Global Initiatives**

UNFPA has joined the UNICEF/WHO/UNAIDS initiatives on prevention of mother-to-child transmission of HIV/AIDS and is now participating in the preparations to operationalize the programme on a pilot basis in seven countries: Cambodia, Cote d'Ivoire, Rwanda, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. In December 1999, UNFPA was appointed the lead agency in respect to Condom Procurement and Logistics Management and Capacity Building support for HIV/AIDS STD prevention and Reproductive Health by UNAIDS.

UNFPA since 1991 has released an annual publication entitled "AIDS UPDATE" in which UNFPA's experience in HIV/AIDS related interventions are discussed as well as its support to country-level, regional, and interregional activities. The report is prepared and coordinated by the Technical Branch of UNFPA.

UNFPA is also a part of the Access to HIV/AIDS Drugs Initiative, led by UNAIDS. This initiative aims to evaluate ways of overcoming obstacles to the provision of drugs, using access to antiretroviral drugs as an entry point for wider access to a comprehensive package of HIV care in developing countries.

## **Regional and Country level Initiatives**

Practically all UNFPA programmes address HIV/AIDS, notably in reproductive health, sexual health, gender and adolescent health projects. In 1999, UNFPA supported HIV/AIDS prevention activities in 138 countries compared to 131 in 1998 and 41 countries in 1991. UNFPA support for the distribution of condoms also increased, from 30 countries in 1991 to 119 in 1999. UNFPA procured US\$ 3.4 million worth of condoms for 46 countries. The precise level of UNFPA financial support for HIV/AIDS prevention activities is difficult to measure since HIV/AIDS prevention in most countries is an integral part of reproductive health information and services.

Mindful of the need for partnership to address HIV/AIDS in Africa, the Africa Region, in 1999, included prevention and control of HIV/AIDS as one of the major issues to be addressed jointly with other partners, including African governments and the Population Sector of UN Special Initiative for Africa (UNSI). In this, UNFPA in this Region has continued to promote intensification of interventions against HIV/AIDS, in collaboration

with other partners. UNFPA has also been very active in the International Partnership Against HIV/AIDS in Africa (IPAA) right from its inception in January 1999 by UNAIDS co-sponsors, to the April 1999 meeting in London on the inclusion of bilateral donors and the private sector.

The Region has also developed a joint regional project on Advocacy Against HIV/AIDS in sub-Saharan Africa to enlist the political commitment and financial support of African leaders and others to combat the epidemic. The project will use audio-vision to demonstrate the magnitude and impact of HIV/AIDS in the region and will be implemented in collaboration with UNAIDS Secretariat, ECA, OAU, and other partners in the IPAA.

In the Asia and the Pacific Region, there are currently four ongoing regional programmes to include STD and HIV/AIDS prevention in all activities supported within the reproductive health area. The emphasis is on information, education, and communication (IEC). UNFPA is working in collaboration with UNESCO on the ‘Population Education and Communication (1996-1999)’ project which provides updated information to all country offices on a continuous basis. The UNFPA supported project “Training, Development, Production, and Utilization of IEC Materials with Special Focus on Adolescents and Young Adults (1996-1999) is executed by the NGO ‘JOICEP’ and conducts workshops for health an youth workers to disseminated information through popular media and to advocate for safe and responsible behavior among young people.

**Thailand: Training on AIDS Education for Youth in Mahasarakam Province**

UNFPA in collaboration with Thailand Ministry of University Affairs implemented a project in the Mahasarakam province of Thailand to address training and AIDS education in the region. The project brought together local groups of governmental personnel (educational, health, developmental) to work together in order to create a local teamwork. The project sought not only to train students, but to also train the trainers in the multiple skills needed to conduct projects. Teamwork and project management skills are encouraged to be systematically practiced throughout the project, in combination with life skills, and AIDS reduction skills training. The goals set were (1) to train a large group of local trainers from different sectors of the government, (2) To develop a combined life skills and AIDS reduction skills training curriculum for youth (3) To develop practical IEC materials for youth training and to encourage the extension and continuation of AIDS education. The projected yielded positive results: overall youth scores on AIDS risk reduction skills increased, IEC materials were widely utilized by both health personnel and teachers, and youths attitudes toward Persons living with AIDS changed in a positive direction

In Latin America and the Caribbean, a majority of UNFPA funded reproductive health projects include HIV/AIDS prevention as part of the training and IEC components, to the exception of a few inter-country projects specifically focusing on HIV/AIDS in Nicaragua and Guatemala. In countries that are particularly affected by the AIDS epidemic, such as Haiti, there are several UNFPA executed projects that specifically target youth. In Mexico, a short documentary film on prejudice and misconceptions regarding AIDS transmission among young people received excellent reviews from critics and is now being shown in many movie theatres in Mexico as a short film before the feature presentation. This has been a very effective means of attaining young people with the message of prevention. In Honduras, UNFPA is supporting a special publication for youth on AIDS prevention.

In the Arab States and Europe the situation in European Countries in Transition is of great concern: low to moderate contraceptive prevalence rates due to several factors including: 1) Lack of information on the benefits of family planning; 2) low availability and accessibility of contraceptives; and 3) rapid increase in sexually transmitted infections (STIs) spurring the spread of the HIV virus. These issues are particularly dramatic among the youth. UNFPA is addressing these issues through existing activities within clinic-based projects as a component of STD-HIV prevention and management. Given the urgent need to address the weakness in interpersonal skills and counseling, UNFPA includes strong IEC components in all interventions it supports in these countries. UNFPA works both from a formal and informal sector to strengthen NGOs working with youth to integrate and provide peer counseling and when possible medical services.

UNFPA support to national governments for HIV/AIDS prevention is generally provided through the UNAIDS Theme Group mechanism where UN support is coordinated among the agencies and with national governments. In most countries UNFPA provides support for HIV/AIDS prevention in the context of reproductive health programmes through, for example, the provision of condoms, HIV/AIDS prevention training of service providers, counseling services, IEC activities for adults and adolescents, and research. In providing support for HIV/AIDS prevention activities, UNFPA is committed to responding to the needs and priorities of recipient countries in a flexible and culturally sensitive manner.

UNFPA is also currently supporting the inclusion of HIV/AIDS education and information components (including skills for preventive counseling) in pertinent training programmes, particularly those for service providers in 132 countries. Training has primarily been supported for a wide range of service providers including medical doctors, midwives, nurses, counselors, and social workers. In addition, UNFPA has provided support for training targeted at religious, community, women and youth leaders, government officials, senior health managers, teachers, journalists, community workers and others who can serve as multiplier agents for dissemination of information regarding HIV/AIDS prevention. With UNFPA support, HIV/AIDS modules have been incorporated in manuals and other training materials, often, with a special focus on gender aspects and HIV/AIDS issue. Counseling services with a component on HIV/AIDS prevention has been supported in 82% of UNFPA country offices. This was mainly realized through the training of counselors and the provision of counseling services for instance: in health centers, youth centers, special counseling centers, and telephone counseling.

### **C. REDUCING MATERNAL MORTALITY AND MORBIDITY**

Today, maternal mortality rates remain unacceptably high. It is estimated that 515,000 maternal deaths occur annually and some 8 million pregnant women experience life threatening complications each year. Ninety-eight per cent of all maternal deaths are occurring in developing countries with 1,200 maternal deaths per 100,000 live births in some sub-Saharan countries compared to 27 deaths per 100,000 live births in developed countries. In developing countries, as many as 40 percent of pregnancies are likely to need

some form of special care and an estimated 15 per cent of pregnant women experience life-threatening complications which require emergency care.

One of goals set forth in the WSC Plan of Action was to “reduce maternal mortality rates by half of 1990 levels”. UNFPA has made significant contributions to national and international efforts to bring about needed changes and to mobilize increased resources for maternal mortality reduction. In 1998 and 1999, for instance, UNFPA supported activities directly aimed at preventing maternal deaths in 89 countries, and in an even larger number of countries did UNFPA promoted the betterment of the status of women, that greatly influences their risk of dying in childbirth.

UNFPA works to improve each nation’s ability to deliver and manage good-quality reproductive health information and services. Priority strategies to reduce maternal deaths have focused on improving emergency obstetric care by: 1) upgrading of health care facilities in order to increase the availability of essential and emergency obstetric care, especially in rural and underserved areas; 2) improving knowledge and skills of service providers to assist women during normal deliveries and detect, manage and refer obstetric complications; 3.) Increasing access to services by providing transportation for women with complications; and 4) maximizing utilization of services through community mobilization. In addition, UNFPA support to family planning, a part of reproductive health, programmes helps reduce maternal deaths by preventing unwanted pregnancies and unsafe abortions. Finally, improving the health and nutrition status of adolescent girls and women is an important component of UNFPA’s maternal mortality reduction programmes, as for instance through the distribution of iron tablets to combat anemia, for instance is a major indirect cause of maternal death and

In July 1999, the ICPD+5 review process culminated with the endorsement by the United Nations General Assembly of a consensus report “Key Actions for further Implementation of the Programme of Action of the ICPD”. In Section IV.C “Reproductive Rights and Reproductive Health, Reducing Maternal Mortality “ the document recommends as priority interventions: (i) access to quality obstetric care and well-trained staff to attend deliveries; (ii) public health education throughout the life-cycle to empower girls and young women to make appropriate choices; (iii) the evaluation of societal costs of maternal deaths; and (iv) the use of skilled attendance at birth as a benchmark indicator to monitor progress against the goal of reduction of maternal mortality adopted by the 1990 World Summit for Children Summit, the 1994 International Conference on Population and Development, and the 1995 Fourth Conference on Women. The ICPD + 5 document includes numerical goals to be achieved in the areas of maternal mortality, reproductive health including HIV/AIDS and universal education. At least 40 per cent of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80 per cent globally, by 2005; these figures should be 50 and 85 per cent, respectively, by 2010; and 60 and 90 per cent by 2015.

Every two years, UNFPA will release a publication entitled “Maternal Mortality Update” that provides information on UNFPA’s experience in preventing maternal deaths and disabilities, as well as UNFPA’s policies in this area and the current consensus on effective

strategies to reduce maternal mortality and morbidity. The report also includes an overview of UNFPA's country-level programmes as well as regional and global activities.

## **Global initiatives**

At a global level, UNFPA has been involved in the interagency group "Safe Motherhood Initiative" first launched in 1987 in Nairobi, Kenya. The goal set by the Initiative was to reduce Maternal Mortality by half through two main strategies: improving women's overall status and improving maternal health services. In 1998, the co-sponsors of the Initiative together compiled and published the report of the 1997 Technical Consultation on Safe Mother held in Colombo, Sri Lanka, "*The Safe Motherhood Action Agenda: Priorities for the Next Decade*". The Consultation reviewed the lessons learned from research projects, service delivery models, and innovative institutional arrangements developed worldwide since 1987. Translating the lessons learned into practical advice for use in country programmes, UNFPA issued a *Programme Advisory Note* on reduction of maternal mortality and morbidity. In accordance with the *Joint Statement on Reduction of Maternal Mortality*, issued in 1999 by WHO, UNICEF, UNFPA and The World Bank, the note places maternal care in the context of reproductive health care and identifies specific actions required at three levels : legislative and policy actions; health sector interventions; and mobilization of families ( and men in particular), communities and societies at large. The note concludes by highlighting UNFPA potential contribution in helping countries to build health sector capacity through training and supportive supervision, provision of equipment and supplies, and monitoring using process indicators at facility, local and national levels.

A thematic evaluation was carried out in seven countries from September 1997 till July 1998, in order to address the relevance and effectiveness of UNFPA-supported Safe Motherhood strategies. The evaluation concluded on the need to update these strategies on the basis of recent technical developments – such as the realization that every pregnancies faces risks for instance – and to strengthen partnerships with all players, UN agencies and NGOS. The evaluation highlighted the need for process indicators that would be practical, operationally significant and based on available and reliable data. A series of Process Indicators published in 1997 by UNICEF, WHO and UNFPA focuses specifically on availability and use of obstetric services. These indicators help policymakers and managers adapt policies and reorganize programmes.

UNFPA and Columbia University recently signed an agreement to work on a project with governments, United Nations agencies, and other partners, to increase the availability and use of emergency obstetric care for complications of pregnancy and childbirth in India, Morocco, Mozambique and Nicaragua, as well as to conduct nation-wide assessments in 8 additional countries. Another example of interregional and country-level collaboration was the organization by WHO, UNFPA and UNICEF, with support from The World Bank, of an international workshop on "Building Women-Friendly Health Services "in Mexico, in January 1999. Participants reviewed lessons learned and discussed criteria of good maternal care that respect women' rights and needs. The meeting concluded that women-friendly services should i) provide care of high technical quality; ii) be accessible, affordable and culturally acceptable; iii) empower and satisfy users; and iv) support and motivate providers.

Participants recommended that the experience with quality improvement of family planning programmes be used to apply the women-friendly approach to the complete range of reproductive health services.

Finally, UNFPA is a major contributor to the Save The Mothers Fund, created by the International Federation of Obstetricians-Gynecologists. Teams of obstetricians/gynecologists from industrialised countries work with their counterparts in developing countries, as well as government representatives and district health programme managers to implement a demonstration project providing access to emergency obstetric care in several districts. For instance, Canada has teamed up with Uganda, Sweden with Ethiopia, Italy with Mozambique, United Kingdom with Pakistan, and United States of America with a group of countries in Central America.

## **Regional and Country Level Initiatives**

UNFPA incorporates maternal mortality and morbidity reduction in all its reproductive health programmes. In 1999, UNFPA provided equipment and supplies in primary health care facilities for pre-natal, delivery, and post-natal, care of mothers and newborns to 65 countries. Eighty-five per cent of UNFPA country offices have supported training activities in reproductive healthcare, maternal care, and family planning. UNFPA has also provided support and information to religious leaders, community leaders, women and youth leaders, teachers, journalists and other potential agents of change in the maternal mortality and morbidity prevention.

In the Africa Region, UNFPA has supported several projects pertaining to maternal mortality reduction. The strategies used in regional projects aimed at reducing maternal mortality in Africa have primarily been: advocacy, IEC, Training, equipment provision, research, transportation and contraceptive supply. UNFPA activities in this region include but are not limited to: using popular and traditional media to educate and create awareness on maternal mortality and morbidity, training health care providers including TBAs and CBDs to distribute contraceptives and act as pregnancy monitors, providing clinical equipment to health facilities, conducting baseline research to provide information on availability and utilization of existing reproductive health services within the target population, providing transportation (i.e. ambulances), to improve referral system and providing contraceptives to reduce the frequency and number of pregnancies and also protect against sexually transmitted diseases including HIV/AIDS.

### **Reducing Maternal Mortality: Uganda and The RESCUER Experience**

UNFPA in collaboration with the World Bank executed a programme entitled “The RESCUER Experience” in the Eastern Uganda district of Iganda. “Rural Extended Services and Care for Ultimate Emergency Relief”(RESCUER) began in 1997. It is aimed at reducing high infant and maternal mortality ratios in this region by providing a referral system for obstetric emergencies. The strategies used include improved transportation to health facilities, radio communication system that relies on solar energy, and training of health care providers to prepare them to deal with obstetric emergencies. RESCUER has been very successful in reducing maternal mortality and morbidity in this district. Within 12 months of the start of the program, the number of maternal deaths dropped from 13.5% to 2.9% and the number of women referred to health services for obstetric complications increased. There has also been a significant increase in caesarian sections, which would have otherwise ended in maternal death.

In the Asia and Pacific region, one of the most successful partnership efforts of safe motherhood funded by UNFPA is the “Strengthening Maternal and Child Health/ Family Planning Services at the Grass-roots Level” Project. This project, in collaboration with UNICEF and the NGO “Programme for Appropriate Technology Health (PATH)”, operates in 300 poor counties in China. Its goal is to reduce child mortality, improve children’s nutritional status, and increase access to a choice of contraceptives and counseling. A 1995 assessment showed reductions of 30 to 50 percent in child and maternal mortality rates in those counties.

The Latin American and Caribbean region has known great success in reducing maternal mortality rates. In Honduras, maternal mortality rates were reduced by 48 per cent. In Bolivia, which has the second highest maternal mortality rate in the region, UNFPA supports a government strategy with emphasis on care of obstetric emergencies. Support has been provided to this region in the form of training of medical, nursing, and auxiliary staff, equipment provision and appropriate organizational systems.

**Honduras: Maternal Mortality reduced by Half**

Honduras has nearly halved its maternal mortality ratio between 1990 and 1997. According to a study by the World Bank the numbers fell from 182 maternal deaths per 100,000 to 108. This decline was in large part due to the Government’s increased commitment to women’s health making maternal health a priority after a 1990 study on the subject. Health personnel were increased in remote areas and birthing centers were incorporated into the health system. Emergency transportation, roads and communication were also improved. The UNFPA Honduras office has supported these government initiatives through the training of over 550 health personnel, and 300 TBAs. UNFPA has also helped improve the availability of RH services in 15 health centers in Tegucigalpa and 16 centers in another part of the country by training medical personnel in counseling and insertion of intra-uterine devices.

In Arab States, one of the activities that UNFPA has supported is the “Safe Motherhood and Family Planning Project” in Morocco. This project was approved in 1995 and implemented in the 5 provinces of Marrakech. The goal was to improve reproductive health among women of childbearing age by providing them with quality reproductive health services. The project provided training of midwives, nurses, and doctors in safe delivery practices and also the production of leaflets on signs of anemia during pregnancy. The UNFPA funded project also contributed medical equipment, supplies, contraceptives, and vehicles to six maternity centers in the area.

#### **D. GIRLS’ EDUCATION**

Crucial to the attainment of gender equality and the empowerment of women is an emphasis on the rights and education of the girl child. New benchmarks to the goals of the International Conference on Population and Development (ICPD) put in place at ICPD+5 endorsed a set of interdependent population and development objectives, which included

amongst other things, a strong political emphasis on Girls' Education. In regards to education, ICPD+5 declared:

“Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the goal of the International Conference on Population and Development of achieving universal access to primary education, eliminate the gender gap in primary and secondary by 2005 and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent, compared with an estimated 85 per cent in 2000. Special efforts should be made to increase the retention rates of girls in primary and secondary school. Parents should be sensitized to the value of education of children, particularly of girls, so that the girls do achieve their full potential.” (Para. 34)

Governments should take measures to promote the fulfillment of girls and women's potential through education, skills development and the eradication of illiteracy for all girls and women without discrimination of any kind, giving paramount importance to the elimination of poverty and ill health. Governments, in collaboration with civil society, should take the necessary measures to ensure women and men, to appropriate, affordable and quality health care for women through-out their life cycle. (Para. 44)

In addition to the ICPD, another conference that played a chief role in revolutionizing international standards for the rights and health of women was the 1995 Beijing Women's Conference. The Beijing platform identified “12 critical areas” of action needed to empower women and ensure their human rights: women and poverty; education and training of women; women and health; violence against women; women and armed conflict; women and the economy; women in power and decision-making; institutional mechanisms for the advancement of women; human right of women; women and the media; women and the environment; and the girl child.

Recognizing education as a human right that is often curtailed for, or even denied to women, the Beijing Platform for Action urges governments and private organizations to act on the following goals: (1) ensuring quality access to education, (2) eradicating illiteracy among women, (3) improving women's access to vocational training, science and technology, and to continuing education; (4) developing non-discriminatory education and training, (5) Allocating enough resources for, and monitoring the implementation of educational reforms; and (6) promoting lifelong education and training for girls and women.

UNFPA strongly supports the objectives set forth in both ICPD and the Beijing conference and has played a key role in the implementation of these goals. The Fund recognizes that investing in women means removing all barriers that prevent women from exploring and realizing their full potential as vital and valuable members of society. Education of women and the girl child is thus imperative.

## **Global initiatives**

At a global level, UNFPA has participated in the "10-year UN Girls' Education Initiative" which aims to eliminate gender discrimination and gender disparity in education systems by emphasizing basic education and is an essential element in the global effort to reduce poverty and is closely tied to the global EFA movement. By supporting education goals of other world conferences, it also promotes the transition to secondary education and other aspects of education that facilitate girls' learning. UNFPA has taken an active part in the assessment mechanisms at global, regional and country levels besides an active role in the global forum held in Dakar in April 2000 including the coorganisation of three roundtables on reproductive health, HIV and girls education.

## **Regional and Country level initiatives**

UNFPA supports many initiatives that seek to meet the needs of adolescents and pays particular attention to the difficult position of girls. Information, education, and communication activities show adolescents, parents, teachers, local leaders and other relevant groups the importance of girls' education. In 96 countries around the world, UNFPA supports educational activities for youth in and out of school. These activities include IEC programmes and FLE.

UNFPA has found that life skills training for girls is very beneficial as well as activities to prevent teenage pregnancies and keep girls in school if they do become pregnant. For example, in Botswana, a UNFPA programme has helped to tackle the problem of teenage pregnancy by helping young mothers to continue their education and by training them as peer counselors for other girl students. More than 200 counselors have reached out to as many as 5,000 students in weekly meetings where the girls discuss problems related to reproductive health and sexual health. Teenage pregnancies in schools where this programme has been implemented have dropped significantly. UNFPA supports a similar program in Jamaica in alliance with the Women's Center of Jamaica Foundation. Over 10,300 pregnant teens were given vocational training, counseling and referral to institutions such as the family court or medical practitioners in efforts to keep them in school or find gainful employment. More than 6,500 have returned to school and over 2,500 acquired technical skills. Most of the girls are currently working and only have one child. Also many former dropouts have returned to school.

### **Significant Measures Taken by Countries to Improve Access to Primary Education of the Girl Child (As reported by UNFPA Field Inquiry)**

1. Adoption of a national action plan or strategy
2. Provision of free education or establishment of financial support schemes for the education of girls.
3. Increase in the number of schools, especially in rural areas, for the girl child.
4. Measures to penalize those who interfere with the schooling of girls
5. Aggressive advocacy/sensitization campaigns
6. Revision of curricula, textbooks and classroom practices for gender-sensitivity.

## **II. Implementing the Convention on the Rights of the Child**

The International Conference on Population and Development, which UNFPA played a key role in organizing, makes specific references to the Convention on the Rights of the Child in its Programme of Action. It states as one of its objectives to “ Promote to the fullest extent the health, well being and potential of all children, adolescents, and youth as representing the world’s future resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child”. In regards to the Convention it also states:

“All countries must enact and strictly enforce laws against economic exploitation, physical and mental abuse or neglect of children in keeping with commitments made under the Convention on the Rights of the Child and other relevant United Nations instruments. Countries should provide support and rehabilitations services to those who fall victims to such abuses.”(Para. 6.10.)

“Youth should be actively involved in the planning, implementation, and evaluation of development activities that have a direct impact on their daily lives. This especially important with respect to information, education, and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education, and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the rights of the Child.” (Para. 6.15)

“Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the convention on the Rights of the Child, that stress responsibility of males for their own sexual health and life, and increasing their contribution to sustainable development.” (Para.7.37)

The Convention on the Rights of the Child defines a child as “any human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. UNFPA’s work with adolescents is a key factor in implementing the Convention. Often, in regards to the Convention, attention and resources are given primarily to the young child. Adolescents, being in a transitional phase between childhood and adulthood are too often neglected. UNFPA through its Adolescent Reproductive Health programming and policy has enabled adolescents to freely express their needs and enjoy their reproductive and sexual rights as is highlighted in the following articles from the Convention:

“States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child given due weight in accordance with the age and maturity of the child.”(Article 12.1)

“States parties recognize the right of the child to the enjoyment of the highest stainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”(Article 24.1)

The Convention on the Elimination of All Forms against Women (CEDAW) is an important tool for the work of UNFPA. As a standard setting international instrument, the Convention assists the incorporation of norms regarding women’ and girls ‘ human rights into programme and advocacy work at the community, regional and global levels. The Convention has become even more relevant to UNFPA’s mandate since ICPD, when a right-based framework was adopted. In the area of reproductive and sexual health, CEDAW is being used to strengthening programme efforts. In particular, Article 12 provides strong support to UNFPA’s efforts to promote the rights of women in a holistic approach. Key issues such as denial of reproductive health information to adolescents; barriers to women’s access to timely and appropriate reproductive health services and information; lack of counseling services; domestic violence, sexual abuse and harmful traditional practices can be legitimately addressed, within the CEDAW framework, as violations of basic human rights of women and girls.

In the area of advocacy, the Convention is an invaluable tool for UNFPA’s efforts to promote legal reforms related to the age of marriage, and school enrollment for girls. It should be used to encourage men’s participation in family life and for advocating for zero-tolerance of violence against women and girls.

Article 12 reads as follows:

A1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning.

Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

States parties are encouraged to address the issue of women’s health throughout the woman’s lifespan. For the purposes of the present general recommendation, therefore, Awomen@ includes girls and adolescents. The general recommendation will set out the Committee’s analysis of the key elements of article 12.

### **III. Coordination and Collaboration**

UNFPA has been an active member of the United Nations Development Group and its Executive Committee. With the issuance of the CCA and UNDAF Guideline in April 1999, UNFPA made a concerted effort to integrate these programming tools into its programming process. The Fund instructed its country offices to replace the Country Population Assessment exercise with the CCA and UNDAF, provided that the CCA and UNDAF documents adequately cover the Fund's core programme areas and are capable of providing a sound basis for the development of the UNFPA-assisted country programme. Progress has been made in other areas as well among the UNDG partners, such as, the organization of

joint sessions of the Executive Boards of UNICEF, WFP, and UNDP/UNFPA; the issuance of a guidance note by the undg on joint programming; the piloting of joint MTRs; and the strengthening of theme groups and other country team mechanism under the reform initiatives. As the undg partners shift towards a results-based approach, close collaboration is envisaged toward identifying common results to be achieved and appropriate indicators to measure these achievements under the undaf and respective country programmes.

Partnerships, coordination and collaboration are an integral part of UNFPA strategy and goals. Promoting, strengthening and coordinating partnerships is an explicit strategy of the Fund's Multi-Year Funding Framework. Cooperating with the United Nations reforms at the country, regional, and global levels, UNFPA has participated in significant efforts with the United Nations Development Group (undg) and its Executive Committee, to ensure that coordination is pursued as a means to further effective programming and better and more timely service delivery. UNFPA participated in the initiatives of undg to implement the Action Plan of the United Nations Development Assistance Framework (undaf), producing guidelines and indicators for the Common Country Assessment (CCA) and undaf. Furthermore, the Fund served on an inter-agency team that carried out the assessment of the pilot phase of undaf.

The Programme of Action identified the expanding number and configuration of development partners in the field of population and development as a shortcoming that had to be addressed. It therefore cited as one of its key objectives in Chapter XIV the need to clarify the reciprocal responsibilities of development partners and improve coordination of their efforts (para. 14.3(c)). The key actions document of the General Assembly's 21<sup>st</sup> Special Session noted the importance of effective, transparent partnerships and called on Governments and civil society at the national level, in partnership with the international community, to join in efforts to ensure that the goals and objectives of the ICPD are accomplished as soon as possible (para. 14). It also mentioned the role of the relevant United Nations bodies, including UNFPA, in 10 paragraphs throughout the document. UNFPA's efforts around 1999 have emphasised the development and strengthening of various partnerships, including those within the United Nations system and with civil society, including NGOs, professional groups and mass organizations, religious groups, foundations, and the private sector, among others. UNFPA's work necessarily involves collaboration with partner organizations every day and in every part of the world, some notable areas of cooperation that illustrate the range of such partnerships are highlighted below.

### **United Nations system**

According to the key actions adopted by the 21<sup>st</sup> Special Session of the General Assembly, "all relevant bodies and entities of the United Nations system should continue to clarify, within existing mechanisms, their specific leadership roles and responsibilities and continue to strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level. [T]he inter-agency coordination role of the United Nations Population Fund in the field of population and reproductive health [should be reinforced]" (para. 89).

In carrying out this coordination role, UNFPA depends upon the work of partner agencies in a number of fields. In paragraph 66 of the key actions document, for example, the World Health Organization, in cooperation with other relevant United Nations bodies, is urged to fulfill its leadership role in helping developing countries put into place standards for the care and treatment of women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and advise on ways that health systems could reduce the risks associated with pregnancy. Other agencies, such as UNFPA, UNICEF and the World Bank, are urged to intensify their work in promoting, supporting, advocating for and investing in action to improve maternal health.

An inter-agency meeting of the Basic Social Services for All (BSSA) Task Force, of which UNFPA is the chair, met in October 1999 just after the 21<sup>st</sup> Special Session and discussed the roles of all the respective United Nations partners in the follow-up to the ICPD review. As a result, the task force is updating and simplifying a series of guidelines and guidance notes to the field on the implementation of the goals of the series of major international conferences that have taken place in the last decade and of their five-year follow-ups, including the ICPD+5.

There are a large number of mechanisms by which UNFPA cooperates with its partner agencies and organizations within the United Nations system. At the system-wide level, the Fund is an active participant in the United Nations Development Group (UNDG) and its Executive Committee, which is made up of UNICEF, UNDP, UNFPA and the World Food Programme (WFP). During 1999, the Fund participated in and provided substantial inputs for the UNDG task forces on the Bretton Woods institutions, globalization and poverty and was also an active member of the UNDG task force on girls education, which was mandated to draft the concept paper for a 10-year programme that will be a major focus of the entire United Nations system. It also took part in UNDG subgroups on gender, the right to development, and information.

Two recent mechanisms for enhancing cooperation among the members of the UNDG assumed greater importance during the year -- the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). UNFPA played an active role in the UNDG subgroup on programme policies in the preparation of guidelines for the CCA and UNDAF. The Fund chaired the UNDG working group on CCA indicators, which are designed to be an integral part of the CCA as a way of monitoring progress in the achievement of the goals adopted by the major international conferences, including the ICPD. The Fund is also a member of the UNDG learning network on the CCA and UNDAF processes in which each member organization reviews selected CCA and UNDAF documents in terms of their quality, coverage and methodology.

Since the issuance of the CCA and UNDAF guidelines, UNFPA has instructed its country offices to replace the Country Population Assessment (CPA) exercise with the CCA and UNDAF, provided that the CCA and UNDAF adequately cover UNFPA's core programme areas. The Fund's programming guidelines, in place since the end of 1997, have integrated the CCA and UNDAF into the programming process. With the assistance of the UNDG

Office, UNFPA carried out a workshop on the CCA and UNDAF for headquarters staff. Members of the Fund's Country Technical Services Teams (CSTs) have participated in training at the United Nations Staff Training College in Turin, Italy, so that they can serve as focal points on the two mechanisms in their regions. UNFPA continues to support its country offices in overcoming the practical challenges required for the elaboration of CCAs and UNDAFs as well as UNFPA's own analyses and country programmes. This is quite a large undertaking in that 113 out of 135 programme countries are involved with CCAs and 74 countries are involved with UNDAFs.

At the country level, UNFPA has been a full and active member of the Resident Coordinator system under the leadership of the Resident Coordinator in each programme country, participating in the various field committees, theme groups and working groups. At the system level, the Fund has worked with its partners to strengthen the Resident Coordinator system through improvements in the selection process, including in increasing the number of female Resident Coordinators, and in providing more regular and coherent information and advice to the Resident Coordinators. Much attention has also been devoted to the subjects of common premises and common services, where some progress has been made but some outstanding issues still remain. UNFPA is committed to the goals of harmonizing the programme cycles of the UNDG partners, and, to date, nearly 100 programme cycles have been harmonized. Continued attention is needed to retain this level of harmonized.

In recent years, UNFPA has expanded partnerships both within and outside the United Nations. UNFPA has worked closely with UNAIDS in coordinating HIV/AIDS prevention activities through UNAIDS theme groups and serving as chair of the groups in 13 countries. In 1998, UNFPA signed a Memorandum of Understanding with the High Commissioner for Human Rights in efforts increase cooperation with that organization. The Fund has also expanded its collaboration with other partners such as: Office of the United Nations High Commissioner for Refugees; the International Federation of Red Cross and Red Crescent Societies; the International Organization for Migration (IOM); the International Planned Parenthood Federation; the Commonwealth Secretariat; and Rotary International.

In 1998, UNFPA participated in the first meeting of the WHO/UNICEF/UNFPA Coordinating Committee on Health. A second meeting was held in 1999. The Committee reviewed the status of programming in such areas as reduction of maternal mortality, HIV/AIDS, Adolescent Health and Development and Immunization, and the follow up to the International Conference on Population and Development (ICPD+5) and agreed on actions aimed at accelerating programming in these areas.

There has been increasing collaboration between UNFPA and the World Bank, both at a headquarters and field level. UNFPA's geographical divisions and the regional counter-parts at the World Bank consult on a regular basis. When UNFPA Country Representatives come to headquarters, they visit the World Bank and discuss programme issues at the country level. In the field, UNFPA regularly consults with their World Bank counterparts, giving particular attention to collaborative opportunities in the context of the Bank's Country Assistance Strategy and the Fund's Country Population Assessment. In terms of common initiatives UNFPA and the World Bank work closely on a number of activities such as for

example in the area of Logistics and Procurement. The World Bank called upon the Fund to procure contraceptives and medical supplies for several countries and UNFPA assumed responsibility for logistics and supplies in the Bank's sectoral missions. Both institutions also accord high priority to implementing the Safe Motherhood Initiative, which is a key initiative in attaining the maternal mortality goals set by the ICPD PoA and the WSC Plan of Action.

In efforts to expand collaboration and partnership with NGOs/civil societies, UNFPA has undertaken several successful initiatives concerning policy, legislative, administration, managerial, strategic, and financial issues. UNFPA has not only strengthened partnerships with a wider set of civil societies and NGOs, but has also increased the allocation of resources to NGO-executed programmes and projects. In addition, it has decentralized the implementation of programmes to the national level. New guidelines, procedures, and policies have been designed to facilitate such partnerships, and several consultative meetings and dialogues have been organized to address common concerns. Continuing efforts are under way to help build the capacity of NGOs, design and manage programmes and projects, and to increase their financial viability.

## **Private sector**

The increasing role of the private sector in providing reproductive health information, education, services and commodities should be recognized. Besides private sector companies have other roles to play, including in supporting the reproductive health of their employees, both as a goal in itself and in order to safeguard productivity, and in helping to educate them on issues such as gender-based violence and human rights. Private sector companies also support a wide variety of activities to improve the communities in which they work.

UNFPA, in collaboration with other United Nations agencies, worked during 1999 on developing a draft of "Guidelines for Collaboration with the For-Profit Private Sector". These draft guidelines establish UNFPA's policy position and describe the various possible mechanisms and modalities for such cooperation. Under the proposed guidelines, UNFPA headquarters and country offices, in addition to contracting with private companies for goods and services, may negotiate co-financing arrangements for programmatic activities and resource mobilization agreements for in-kind or financial contributions. The challenge is to select appropriate companies for cooperation. The draft UNFPA guidelines discuss procedures for selecting private corporations for collaboration, including steps to develop positive relationships that advance UNFPA goals while minimizing risks to UNFPA's image, integrity and independence. The need for such guidelines becomes increasingly clear as areas of cooperation with the private sector expand.

## **IV. Monitoring and Review**

In 1999, UNFPA, made a transition from a project focused review and monitoring system to one that emphasizes sub-programme and programme-level reviews. Under the new

guidelines, annual project reports are prepared for each project, and these reports in turn serve as inputs to sub-programme reviews. UNFPA's new programming guidelines mandate the use of the logical framework (logframe) analysis, which emphasizes the use of baseline data and indicators for monitoring the achievement of goals, purposes, and outputs. The use of the logframe has provided a common language for dialogue with other partners because its concepts are well known, although there may be slight variations in terminology from organization to organization. UNFPA's revised evaluation guidelines mandate compulsory country programme evaluations to assess programme performance and achievements.

Allocations for external evaluation of UNFPA-supported projects continue to increase. These resources are used to support either mid-term or end-of-project evaluations. Such evaluations are undertaken by national, international, or UNFPA Country Support Team advisors; or by combination of the two. The most significant increase in monitoring has occurred in the evaluation of interregional programmes and the review and assessment process related to the preparation of the next cycle of inter-country programmes.

UNDP, UNICEF, and UNFPA have agreed to launch joint evaluation exercises. UNFPA also continued to participate actively in the interagency Working group on Evaluation, which is the only technical body in the United Nations with a focus on evaluation. The Working Group provides a forum for technical exchange on substantive as well as methodological work in evaluation. At its June 1998 meeting, agenda topics included: capacity development in monitoring and evaluation; results-based management; knowledge and learning; and harmonization of monitoring and evaluation. UNFPA made presentations on its evaluation of modalities for executing country programmes and on the independent study it commissioned on absorptive capacity.

Thematic evaluations of UNFPA-supported Safe Motherhood strategies and HIV/AIDS-related interventions were undertaken in 1998. The evaluations were based on samples of UNFPA-supported projects, which represent a wide range of country situations and experiences. With the Safe motherhood project evaluations have focused on in implementing projects designed to reduce maternal mortality and morbidity and identifying diagnostic factors for each case, and collecting data in country by evaluation teams composed of national and international consultants. In the monitoring of UNFPA HIV/AIDS related interventions, a thematic evaluation has focused on, at country level, approaches to integrate support of HIV/AIDS interventions, linkages among projects, programme management, coordination, and programme performance. At a project level, specific strategies and modalities of HIV/AIDS intervention were examined, as were their design, delivery process, performance and sustainability.

In addition to monitoring the implementation of WSC goals through thematic evaluations such as the ones mentioned above, UNFPA has also been directly involved in monitoring the goals of the WSC through its participation in the Interagency Coordinating Committee for the Americas (ICC). Representatives of various organizations operating in the Americas formed the Inter-agency Coordinating Committee, of which UNFPA is a member, in 1991. The group of organizations agreed that its members would coordinate their activities in order to avoid duplication of efforts or resources and to empower action undertaken by each

agency on behalf of the WSC goals. One of the important actions of the ICC at a regional level was the consensus reached on intermediate goals for 1995 and on monitoring indicators to be used by all the organizations.

The Inter-Agency Coordinating Committee for the Americas adapted the mid-decade goals to circumstances and prospects within the region. As a result the decision was made to promote 12 goals related to health and nutrition. Since, then several countries have had meetings to monitor the WSC at a regional level. On these occasions, the countries reaffirmed their commitments to share successful experiences in social policy and programmes in favor of children, adolescents and women, with active inter-agency collaboration. Following the Lima, Peru meeting in 1999, the Inter-agency Coordinating Committee for the follow-up of the WSC in the Americas (ICC) is supporting a meeting in Jamaica in October 2000.

UNFPA is an active partner in similar regional meetings that will be held in 2000 to take stock of progress made in the implementation of the WSC goals.

## **V. Future Actions**

Within the social and cultural context of each country, UNFPA's objective is to ensure that adolescents receive the information and care that enables them to make responsible decisions to protect themselves from undesirable sexual and reproductive health outcomes. Those include: unwanted pregnancy, STDs and HIV/AIDS, maternal mortality and morbidity, sexual violence and rape. Strategies will include promoting a better understanding of the needs of adolescents among, for example, policy makers, legislators, service providers, parents and community leaders; promoting South-South exchanges of best practices; promoting youth-to-youth counseling; and supporting the provision of appropriate information and services on sexual and reproductive health through all appropriate entry points.

Delaying the age at marriage and first birth, including for married couples, spacing pregnancies, and decreasing the incidence of unintended pregnancy, especially among young people, remain priority actions that will be achieved mainly through community mobilization. The Fund will continue to help countries strengthen their management capacities so that adequate supplies of safe, affordable reproductive health commodities can be assured.

UNFPA will continue to promote HIV prevention as an essential component of reproductive health services by working to ensure that all persons have the information, knowledge, means and ability to protect themselves from infection. UNFPA will focus its attention on prevention in adolescents, particularly young girls and women, and on certain components of programmes to address mother-to-child transmission.

The use of effective information, education and communication (IEC) strategies to help individuals change their behaviours and thus reduce their risks of contracting RTIs and STDs is a central component of preventive measures. Since over half of all new STDs are

among young people, they represent a major target group for such efforts. In addition, ensuring supplies of appropriate reproductive health commodities, such as condoms, will continue to be vital to combatting the spread of STDs and HIV/AIDS.

In order to assist countries to improve maternal health and reduce maternal mortality and morbidity, the Fund will focus its support on three critical areas: ensuring the availability of family planning services and commodities so that all pregnancies are planned and recourse to abortion is avoided; ensuring that every woman has a skilled attendant at the time of delivery; and ensuring that every woman has access to assisted delivery and emergency care in case of complications. Stronger country-level collaboration and coordination mechanisms for all appropriate partners are being put in place in order to strengthen safe motherhood initiatives.

UNFPA will also intensify its advocacy activities with regard to FGM and other manifestations of violence against women, such as domestic and sexual violence, battering, honour killings, dowry deaths and trafficking of adolescent girls and women.

The Fund recognizes that reproductive health is not assured by access to services alone but is also determined by such prerequisites as nutrition, health, and education for girls for which the Fund will continue to advocate.

In order to achieve its programme priorities as reflected in the ICPD+5 process, UNFPA will continue to work with a large number of partners through a wide variety of mechanisms such as CCA and UNDAF. The Fund look forward to continuing its collaboration with UNICEF in assisting countries to operationalize various components of reproductive health services, such as reducing maternal mortality, preventing HIV/AIDS and promoting adolescent health and development. In the area of gender, UNFPA and UNICEF, together with UNIFEM and women's groups from various sectors, work closely on advocacy for women's empowerment and rights, eradication of harmful traditional practices such as FGM and of all forms of violence against girls and women, and on collection of data disaggregated by gender. Changing policies and family codes and enacting laws that protect women's rights are all part of this work. The involvement and participation of men and adolescent boys are increasing areas of focus for all the partner organizations.

Partnerships with both national and international NGOs are particularly critical in carrying out advocacy activities. UNFPA will continue to build strong and dynamic partnerships for advocacy at the international, regional and national levels. These partnerships will become increasingly critical for such issues as adolescent reproductive and sexual health; the reproductive health of the poor and disadvantaged; elimination of gender-based violence and the recognition of reproductive rights as humans rights.

We must now move ahead with renewed energy and focus. The Fund will work with programme countries and the donor community to augment resources available for reaching the goals affirmed in WSC, ICPD and its five-year review.

# ANNEX

## List of targets and benchmarks

### **A. Targets of ICPD**

Paragraph 7.6: Strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.

Paragraph 7.16: Meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law.

Paragraph 8.16: Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.

Paragraph 8.21: Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births.

### **B. Benchmarks agreed at the Special Session on ICPD+5**

Paragraph 34: Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the Conference's goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent, compared with an estimated 85 per cent in 2000.

Paragraph 53: Governments should strive to ensure that by 2015 all primary health-care and family planning facilities are able to provide, directly or through referral, the widest

achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases, and barrier methods (such as male and female condoms and microbicides if available) to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services.

Paragraph 64. In order to monitor progress towards the achievement of the Conference's goals for maternal mortality, countries should use the proportion of births assisted by skilled attendants as a benchmark indicator. By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50 per cent and by 2015, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be assisted by skilled attendants, by 2010, 85 per cent, and by 2015, 90 per cent.

Paragraph 58. Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients.

Paragraph 70. Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

L:\.....\..\WSCUNFPA report 12 October  
5:55 p.m  
/maa