



YOUR RIGHTS OUR MISSION

UNFPA Asia and the Pacific: 2019 Highlights



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FOREWORD

2019 WAS A HISTORIC YEAR

In 2019, the world marked the 25th anniversary of the landmark Programme of Action of the International Conference of Population and Development (ICPD). At the 1994 ICPD in Cairo, 179 governments transformed the way we look at population and development by agreeing that individual rights and choices, including those related to sexual and reproductive health (SRH) and reproductive rights, must be at the heart of sustainable development. Today, women and girls across Asia and the Pacific continue to benefit from this important movement.

A quarter-century later, at the Nairobi Summit on ICPD25 held last November, governments and other stakeholders came together once again to reaffirm their commitments to ICPD, as well as towards the achievement of UNFPA's transformative results of achieving ending preventable maternal deaths, ending unmet need for family planning and ending gender-based violence and harmful practices against women and girls.

25 years ago, over 230,000 maternal deaths were estimated in Asia-Pacific each year. Fast forward to today, and that number has dropped to 79,000. While progress has been impressive, much more must be done.

That's why at the Nairobi Summit, 26 governments from Asia and the Pacific were joined by civil society representatives - resulting in 152 commitments towards achieving the ICPD Programme of Action. Fundamental to all commitments made in Nairobi was the pledge to leave no one behind. This requires addressing the specific needs of marginalized groups and those in vulnerable situations, regardless of gender, age, sexuality or disability. Commitments also reflect the urgent need to tackle climate change given its impact on our ability to achieve the ICPD Programme of Action.

Since Cairo 1994, despite formidable challenges, our region has been working hard towards the achievement of the ICPD Programme of Action.



But we must collectively work even harder and we cannot take progress for granted. At a time of rising conservatism, we are seeing significant pushback on women's rights and choices, impacting essential health services, including family planning and contraception, even in countries that have long been champions.

The year 2019 was historic. ICPD25 reinvigorated a movement and provided an impetus for change. However, going forward, we must work together to drive that change.

With only 10 years to go until 2030, the Decade of Action for the achievement of the Sustainable Development Goals by 2030 can be the push that we need. We must build on our efforts to mobilize a broad range of stakeholders for change, effectively communicate urgency and ambition, and be at the forefront of innovative solutions.

It is time for all of us to fulfil our shared visions - and build a better world for all.

Bjorn Andersson
Regional Director,
UNFPA, Asia and the Pacific

IN 2019



600

midwives were trained in 8 countries

US\$17,058,583

was disbursed by UNFPA for contraceptives supplies in the Asia Pacific region



25

countries advanced comprehensive sexuality and/or life-skills education

200,594

unintended pregnancies were averted



10

countries developed policies, laws and regulations to prevent and address gender-based violence

10

countries strengthened their midwifery curriculum according to international standards



14

countries integrated life-saving essential sexual and reproductive health services into their emergency preparedness and response

7

countries produced prevalence data on violence against women

5

countries developed policies to address population ageing



2020-21



24

countries prepared to conduct their population census in 2020 or 2021

4

countries undertook South-South and Triangular Cooperation initiatives to exchange expertise between developing countries

5

countries tracked the procurement and distribution of contraceptives



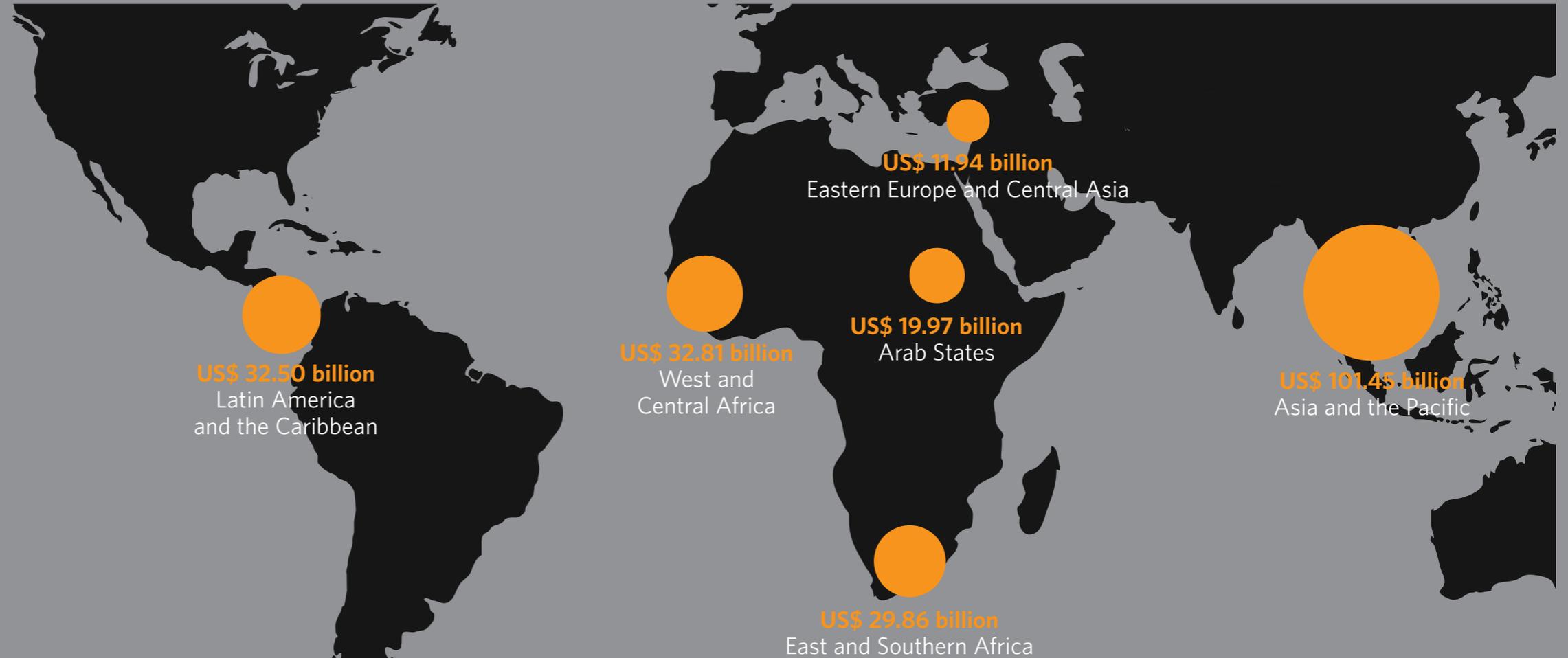
The future outlook of donor funding for sexual and reproductive health is highly insecure. Worldwide and in the Asia and Pacific region, across both developed and developing countries, growth projections have been downgraded, which may negatively impact on overall overseas development assistance, as these are often tied to economic growth.

The financing resources needed to achieve the Three Zeros is substantial (US\$229* billion between 2020-2030), and it will surpass the current overseas development assistance. The Asia and Pacific region accounts for almost half of the total financial needs, which is US\$101 billion. This excludes the cost of ending child marriage, estimated at around \$35 billion.

A new global moment to mobilize political and financial support for sexual and reproductive health is needed to sustain investments. Countries need to prioritize health, including sexual and reproductive health, in their domestic budgets. Although the current economic outlook is less favourable than two years ago, many low-income and middle-income countries are still projected to experience substantial economic growth, though at a slower rate, in the next decade.

In principle, adequate financial resources are available globally. Large amounts of investable funds, mostly private, are held in advanced and emerging economies. In addition, domestic public resources, even in low-income countries, can be increased. However, public and private resources have not been effectively allocated, and a paradigm shift on how development will be financed is required to unlock the resources needed to achieve the 2030 Agenda through the implementation of the ICPD Programme of Action and achieving the Sustainable Development Goals.

FINANCING RESOURCES NEEDED TO ACHIEVE THE THREE ZEROS



“ The financing resources needed to achieve the Three Zeros will require as much as US\$229 billion between 2020 and 2030 ”

TOWARDS ZERO MATERNAL DEATH



In 2019, we worked hard to ensure that no woman dies of preventable causes during pregnancy and childbirth by providing evidence-based and targeted policy, technical and programmatic support to countries throughout Asia and the Pacific. Our aim is to improve access to quality maternal health services using a human rights-based and health systems strengthening approach.

In 2019, we ensured that

12 countries in Asia and the Pacific with the highest maternal mortality ratios were supported to develop roadmaps and practical five-year action plans to end preventable maternal mortality and morbidity



OVER 600 midwives and health workers

in Afghanistan, Bhutan, Cambodia, Lao, Nepal, Pakistan, Papua New Guinea and Timor-Leste were trained on high-quality emergency obstetric and newborn care and other maternal health services

800 women in Afghanistan, Bangladesh, Nepal and Pakistan were treated for obstetric fistula

16 doctors from Afghanistan and Pakistan were trained on obstetric fistula repair surgery

Pakistan organised a sub-regional midwifery consultation to share best practices and expertise in midwifery across several South Asian countries



Centres of excellence for midwifery and maternal health were established in the Democratic People's Republic of Korea, Indonesia and Timor-Leste, and two national level teaching laboratories and 22 provincial level simulation teaching rooms at maternity wards were established with our support in Mongolia

12 countries conducted a review of existing systems to assess the quality of midwifery education, including identifying next steps for midwifery accreditation.

OVER 12,000 women were screened for obstetric fistula in Bangladesh

A Midwifery Faculty Development Curriculum was developed to support developing countries with new midwifery faculties that do not have experience in teaching internationally recognised midwifery courses

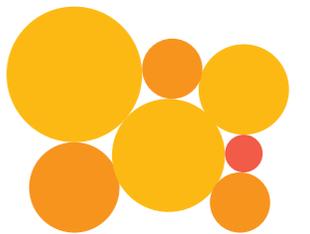


UNFPA secured **US\$ 50,000** to screen and treat women with cervical cancer and other reproductive morbidities in Bhutan



Afghanistan, Bangladesh, Cambodia, DPRK, Indonesia, Lao PDR, Nepal, Mongolia, Pakistan and Timor-Leste applied the international standards of the International Confederation of Midwives to their midwifery training and midwifery academic courses

31 health workers in Cambodia were trained on cervical cancer screening, treatment and HPV vaccination. UNFPA also worked with the Government in Viet Nam to develop provincial plans on early screening





“NEVER GIVE UP HOPE”

A survivor of fistula inspires other Pakistani women

“Helping women suffering fistula is my mission in life”

Ms. Shamshad, 29, was born in a small village in southern Punjab. Her family did not want her to go to school, so she had only received an informal religious education by age 13, when she was married. Ms. Shamshad was already expecting her first baby within a few weeks of her wedding. Then, when she was six months pregnant, her husband died in a road accident.

Unable to afford proper medical care, Ms. Shamshad was assisted by an unskilled traditional birth

attendant who was unable to manage complications. When Ms. Shamshad suffered an obstructed labour, the birth attendant did not summon medical help. Ms. Shamshad was in agony for four days, an ordeal that could have killed her.

In the end, her daughter was stillborn, and Ms. Shamshad suffered serious damage. She developed an obstetric fistula, a hole in the birth canal. Fistula leaves women leaking urine, faeces or both, and often leads to chronic medical problems.

The condition is preventable with timely access to quality medical care, such as Caesarean section. Tragically, it persists among the most marginalized women, with pregnant adolescents and undernourished women facing particularly high risks. And its sufferers are further marginalized, often facing ostracism and discrimination.

“People would either avoid me or just make fun of me,” she said. “I never felt clean.”

A stroke of good luck

But Ms. Shamshad was able to put her life back together. Her relatives learned about free treatment available at the Koochi Goth Women’s Hospital, which specializes in treating fistula and other conditions related to reproductive health. Two years after her ordeal, her family paid for her to travel to Karachi for care.

Ms. Shamshad’s condition was complex, and required multiple surgeries between 2010 to 2016. Even so, she has been able to regain her life.

“Her determination was exceptional. She was resilient and strong and was able to pull through the difficult process successfully,” said Dr. Sajjad Ahmed, who was trained by UNFPA to perform fistula repair surgeries.

Ms. Shamshad went on to meet her current husband. They adopted a little girl. And though she was not expected to be able to get pregnant again, she surprised everyone by conceiving. With regular prenatal care and a caesarean section, she had a healthy baby girl.



Combating fistula since 2003

In many ways, Ms. Shamshad was lucky. The story is very different for many fistula survivors in Pakistan, who are unaware that there is treatment available.

And many more women and girls are at risk. Access to reproductive health services remains a challenge for women in Pakistan. Only an estimated 52 per cent of women give birth with the help of a skilled attendant, leaving them vulnerable to complications like prolonged, obstructed labour.

In partnership with the Pakistan National Forum on Women’s Health, UNFPA has established treatment centres for fistula patients across the country. UNFPA also supports campaigns to raise awareness about the importance of skilled obstetric care and ending the stigmatization of women with fistula.

UNFPA leads the global Campaign to End Fistula. Since 2003, UNFPA has helped perform over 105,000 surgical fistula repairs in more than 55 countries in Africa, Asia, the Middle East and Latin America.

Today, Ms. Shamshad lives with her family in Karachi. She volunteers at the same hospital where she received the treatment that turned her life around. Ms. Shamshad helps new patients recover after their own treatment.

“I believe life experiences shape us into the people we need to become,” she told UNFPA. “My experiences have given me the courage and drive to help women who have lost all hope because of fistula.”

Ms. Shamshad recently represented the hospital at the Nairobi Summit on ICPD25 in November 2019. She used her story to inform and motivate other women, to whom she has proven to be a source of encouragement.

“Never give up hope,” she told them.



TOWARDS ZERO UNMET NEED FOR FAMILY PLANNING



Nearly **700 million** women and adolescent girls in developing countries now use modern contraceptives. UNFPA is fully committed to supporting governments and communities to ensure that sexual and reproductive health will become a reality for all in Asia and the Pacific. But despite improvements, there are still **140 million** women in the region with an unmet need for family planning.

In 2019, we ensured that:

- A national strategy was created for family planning in Timor-Leste.
- A review of the current family planning programme was conducted in Mongolia to increase the Government's commitment and budgetary allocation to family planning.
- **21 participants from 10 countries** were trained on family planning and reproductive health commodity security; in total, 97 participants from 14 countries have so far benefitted from this training programme, which focuses on developing national capacities on strengthening supply chain management, logistics and warehousing, as well as advocacy and rights-based family planning.
- Technical support was provided to the Pacific by facilitating training on supply chain management to improve national capacities for forecasting and logistics.
- **Contraceptives worth US\$7.5 million** were provided to five countries in the Asia-Pacific region (Lao PDR, Myanmar, Nepal, Papua New Guinea and Timor-Leste) that receive direct support from the Fund.
- UNFPA provided support to a number of governments in Asia and the Pacific to procure contraceptive commodities on their behalf, through third-party procurement services (Afghanistan, Bangladesh, Cambodia, India and Philippines).
- **17 countries in the region** worked on strengthening the capacities of health providers for the provision of rights-based family planning services, through our training and support.



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700 million
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140 million
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MUSLIM MINORITY WOMEN BREAK BARRIERS TO EMBRACE FAMILY PLANNING IN NEPAL

Wearing her volunteer's uniform, a sky-blue sari, Kaushalya Pasi patiently addresses a group of women sitting around her at a village health post in Nepal's Terai region, the western plains bordering India.

She points to a flipchart with a picture of a syringe for an injectable contraceptive.

"Do women use this, or men?" Kaushalya asks the crowd. The women stay silent while more of them trickle in, one holding a child in either hand.

"It's not enough for me to explain," she tells them. "You need to understand."

Kaushalya is one of around 52,000 female community health volunteers promoting public health services, including women's reproductive health, across Nepal. Data from UNFPA's State of World Population 2019 report show that the country has a contraceptive prevalence rate of 54 per cent among women who are married or in a union, and a 22 per cent unmet need for family planning.

“ Women told us that their husbands might kill them if they used contraceptives without their consent ”

The work is even more challenging in Muslim communities like Gauri, a village of over 2,200 people in Kapilvastu District, which just two years ago had a contraceptive prevalence rate of only 26 per cent, according to the health post. In Kaushalya's experience, most households there oppose contraceptive use because their "*maulanas*", or Muslim religious leaders had told them it was "*haram*", or against Islam.

But these attitudes have been slowly changing since 2017, when a UNFPA project, funded by the United Kingdom's Department for International Development, began to support local volunteers in their efforts to show families the benefits of voluntary family planning.

The project helps local organizations send prominent *maulanas* and social leaders from Kapilvastu District to Indonesia, the country with the world's largest Muslim population. There, they meet with Islamic scholars who teach that using contraception in most cases is compatible with the Koran.

Returning religious and social leaders have come out in support of voluntary family planning – at first furtively, Kaushalya says, and later more openly.

Spousal, family consent

Even though religious leaders have endorsed family planning, individual households are not yet aware that women should be empowered to advocate for

their own needs, and some men doubt that family planning is a woman's right. In fact, many husbands refuse their wives' wishes to stop having kids.

"Women told us that their husbands might kill them if they used contraceptives without their consent," she says. Kaushalya and her colleagues then decided to go door-to-door to persuade husbands and mothers-in-law that family planning would help them better provide their children with decent clothing, food and education.

Although families changed their perceptions of contraceptives, many women did not yet trust them. To dispel rumours that women would feel weak or get sick, volunteers encouraged women who were already using contraceptives to talk to friends and neighbours about their experiences, for instance using injectable contraceptives, the first and still most popular option in Gauri.

One of these endorsers is Sadida Khatun, who approached Kaushalya about using oral contraceptive pills as a convenient temporary measure.

"After I started using them," she says, "I took neighbours to the clinic, and they started taking pills too."

Women like Sadida now regularly seek Kaushalya's advice, and she feels the stigma of using contraceptives has weakened. Women who used to feel embarrassed to show their arms after getting a shot now go the clinics openly.

The last remaining obstacle is for women to gain full control over their own bodies. Many still need approval from multiple family members to receive contraceptives, and are often chaperoned by in-laws.

"I hope that in the future," Kaushalya says, "they'll be able to go alone."

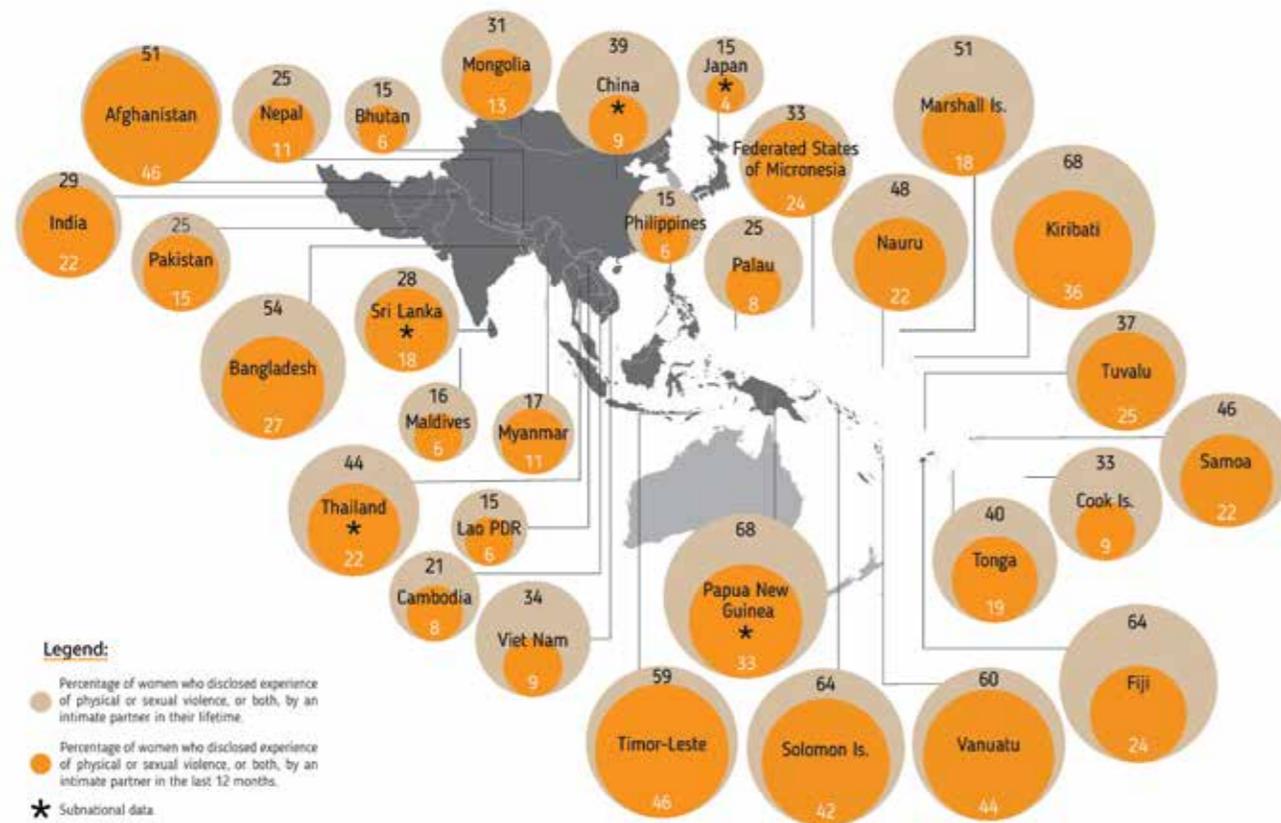


TOWARDS ZERO GENDER-BASED VIOLENCE AND HARMFUL PRACTICES



Violence against women and girls is one of the most prevalent **human rights** violations in the world. It knows no social, economic or national boundaries. We work closely with governments, UN agencies and other partners to ensure that survivors of gender-based violence have access to quality, safe and confidential services so all **women and girls enjoy their lives free of violence and abuse.**

WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE, 2000 - 2019 UNFPA Asia and the Pacific Region



▶ In 2019, UNFPA's kNOwVAWdata Initiative, funded by Australia, continued its regional support by working with nine Asia-Pacific countries (Bhutan, Kiribati, Myanmar, Mongolia, Nepal, Papua New Guinea, Samoa, Sri Lanka and Viet Nam) to measure the prevalence of violence against women. This support included hands-on technical assistance as they planned, conducted and analysed national surveys measuring the prevalence of violence against women.

▶ The pioneering kNOwVAWdata initiative held its second annual course on the measurement of violence against women in Nadi, Fiji and Melbourne, Australia in August and November 2019, respectively, and published a sample course curriculum which can be adapted to different audiences and contexts.

What does the data tell us?

Gender-based violence remains pervasive in the Asia Pacific region. Based on national prevalence data collected so far in Asian countries, the percentage of women who have experienced physical and/or sexual violence at the hands of an intimate partner over their lifetime ranges from 15 per cent in Bhutan, Japan, Lao PDR and the Philippines, to 59 per cent in Timor-Leste. In terms of current experience of violence, between 4 per cent of women in Japan and 46 per cent of women in Afghanistan and Timor-Leste reported that they had experienced physical and/or sexual violence at the hands of a partner in the last 12 months.

“ The data showed us the home is not a safe place for our women. One-third of women in Viet Nam reported that they have suffered violence by their husband. ”

Nguyen Thi Viet Nga,
kNOwVAWdata course participant, Viet Nam

“ After the survey was done, there was awareness: The high level of violence in Fiji was on the radio and news nearly every day. The survey report was an empowerment tool for women who were in violent situations. ”

Lanieta Vakadewabuka,
kNOwVAWdata course participant, Fiji

High rates of current vs. lifetime violence show that women who have a violent partner, – once it happened – constantly live with violence. This is for example the case in Afghanistan (46 per cent current vs. 51 per cent lifetime experience of violence) and Timor-Leste (46 per cent current vs. 59 per cent lifetime experience of violence). Where there is a significant gap in current vs. lifetime levels of violence, there are more options for women (and sometimes for their husbands) to find support, to stop the violence or even leave a violent relationship, for example in Mongolia (13 per cent current violence vs. 31 per cent lifetime experience of violence), and Viet Nam (9 per cent current violence vs. 34 per cent lifetime experience of violence).

The Pacific islands have the highest recorded rates of violence against women and girls in the world. The percentage of women who have experienced physical and/or sexual violence at the hands of an intimate partner over their lifetime ranges from 25 per cent in Palau to 64 per cent in Fiji and Solomon Islands, and 68 per cent in Kiribati.

Legal environment

UNFPA supported 10 countries in the Asia-Pacific region to develop laws and policies, including national action plans to address gender-based violence. However, not all forms of violence are covered in legislation – in particular, sexual harassment in public spaces and at the workplace, and marital rape as well as psychological and economic violence are often missing.

Implementation of laws remains a challenge throughout the region with gaps in investment, capacity and political will to implement laws on violence at the national and sub-national levels. Significant gaps in access to services, support and justice for victims and survivors remain a challenge across the region.

Essential Services Package for women and girls subject to violence

UNFPA, in partnership with sister UN agencies, continued to support governments in the region to roll out the Essential Services Package (ESP) for women and girls subject to violence, which brings multiple sectors together to provide comprehensive services to those who have experienced gender-based violence (GBV), including police and justice services, health and social services, and strengthened coordination for an effective response.

In 2019, five countries (Cambodia, Kiribati, Pakistan, Solomon Islands and Viet Nam) completed the pilot phase of the ESP resulting in strengthened service provision and coordination.

In addition to the ESP pilot countries, six additional countries – Bangladesh, Lao PDR, Mongolia, Myanmar, Papua New Guinea and Sri Lanka – also took the initiative to adapt and integrate the global guidance from the ESP into national programmes and policies.

Cambodia: As part of the Essential Services Package, UNFPA supported the provision of GBV response services in 38 per cent of the targeted health facilities. UNFPA provided technical guidance to adapt the global ESP guidelines and health managers' manual for health sector response to GBV. As part of the effort to strengthen multi-sectoral coordination for GBV survivors, referral networks were established in four provinces with capacity to provide case management.

Viet Nam: UNFPA provided technical support for the development of standard operating procedures on supporting social services for GBV survivors as well as guidelines for hotlines and shelter provision with a survivor-centred approach as the key focus.

Myanmar: With UNFPA's technical support, Clinical Guidelines for Caring for GBV Survivors were rolled out at the state level by the government, targeting both government and non-governmental organization health staff. In addition, UNFPA supported the development of Standard Operating Procedures on Case Management as well as a psychosocial support curriculum for Department of Social Welfare case workers.

Bangladesh: In 2019, UNFPA supported the establishment of referral mechanisms in four districts to ensure the provision of coordinated and comprehensive response services for GBV survivors. In addition, UNFPA collaborated closely with the Bangladesh Police to strengthen police response services through standard operating procedures, establishment of Women Help Desks, as well as conducting community awareness sessions on available services.



Harmful practices

Despite a decline in child marriage under the age of 15, this harmful practice remains widespread.

Several countries in the region also have a skewed sex ratio at birth as a result of son preference and gender-biased sex selection. This represents significant challenges to women and young people's human rights, opportunities and choices for women and overall sustainable development.

Child marriage

Women aged 20-24 who were married or in a union as children in South Asia



UNFPA and UNICEF are implementing the global programme to end child marriage, with a focus on Bangladesh, India and Nepal. In 2019, UNFPA supported 1.307 million adolescent girls in India and 27,800 girls in Bangladesh were reached with lifeskills-based interventions to address harmful practices such as child marriage and to build their health, social and economic assets in school and community settings in four states.

In Nepal, 3,732 adolescents participated in the Rupantaran Social and Financial Skills Package in 11 districts, and 1,187 parents were also reached through this initiative that aims to sensitize the parents of girls involved in Rupantaran to ensure an enabling and supportive environment that safeguards their rights.

In 2019, UNFPA in partnership with UNICEF, the Women's Refugee Commission and Johns Hopkins University, conducted a study on child marriage in humanitarian setting in two settings: in Cox's Bazar in Bangladesh, and in earthquake-affected areas in Nepal.

Gender-biased sex selection results in a skewed sex ratio at birth. The practice is evident in countries in the region with restrictive population policies, with patrilocal (a pattern of marriage in which the couple settles in the husband's home or community) and patrilineal (relating to or based on a relationship to the father or descent through the male line) family structures, and with strong and persistent son preference and undervaluing of girls.

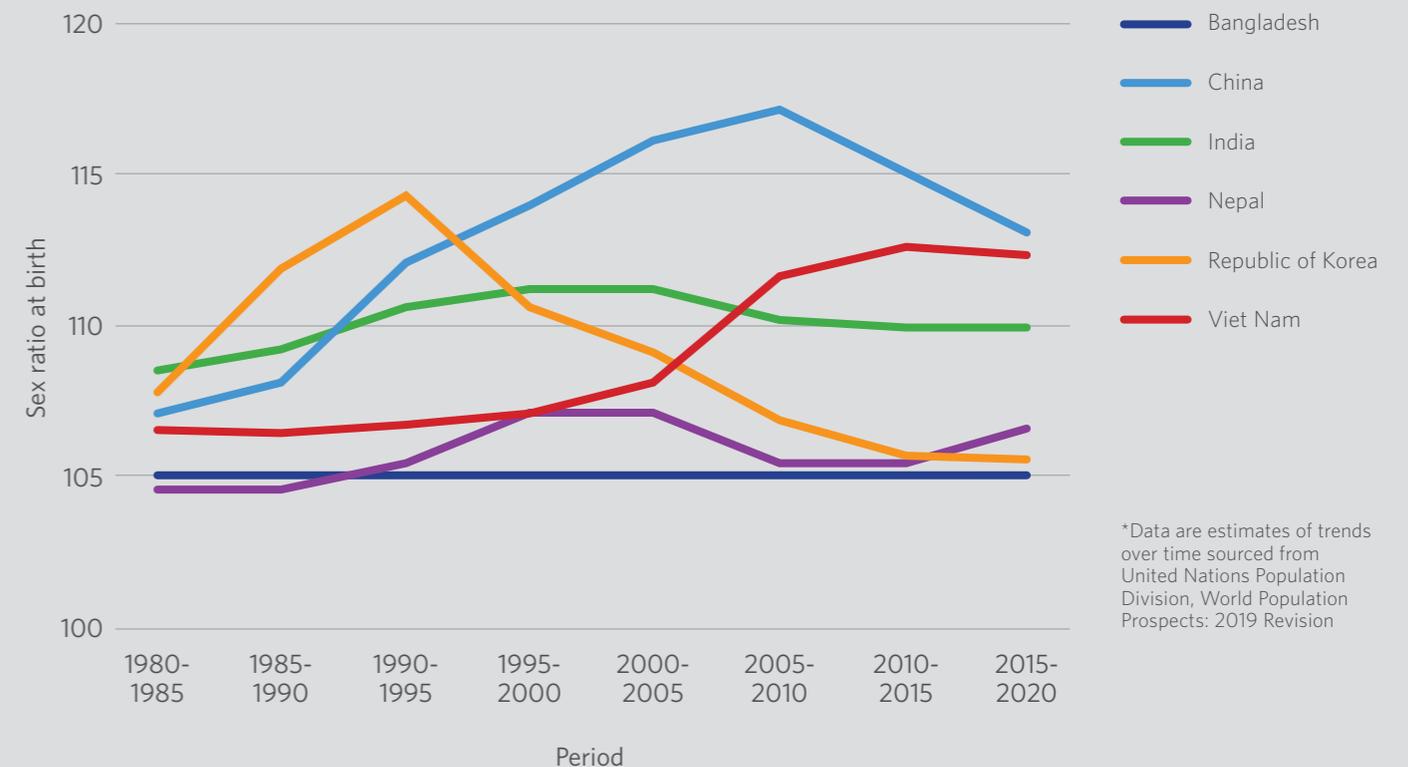
Currently China, India, Nepal and Viet Nam have high sex ratio at birth above the natural ratio, and there is some evidence of a skewed sex ratio at birth in Bangladesh and Pakistan. Three countries in the region are implementing the global programme on son preference and the undervaluing of girls - Bangladesh, Viet Nam and Nepal. In 2019, UNFPA undertook studies on the socio-cultural drivers of the practice in Bangladesh and Nepal, and supported the Government of Viet Nam to develop a national communications campaign to address son preference and the perceived low value of girls.

Addressing harmful social and gender norms

Eight countries implemented initiatives to change harmful social norms, including through community engagement at the local level, and several countries supported mechanisms at national and sub-national levels to engage men and boys in prevention of and response to gender-based violence.



Sex ratio at birth*, selected countries and territories, 1980-2020





IN CHINA, WOMEN WORK TO RAISE THE STATUS OF GIRLS

Not long ago, Wen Xiujuan was swept up in a romance. Against the wishes of her parents, she moved to the small village of Liling, 300 km from her hometown, to marry a young man named Yang Liu.

They lived happily with Mr. Liu's parents, who hoped the couple would have a son. But when Ms. Wen had a baby girl, her parents-in-law were delighted. Her mother-in-law, Yan Xiurong, took loving care of the child.

Then, after a few years, Ms. Wen had a second daughter. That's when things changed.

Mr. Liu's parents saw their chance to have a grandson slipping away. They stopped providing childcare.

Ms. Wen was tormented with worries. "What if I give birth to a third daughter?" she recalled asking herself. "Must a girl be of lesser value than a boy? Is having a son my only hope for this family?"

Son preference skews birth ratio

Ms. Wen's story is familiar in many places across China, particularly in rural areas, where there remains a strong preference for sons.

Gender-biased sex selection is common enough to have skewed the balance of boys and girls born in China. According to 2015 data from the country's National Bureau of Statistics, 113 boys are born for every 100 girls.

The problem is not restricted to China. Son preference and gender-biased sex selection exist in many countries around the world – globally, some 126 million women are believed to be "missing" as a result.

The issue is rooted in gender inequality

Sons may be preferred in places where women earn less money than men, receive less respect, are unable to inherit property, or are expected to leave behind their birth families and surnames when they get married.

But Ms. Wen and Mr. Liu have resisted this trend. They know their daughters are every bit as valuable as sons.

“Boys and girls are born to be equal and shall be treated the same”

Making change

Since 2016, UNFPA and the Government of China have worked in Huangmei County to address the root causes of son preference, supporting educational campaigns on gender equality.

One of these programmes teaches women how to start their own business. Folded into the lessons about entrepreneurship are messages about gender equality and women's empowerment.

Liling Village was the trial site for the programme, which Ms. Wen joined. "I wanted to spend more time with my children," she explained. "I can have more flexible work hours when running my own business."

The programme helped her start an agritainment business with her husband – the first of its kind in their village. Their farm, which offers fun activities for visitors, has been a success.

Ms. Wen soon became a role model in the area – not only for her professional accomplishments, but also because she spoke passionately about the value of women and girls.

After participating in the entrepreneurship programme, she began to take part in weekly meetings on sexual and reproductive health, and mobilized women to discuss and address gender discrimination.

These efforts are making a difference

Ms. Wen and other women helped remove gender-discriminatory language from local regulations. By the end of 2018, 180 out of 479 villages in Huangmei had revised their rules. For example, in Tongzhai Village, brides are able to freely decide where to live. In Wanglie Village, daughters are now able to organize their parents' funerals.

Other new rules encourage both sons and daughters to care for their elderly parents, entitle women to the same village membership as men, and encourage women to participate in public decision-making.

Sex ratios are becoming more balanced – though there is more work to be done to ensure girls and boys are equally valued. In Huangmei County, the number of boys born per 100 girls fell from 127 in 2015 to 113 in 2018, according to local statistics.

So far, more than 1,200 cadres in Huangmei have received training on gender equality. And similar joint programmes are being implemented in five other counties in Anhui, Hubei and Guangxi provinces.

Born to be equal

Change has come to Ms. Wen's home life as well.

Her parents-in-law have embraced her messages. Ms. Yan, her mother-in-law, even became active in women's affairs.

"Boys and girls are born to be equal and shall be treated the same," Ms. Yan explained.

Turning to her daughter-in-law, "I am really happy that you as a couple love and support each other and are doing a great job that makes a difference, which so many people admire. I will not force you in having a son but will support you more in taking care of your two girls."

HUMANITARIAN RESPONSE IN ASIA AND THE PACIFIC

Afghanistan – 64,826 returnees, displaced and host community adolescents and youth were provided with sexual and reproductive health information and services in one of the world's most complex and prolonged humanitarian emergencies

Bangladesh – 122,656 family planning services were provided to Rohingya and host community women in Cox's Bazar, and 40 mobile clinics and 15 women-friendly spaces were established following floods in the north-eastern and south-eastern parts of the country

India – 15,000 dignity kits were distributed to women and girls who were also counselled on adolescent sexual and reproductive health services, following Tropical Cyclone Fani

Iran – Reproductive health kits, comprised of essential and life-saving supplies, equipment and medicines, were distributed to health posts, facilities and hospitals in flood-affected areas to directly benefit 14,734 women and 3,000 men

Nepal – Three health facilities incorporated one-stop centres to provide integrated services (SRH, mental health and psychosocial support, legal and police) to survivors of gender-based violence

Pakistan – 16 facilities were upgraded to provide basic emergency obstetric care services, with 3 now offering 24/7 services to ensure safe deliveries for women. 4,928 babies have been safely delivered since establishing the services through the multi-year programme in Balochistan and Khyber Pakhtunkhwa

Indonesia – 12 women-friendly spaces and 8 youth-friendly spaces were established to provide women, girls and boys with refuge following floods, earthquakes and tsunamis

DPRK – 325,424 sexual and reproductive health services, including antenatal and postnatal care, emergency obstetric and newborn care services, were provided to women and girls

Lao PDR – Following flooding in the southern provinces, UNFPA provided technical assistance to the government and implementing partners to ensure that reproductive health and protection needs of affected people were met. A total of 115 people were trained on SRH and services to address gender-based violence in emergencies

Myanmar – UNFPA distributed dignity kits and Reproductive Health Kits and provided sexual and reproductive health information and services, including through 212 mobile clinics, to conflict-affected women and girls who are often unable to access services due to movement restrictions, security and access barriers

The Philippines – Four emergency maternity tents provided emergency obstetric care to affected women following the Cotabato earthquakes and protracted displacement in Mindanao

Kiribati – dignity kits were distributed to hard-to-reach and remote areas in the outer islands following Tropical Cyclone Mona, enabling women to move freely and safely and to participate in daily life and in the rebuilding of communities

Our results in emergencies

- **864,818** services relating to sexual and reproductive health, adolescent sexual and reproductive health and family planning provided to women and men
- **569,181** sexual and reproductive health services provided to women in nine countries
- **157,823** adolescent girls and boys provided with sexual and reproductive services in eight countries
- **137,814** men and women provided with family planning services in seven countries
- **135,710** dignity kits were distributed to women and girls across twelve countries
- **134** women-friendly spaces and youth spaces and for women, girls and children were established in eight countries
- **8,126** men and women, including youth facilitators, trained on various aspects of sexual and reproductive health and gender-based violence in nine countries
- **300** mobile clinics providing sexual and reproductive health services supported by UNFPA in four countries
- **95** functional health facilities providing emergency obstetric care supported by UNFPA in seven countries

CELEBRATING WOMEN HUMANITARIANS

“Because we are also survivors of disaster, we have the moral responsibility as women and as women activists to help other survivors heal as well.”

Dewi is the founder of the Women’s Learning Circle, an NGO and one of UNFPA Indonesia’s most valuable partners. She runs six Women-Friendly Spaces in Palu and works to make these a safe place for women to come for refuge, to learn from and talk with each other about their experiences and to attend a range of programmes to help them overcome trauma. The creation of Women-Friendly Spaces is a key strategy for the protection and empowerment of women and girls affected by crises. Dewi refers survivors of violence to services of the police, the health office and the Centre for Women’s Empowerment and Child Protection.

“Making young women aware of their rights is key in protecting them from abuse.”

When she was 20, Narguess Pouya – the daughter of Afghan refugees herself – was enrolled at a rehabilitation centre for vulnerable and underprivileged young women in Tehran. Today, she is a full-time counsellor and mentor at the same facility. Narguess has mentored hundreds of teenagers and young women, including many Afghan refugees in Iran who have survived long-running emotional and sexual abuse.

UNFPA supports efforts to provide integrated mental health and psychosocial support services for women and girls, and other at-risk groups through a survivor-centred multi-sectoral approach that contributes to their safety, healing and recovery.

“Some of these girls are so young, and if they don’t know what to expect, it can be scary. We are honest and open with them. It’s going to be hard. It’s going to be dirty. And really, you don’t want to give birth at home by yourself.”

Sathiya is a Rohingya community health worker supporting women and girls in the sprawling refugee camps of Cox’s Bazar and encouraging them to go to any of the 23 UNFPA-supported health facilities that provide 24/7 emergency obstetric and newborn care and comprehensive SRH services. Originally from Rathedaung in Myanmar, Sathiya has been in Bangladesh since the horrific violence erupted in Rakhine in August 2017. She is a veteran of this work – in Myanmar, she was a volunteer community worker for more than ten years advocating for the sexual and reproductive health and reproductive rights of women, adolescents and youth.

“People we engage in these UNFPA awareness programmes are not just the husband and wife but also mothers-in-law. In the social settings we work, survivors don’t consider spousal battery as a crime.”

Obstetrician gynaecologist Dr. Fauzia Tabassum Afridi has been providing sexual and reproductive health services to women and girls impacted by humanitarian crises in some of the most remote areas of Pakistan, including Khyber Pakhtunkhwa, for over 15 years. Through her strong will and determination she has overcome many obstacles and challenges to pursue her goal to become a female physician in a patriarchal society. Among the numerous issues that she tackles, Afridi views gender-based violence as one of her top priorities. She supports awareness programmes that educate men and boys on healthy gender norms and relationships.



Dewi

Central Sulawesi Earthquake and Tsunami, Indonesia



Narguess

Afghan Refugee Crisis, Iran



Sathiya

Rohingya Refugee Crisis, Bangladesh



Fauzia

Protracted Humanitarian Situation, Pakistan





ALL-WOMAN TEAM PROVIDES LIFE-SAVING HUMANITARIAN SUPPORT IN MARAWI, PHILIPPINES

26-year-old Umme Limbona, found herself trapped inside the Amai Pakpak Medical Center in Marawi, after the city had been seized by a local armed group inspired by the Islamic State of Iraq and the Levant.

"The terrorists had barged in the hospital, and we were trapped for the rest of the night," she told UNFPA. "They shot a police officer. We felt hopeless."

That's when she decided to take a leap of faith – literally.

"I was very scared, but I managed to escape by jumping out of a window from the third-floor supply room onto the terrace of a neighbouring building," she explained.

It was an extraordinary moment of courage, but it was not her only heroic act.

In fact, Ms. Limbona is a social worker specializing in supporting survivors of gender-based violence, including sexual violence, exploitation and trafficking. She works on an all-woman team that provides a full range of care to women and child survivors – helping them find the courage and strength that she found in herself.

“ The terrorists had barged in the hospital, and we were trapped for the rest of the night ”

When violence begets violence

The fierce urban combat in Marawi was declared over in October 2017. Yet the effects of that crisis are lingering. Nearly two years later, an estimated 66,000 people remain displaced, living in evacuation centres, temporary shelters and host communities.

And the situation is particularly challenging for women and girls. Gender-based violence is pervasive even in times of peace, but it is exacerbated during armed conflict and other emergencies. For instance, overcrowding in shelters elevated risks to women and girls, reports indicate.

"I hear about a lot of abuse towards women in Marawi, especially after the conflict," said Dr. Nadhira Abdulcarim, a doctor on Ms. Limbona's multi-disciplinary team. "Many women are in temporary shelters."

She and Ms. Limbona work at a UNFPA-supported Women and Children Protection Unit, a facility that helps coordinate the various services survivors require, including medical treatment, psychosocial support and legal assistance.

Police officer Chrestine Espinorio is also a key member of their team. She provides protection and helps survivors access justice.

"I want to be there for women when their rights are being trampled – anytime, including during an emergency," Officer Espinorio told UNFPA. "I would like to contribute to restoring our fellow women's and girls' dignity and hope."

Recognizing humanitarian women

Ms. Limbona, Officer Espinorio and Dr. Abdulcarim are three of the hundreds of thousands of humanitarians around the world who have dedicated their lives to helping others in the heat of a crisis. This 19 August is World Humanitarian Day, which commemorates the bravery and sacrifices of humanitarian workers.

This year's World Humanitarian Day pays special tribute to women humanitarians, who make up nearly half the world's humanitarian workforce and are at particularly high risk of robbery, sexual assault and other violence.

This year also marks the 25th anniversary of the landmark International Conference on Population and Development, where 179 governments agreed to empower women, eliminate gender-based violence and "give greater attention to, and manifest greater solidarity with, poor families and families that have been victimized by war, drought, famine, natural disasters and racial and ethnic discrimination or violence."

"Although it is quite challenging and emotionally heavy work, I feel very fulfilled because we are extending help to those women and girls who never thought that anyone could help them, especially in emergencies," said Ms. Limbona

“ I hear about a lot of abuse towards women in Marawi, especially after the conflict ”



By **2050**
1 in 4 people will be
60 years or older

Women are living around
7 years longer
than men

POPULATION AGEING CHALLENGE AND OPPORTUNITY

“Policies on ageing cannot be ‘one size fits all,’ and should be shaped by a country’s unique context. What’s really important is developing a strong community-based system in addition to strengthening institutional arrangements for the elderly”

Dr. Thongtana Permbotasi

Deputy Director of the National Healthcare Reform and Strategy Plan Division under the Thailand Ministry of Public Health



lower fertility among the population of reproductive age, does pose challenges and many governments are apprehensive about this demographic shift. But the right set of policies can equip individuals and societies to address these challenges and to reap a ‘longevity dividend.’

We advocate a life-cycle approach to create optimal solutions – investing in health and well-being from pregnancy through childbirth, childhood and adolescence, and on to adulthood and eventually old age, cultivating community involvement in the process, and emphasizing the rights of individuals of all ages.

The Asia-Pacific region is at the forefront of the global phenomenon of population ageing. By 2050, one in four people in Asia and the Pacific will be over 60 years old. The population of older persons in the region will triple between 2010 and 2050, reaching close to 1.3 billion people. The majority of older persons, including the ‘oldest old,’ are women.

Ageing is a triumph of development. People live longer because of better nutrition, sanitation, health care, education and economic well-being. More women have choices on whether to have children and how many, which is often linked to lower fertility in many contexts. Ageing, often in parallel with

In 2019, UNFPA in collaboration with the World Health Organization, the Government of Japan and others hosted a side event of G20 Health Ministers’ meeting held in Okayama on the best strategies for happy and healthy ageing. A life-cycle approach including investment in early life and intergenerational solidarity was endorsed and shared with other Asian and G20 countries.

Actions must be taken now to ensure the elderly live healthy lives, free from violence and abuse. This is the foundation of sustainable and equitable development for all, and UNFPA is firmly committed to supporting countries every step of the way.



THE NAIROBI SUMMIT ACCELERATING ICPD IN ASIA-PACIFIC

From 12-14 November 2019, the governments of Kenya and Denmark and UNFPA co-convened the Nairobi Summit on ICPD25, a high-level conference to mobilize the political will and financial commitments we urgently need to finally and fully implement the ICPD Programme of Action. At the Summit, 152 commitments were made from countries in Asia-Pacific that were centred around achieving zero maternal deaths, zero unmet need for family planning information and services, and zero sexual and gender-based violence and harmful practices against women and girls.

The Summit brought together heads of state, ministers, parliamentarians, thought-leaders, technical experts, civil society organizations, grassroots organizations, young people, business and community leaders, faith-based organizations, indigenous peoples, representatives from international financial institutions, people with disabilities, LGBTIQ rights advocates, academics, journalists and many others interested in the pursuit of sexual and reproductive health and rights for all. It was a huge success, with over 9,000 delegates, resulting in renewed commitments and pledges to accelerate the Programme of Action globally, with the recognition that the world simply will not achieve the SDGs without achieving ICPD.



- **152 commitments** from countries in the Asia and the Pacific.
- **60%** of these promises are committed to be fulfilled by 2030.
- **25 countries** committed to making childbearing safe by strengthening midwifery and health systems to provide lifesaving emergency obstetric and newborn care.
- Pakistan, for instance, committed to reducing its maternal mortality ratio from **170 to less than 70 per 100,000 live births** by 2030.
- **26 nations** committed to expanding family planning services – so that women have access to safe and effective contraception and the information they need to understand their reproductive rights.
- Mongolia has committed to increasing the percentage of primary health care facilities providing at least five modern contraceptive methods from **30.4% in 2015** to at **least 90% by 2030.**
- **25 of the Nairobi commitments** from Asia-Pacific countries address the physical and mental consequences of gender-based violence amid the wider context of discrimination against women.
- **Cambodia** has pledged to ensure all women and girls have equal access to quality gender-based violence information and services by 2030.
- **In Thailand**, the Government has pledged to invest more to keep older people healthy and productive.
- **Lao PDR** has pledged to ensure that comprehensive sexuality education is fully integrated in school curricula nationwide over 2030.
- **The Cook Islands** has committed to doubling up all efforts for the full and effective implementation of the ICPD Programme of Action and the Sustainable Development Goals, including through strengthening resilience to climate change and natural disasters.



MOVING HUMANITY FORWARD INNOVATION

The world continues to change and transform ever more rapidly. Now is the time, more than ever, to harness new innovations that can provide breakthrough solutions that deliver sexual and reproductive health for all. **We promote innovation to improve programming by creating innovative solutions to address bottlenecks. Here is a selection of our innovation work in 2019.**

Say hello to your virtual family planning coach in Mongolia!

UNFPA developed a 24/7 virtual family planning coach for adolescent girls, aged 15-24 years, in remote areas of Mongolia that can deliver spoken advice in Mongolian language, to provide positive encouragement for their health-seeking behaviour, emotional support, and accurate, evidence-based information on contraception, as well as ways to access free contraception and the nearest adolescent-friendly health services.

The issue of lack of access to family planning is particularly relevant to young people in rural areas, especially within nomadic families and in suburban areas. There has been a rise in unmet need for family planning within the last 20 years. Adolescents in remote rural areas often have to travel long distances to access health care, including counselling. Use of mobile phones and social media is high, and the Internet is widely available, with 92 per cent of the population having mobile phones, and 66.2 per cent using Facebook.

Harnessing the power of Twitter in the Philippines

The Philippines has started an innovative project that focuses on capturing anonymous social media commentary about family planning through the development of a machine learning algorithm that converts those conversations to insights. These insights will help provide far-reaching, disaggregated and real-time data on awareness and perception of Filipinos about family planning. The technology will help address the issue of limited and outdated data which currently makes it difficult for partners to plan and implement more effective family planning interventions. The insights on awareness and perception of Filipinos on family planning generated by the algorithm will augment existing data sets to come up with more targeted, focused and effective family planning programmes.

Live-streaming: reaching remote schools in China

With widespread Internet access across China, live-streaming has become a great way to expand educational projects. In 2019, UNFPA, together with Marie Stopes International China, launched a project to live-stream sexuality education courses that are age-appropriate and science-based. It was the first such course available in China.

Sexuality education through live-streaming has a number of advantages: it reduces the learning cost, it increases public access and use while it ensures high quality and high-level interactions. In addition, user feedback can be collected to monitor and evaluate the programme.

Connect to the Internet, log in to the live-streaming platform, and trained instructors will be able to teach sexuality education to students in different locations, and interact in real time.

Sexuality education classes provide scientifically accurate information on human development, anatomy and reproductive health, contraception, sexually transmitted infections, relationships, culture and gender roles. It helps young people develop self-esteem, think critically, communicate clearly, make responsible decisions, and treat others with respect.

Throughout the year, the live-streaming sexuality education classes have been delivered to 120 schools across China on a pilot basis. The current three-session classes have been developed to eight sessions according to the International Technical Guidance on Sexuality Education, providing a more comprehensive and human-centred approach. A new live-stream system has been built to respond to users' needs. It brings together registration, application, ratings, feedback and evaluation all in one.

Nearly 50,000 students benefited from the approach. 93 per cent of the users have rated "very satisfied about the content and the teaching method." In the future, more comprehensive sexuality education sessions will be conducted to provide age-appropriate information for young people.

It's time to grow our shared efforts to promote sexuality education through live-streaming. With joint support, young people can get the knowledge and skills they need to make responsible choices.



BARCODE TECHNOLOGY TRANSFORMS ACCESS TO FAMILY PLANNING IN THE PHILIPPINES

“My husband and I have eight children. Life can be hard, and I do not want to get pregnant right now.”

With a smile, 39-year-old Maricel Bedla eagerly waits to learn about, and gain access to, family planning services at a health centre in San Roque, a village within Antipolo City in the Philippine province of Rizal.

She is not alone. In the Philippines, 49 per cent of unmarried, sexually active women and 17 per cent of married women who do not want to become pregnant are not using any method of contraception, according to a 2017 national survey.

Human rights on the line

This year marks the 25th anniversary of the landmark 1994 International Conference on Population and Development (ICPD) in Cairo, where the Philippines was one of 179 governments to agree that all people should have access to comprehensive sexual and reproductive health services – including safe, voluntary family planning.

“It’s remarkably easy. We use an app on a mobile phone to scan a barcode attached to a family planning kit when it arrives from the city health office to our health centre.”

The ICPD Programme of Action notes that such access is a human right that empowers women to decide for themselves whether, when or how often to become pregnant. It is also a driver for reducing poverty.

Yet even today, women and girls in many countries still struggle to find the contraceptives they need to gain full control over their bodies. San Roque is one of many villages in the Philippines where there are not enough to go around.

A major obstacle is poor logistics

“Our recording and reporting of our stocks of contraceptives to the city health office has been paper-based. That is why it takes time for them to send us more commodities, which causes stock-outs,” Charito Ruanto, a midwife at the San Roque health centre, tells UNFPA.

The low-tech system results in other public health facilities ending up with an overstock of contraceptives, and these often expire before they can be distributed to villages that need them. The lack of real-time, accurate and complete information on inventory hampers forecasting, procurement and distribution.

Technology transforming health systems

Health centres throughout the country have long been looking for a way to fix the problem.

“If there were a more user-friendly and simpler application that family planning service

providers could use, they would spend less time updating records and more time distributing the contraceptives,” says Dr. Bernadette Bordador, from the health office in nearby Valenzuela City.

To overcome the bottleneck, UNFPA and the Philippine Department of Health have been closely collaborating to strengthen contraceptive logistics management in the country. One approach that has been tested since 2016 is barcode technology.

The UNFPA-supported ‘Track and Trace’ project aims to replace manual reporting with simple barcode scanning for family planning stocks. It has so far been piloted in 494 public health facilities across three regions in the Philippines.

“It’s remarkably easy. We use an app on a mobile phone to scan a barcode attached to a family planning kit when it arrives from the city health office to our health centre,” says Ms. Ruanto. “Then when patients come, we just scan the barcode on the contraceptive upon dispensing.”

The new system allows the city health office to monitor movements and stocks in real time, she adds.

The ‘Track and Trace’ project is also cost-effective because it requires only a mobile phone and an internet connection, which most health workers already have. The application also has an offline mode so that even when connectivity is unreliable the system automatically sends the information once the user is back online.

Ms. Bedla was delighted to be able to access the contraceptives she needed to avoid becoming pregnant again thanks to the new technology: “It feels great to be able to plan my family.”



OUR PARTNERSHIPS

UNFPA is fully cognizant of the importance of partnerships to deliver transformative results. During 2019, UNFPA continued to foster and develop strategic partnerships with a broad range of like-minded partners.

Our partners consist of governments, United Nations agencies, intergovernmental bodies, businesses, foundations, civil society organizations, parliamentarians, philanthropic organizations and academia. Our partnerships are based on shared values and aim to leverage the combined strength of each partner to achieve a level of impact that would otherwise not be achievable independently.

Looking ahead, UNFPA will continue to work closely with our partners and will place specific focus on those partnerships that emphasize transformation over transaction. We strongly believe that transformational partnerships will be critical in achieving the scale and depth of impact required to catalyse substantial change.

We would like to express our gratitude to all our donors that continue to support our work through core and non-core contributions.

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UNFPA Asia and the Pacific: 2019 Highlights

