



ANNUAL REPORT

Realizing the Potential | 2013



About this report

UNFPA, the United Nations Population Fund, worked with 159 countries, territories and other areas in 2013 to **deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.**

Backed by \$976.8 million in support from donor governments, partner organizations, foundations and individuals in 2013, UNFPA delivered results in the seven main programming areas of the organization's Strategic Plan for 2008-2013:

- Expanding and improving maternal and newborn health;
- Increasing access to voluntary family planning;
- Making HIV and STI services more accessible to pregnant women people living with HIV, young people and key populations;
- Advocating for gender equality and reproductive rights;
- Increasing young people's access to sexual and reproductive health services and information;
- Linking population dynamics, policymaking and development plans;
- Harnessing the power of data.



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Secretary-General Ban Ki-moon speaks to a young mother at Cama Hospital in Mumbai, India.

Foreword

Thanks to the work of UNFPA, the United Nations Population Fund, there have been considerable advances in the two decades since the International Conference on Population and Development.

The ICPD Programme of Action, or Cairo Consensus as it came to be known, broke new ground in recognizing that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development efforts. UNFPA has played a dynamic role in advancing these causes and pursuing sustainable development.

Working with governments, other United Nations agencies and partners around the world, UNFPA has helped reduce maternal deaths by nearly half and the deaths of children by more than 40 per cent. This has

not only spared families the trauma of losing a loved one, but also given hope and opportunity to millions of women and children.

While much has been accomplished through the framework of the Millennium Development Goals, more remains to be done. We have two key priorities: to intensify efforts to achieve these life-saving goals, and to define an ambitious post-2015 development agenda in which the needs and rights of women, young people and children are at the forefront.

As this work unfolds, we must also address new challenges related to population demographics, such as changing age and household structures, rapid urbanization, migration and the provision of services in contexts of conflict and disaster. New environmental realities, including the urgent threat of climate change, are also part of the picture. These factors were less understood and appreciated two decades ago. As Member States consider the way forward, I encourage them to draw on the wealth of information and analysis that has emerged from the 2013 ICPD review led by UNFPA.

A sustainable future, where everyone can fulfil their potential, requires that we promote health, cultivate human capacities, and commit to individual dignity and human rights for every person, everywhere. UNFPA makes important contributions to that effort, and I commend this report to policy-makers and others worldwide involved in that vital work.

—United Nations Secretary-General Ban Ki-moon

From the Executive Director

Twenty years ago at the International Conference on Population and Development, 179 governments forged a groundbreaking consensus that changed the very definition of development. Delegates from all regions and cultures put individuals, their human rights and dignity, at the very heart of development, emphasizing that sexual and reproductive health is a fundamental human right.

They recognized that empowering women and girls is both the “right” thing to do and one of the most reliable pathways to improved well-being for all.

The conference delegates’ Programme of Action, which continues to guide UNFPA’s work today, shifted population policy and programmes from a focus on numbers to a focus on individual human lives and rights. It marked a turning point on the path towards inclusive, equitable, sustainable development.

To mark the past 20 years of implementation of the Programme of Action, the General Assembly called on UNFPA to lead a global review of countries’ progress. The review, carried out in 2013, included a survey of 176 countries and seven territories, regional and thematic conferences, and extensive stakeholder consultations.

The review found that since the International Conference on Population and Development, the world has made impressive gains: fewer women are dying in pregnancy and childbirth; more women have access to education, work and political participation; more children, girls in particular, are going to school; and there are more laws protecting and upholding reproductive and other human rights.

But not all have benefited equally. Unacceptably large gaps persist in access to services, opportunities and wealth. The



Dr. Babatunde Osotimehin at youth centre in Eastern Samar, the Philippines.

review found that 53 per cent of the world’s income gains over the past 20 years have gone to the top 1 per cent of the population—and none to the bottom 10 per cent.

The gains we have made cannot be sustained unless we fully respect the rights of people, particularly young people and adolescents, to education, including comprehensive sexuality education, and help meet young people’s needs for skills development, entrepreneurship training, access to jobs and credit. There is also the need to have universal access to health services, including access to information and family planning services.

Another finding of the review is that rights are still far from universal. While most States are progressing towards gender equality, in a number of countries the rights and autonomy of women are deliberately curtailed. And in no country are women fully equal to men in political, social or economic power. Gender-based discrimination and violence continue to plague most societies. People living with disabilities, indigenous peoples, racial and ethnic minorities, and other marginalized and vulnerable people continue to face discrimination—this despite the fact that a core message of the International Conference on Population and Development was the right of *all* persons to development.

In the poorest communities, even in wealthier countries, maternal death, child marriage, adolescent pregnancy and women's overall status have seen little positive change since 1994.

Poverty occurs in all countries, but women bear a disproportionate burden of its consequences, as do the children they care for.

Harmful practices such as early, child and forced marriage, and female genital mutilation/cutting, remain prevalent despite advances in legislation. Too often laws, where they do exist, are not enforced and thus fail to protect women and girls.

We do not possess a quick fix or panacea that can address all of these issues without paying attention to the root cause, which is inequality. While human rights must be upheld universally, concrete approaches must be country-specific. In addition, we cannot expect to make any significant gains unless we pay greater attention to and make great improvements in health systems. Improvements must include the provision of appropriate human resources, building a robust supply-chain management system and providing a social protection floor that will enable all, without exception, to access services. This approach can reinforce the principles of equity and respect for the rights of all.

The findings of the review make it clear that the objectives and principles of the Programme of Action are as relevant today as they were in 1994, and have the power not only to propel development in the next 20 years but also to help rectify many of the inequalities that are impeding progress. The findings will also inform the post-2015 Sustainable Development Agenda—the United Nations successor commitment to the Millennium Development Goals.

What the world looks like in the future will depend heavily on how well we meet the needs and support the aspirations of young people, particularly adolescent

girls, today. There are now more young people than ever in the world. The new generation's aspirations are also greater than ever. With access to cell phones and the internet, many are better informed of their rights and the inequalities they experience. Capitalizing on their aspirations will require deep investments in their education, skills development, health and political participation. Much more attention should be placed on their ability to access comprehensive sexuality education, information and services, to enable them to make choices that will promote healthy lifestyles and build their agency to decide whether or when to have children. In 2013, UNFPA has steadfastly supported countries' efforts to realize the full potential of every young person, and we will continue to support young people for years to come, with particular focus on the most marginalized and excluded adolescent girls.

On 31 December 2013, the UNFPA Strategic Plan for 2008–2013 came to a close. The new strategic plan, for 2014–2017, equips UNFPA to respond more effectively and efficiently to emerging opportunities and challenges and to shifting needs starting in 2014—a critical year for population and development, for human rights and for reflecting these priorities in the new global Sustainable Development Agenda.

Now is the ideal time to reaffirm the core message of the International Conference on Population and Development: that individual dignity and human rights are the bedrock of a resilient, sustainable future. The path to sustainability is paved with equity and non-discrimination; with investments in health and education, particularly for women and young people; with universal access to sexual and reproductive health and secure reproductive rights; with choices and opportunities for all.

—Dr. Babatunde Osotimehin



The Maternal Child Health Assistant School in Makeni, Bombali District, Sierra Leone.

Global initiatives

DOCUMENTING 20 YEARS OF PROGRESS

At the International Conference on Population and Development (ICPD) in 1994, 179 governments adopted a landmark Programme of Action to deliver a more equal, sustainable world.

The Programme of Action, which continues to guide the work of UNFPA, made a clear connection between human rights, sexual and reproductive health, population dynamics, poverty reduction and economic development. The Programme of Action was groundbreaking because it put people's rights and dignity at the heart of sustainable development. It emphasized that sexual and

reproductive health is fundamental to human rights, and that empowering women and girls is both the right thing to do and one of the most reliable pathways for improving well-being for all.

In the lead-up to the twentieth anniversary of the ICPD, the United Nations General Assembly called on UNFPA to lead a global review of progress in implementing the Programme of Action. An ICPD Beyond 2014 Secretariat located in UNFPA coordinated and led the review in consultation with Member States and in cooperation with the United Nations system and other international organizations. The review entailed a global survey

of governments; consultations with civil society, United Nations partners and other stakeholders; and regional and global thematic conferences and meetings.

Regional population and development conferences were held in 2013 to assess the implementation of the Programme of Action and propose actions for further implementation beyond 2014. Global thematic conferences and meetings were also organized to consider specific themes or issues: youth, human rights and women's health.

Drawing on the findings of the global survey, consultations with stakeholders and partners, and the outcomes of the regional and thematic conferences and meetings, the ICPD Beyond 2014 Secretariat set out to produce an unprecedented, authoritative report on the state of population and development and propose ways to seize opportunities to speed up the implementation of the Programme of Action in support of countries' achievement of development objectives.

The report, scheduled for publication in early 2014, reflects the views of States and stakeholders and shows that the Programme of Action has significantly contributed to tangible progress: fewer women today are dying in pregnancy and childbirth; skilled birth attendance has increased by 15 per cent worldwide since 1990; more women have access to education, work and political participation; more children are going to school; and fewer adolescent girls are having babies. But the report also warns that these successes have not reached everyone equally. In the poorest communities, very little progress has been reported in improving women's status, reducing maternal death and preventing child marriage in the past 20 years. In some instances, the situation is worsening.

The report puts forward a framework for the future of the Programme of Action, acknowledging that the motivations for development are generated by human aspirations for dignity and human rights, good health,

mobility and security of place. The framework also cites the centrality of the well-being of the individual in sustainable development, the achievement of which depends also on good governance and accountability.

The report will inform the discussions by Member States at the September 2014 United Nations General Assembly special session on the follow-up to the ICPD.

NEW STRATEGIC PLAN AND THE UNFINISHED ICPD AGENDA

At the end of 2013, UNFPA closed the Strategic Plan that had been guiding the organization since 2008. Earlier in the year, UNFPA developed a new Strategic Plan for 2014 through 2017. The new plan is focused squarely on addressing the unfinished agenda of the International Conference on Population and Development, ICPD, with a particular concentration on sexual and reproductive health and reproductive rights.

The new Strategic Plan includes a strengthened results framework, a new business model and improvements to the funding arrangements and requirements. The new Plan will enable UNFPA to have a more significant impact on the lives of women, adolescents and youth around the world.

The new Plan reaffirms UNFPA's strategic direction, with the achievement of universal access to sexual and reproductive health, the realization of reproductive rights and the reduction of maternal death at the centre, to accelerate achievement of the goals set forth in the ICPD Programme of Action.

BUILDING PARTNERSHIPS

Civil society plays a pivotal role in transforming the objectives of the ICPD Programme of Action into reality and in helping UNFPA identify priorities and respond to the needs of women and young people in developing countries. Civil society also has invaluable insights into

local conditions that can facilitate or hamper progress. UNFPA formed a new Civil Society Advisory Panel in 2013 to actively engage civil society organizations and networks and other partners in programming and policies. The Panel, which met three times in 2013, advises UNFPA on civil society's concerns and priorities and helps build partnerships with stakeholders, governments and communities.

Through the Panel, UNFPA keeps civil society abreast of developments and issues associated with the work of UNFPA and the implementation of the ICPD Programme of Action. UNFPA also engages the Panel in dialogue about the organization's strategic priorities, advocacy approach and external engagement.

UNFPA also engaged parliamentarians in the review of countries' progress in implementing the ICPD Programme of Action at regional and thematic conferences, meetings and consultations carried out as part of the ICPD 20-year review. Other outreach in 2013 engaged parliamentarians from G-8 and G-20 countries in discussions about sexual and reproductive health and reproductive rights.

In August, UNFPA and the Asian Forum of Parliamentarians on Population and Development and the International Planned Parenthood Federation organized the Pacific Sub-Regional Conference of Parliamentarians for Population and Development, in Fiji, with the aim of engaging elected officials in discussions about the post-2015 sustainable development agenda.

UNFPA, in collaboration with regional parliamentary groups on population and development, organized the Second Global Young Parliamentarians' Consultation on ICPD and the Post-2015 UN Development Agenda in Negombo, Sri Lanka, in October. The meeting provided a platform for younger members of national legislatures to position issues related to women and young people in the ICPD beyond 2014 and post-2015 processes to ensure they are at the heart of the new sustainable development framework.



Mothers at a presentation in the Philippines after Typhoon Yolanda.

At the Women Deliver conference, in Kuala Lumpur in 2013, UNFPA led a Parliamentarians' Forum, as well as a High-Level Panel on Family Planning. At the conference, government ministers pledged to ensure that sexual and reproductive health is central to the post-2015 development agenda.

RESPONDING IN DISASTERS AND CRISES

The devastation from Typhoon Haiyan in the Philippines in November affected more than 14 million people, killing more than 6,000, displacing more than 4 million and leaving an estimated 250,000 pregnant women with no access to maternal health and delivery services.

UNFPA organized 58 mobile clinics that provided emergency maternity and obstetric care to serve women in five storm-battered areas where services were in greatest need. UNFPA also supplied more than 12,000 “dignity kits” containing soap and other hygiene items to pregnant women, supported the establishment of psychosocial services for displaced people, and strengthened services aimed at preventing gender-based violence or assisting survivors of it.

All of Tacloban’s 15 radio stations were knocked off the air when the storm hit the city. Within 72 hours, volunteers set up First Response Radio, which helped UNFPA inform pregnant women and new mothers about how to access emergency services in their area.

UNFPA also continued responding in 2013 to the needs of women in Syria and in refugee communities in Egypt, Iraq, Jordan, Lebanon and Turkey. In Syria, UNFPA and partners provided medical services and psychosocial support to 38,000 survivors of gender-based violence, including sexual violence. In Jordan, 20 reproductive health clinics were set up to serve nearly 70,000 people.

In 2013, UNFPA implemented lifesaving programmes in a total of 31 countries, including the Central African Republic and South Sudan, affected by disasters and humanitarian emergencies.

Improving maternal and newborn health

Ensuring universal access to sexual and reproductive health services requires that comprehensive, quality services, underpinned by strong health systems, are available. In 2013, UNFPA supported 34 countries’ efforts to plan, develop, strengthen or expand access to emergency obstetric care so that more mothers survive and deliver healthy babies. UNFPA also assisted countries to revise

or update national protocols for providing this life-saving care, and developed or improved curricula to train doctors, midwives, nurses and other health-care providers and mainstream emergency obstetric and neonatal care into pre-service training programmes.

Some countries have made dramatic progress in improving maternal health. Experience from countries such as Egypt, Guatemala and Sri Lanka shows that maternal mortality in developing countries can be reduced rapidly if adequate political and financial support is in place and effective approaches employed.

UNFPA launched the Maternal Health Thematic Fund in 2008 to accelerate progress towards Millennium Development Goal 5 (to improve maternal health) in 43 poor countries with high maternal mortality ratios. Between 2008 and 2013, donors contributed some \$134 million to the Fund, which aims to build political and social commitment to maternal health, and assist country health systems to scale up provision of a full spectrum of maternity care in the context of sexual and reproductive health services (including increasing access to emergency obstetric care, investing in human resources for health with midwifery skills and empowering women to exercise their rights to sexual and reproductive health care). Achievements in the first five years of the Fund include training for 10,000 midwives who assist 1.75 million births annually and, since 2003, the surgical repair of obstetric fistula for 34,000 women through the UNFPA-coordinated Campaign to End Fistula.

A regional initiative by the World Bank and UNFPA in 2013 will improve maternal and reproductive health and address issues related to adolescent girls in the Sahel. The World Bank’s \$200 million Sahel Women’s Empowerment and Demographics Project will improve the availability and affordability of reproductive health commodities, strengthen specialized training centres



Intake forms at a reproductive health centre in Sierra Leone.

for rural-based midwifery and nursing services, and share knowledge on adolescent girls' initiatives.

Of the World Bank's new funding, \$100 million has been committed to UNFPA, which will help to create the preconditions for a demographic dividend by addressing fertility levels, population growth, gender equality and access to reproductive health commodities and services. The goal is to accelerate the region's economic and social development and strengthen the resilience of its people, communities and countries.

UNFPA, the International Federation of Gynecology and Obstetrics, the United Kingdom's Department for International Development, the United States Centers for Disease Control and Prevention and the World Health Organization in 2013 jointly produced technical guidance for maternal death surveillance and response, or MDSR. Through MDSR, governments track incidents of maternal death (during pregnancy, delivery and the post-partum period) in real time to identify the cause, highlight critical gaps in service provision, and respond with improvements and other actions that can help prevent future deaths.

In addition, UNFPA helped strengthen midwifery education: 1,000 midwifery tutors received training; 175 midwifery schools received textbooks, clinical training models, equipment and supplies; and eight e-learning programmes were developed through a partnership with Intel, Jhpeigo and the World Health Organization.

Also in 2013, preliminary data show that 10,700 women received treatment for obstetric fistula with UNFPA support, nearly a 20 per cent increase over 2012.

Increasing access to family planning and reproductive health supplies

Through a family planning strategy, *Choices Not Chance*, launched in 2013, UNFPA outlined the framework the organization will adopt to help countries achieve universal access to rights-based voluntary family planning. The strategy will guide UNFPA through 2020 in its efforts to increase access to voluntary family planning information, services and supplies, to allow individuals and couples to choose whether, when and how many children they have.

The strategy sets out a framework for measurable results:

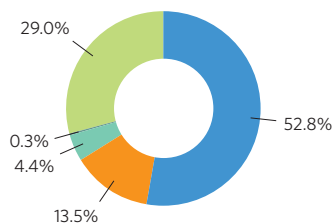
- Enabled environments for human rights-based family planning as an integral part of sexual and reproductive health and reproductive rights;
- Increased demand for family planning according to clients' reproductive health intentions;
- Improved availability and reliable supply of quality contraceptives;
- Improved availability of good quality, human rights-based, family planning services; and
- Strengthened information systems pertaining to family planning.

PROGRAMME EXPENSES BY COUNTRY GROUP FOR 2013*

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
201.7	200.6	402.3
40.4	62.5	102.9
12.7	21.0	33.7
1.0	1.5	2.5
142.1	79.4	221.5

BY PERCENTAGE



- Group A
- Group B
- Group C
- Other countries/territories[†]
- Global and regional activities

Group B: Countries that have made considerable progress towards achieving goals of the International Conference on Population and Development

Group C: Countries and territories that have demonstrated significant progress in achieving the goals of the International Conference on Population and Development

Other countries/territories: Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA

[†] Includes Global and Regional Programmes

Provisional figures as of 31 March 2014.

*About the country groupings

Group A: Countries and territories in most need of assistance to realize goals of the International Conference on Population and Development

The Global Programme to Enhance Reproductive Health Commodity Security, the largest trust fund managed by UNFPA, promotes access to a reliable supply of contraceptives, condoms, medicine and equipment for family planning, maternal health services and prevention of HIV and other sexually transmitted infections. Since its inception in 2007, the Programme has mobilized about \$565 million. A Steering Committee chaired by UNFPA's Executive Director and comprising key donors and partners was set up in 2013 to ensure oversight and guidance for the Programme.

UNFPA continued to build on existing partnerships and forged new ones in 2013. UNFPA has remained engaged

at all organizational levels with the FP2020 platform, which encourages partners to align their agendas, pool their talents and use existing structures in new and complementary ways. In 2013, UNFPA and the International Planned Parenthood Federation also launched an effort to increase access to family planning by youth, including vulnerable adolescents, in sub-Saharan Africa. Other significant partnerships in place in 2013 included those with the Bill & Melinda Gates Foundation, John Snow, Inc., and the United Nations Commission on Life-Saving Commodities for Women and Children.

Making HIV and STI services more accessible

UNFPA helped develop *HIV and Adolescents: Guidance for HIV Testing and Counselling and Care for Adolescents Living with HIV*, released by the World Health Organization in November 2013. These guidelines address legal consent for accessing testing and counselling, good practices in community-based testing and counselling approaches, and care for adolescents living with HIV. Adolescents (10–19 years) and young people (20–24 years) are socially and economically vulnerable to HIV infection. This is particularly true for adolescents—especially girls—who live in settings with a generalized HIV epidemic or who are members of key populations at higher risk for HIV acquisition or transmission through sexual activity and injection drug use. As of 2012, there were an estimated 2.1 million adolescents living with HIV, and about one in seven new HIV infections occurs during adolescence. Between 2005 and 2012, HIV-related deaths among adolescents increased by 50 per cent, while the global number of HIV-related deaths fell by 30 per cent. The increase in adolescent HIV-related deaths, according to this new guidance, is primarily the result of insufficient priority given to adolescents in national HIV plans, inadequate provision of accessible and acceptable HIV

testing and counselling and treatment services, and lack of support for adolescents to remain in care and adhere to antiretroviral therapy.

UNFPA's *Condomize!* campaign to promote condom use reached 2,500 university students in Malawi in 2013. In Zambia, UNFPA trained 45 community service providers in condom education. The campaign calls on governments, donors and users to intensify access to, and demand for, quality condoms as a primary defence against HIV.

Male and female condoms remain the most effective tool to stop HIV transmission. In 2013, UNFPA remained the largest supplier of female condoms, providing 20 million, and supplied an unprecedented 1 billion male condoms.

In 2013, UNFPA, UNAIDS, the World Bank, the World Health Organization and the Global Network of Sex Work Projects published *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*. The publication provides practical guidance for health-service providers and cites evidence-informed and human rights-based programming to protect the health of this population. Also in 2013, UNFPA supported the development and dissemination of *Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men Who Have Sex with Men and Transgender People*.

UNFPA and the United Nations Development Programme jointly led an Urban Health and Justice Initiative for key populations in 2013. The Initiative has resulted in the development of plans in 12 countries that place migration, mobility, urbanization and related service access at the heart of the HIV response.

Advocating gender equality and reproductive rights

UNFPA and UN Women joined forces in 2013 to launch a four-year Joint Global Programme on Essential Services for Women and Girls Subject to Violence, which aims to reach global consensus on standards and guidelines for delivering quality essential services, as well as providing technical advice to implement them and building the capacity of service providers to deliver them.

The new Programme will fill the gap between international commitments and country-level activities for responding to gender-based violence, and will assist countries in fulfilling international obligations to provide quality essential services that are widely accessible to women and girls. It will tackle the "continuum of violence" and the key entry points to address it: health, police and justice, social support services, and governance.

UNFPA continued to raise global awareness on child marriage through the *Too Young to Wed* photography exhibit, which travelled to Canada, Denmark, Finland, Morocco, the Netherlands and Washington, D.C. in 2013. The exhibit drew attention to the needs and rights of girls subjected to child marriages, 39,000 of which occur every day.

UNFPA and UNICEF continued in 2013 to support the Joint Programme for the Abandonment of Female Genital Mutilation/Cutting in 15 countries, where an estimated 12,357 communities have committed to abandoning this practice.

UNFPA also developed technical guidance for its country offices on issues of human rights and gender equality in family planning and for applying human rights standards and principles in UNFPA programmes.

Increasing young people's access to services

UNFPA began rolling out its strategy on adolescents and youth in 2013. The strategy commits to working with young people to create a future in which adolescent girls and boys can enter adulthood educated, healthy, free from sexually transmitted infections, including HIV, and are not exposed to violence, unintended pregnancy or unsafe abortion.

In line with the strategy, UNFPA launched Action for Adolescent Girls, a five-year partnership with governments and civil society in 12 countries. The initiative will support countries in Africa, Asia and Latin America to jumpstart girl-centred programming and to protect girls' human rights through targeted interventions that delay marriage, prevent unintended pregnancy, and build up health, social and economic assets among the most vulnerable girls. More than 3,000 girls in Guatemala and Niger enrolled in these programmes in 2013. In Guatemala, Mayan girls between the ages of 8 and 18 in 50 communities are participating in *Abriendo Oportunidades* (Opening Opportunities), a one-year programme that aims to help girls stay in school, prevent pregnancy and experience greater autonomy. In Niger, which has the highest rates of child marriage in the world, out-of-school girls between the ages of 10 and 19 are participating in an eight-month programme, *Burkinatarey Bayrey/Ilimin Zaman Dunia*. The programme, operational in 40 communities across four regions, provides girls with a health check-up (with an optional HPV vaccination for eligible girls), literacy training, and a birth certificate or national identity card.

UNFPA is intensifying efforts to increase young people's access to sexual and reproductive health. In Colombia, Myanmar and the Philippines, for example, UNFPA works with governments to ensure health services meet quality standards and that young people will feel

New perspectives on adolescent pregnancy

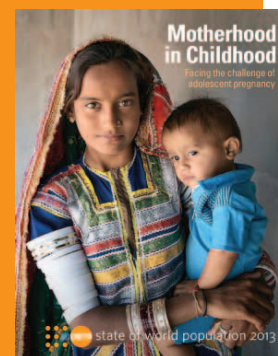
Motherhood in childhood is a huge global problem, especially in developing countries, where every year 7.3 million girls under 18 give birth, according to UNFPA's *The State of World Population 2013*.

Of these 7.3 million births, 2 million are to girls 14 or younger, who suffer the gravest long-term health and social consequences from pregnancy, including high rates of maternal death and obstetric fistula, according to the report, entitled "Motherhood in Childhood: Facing the challenge of adolescent pregnancy."

The report placed particular emphasis on girls 14 and younger who are at double the risk of maternal death and obstetric fistula and offered a new perspective on adolescent pregnancy, looking not only at the girls' behaviour as a cause of early pregnancy, but also at the actions of their families, communities and governments.

"Too often, society blames only the girl for getting pregnant," UNFPA Executive Director Dr. Babatunde Osotimehin said at the launch of the report. "The reality is that adolescent pregnancy is most often not the result of a deliberate choice, but rather the absence of choices, and of circumstances beyond a girl's control. It is a consequence of little or no access to school, employment, quality information and health care."

The report advocates a holistic approach to tackling the challenge of adolescent pregnancy, which does not dwell on changing the behaviour of the girl, but rather on changing the attitudes and actions of the society she lives in. This includes keeping girls in school, stopping child marriage, changing attitudes about gender roles and gender equality, increasing adolescents' access to sexual and reproductive health, including contraception, and providing better support to adolescent mothers.



comfortable using them. UNFPA also developed operational guidance on the design and implementation of comprehensive sexuality education programmes and is working in 10 sub-Saharan African countries to improve curricula for young people in and out of school.

UNFPA in 2013 produced *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy*, a report by an expert advisory group that presents the best available evidence and latest thinking on strategies and interventions that empower girls and reduce their vulnerabilities.

UNFPA was involved in 2013 in the Global Education First Initiative. Led by the Secretary-General, the initiative brings together world leaders and advocates who aspire to use the transformative power of education to build a better future for all. UNFPA Executive Director Dr. Babatunde Osotimehin advocates the initiative's three priorities: make it possible for every child to be in school, improve the quality of learning, and foster global citizenship. The initiative aims to raise the political profile of education, strengthen the global movement to achieve quality education, and generate additional and sufficient funding through sustained advocacy efforts, all of which are essential for achieving progress towards all the Millennium Development Goals.

Linking population dynamics to policymaking

UNFPA continued building countries' capacities in 2013 to incorporate population dynamics and sexual and reproductive health into development policies, plans and programmes. UNFPA equipped policymakers and planners in an additional 10 countries with knowledge and skills and supported their use of data and other evidence in development programmes.

UNFPA published a global analysis of statistics on adolescents, young people and adolescent pregnancy.

The report, *Adolescent Pregnancy: A Review of the Evidence*, provided data cited in *The State of World Population 2013*.

UNFPA also ensured that population and development issues were taken into account in discussions and processes that are leading to the development of sustainable development goals to succeed the Millennium Development Goals after 2015. The Global Consultation on Population Dynamics and the Post-2015 Development Agenda led by UNFPA in partnership with United Nations Department on Economic and Social Affairs, UN Habitat, the International Organization for Migration and the Governments of Bangladesh and Switzerland, resulted in an authoritative report, "Population Dynamics in the Post-2015 Development Agenda."

In the lead-up to the October 2013 United Nations High-level Dialogue on International Migration and Development, UNFPA, the International Organization for Migration and the Global Migration Group published *International Migration and Development: Contributions and Recommendations of the International System*. The report illustrated the work by contributors in support of migrants, their families and societies touched by migration, and draws policymakers' attention to tools, guides and good practices in the area of international migration and development.

Harnessing the power of data

In 2013 with UNFPA support, 20 additional countries completed their 2010 population and housing censuses, raising the total to 78.

UNFPA continued helping build capacities for producing and disseminating data collected through censuses and other surveys. By 2013, UNFPA had supported 71 countries in their production of in-depth analyses of population censuses and household surveys. In addition, UNFPA analyzed data on adolescents at risk of child marriage and adolescent pregnancy in 2013.

Arab States



UNFPA SUPPORTED 13 ARAB STATES'
efforts to engage young people in policy dialogue
and programming in 2013.

© UNFPA/H. Smesem

Delivering safely in unsafe surroundings

After a mortar killed her husband in the Homs, Syria schoolyard where he worked, Radia didn't know what to do. She was 22, pregnant



and had lost her only source of support. Her dream of a happy family had shattered.

She worried about how—or where—she would deliver her baby. Having lost her husband and now displaced from her home, Radia had

no means to pay for a hospital stay or even antenatal care.

Then one day, a mobile health team supported by UNFPA approached Radia and offered her a reproductive health voucher, which she could take to a local

clinic and receive free maternal health and obstetric services.

“I was so worried about how I would manage to give birth on my own. Thanks to the voucher, I have my beautiful baby girl to give me new hope,” Radia says.

Through 23 mobile outreach teams and a network of volunteers, UNFPA has so far made reproductive health vouchers available to about 110,000 women across Syria.

Health worker who assisted Radia's delivery holds Radia's child at follow-up visit.

CONTEXT AND CHALLENGES

Protracted crises and fragile contexts adversely impacted development in many parts of the Arab States region in 2013. The security challenges facing some countries and recent political and constitutional transitions have limited the attention placed on a range of development issues, including sexual and reproductive health and reproductive rights.

The region has also faced high unemployment rates among young people, the erosion of already-weak health systems and contention in some countries over issues such as human rights, gender equality and women's empowerment. Violence against women and girls has escalated in countries facing humanitarian crises; harmful practices such as female genital mutilation/cutting persist in some areas. Together, these challenges have created an unfavorable environment for sexual and reproductive health and reproductive rights in a number of countries.



The conflict in Syria and its effects on neighbouring countries have led UNFPA to concentrate its interventions in the region on addressing humanitarian emergencies and their impact on reproductive and maternal health, and on protecting women and girls from sexual violence, especially among refugees and displaced persons.

The region has not yet fully tapped the potential of its large youth populations to respond to the crises or to shape future development.

PROGRESS

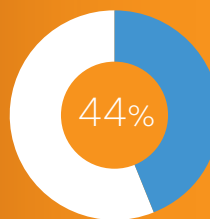
UNFPA, UNICEF and the World Health Organization jointly launched an effort in 2013 to support priority countries in accelerating progress towards achieving Millennium Development Goal 4, to reduce child death rates, and Millennium Development Goal 5, to improve maternal health. UNFPA also supported countries' efforts to promote inclusion of maternal health in the Sustainable Development Goals that will succeed the Millennium Development Goals in 2015.

Expanding access to maternal and newborn health is at the core of the UNFPA response to the conflict in Syria and affected neighbouring countries. UNFPA has supported 80 health facilities, 32 mobile teams and 28 static clinics inside Syria; established 27 reproductive health clinics in Jordan and Iraq; and supported 72 health facilities in Lebanon, Iraq and Egypt. These initiatives together have resulted in provision of lifesaving maternal and reproductive health services to about 2.6 million women and girls of reproductive age in Syria and neighbouring countries. The UNFPA Humanitarian Hub in Amman, Jordan, has been instrumental in coordinating the organization's work in the area.

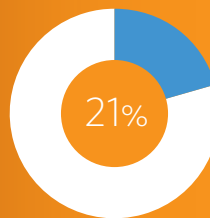
Arab States > REGIONAL INDICATORS

48

of every 1,000 females between the ages of 15 and 19 give birth



44% of married women between the ages of 15 and 49 use a modern method of contraception



21% of the population is between the ages of 10 and 19



Average number of children per woman

3.3



Gender parity index (1=parity)



Primary education

0.94



Secondary education

0.91

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.

UNFPA also supported improvements to systems for managing inventories and distribution of reproductive health supplies and equipment in Egypt, Morocco and Yemen.

In partnership with the League of Arab States, UNICEF and Dubai, UNFPA facilitated discussions involving young people that led to an agreement on their role in responding to HIV/AIDS in the region. The discussions were part of a larger regional effort to develop and roll out the Arab HIV/AIDS Strategy. The UNFPA-supported Y-PEER youth network reached more than 1.5 million young people in the Arab States in 2013 with theatre-based programmes that provide information about sexual and reproductive health. Y-PEER also helped raise awareness among refugees or displaced persons in Iraq, Jordan, Lebanon, Sudan and Syria.

IN 12 ARAB STATES IN 2013, UNFPA supported youth-led organizations that promoted young people's participation in policy dialogue and programming.

WITH THE SUPPORT FROM UNFPA, 7 ARAB STATES provided training to staff of partner organizations in prevention of gender-based violence in humanitarian settings.

UNFPA in 2013 developed a regional strategy on gender-based violence prevention and response for 2014–2017. UNFPA also supported the production of a documentary about boys' and men's roles in stopping gender-based violence in Iraq, Jordan, Lebanon and Palestine.

UNFPA support for a conference in June 2013 to review progress in implementing the Programme of Action of the International Conference on Population and Development in the Arab States included a gathering of the Arab Youth Coalition, which issued a Call for Action



to meet, respect and protect young people's rights. The Call to Action covered issues of migration, participation, sexual and reproductive health, changing family formation, population, the environment and climate change, and gender-based violence.

Also in 2013, UNFPA supported efforts to build capacities for generating population data and using the



2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes core and non-core resources)

Arab States Region

Algeria	505
Djibouti	1,157
Egypt	2,343
Iraq	5,890
Jordan	4,204
Lebanon	2,881
Libya	699
Morocco	1,535
Oman	786
Palestine	3,545
Somalia	14,873
Sudan (the)	14,654
Syrian Arab Republic	8,167
Tunisia	636
Yemen	9,425
Total country programmes	71,300
Regional projects in Arab States	5,789

**Total programme expenses
in Arab States Region 77,089**

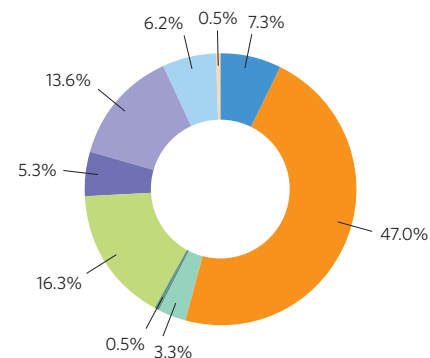
Provisional figures as of 31 March 2014.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
1.0	4.6	5.6
26.2	10.0	36.2
0.9	1.6	2.5
0.2	0.2	0.4
7.8	4.8	12.6
1.6	2.5	4.1
7.9	2.6	10.5
-	4.8	4.8
0.4	-	0.4

FOCUS AREA AS A PERCENTAGE OF TOTAL



- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance
- Other

information to guide policymaking in Egypt, Jordan, Libya, Palestine, Qatar, Saudi Arabia, Somalia, Sudan and Yemen. UNFPA also supported migration surveys in the region, in collaboration with the League of Arab States, the United Nations Economic and Social Commission for Western Asia, the European Union, the International Labour Organization, the International Organization for Migration, the United Nations High Commissioner for Refugees and the World Bank.

Asia and the Pacific



UNFPA OFFICES IN 22 COUNTRIES
of Asia and the Pacific had emergency-preparedness
and humanitarian response capacities.

© UNFPA/William A. Ryan

Reproductive health care for the vulnerable

Evelyn Capones, 18, was six months pregnant with her second child when Typhoon Haiyan blew through Tacloban, the Philippines, with destructive winds and a merciless tidal surge that took her house. Three weeks later, her family occupied a corner of a dark school classroom shared with five other storm-refugee families who had nowhere else to go.



Her traumatic experience during the typhoon, the loss of her home and all her possessions, and the hardship of displacement while caring for a young daughter left Evelyn weak and worried about her pregnancy.

Recognizing that displaced women and girls have urgent reproductive health needs, UNFPA sent teams of doctors and midwives to care for pregnant and lactating women across Haiyan's path of destruction. A team came to Evelyn's displacement

centre on 28 November.

After receiving a prenatal exam and information on staying healthy, Evelyn was relieved but still a bit anxious.

"I am happy the medical mission came, because I learned that my baby is fine," she said. "I will take the vitamins they gave me. But the doctor advised me to eat fresh vegetables and I can't afford to buy them."

Evelyn did not know where she would go to give birth when the

time came. But she will have good options, since UNFPA and partners have provided equipment and other support to re-establish safe delivery services at dozens of facilities damaged by Haiyan.

After two pregnancies in quick succession, Evelyn was grateful to learn for the first time about choices for family planning, and said she would start using a contraceptive method after she has her baby.

Dr. Donna Monterd, a local paediatrician on the UNFPA team, was proud to be part of the first post-Haiyan mission to specifically target pregnant women and those who recently gave birth. "This is the most vulnerable population that should be given utmost attention," she explained.

"These women are still fighting for the lives of their families and children," the doctor added. "Despite what has happened, they are resilient."



UNFPA SUPPORTED THE DEVELOPMENT of national plans and policies to end gender-based violence in 17 Asian and Pacific countries in 2013.

14 COUNTRIES IN ASIA AND THE PACIFIC designed, implemented or evaluated comprehensive sexuality education programmes with UNFPA support in 2013.

CONTEXT AND CHALLENGES

Much of Asia and the Pacific has seen remarkable economic growth, but benefits have not been distributed equitably; the world's most populous and diverse region has 900 million poor people and 12 of the least developed countries. Severe inequality persists within the majority of countries that have attained middle-income status. Social and economic gains in a number of countries are threatened by political instability. Declining development assistance poses additional challenges.

Most countries have made good progress towards universal access to sexual and reproductive health, but have pronounced disparities. Poor women are much less likely than those better off

to receive antenatal care, skilled delivery assistance or family planning services.

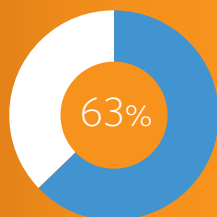
Women's deaths during pregnancy and childbirth have been reduced in most countries, but too slowly to achieve maternal mortality reduction targets by 2015. In South Asia, only half of all deliveries are with a skilled birth attendant, contributing to high rates of maternal death, obstetric fistula and uterine prolapse.

An estimated 140 million women have an unmet need for family planning in Asia. Adolescents aged 15–19 have the highest levels of unmet need among married women. Some 38 per cent of pregnancies are unintended and 21 per cent end in abortion. Unsafe abortion accounts for 8 per cent of all maternal deaths, and

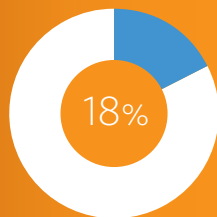
Asia and the Pacific > REGIONAL INDICATORS

35

of every 1,000 females
between the ages
of 15 and 19 give birth



of married women between the
ages of 15 and 49 use a modern
method of contraception



of the population is between
the ages of 10 and 19



Average number of
children per woman

2.2



Gender parity index (1=parity)



Primary
education

0.99



Secondary
education

0.95

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.

annually over 2 million women are hospitalized due to abortion-related complications.

There are almost two new HIV infections for every person receiving treatment. Infections are declining in many countries, but increasing in Bangladesh, Indonesia, the Philippines and Sri Lanka. New infections, 95 per cent of them among young people, are concentrated among sex workers, men having sex with men, transgender people and people who inject drugs. Yet HIV programmes for these populations continue to be inadequate.

Most countries have youth policies, but implementation has been low and youth participation limited. Relatively few adolescents receive comprehensive sexuality education. Child marriage and early childbearing are prevalent in five South Asian countries.

Gender inequality and discriminatory norms contribute to high levels of violence against women and girls. Son preference and prenatal sex selection result in skewed sex ratios at birth in China, India and Viet Nam.

International migration and the population of older persons are growing at a pace and scale unmatched in any other region.

Asia and the Pacific is the world's most disaster-prone region, and pregnancy-related deaths and gender-based violence soar during humanitarian crises.

PROGRESS

Actions to improve maternal health in Asia and the Pacific in 2013 included support for further development of midwifery policies, standards or curricula in Afghanistan, China, Iran, Myanmar and

Sri Lanka, and supported midwifery training in Bangladesh, the Lao People's Democratic Republic and Myanmar. Support to the Association of South-East Asian Nations contributed to the development of subregional guidelines for skilled birth attendance.

UNFPA supported efforts by Afghanistan, Bangladesh, Bhutan, Indonesia, the Democratic People's Republic of Korea, the Maldives, Myanmar, Nepal, Papua New Guinea and the Indian State of Orissa to strengthen management of contraceptive supplies, and helped Nepal to provide long-acting methods at 45 remote clinics. Several countries also received UNFPA support to improve the quality of family planning care. Myanmar was encouraged to increase spending on contraceptives one hundred fold; and the Philippines became self-sufficient, procuring enough modern contracep-

tives to ensure a constant supply. The Lao People's Democratic Republic, Mongolia and Timor-Leste also increased family planning budgets.

UNFPA helped in integrating HIV and sexual and reproductive health for key affected populations in Cambodia, China, Myanmar and Mongolia in 2013, applying lessons documented in *The HIV and Sex Work Collection: Innovative Responses in Asia and the Pacific*, published jointly the previous year by UNFPA, UNAIDS and the Asia-Pacific Network of Sex Workers. To understand violence against sex workers and how to prevent it, a multi-country study was undertaken with partners in Indonesia, Myanmar, Nepal and Sri Lanka.

UNFPA with other agencies helped China draft a national anti-violence family law. It helped Indonesia develop a web-based mechanism for reporting violence against women and national guidelines on preventing gender-based violence. Partners for Prevention, a United Nations joint programme including UNFPA, published the first multi-country study on masculinity

22 COUNTRIES OF ASIA AND THE PACIFIC had institutional mechanisms in place in 2013 to partner with young people in policy dialogue and programming.

UNFPA SUPPORTED YOUNG PEOPLE'S participation in policy dialogue and programming in 22 Asian and Pacific countries in 2013.

UNFPA SUPPORTED THE CERTIFICATION of 544 reproductive health personnel in providing a minimum initial service package in Asia and the Pacific in 2013.

Mothers and their babies receiving free reproductive health services in Tondo, Manila.



and violence. Training sessions allowed countries to share experiences in addressing gender-based sex selection and gender-based violence in humanitarian settings.

UNFPA helped Mongolia to introduce comprehensive sexuality education in secondary schools, and Timor-Leste to pilot a sexual and reproductive health curriculum. In Indonesia it set up a model social-franchising programme to provide sexual and reproductive health services for unmarried young people. Bangladesh and India received support for developing adolescent health strategies.

Also in 2013, UNFPA supported a population survey in Cambodia and contributed to a regional initiative to strengthen civil registration and vital statistics systems.

In Mongolia, UNFPA and two government ministries jointly published the first comprehensive analysis of linkages between population dynamics and the country's economic and social development, including implications of population trends on the labour force, economic growth, poverty, social services and urbanization. It indicates future trends and includes clear policy recommendations.

2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes core and non-core resources)

Asia and the Pacific

Afghanistan	14,609
Bangladesh	11,030
Bhutan	1,285
Cambodia	5,002
China	4,194
Democratic People's Republic of Korea (the)	610
India	9,241
Indonesia	5,887
Iran (Islamic Republic of)	1,527
Lao People's Democratic Republic (the)	3,608
Malaysia	424
Maldives	598
Mongolia	4,784
Myanmar	16,854
Nepal	3,653
Pacific Island Countries ¹	6,833
Pakistan	7,506
Papua New Guinea	3,046
Philippines (the)	14,433
Sri Lanka	1,791
Thailand	1,905
Timor-Leste	2,088
Viet Nam	5,445
Total country programmes	126,353
Regional projects in Asia and the Pacific	7,390

Total programme expenses in Asia and the Pacific **133,743**

Provisional figures as of 31 March 2014.

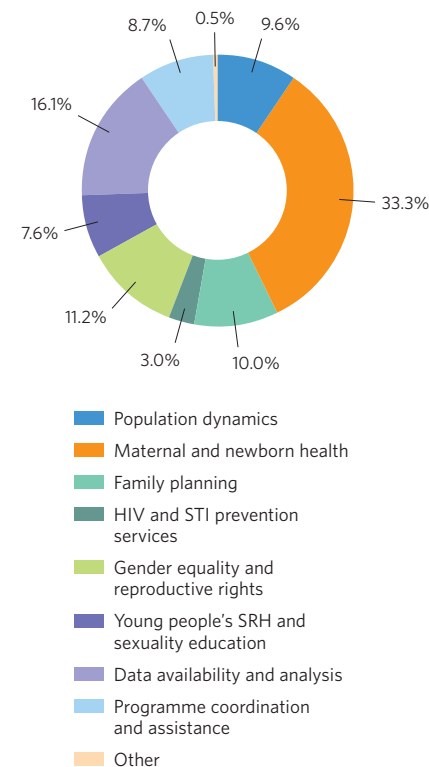
¹ Figures for Pacific Island Countries comprise several islands which, for reporting purposes, are classified under one heading, including the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
0.7	12.2	12.9
18.4	26.1	44.5
2.7	10.7	13.4
1.2	2.8	4.0
3.7	11.3	15.0
1.2	8.9	10.1
8.8	12.7	21.5
-	11.6	11.6
0.5	0.2	0.7

FOCUS AREA AS A PERCENTAGE OF TOTAL



East and Southern Africa



IN 2013, WITH UNFPA SUPPORT,
5,891 women in East and Southern Africa underwent
surgery to repair obstetric fistula.

© Francis Rahamantsoa

A young mother in Madagascar regains her health

In Madagascar, too many women still die from complications related to pregnancy and childbirth, or end up severely disabled. The country has reduced maternal mortality since 1990; however, the ratio remains high at 440 per 100,000 live births. Every day, 10 women die from complications related to pregnancy and childbirth.



Thousands of women and girls also suffer from obstetric fistula, with an estimated 2,000 women developing a fistula each year in the country.

Sophia, 20, was forced by her parents when she was 14 to marry a boy who was 15, even though child marriages are against the law in Madagascar.

Two years into her marriage, Sophia became pregnant, and during labour she endured complications. "I had to be evacuated by car to a city five hours away from my village.

My delivery lasted for a week," she says. As a result of the obstructed labour, Sophia's baby was stillborn, and to save her life, the surgeon had to remove her uterus. Shortly after the delivery, she discovered that she was also suffering from an obstetric fistula. When her husband learned of the fistula, he abandoned her. She returned to live with her parents.

Obstetric fistulas can result from prolonged, obstructed deliveries in the absence of skilled health care providers and are more common

among very young mothers. Only 44 per cent of Malagasy women receive assistance from a health professional during childbirth, and only 35 per cent of deliveries take place in health facilities.

Weak infrastructure, referral systems and equipment, and lack of qualified staff, make access to health care especially difficult in rural areas.

Sophia learned of a hospital in Tuléar, a city in south-western Madagascar, where she underwent reconstructive surgery as part of

the Campaign to End Fistula, a joint initiative between the Ministry of Public Health and UNFPA.

"After the surgery, I was so happy. My friends have come back to me," she says.

Since 2011, 247 women suffering from obstetric fistula in Madagascar received free reconstructive surgery with support from UNFPA. The surgeon who treated Sophia was one of 14 who were trained to perform the procedure through a programme supported by UNFPA.



St. Joseph Hospital's fistula clinic in Kinshasa, supported by UNFPA.

CONTEXT AND CHALLENGES

The population of East and Southern Africa is growing 2.58 per cent a year, with the average woman having 4.7 children.

As a result, the region's population is increasingly young, with an estimated 160 million people between the ages of 10 and 24, accounting for about one third of the region's total population. If current trends continue, the youth population could reach 282 million by 2050. These young people will need access to education, health care, skills development and job opportunities.

The region continues to experience high rates of maternal death and illness. HIV/AIDS remains a major

contributor to maternal death and is the single largest source of life-years lost in the region, particularly among young people and people of reproductive age.

Violence against women and girls is widespread, particularly in countries experiencing crises or conflicts and where security is limited. At least 20 per cent of females between the ages of 15 and 24 in seven countries reported they had experienced sexual violence from an intimate partner. The rate of sexual violence increases with age as they enter into long-term relationships.

In the region, UNFPA is supporting human rights-based sexual and reproductive health, including voluntary family planning; empowerment of women and girls;

the elimination of gender-based violence; and capacity-building to respond to the sexual and reproductive health needs of vulnerable groups in humanitarian situations. Through innovative approaches, UNFPA is also contributing to the adoption of healthy lifestyles by young people to better enable them to realize their full potential.

PROGRESS

In support of the African Union's efforts to continue to advance the Campaign on Accelerated Reduction of Maternal Mortality in Africa, or CARMMA, UNFPA collaborated with partners, intensified policy dialogue and advocacy for the campaign at the global, regional, subregional and national levels in 2013, and supported implementation by countries in the region. As of 2013, 20 countries in East and Southern Africa have launched national campaigns.

In January 2013 in Addis Ababa, Ethiopia, UNFPA supported the African Union's CARMMA High-Level Event, which brought together 32 Heads of State and government, who called for expanded efforts to reduce maternal mortality in the region.

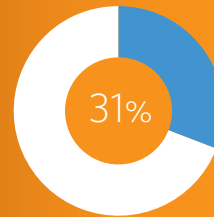
UNFPA partnered with the Pan-African Parliament to tackle violence against women and girls through joint support for the 2013 Women Parliamentarians Conference of the Pan-African Parliament. The event resulted in recommendations by women parliamentarians about how the region could develop and enforce legislation aimed at protecting women and girls.

UNFPA, UNESCO, UNAIDS and other United Nations bilateral and civil society partners supported

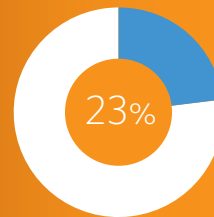
East and Southern Africa > REGIONAL INDICATORS

117

of every 1,000 females between the ages of 15 and 19 give birth



of married women between the ages of 15 and 49 use a modern method of contraception



of the population is between the ages of 10 and 19



Average number of children per woman

4.7



Gender parity index (1=parity)



Primary education

0.97



Secondary education

0.88

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.



governments' efforts to expand access to comprehensive sexuality education in 2013. Also in 2013, UNFPA and UNESCO partnered with Advocates for Youth to increase the capacity of 36 developers of comprehensive sexuality education curricula.

Eight countries in the region developed plans in 2013 to integrate sexual and reproductive health services, including family planning, and HIV/AIDS services, including HIV testing and counselling. With funding from the United Kingdom, UNFPA supported the scale-up of comprehensive condom programming in Lesotho, Malawi, Uganda and Zambia in 2013.

In December 2013, UNFPA provided reproductive health supplies to affected populations in the South Sudan crisis to reduce pregnancy-related complications and deaths and gender-based violence. Supplies included oxytocin, intravenous fluids, antibiotics, clean delivery kits and rape treatment kits.

About 150,000 people were affected in 2013 by floods in Gaza, Mozambique. UNFPA joined the government, other United Nations agencies and non-governmental organizations to reduce the impact, especially among the most vulnerable. The efforts focused on preventing maternal death and illness by ensuring women in the flood-affected areas had access to obstetric care and skilled birth attendants.

UNFPA also supported the government's efforts to protect women and girls from violence.

UNFPA SUPPORTED THE CERTIFICATION of 579 reproductive health personnel in providing a minimum initial service package in East and Southern Africa in 2013.





2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes core and non-core resources)

East and Southern Africa

Angola	3,674
Botswana	2,085
Burundi	4,074
Comoros (the)	1,131
Democratic Republic of the Congo (the)	12,864
Eritrea	2,374
Ethiopia	12,270
Kenya	5,417
Lesotho	2,734
Madagascar	6,297
Malawi	10,967
Mauritius	76
Mozambique	8,176
Namibia	2,061
Rwanda	5,471
Seychelles	58
South Africa	2,841
South Sudan	14,635
Swaziland	2,748
Uganda	17,452
United Republic of Tanzania (the)	6,936
Zambia	4,849
Zimbabwe	19,579
Total country programmes	148,769
Regional projects in East and Southern Africa	16,262

Total programme expenses in East and Southern Africa 165,031

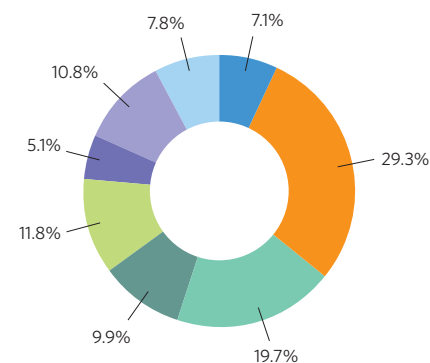
Provisional figures as of 31 March 2014.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
3.0	8.7	11.7
30.5	17.8	48.3
25.3	7.2	32.5
10.6	5.8	16.4
12.0	7.5	19.5
4.0	4.5	8.5
8.1	9.7	17.8
0.7	12.1	12.8

FOCUS AREA AS A PERCENTAGE OF TOTAL



- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance

Eastern Europe and Central Asia



14 COUNTRIES IN EASTERN EUROPE AND CENTRAL ASIA received UNFPA support in 2013 to promote gender equality, advocate women's empowerment and uphold reproductive rights.

Breaking the silence on domestic violence

la's vibrant personality shines whenever she smiles. She hasn't, however, always seemed as poised and self-confident as she does now. When she entered a Tbilisi-based shelter for the survivors of domestic violence a few years ago, her life was a shambles, and she seemed "pale, frightened and disoriented," one of the shelter's staff recalls.

la, 45, had spent 15 years in a marriage with an abusive husband. She lived in constant fear as her husband controlled,



harassed and battered her daily. "I had to ask for permission every time I left the house," she recalls. "He beat me in front of my children, he beat me in front of his parents. I was suffering, but even worse, my children were suffering too."

Then came the day when she decided she couldn't take it anymore. That was the day she saw a public service announcement on television that called domestic violence a crime and provided a hotline number for women seeking help. She dialed the

number as soon as it appeared on her television. The next day she told her story to a case worker and was offered accommodation. She and her children fled her home that same day.

The public service announcement was part of a UNFPA-led awareness-raising campaign. UNFPA and local partner organizations also used social media and put up billboards in Georgia's capital, Tbilisi, to tell women about the services available to them. In addition to the campaign, UNFPA organized awareness-raising

sessions for more than 2,000 community leaders, teachers, students and journalists.

la's story is not unique, but her determination and courage to speak up and seek help are uncommon in a country where 75 per cent of women say they believe domestic violence is a "private affair." Only 2 per cent of survivors reach out to police, lawyers or other service providers when they face violence at home.

la says picking up the phone and calling the hotline was the best

decision she has made in her life. At the government-run shelter, she received physiological, medical and legal assistance. Through services provided by the shelter, her two children were able to go to school, do their homework and play without fear. Her hope is that other women who are suffering in silence will find the strength, courage and support to find their own way to speak out, escape the violence and start over.

Detail from UNFPA's domestic violence awareness campaign poster.



Roma in Albania face difficulties accessing education, jobs, health services, and housing with unemployment and illiteracy rates four times higher than average.

CONTEXT AND CHALLENGES

As the countries of Eastern Europe and Central Asia emerge from more than two decades of often painful political, social and economic transitions and upheaval, much remains to be done in the region to ensure universal access to sexual and reproductive health, make progress towards gender equality and respond to pressing population dynamics.

Facing the challenge of low fertility rates, ageing populations, large-scale emigration and high male mortal-

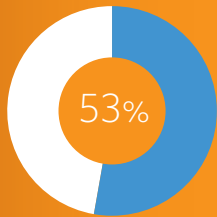
ity rates, many countries in the region have yet to develop effective policies focusing on investments in human capital, particular in the health and education of young people.

Women in the region are having fewer children than in the past, except for Turkey and Central Asian countries, where fertility levels are higher and population growth continues. Throughout the region, access to or use of sexual and reproductive health services, including family planning, is limited. About half of women

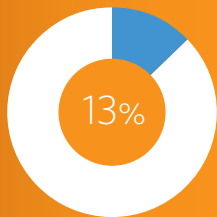
Eastern Europe and Central Asia > REGIONAL INDICATORS

32

of every 1,000 females between the ages of 15 and 19 give birth



of married women between the ages of 15 and 49 use a modern method of contraception



of the population is between the ages of 10 and 19



Average number of children per woman

1.8



Gender parity index (1=parity)



Primary education

1.00



Secondary education

0.99

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.

in Eastern Europe and Central Asia use modern contraceptive methods. In some countries of the region, the rate of modern contraceptive use is lower than 20 per cent. As a result, the number of unintended pregnancies remains high among women and adolescents. The region still has some of the highest abortion rates in the world, with an estimated 360,000 unsafe abortions annually in Eastern Europe alone.

At the same time, HIV infection rates are still on the rise in the region. Some 1.4 million people are living with HIV, an increase of over 50 per cent since 2001. Young injecting drug users and sex workers, as well as their clients and partners, are particularly vulnerable. High levels of cervical cancer increase the burden of disease and result in thousands of preventable deaths among women.

The region has made significant progress in reducing maternal death, although in some countries, mainly in Central Asia, and among marginalized population groups, such as the Roma, maternal death rates are still high.

Although governments have strengthened legal frameworks regarding gender equality, millions of women still do not fully and equally participate in society, and gender-based violence and other harmful practices persist. Prenatal sex selection, based on son preference and discrimination against girls, continues in some countries in the southern Caucasus and parts of southeastern Europe. And the persistence or revival of practices such as child marriage and bride kidnappings still constitutes a grave threat to the lives and future prospects of adolescent girls in parts of the region.

PROGRESS

UNFPA support contributed to a sharp reduction in maternal death in one of Kyrgyzstan's regions by training health-care providers on effective perinatal services with a focus on emergency obstetric and ante-natal interventions. Only one woman died giving birth in 2013 in this region.

GOVERNMENT OFFICIALS AND representatives of civil society in 10 countries received UNFPA support in increasing the capacities of judiciaries, national human rights institutions, lawyers and watchdog organizations to protect reproductive rights in 2013.

IN 2013, UNFPA BUILT THE CAPACITY OF community-led organizations in 13 Eastern European and Central Asian countries to reduce the risk of both violence and sexual transmitted infections, including HIV, among sex workers.

After two workshops hosted by UNFPA in 2013, most countries in the region developed action plans to introduce a "total market approach" to expand access to modern contraceptives and other reproductive health medicines and supplies. The approach relies on a partnership between the public and private sectors to ensure these goods are developed, procured and distributed to individuals and clinics.

A resolution was adopted by Kazakhstan's Women's Affairs Commission in 2013 to ensure sex workers have access to health and HIV services. The resolution called for better monitoring of, and action against, violence against sex workers, a marginalized group severely affected by HIV in the region.

In Belarus, UNFPA supported government efforts

to introduce specific penalties for domestic violence and establish better protection and services for survivors. UNFPA also supported the establishment of crisis rooms and shelters, trained health workers, police officers and teachers, and supported a toll-free hotline that received over 3,600 calls in 2013. In Albania, UNFPA trained 3,200 primary health care providers in identifying and addressing gender-based violence.

In Kyrgyzstan, UNFPA developed manuals for school teachers and peer educators on how to promote healthy lifestyles among young people. In Uzbekistan, the UNFPA-supported peer education network, Y-PEER, reached 30,000 young people with sessions on healthy lifestyles. Drawing on findings of a UNFPA-survey, Kazakhstan's National Youth Forum called for the age of consent for receiving reproductive health services without parental consent to be lowered from 18 to 16. In Turkmenistan, a new youth law was adopted, opening opportunities for youth-friendly sexual and reproductive health services.

UNFPA played a leading role in developing Georgia's National Youth Policy and Action Plan. The documents

Midwifery training, Tajikistan.



are examples of evidence-based policy formulation, as they incorporate results from a national youth survey and studies on early marriage and gender attitudes.

In Tajikistan, UNFPA supported the publication of census results and the development of a new database for use by provincial statistical offices to inform policy formulation. In Bosnia and Herzegovina, UNFPA helped develop and tap into new information technology to collect and analyze data on migration. In Moldova in 2013, UNFPA provided technical assistance for an upcoming census.

2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$
(Includes core and non-core resources)

Eastern Europe and Central Asia

Albania	714
Armenia	598
Azerbaijan	743
Belarus	787
Bosnia and Herzegovina	663
Georgia	1,767
Kazakhstan	701
Kyrgyzstan	1,105
Republic of Moldova (the)	478
Russian Federation (the)	821
Serbia	899*
Tajikistan	1,417
The former Yugoslav Republic of Macedonia	259
Turkey	3,508
Turkmenistan	712
Ukraine	947
Uzbekistan	1,763
Total country programmes	17,882
Regional projects in Eastern Europe and Central Asia	7,590

Total programme expenses in Eastern Europe and Central Asia **25,472**

Provisional figures as of 31 March 2014.

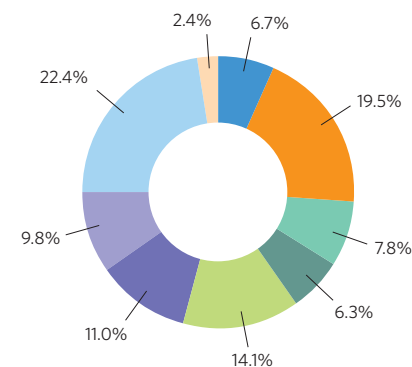
*Includes Kosovo.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
0.1	1.6	1.7
2.4	2.6	5.0
0.9	1.1	2.0
1.3	0.3	1.6
2.2	1.4	3.6
0.5	2.3	2.8
0.1	2.4	2.5
0.8	4.9	5.7
0.1	0.5	0.6

FOCUS AREA AS A PERCENTAGE OF TOTAL



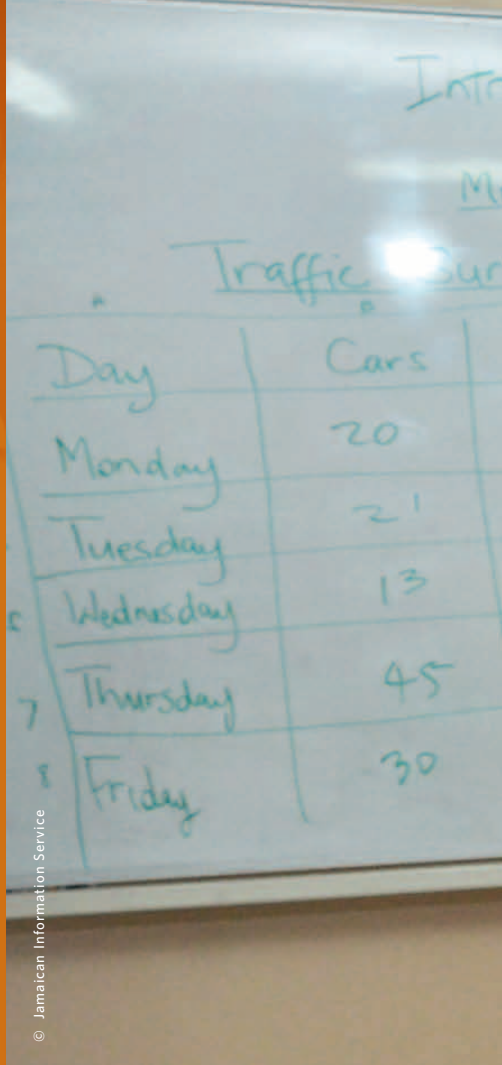
- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance
- Other



Latin America and the Caribbean



UNFPA SUPPORTED THE DESIGN,
implementation and evaluation of comprehensive
sexuality education programmes in 23 countries of
Latin America and the Caribbean in 2013.



© Jamaican Information Service

Innovative support for Jamaica's young mothers

"Becoming pregnant at such a young age was a terrifying experience. I did not know what to do when I found out," said 17-year-old Joelle as she recounted the emotional turmoil of being pregnant during her teenage years.

"It was going to be my final year in high school. I would have been graduating and making my parents proud," she recalled. "I was so horrified, ashamed and devastated to see that all the things I wanted would not happen."



Joelle's prospects improved after she enrolled in the Adolescent Mothers Programme of the Women's Centre Foundation of Jamaica.

"Thanks to the Women's Centre, I have a second chance to make things right, to have an education and to make my parents proud again," she said.

Joelle is enrolled in the Adolescent Mothers Programme of the Women's Centre Foundation of Jamaica. Since 1978, the Programme has been provided continuing education, counselling and practical skills training for mothers under age 17.

Through the Programme, young mothers can pursue their education at the nearest Women's Centre location for at least one semester and then return to the formal school system after their babies are born. Until recently, pregnant girls were routinely kept out of school. Other services, such as day care facilities and counselling for parents of young mothers, are also available.

Joelle describes the organization and the counsellors who cared for her during this difficult period as "firefighters who rescued me from the mental burning building I was in."

Family planning is offered at each Women's Centre location, and UNFPA has partnered with the organization for years to help reduce the risk of unwanted second pregnancies among mothers they counsel.

With the knowledge and consent of their parents, the young mothers are provided with sexual and reproductive health information and offered a contraceptive method of their choice, which helps them to delay a second pregnancy and enables them to complete their education. With support from UNFPA, the Women's Centre distributed more than 10,000 male condoms and

6,000 female condoms between 2008 and 2011 alone.

"The education of our girls is a strength of Jamaican culture and history," says Ronald Thwaites, Jamaica's Minister of Education. "We want to give every girl, no matter what her circumstances, even if she has become pregnant and had a child... to lift her up, make sure she gets the best opportunity. We are a nation of second chances."

At the Women's Centre Foundation of Jamaica.



CONTEXT AND CHALLENGES

Adolescent pregnancy rates are declining slowly overall in Latin America and the Caribbean but have stagnated or increased in a few countries in the region. The region's adolescent pregnancy rate is closely linked to a larger challenge of unequal access to sexual and reproductive health and to inequities in the protection and enjoyment of human rights.

Throughout the region, legal barriers prevent adolescents, particularly those under age 16, from accessing reproductive health services.

Several parts of the region report high rates of gender-based violence. A study of 12 Latin American and Caribbean countries showed large percentages of women

who were ever married or in union reported experiencing physical violence by an intimate partner, ranging from 17 per cent in the Dominican Republic to slightly more than 53 per cent in Bolivia. A study of seven countries in the region showed that the percentage of females who say their first sexual intercourse was forced ranged from 1.8 in Nicaragua to 21.2 in Haiti. Other forms of violence also impact the region. The per capita homicide rate is twice the global average.

Latin America and the Caribbean is confronting these and other challenges at a time when major aid donors are reducing their support to the region's middle-income countries.

PROGRESS

UNFPA supported countries' efforts in 2013 to develop policies and programmes designed to overcome stark disparities and inequalities in access to sexual and reproductive health services, particularly among marginalized, disadvantaged or traditionally excluded groups, including adolescents, indigenous people, afro-descendants, undocumented migrants, persons of diverse sexual orientation and gender identity and sex workers.

UNFPA played a role in ensuring governments adequately budgeted for expanded access to family planning information, services and supplies in 2013. In Nicaragua, for example, the share of contraceptives funded by the government rose from 10.5 per cent in 2007 to 74.8 per cent in 2011. Throughout the region, UNFPA supported government efforts to improve the management, financing and distribution of contraceptives and other reproductive health commodities. El Salvador, for example, made great strides in implementing a logistics-management system for reproductive commodity security. As a result, the country averted stock-outs

in 2013 and increased the availability of contraceptives and life-saving medicines by 64 per cent.

A large share of UNFPA support in the region in 2013 benefited adolescents and youth. Technical assistance provided by UNFPA helped develop a National Plan to Prevent Adolescent Pregnancy in Ecuador, a National Integral Health Plan for Youth and Adolescents in Bolivia and a Multi-sectoral Plan for the Prevention of Adolescent Pregnancy in Peru. In the Caribbean, similar policy development is underway through a joint programme between the University of the West Indies and CARICOM, the Caribbean Community, which has established a Youth Commission.

UNFPA co-sponsored a High Level Multi-stakeholder Consultation on the Reduction of Adolescent Pregnancy in the Caribbean in December 2013. The event aimed to tackle challenges in addressing adolescent pregnancy in CARICOM countries.

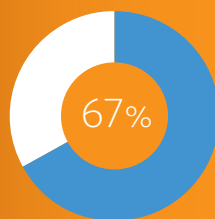
Participants agreed that reducing adolescent pregnancies required an integrated, multi-sectoral approach involving government, civil society, faith-based organizations, international organizations, the private sector and, especially, adolescents and young people themselves. Discussions reinforced the need to continue ensuring adolescents' access to sexual and reproductive health services, including contraception. The group also acknowledged that age-appropriate, comprehensive sexuality education should be available to all adolescents to help them make informed and responsible decisions.

The group also called for stronger systems for protecting girls from all forms of violence and keeping adolescents in school. In addition, the group

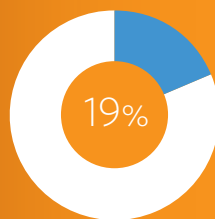
Latin America and the Caribbean > REGIONAL INDICATORS

73

of every 1,000 females between the ages of 15 and 19 give birth



of married women between the ages of 15 and 49 use a modern method of contraception



of the population is between the ages of 10 and 19



Average number of children per woman

2.2



Gender parity index (1=parity)



Primary education

1.01



Secondary education

1.06

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.



recommended that Caribbean countries further align their legislation with international human rights standards, particularly regarding matters of age of consent, child marriage, and access to sexual and reproductive health services.

In consultations with health-care providers, ministries of health and non-governmental organizations, UNFPA advocated young people's access to sexual and reproductive health in 15 Latin American and Caribbean countries in 2013.

Bolivia, Chile, Peru and Uruguay drew on UNFPA technical and financial support in 2013 to implement programmes to prevent and tackle gender-based violence in the context of emergencies. UNFPA also provided emergency-preparedness training to support the roll-out of minimum initial service packages, or MISPs, in Belize, Colombia, Cuba, Ecuador, El Salvador, Panama and Peru. Guidelines for data collection and analysis in crises were also finalized.

UNFPA SUPPORTED THE EFFORTS OF 17 COUNTRIES

in Latin America and the Caribbean in 2013 to expand access to sexual and reproductive health information and services to marginalized adolescent girls.

12 COUNTRIES UPGRADED

emergency obstetric and neonatal care with UNFPA support in 2013.

UNFPA stepped up efforts in 2013 to reduce maternal death, prevent pregnancy among adolescent girls between the ages of 10 and 19 and achieve universal access to reproductive health in Latin America and the Caribbean. One way in which UNFPA helped improve maternal and newborn health was through support for comprehensive midwifery programmes. This support included measures to strengthen educational programmes and build national midwifery associations in 10 countries. UNFPA also helped strengthen national capacities for emergency obstetric and newborn care in 15 countries and improving tracking of incidents of maternal death and illness and using the data to identify critical gaps in health services.





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2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes core and non-core resources)

Latin America and the Caribbean

Argentina	709
Bolivia (Plurinational State of)	2,796
Brazil	2,090
Caribbean, English- and Dutch-speaking ¹	3,743
Chile	212
Colombia	7,517
Costa Rica	695
Cuba	806
Dominican Republic (the)	1,226
Ecuador	1,915
El Salvador	1,616
Guatemala	5,832
Haiti	7,746
Honduras	3,260
Mexico	2,311
Nicaragua	5,422
Panama	813
Paraguay	783
Peru	1,921
Uruguay	1,750
Venezuela (Bolivarian Republic of)	4,349
Total country programmes	57,512
Regional projects in Latin America and the Caribbean	8,005

Total programme expenses in Latin America and the Caribbean **65,517**

Provisional figures as of 31 March 2014.

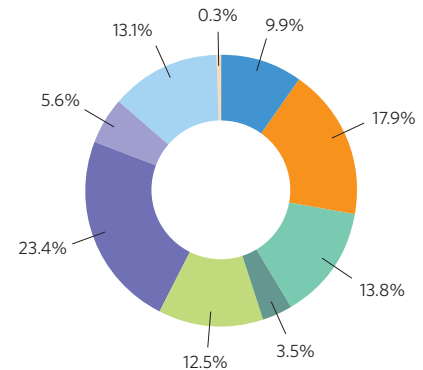
¹ Figures for Caribbean, English- and Dutch-speaking countries, comprise several countries and islands which, for reporting purposes, have been classified under one heading, including Anguilla, Antigua and Barbuda, the Bahamas, Barbados, Belize, Bermuda, the British Virgin Islands, the Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts, Saint Lucia, Saint Vincent and the Grenadines, the Netherlands Antilles, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
1.1	5.4	6.5
6.4	5.3	11.7
7.5	1.5	9.0
1.7	0.6	2.3
3.6	4.6	8.2
10.1	5.2	15.3
0.8	2.9	3.7
0.1	8.5	8.6
-	0.2	0.2

FOCUS AREA AS A PERCENTAGE OF TOTAL



- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance
- Other

West and Central Africa



WITH SUPPORT FROM UNFPA,

1,404 communities in West and Central Africa made public declarations in 2013 to abandon female genital mutilation/cutting.



© UNFPA/APA

Family planning: reaching women where they work

"I don't want to have a child now, so family planning is my best solution," says Deborah, 30, at the Waterside Market in Monrovia, Liberia's capital. Deborah receives free contraceptives from a small family planning



clinic located inside the market.

The clinic is just one of 16 serving women at the country's markets in remote areas or in poor, underserved sections of Liberia's urban areas. The clinics, funded by UNFPA and run by the Planned Parenthood Association of Liberia, offer a means to expand women's and young

people's access to voluntary family planning where they work and shop.

The clinics are staffed by trained community health volunteers and nurses who offer counselling, information and contraceptives, including the pill, injectables and condoms. "We receive between 13 and 15 clients per day," says

Jumah Boakai, a supervisor at one of the clinics. "Sometimes the number is even higher."

About 36 per cent of Liberian women of childbearing age say they would use modern contraceptive methods but lack access to them.

Jartu, who works at the market in Pleemu Town, a few miles outside

of Monrovia, has eight surviving children. She had five other children who died soon after birth. "I almost lost my life and right leg during the birth of my last baby," Jartu says. "I had been in labour for more than a week before I was rushed to a local clinic." She says she is glad that family planning is finally available to women in her community.



CONTEXT AND CHALLENGES

West and Central Africa is a region of 400 million people living in 23 countries, 13 of which are considered least developed. Seventeen countries have “humanitarian and fragile” situations, with Mali and the Central African Republic at the epicentre.

The region’s recent economic performance has been good, especially in West Africa, with a 6.3 per cent average growth rate in 2013. But countries in the region are still facing challenges of poverty, health issues, natural disasters and conflicts, all of which are hampering or reversing gains in human development.

About 150 million people live in the Sahel, which

has the world’s highest population growth rate: the average woman has about six children.

The region remains youthful, with about 41 per cent of the population between the ages of 15 and 29. This large cohort of young people requires education, health care and jobs, which are in short supply in many of the region’s countries.

Meanwhile, more than one in three girls younger than 18 is married, and more than one in four gives birth.

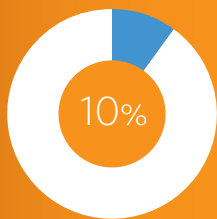
About one in four women in the region has an unmet need for voluntary family planning and would use modern contraception if she had access to it. High rates of maternal death and illness are attributable largely to limited access to reproductive and maternal health services, including emergency obstetric and neonatal care. More than two in five pregnant women are still giving birth without the help of skilled birth attendants, and only

IN 2013, 19 WEST AND CENTRAL AFRICAN countries received support in preparing for or responding to humanitarian crises, with UNFPA support.

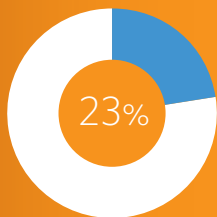
West and Central Africa > REGIONAL INDICATORS

117

of every 1,000 females between the ages of 15 and 19 give birth



of married women between the ages of 15 and 49 use a modern method of contraception



of the population is between the ages of 10 and 19



Average number of children per woman

5.6



Gender parity index (1=parity)



Primary education

0.91



Secondary education

0.74

The gender parity index, GPI, shows inequalities in access to primary education. A GPI of 1 indicates parity between girls and boys. A GPI lower than 1 indicates girls have less access than boys.

12 per cent of pregnant women who need emergency obstetric or neonatal care have access to it.

More than three in five women in the region experience gender-based violence in their lifetime, or are subjected to harmful practices, such as female genital mutilation/cutting.

PROGRESS

At the African Union Summit in January 2013, Heads of State and government made new commitments to speed up the reduction of maternal death and disability in the continent. The commitments followed a high-level event on reinforcing the Campaign on Accelerated Reduction of Maternal Mortality in Africa, or CARMMA, and included: redoubling efforts to improve maternal, newborn and child health; encouraging more States to launch CARMMA and seek new ways of channeling additional human, financial, domestic and external resources for maternal and child health; expanding access to family planning and other reproductive health services as well as reducing the huge unmet need for contraception; strengthening health systems and ensuring the availability of life-saving commodities to support universal access to high-impact health interventions; investing in human resources for health; and building skilled and motivated workforces, including midwives, to increase access to skilled birth attendance and strengthen emergency referrals for complicated deliveries. Nineteen countries in West and Central Africa have CARMMA campaigns, three of which were launched in 2013.

Fourteen countries in the region received UNFPA support for improving midwifery training.

In 2013, 95 midwives were trained and deployed in Sierra Leone, and 85 were recruited and deployed in rural Guinea. Seven hundred midwives were trained in Cameroon with UNFPA support in 2013.

UNFPA supported surgery to repair 5,035 women's obstetric fistulas in the region in 2013.

UNFPA support in the region also aimed to protect women and girls from sexual violence and enable safe deliveries in humanitarian contexts through the provision of equipment and supplies, including delivery beds and thousands of safe-delivery kits.

IN 2013, 16 COUNTRIES IN West and Central Africa received UNFPA support to develop capacities for improving emergency obstetric and neonatal care.

UNFPA SUPPORTED CIVIL SOCIETY organizations in 19 countries that engage men and boys in efforts to promote gender equality, eliminate discriminatory gender norms and protect women's reproductive rights.

Twenty countries in the region improved procurement, management and distribution of reproductive health medicines and supplies, including contraceptives provided by UNFPA. As a result, stock-outs were reduced, contributing to an increase in contraceptive prevalence rates in Burkina Faso, Côte d'Ivoire, Niger, Nigeria, São Tomé, Senegal and Sierra Leone.

Most countries in the region are implementing programmes to eliminate mother-to-child transmission of HIV and prevent HIV among youth and at-risk groups, including sex workers. In Côte d'Ivoire, 97 per cent of individuals seeking antenatal services from UNFPA-supported clinics in 2013 underwent voluntary



UNFPA forum in Sierra Leone for male advocates, peer educators and community advocacy groups.

HIV testing. In São Tomé efforts to eliminate mother-to-child transmission of the virus are integrated into reproductive health services and implemented in 96 per cent of health facilities.

Nine countries in the region engaged men and boys in efforts to promote gender equality and to raise awareness about reproductive rights. Niger continued to receive support from UNFPA in its efforts to stop child marriage.

In Sierra Leone, UNFPA, UNICEF and the World Health Organization supported the launch of the National Strategy for the Reduction of Teenage Pregnancy,



2013 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes core and non-core resources)

West and Central Africa

Benin	4,104
Burkina Faso	8,267
Cameroon	4,648
Cape Verde	1,134
Central African Republic (the)	3,211
Chad	7,596
Congo (the)	3,135
Côte d'Ivoire	8,559
Equatorial Guinea	645
Gabon	1,516
Gambia (the)	1,997
Ghana	3,739
Guinea	5,837
Guinea-Bissau	2,301
Liberia	4,791
Mali	4,345
Mauritania	4,404
Niger	10,663
Nigeria	18,527
São Tomé and Príncipe	765
Senegal	4,765
Sierra Leone	11,482
Togo	3,196
Total country programmes	119,627
Regional projects in West and Central Africa	6,677

**Total programme expenses
in West and Central Africa 126,304**

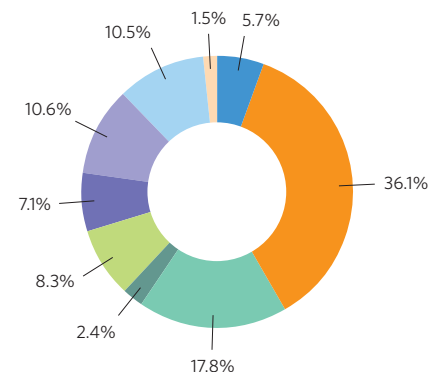
Provisional figures as of 31 March 2014.

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
1.3	5.9	7.2
26.0	19.6	45.6
17.6	4.8	22.4
1.4	1.6	3.0
4.9	5.6	10.5
4.4	4.6	9.0
3.7	9.7	13.4
0.4	12.9	13.3
0.8	1.1	1.9

FOCUS AREA AS A PERCENTAGE OF TOTAL



- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance
- Other

in May 2013. Achievements in the following seven months included allocations for adolescent health in the 2014 national budget; training of 515 health workers in adolescent health and youth-friendly services; and services provided to 345,000 adolescents and young people.

Côte d'Ivoire launched a "zero pregnancy at school" campaign in 2013 with UNFPA support. As a result, family planning and HIV prevention services were integrated into more than half of the country's student health services.

As of the end of 2013, all of the region's 23 countries had received support to plan for or carry out population and housing censuses.



Resources and management

DONOR COMMITMENT REMAINS STRONG

In 2013, UNFPA total gross contribution revenue was \$976.8 million, including \$460 million in voluntary contributions from donors to core resources and \$504.3 million for non-core resources.

Core resources are untied and primarily include contributions from governments. Non-core resources, which consist of contributions to trust funds and the Junior Professional Officers Programme, include funds

contributed by governments, foundations, the private sector and individuals, and are earmarked for specific programmes or initiatives.

Core resources are the bedrock of funding for operational activities and afford neutrality, promote flexibility and enable the organization to respond more effectively to the development needs of countries.

Until 2012, core resources had always accounted for more than half of all donor contributions. Since then,

however, core resources have accounted for a little less than half, down to 48 per cent in 2013.

UNFPA expenditures of core and non-core resources in support of the seven main development outcomes of the strategic plan in 2013 totalled \$669.9 million, with the largest share, \$199.7 million, allocated to improving maternal and newborn health, followed by \$187.7 million for family planning.

STRONGER AND MORE DIVERSE PARTNERSHIPS

About 98 per cent of contributions to core resources came from 15 donors in 2013. UNFPA continued in 2013 to strengthen its engagement with non-traditional donors and partners such as international financial institutions, regional banks and civil society, to diversify its donor base.

In 2013, UNFPA increased the value and diversity of private sector partnerships compared to previous years. Partnerships were established at UNFPA headquarters, but much of the work was driven by programme countries, which built partnerships among local firms, implementing partners and UNFPA.

Over 40 country offices submitted partnership requests and generated 29 new agreements with private sector partners in 2013.

UNFPA in 2013 facilitated 159 South-South cooperation initiatives, the majority of which focused on exchanges of knowledge, expertise and technologies, and institutional capacity development. In more than 60 per cent of these initiatives, UNFPA supported securing of financial resources. In about 50 per cent of them, it provided technical support.

IMPLEMENTING REFORMS

UNFPA implemented reforms recommended in the United Nations Quadrennial Comprehensive Policy Review and mainstreamed them into the new Strategic Plan for 2014–2017. These reforms include actions aimed



at strengthening sustainable development, eradicating poverty, improving South-South cooperation and promoting gender equality. In addition, UNFPA contributed to efforts to increase coherence and effectiveness of the United Nations system by, among other things, chairing forums such as the United Nations Development Group's high-level committee on standard operating procedures for "delivering as one," an effort to improve coordination and create synergies among various United Nations development agencies working in a given country. UNFPA also participated in networks of the United Nations Development Group on programming and fiduciary management oversight, the high-level committee on management procurement and the joint funding and business operations network. The UNFPA Executive Director co-led the United Nations Chief Executives Board review exercise and a high-level dialogue on international migration and development.

INCOME AND EXPENSES 2013

IN MILLIONS OF US\$

Income	\$m
CORE RESOURCES	
Voluntary contributions - gross	460.0
Less: transfers to other revenue for reimbursement of tax charges	(2.9) [*]
Other revenue	38.6
Total core resources income	495.7
NON-CORE RESOURCES	
Contributions to non-core resources - gross	504.3 ^{**}
Less: refunds to donors	(6.4)
Less: indirect costs	(27.3)
Other revenue	10.5
Total non-core resources income	481.1
Total income	976.8

Expenses

FROM CORE RESOURCES	
Programme expenses	365.0
Institutional budget expenses	138.8
Other	3.3
Total core resources expenses	507.1
FROM NON-CORE RESOURCES	
Programme expenses	397.9
Junior Professional Officers	5.0
Procurement	3.2
Total non-core resources expenses	406.1
Total expenses	913.2

* This amount represents reimbursement of income taxes to the nationals of one Member State; it is included in the "Other revenue" amount.

** This amount includes \$497.9 million gross contributions to trust funds, \$2.4 million gross contributions to other trust funds and \$4.0 million gross contributions to Junior Professional Officers (JPO) programme.

Provisional figures as of 31 March 2014.

**TOP 20 DONORS TO UNFPA* CONTRIBUTION IN US\$**

Donor	Core contributions ¹	Donor	Non-core contributions ²
Norway	70,551,071	United Kingdom of Great Britain and Northern Ireland	142,841,404
Sweden	65,816,372	United Nations Inter-organizational transfers	124,985,003
Netherlands (the)	52,356,021	Sweden	76,450,847
Finland	46,776,245	Norway	22,046,949
Denmark	40,379,213	European Commission	18,125,366
United Kingdom of Great Britain and Northern Ireland	31,514,672	Canada	16,738,864
United States of America	28,450,000	Switzerland	16,627,271
Japan	24,910,167	Netherlands	8,384,964
Germany	23,988,323	Bill and Melinda Gates Foundation	7,998,436
Switzerland	16,136,114	United States of America	6,918,485
Canada	16,046,738	Australia	6,613,691
Australia	15,641,293	France	6,300,268
Belgium	7,431,552	Italy	5,076,632
New Zealand	5,054,334	Kuwait	5,000,000
Ireland	3,959,132	Republic of Korea	4,800,000
Luxembourg	3,514,589	Germany	4,321,743
Italy	1,293,661	Colombia	3,538,137
China	1,200,000	Guatemala	3,140,415
France	523,560	Luxembourg	2,903,664
Gabon ³	500,000	Denmark	2,766,044
Saudi Arabia ³	500,000		

¹ These amounts represent the contribution revenue recorded for 2013 for regular resources.

² The amounts represent the contribution revenue recorded for 2013 for trust funds. Includes multi-year co-financing agreements which were recognized in 2013 upon signature of an agreement in accordance with UNFPA's revenue recognition policy. Programme implementation continues to be linked to actual receipt of resources.

³ Gabon and Saudi Arabia ranked as the 20th top donor to UNFPA core resources.

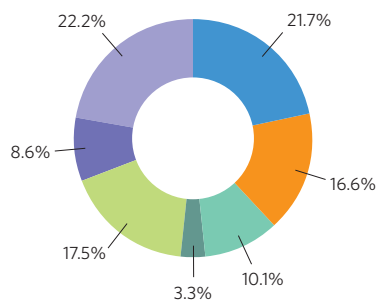
* All figures are provisional as of 31 March 2014.

PROGRAMME EXPENSES BY REGION

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
90.8	74.3	165.1
60.5	65.8	126.3
46.0	31.1	77.1
8.4	17.1	25.5
37.2	96.5	133.7
31.3	34.2	65.5
123.7	46.0	169.7

BY PERCENTAGE



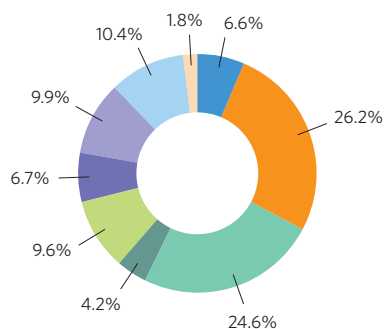
- East and Southern Africa
- West and Central Africa
- Arab States
- Eastern Europe and Central Asia
- Asia and the Pacific
- Latin America and the Caribbean
- Global Activities

PROGRAMME EXPENSES BY FOCUS AREA

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
8.0	42.6	50.6
116.5	83.2	199.7
158.3	29.5	187.8
19.4	12.3	31.7
36.5	36.7	73.2
22.2	29.2	51.4
30.4	45.1	75.5
5.7	73.9	79.6
0.9	12.5	13.4

BY PERCENTAGE



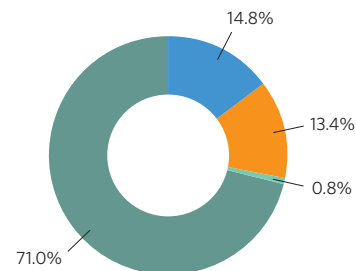
- Population dynamics
- Maternal and newborn health
- Family planning
- HIV and STI prevention services
- Gender equality and reproductive rights
- Young people's SRH and sexuality education
- Data availability and analysis
- Programme coordination and assistance
- Other

PROGRAMME EXPENSES BY IMPLEMENTING AGENCY

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
58.7	54.4	113.1
65.8	36.8	102.6
1.2	4.6	5.8
272.2	269.2	541.4

BY PERCENTAGE



- Governments
- Non-governmental organizations
- United Nations agencies
- UNFPA

Where UNFPA Works

This map shows the 159 countries, territories and other areas where UNFPA worked in 2013 through a network of 112 country offices, six regional and three subregional offices and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. In 2013, all UNFPA offices combined had a total of 2,471 regular staff.

Other countries and territories in which UNFPA works but for which there is no recent data on maternal mortality ratios include Anguilla, Antigua and Barbuda, Bermuda, British Virgin Islands, Cayman Islands, Cook Islands, Dominica, Kiribati, Marshall Islands, Montserrat, Nauru, Netherlands Antilles, Niue, Palau, Saint Kitts and Nevis, Tokelau, Turks and Caicos Islands, and Tuvalu.

This map also illustrates maternal mortality ratios in countries, territories and other areas where UNFPA works and for which recent data are available. This map does not show maternal mortality ratios in major donor countries or places where UNFPA does not work.

- UNFPA headquarters
- Liaison offices
- Regional offices
- Subregional offices



MATERNAL MORTALITY RATIOS IN COUNTRIES AND OTHER AREAS WHERE UNFPA WORKS (deaths per 100,000 live births)

Greater than 1000

Sierra Leone

550-999

Burundi
Cameroon
Central African Republic (the)
Chad
Côte d'Ivoire
Democratic Republic of the Congo (the)
Guinea
Guinea-Bissau
Liberia
Mali
Niger
Nigeria
Somalia
South Sudan

300-549

Afghanistan
Angola
Benin
Burkina Faso
Comoros (the)
Congo (the)
Eritrea

100-299

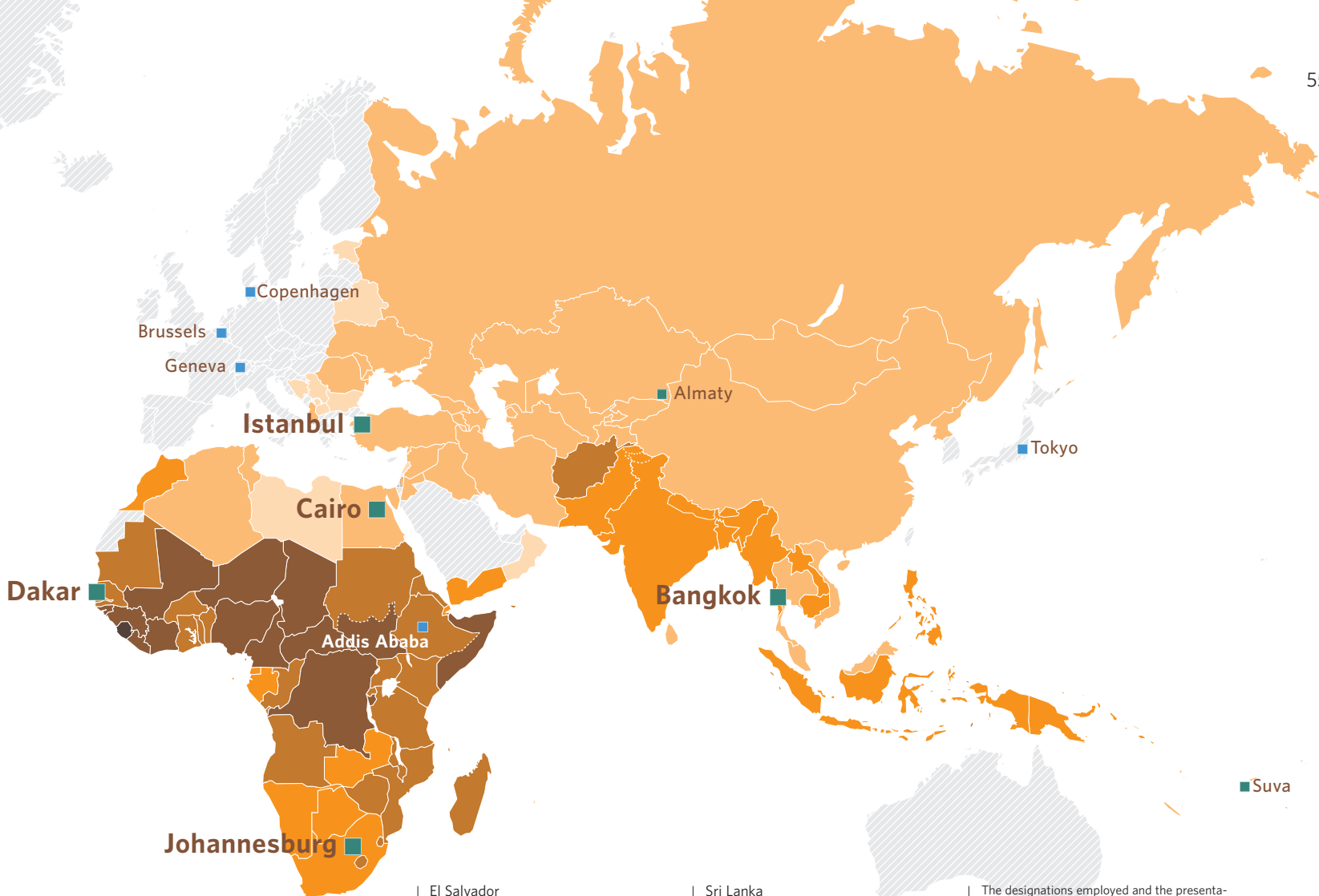
Ethiopia
Gambia (the)
Ghana
Haiti
Kenya
Lesotho
Madagascar
Malawi
Mauritania
Mozambique
Rwanda
Senegal
Sudan (the)
Swaziland
Togo
Uganda
United Republic of Tanzania (the)
Zimbabwe

100-299

Bangladesh
Bhutan
Bolivia (Plurinational State of)
Botswana
Cambodia
Djibouti
Dominican Republic (the)

100-299

Equatorial Guinea
Gabon
Guatemala
Guyana
Honduras
India
Indonesia
Lao People's Democratic Republic (the)
Morocco
Myanmar
Namibia
Nepal
Nicaragua
Pakistan
Papua New Guinea
Paraguay
Philippines (the)
São Tomé and Príncipe
Solomon Islands
South Africa
Suriname
Timor-Leste
Tonga
Venezuela (Bolivarian Republic of)
Yemen
Zambia



20-99

Albania
Algeria
Argentina
Armenia
Azerbaijan
Bahamas (the)
Barbados
Belize
Brazil
Cape Verde
Chile
China
Colombia
Costa Rica
Cuba
Democratic People's Republic of Korea (the)
Ecuador
Egypt

El Salvador
Fiji
Georgia
Grenada
Iran (Islamic Republic of)
Iraq
Jamaica
Jordan
Kazakhstan
Kyrgyzstan
Malaysia
Maldives
Mauritius
Mexico
Micronesia (Federated States of)
Mongolia
Palestine'
Panama
Peru
Republic of Moldova (the)
Romania
Russian Federation (the)
Saint Lucia
Saint Vincent and the Grenadines
Samoa

Sri Lanka
Syrian Arab Republic
Tajikistan
Thailand
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Ukraine
Uzbekistan
Vanuatu
Viet Nam

Less than 20

Belarus
Bosnia and Herzegovina
Bulgaria
Estonia
Lebanon
Libya
Oman
Serbia
The former Yugoslav Republic of Macedonia
Uruguay

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

'On 29 November 2012, the United Nations General Assembly passed resolution 67/19. Pursuant to operative paragraph 2 of that resolution, the General Assembly decided to "...accord to Palestine non-member observer State status in the United Nations..."

2013 DONOR COMMITMENTS AND PAYMENTS *

CONTRIBUTION TOWARDS CORE RESOURCES IN US\$

Donor	Commitments for Current Year	Payments Received	Donor	Commitments for Current Year	Payments Received	Donor	Commitments for Current Year	Payments Received
Andorra	13,097	13,097	Jordan	50,071	50,071	Singapore	5,000	5,000
Angola	5,000	5,000	Kazakhstan	99,970	99,970	Slovak Republic	6,755	6,755
Argentina	5,000	5,000	Kenya	10,109	10,109	South Africa	48,511	44,731
Armenia	2,500	2,500	Kuwait	10,000	10,000	Spain	400,000	2,363,351
Australia	15,641,293	15,641,293	Lao People's Democratic Republic	2,000	2,000	Sri Lanka	18,000	18,000
Austria	135,870	135,870	Lesotho	2,709	2,709	Suriname	100	-
Bahamas (the)	1,000	-	Liechtenstein	26,455	26,455	Swaziland	10,000	10,000
Bangladesh	25,000	25,000	Luxembourg	3,514,589	3,595,658	Sweden	65,816,372	65,258,904
Barbados	5,000	5,000	Madagascar	5,000	-	Switzerland	16,136,114	16,121,342
Belgium	7,431,552	7,431,552	Malaysia	215,000	215,000	Tajikistan	521	521
Benin	7,502	14,236	Maldives	5,000	-	Thailand	96,000	96,000
Bolivia (Plurinational State of)	13,000	12,887	Mali	-	24,112	Togo	6,066	-
Burkina Faso	19,470	58,410	Mauritius	3,205	3,205	Trinidad and Tobago	5,000	5,000
Burundi	621	621	Mexico	70,175	70,175	Tunisia	15,823	15,823
Cameroon	20,685	-	Micronesia (Federated States of)	3,000	3,000	Turkey	150,000	150,000
Canada	16,046,738	16,204,523	Monaco	19,557	19,557	Turkmenistan	3,000	3,000
Chile	5,000	5,000	Mongolia	4,000	4,000	Tuvalu	-	9,000
China	1,200,000	1,200,000	Morocco	10,089	10,089	Uganda	10,000	-
Colombia	10,000	10,000	Mozambique	2,000	2,000	United Kingdom of Great Britain and Northern Ireland	31,514,672	31,080,181
Comoros	3,000	3,000	Myanmar	234	-	United Arab Emirates	10,000	10,000
Cook Islands	1,228	-	Nepal	5,834	-	United Republic of Tanzania (the)	4,308	-
Costa Rica	5,863	5,863	Netherlands (the)	52,356,021	53,012,864	United States of America	28,450,000	28,450,000
Côte d'Ivoire	19,526	59,526	New Zealand	5,054,334	5,054,334	Uruguay	24,982	20,000
Cuba	5,000	5,000	Nicaragua	1,000	1,000	Uzbekistan	478	956
Czech Republic	24,851	24,851	Niger	20,000	-	Viet Nam	4,500	4,500
Denmark	40,379,213	39,402,199	Norway	70,551,071	70,551,071	Yemen	24,975	49,975
Djibouti	-	2,000	Oman	10,000	10,000	Zimbabwe	30,000	-
Egypt	96,880	96,880	Palau	100	-	Private and others	86,892	100,458
El Salvador	3,000	3,000	Palestine**	5,000	5,000	Government contribution to local office cost	310,123	310,123
Estonia	-	67,935	Panama	10,000	9,879	Grand Total	459,999,210	457,945,762
Ethiopia	3,166	3,166	Papua New Guinea	4,951	-			
Fiji	-	8,475	Peru	2,000	2,000			
Finland	46,776,245	43,735,780	Philippines (the)	34,803	34,333			
France	523,560	510,856	Poland	10,880	10,880			
Gabon	500,000	509,798	Qatar	30,000	30,000			
Gambia (the)	10,000	-	Republic of Korea	100,000	100,000			
Georgia	20,000	20,000	Romania	10,000	10,000			
Germany	23,988,323	23,988,323	Russian Federation (the)	300,000	300,000			
Ghana	18,000	-	Rwanda	500	-			
Guatemala	-	1,993	Samoa	-	6,000			
Guyana	502	502	São Tomé & Príncipe	8,834	27,606			
Hungary	10,000	10,000	Saudi Arabia	500,000	500,000			
India	498,713	498,713	Senegal	18,197	17,151			
Indonesia	36,001	36,001	Serbia	1,000	1,000			
Ireland	3,959,132	3,959,132	Seychelles	2,000	3,988			
Israel	40,000	40,000	Sierra Leone	6,977	-			
Italy	1,293,661	1,303,781						
Japan	24,910,167	24,910,167						

* Other donors for 2013 with contribution revenue recognized in its entirety in prior years are Afghanistan, Antigua and Barbuda, Botswana, Comoros, Estonia, Haiti, Malawi, Namibia, Nigeria, The Republic of Moldova, Tonga, Uzbekistan and Vanuatu.

** On 29 November 2012, the United Nations General Assembly passed Resolution 67/19, which accorded "Palestine non-member observer State status in the United Nations..."

Provisional figures as of 31 March 2014.

SOURCES FOR INDICATORS

Maternal death (mortality) ratios

Trends in Maternal Mortality: 1990 to 2013, Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division

Adolescent birth rate per 1,000 women aged 15–19, 1991/2010

The State of the World Population 2013. Adolescent birth rates listed for East and Southern Africa and for West and Central Africa are for entire Sub-Saharan African region. No sub-regional data available at the time this report went to press.

Contraceptive prevalence rate, women aged 15–49, modern method: 1990/2012

The State of the World Population 2013 and the Population Division of the United Nations Department of Economic and Social Affairs

Total fertility rate, per woman, 2010–2015

The State of the World Population 2013 and the Population Division of the United Nations Department of Economic and Social Affairs

Population aged 10–19, per cent 2010

The State of the World Population 2013 and the Population Division of the United Nations Department of Economic and Social Affairs

Primary school enrolment Gender Parity Index (GPI), 1999/2012

Calculated from data in *The State of the World Population 2013* and from the World Bank's EdStats database: <http://datatopics.worldbank.org/education/>

Secondary school enrolment Gender Parity Index (GPI), 1999/2012

Calculated from data in *The State of the World Population 2013* and from the World Bank's EdStats database: <http://datatopics.worldbank.org/education/>

Note: Complete data for some regions unavailable.

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's potential is fulfilled



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