



Asia and the Pacific Regional Office (APRO)

UNFPA's Asia and the Pacific Regional Office (APRO) was established in July 2008 in Bangkok, Thailand, and became fully staffed and operational in early 2009, to provide a key link between UNFPA's organization-wide vision, strategies, policies and analyses, on one hand, and the needs of the region and the programme countries therein, on the other.

APRO provides leadership in positioning the agenda of the International Conference on Population and Development (ICPD) at the forefront of poverty reduction and development strategies, policies and debates throughout the region.

The Regional Office coordinates, oversees, supports and monitors the work of UNFPA's 23 Country Offices in Asia and the Pacific as well as Sub-regional Offices in Suva and Kathmandu, aiming to strengthen the implementation of the ICPD Programme of Action and the Millennium Development Goals according to national priorities.

APRO also facilitates advocacy and policy dialogue to generate the political will and financial resources needed to achieve the goals of the ICPD Programme of Action, which emphasizes the integral links between population and development, focusing on meeting the needs of individual women, men and young people. The ICPD agenda underpins UNFPA's work globally, and APRO is responsible for developing and maintaining strategic partnerships and regional networks to ensure broad ownership of the agenda in the Asia and the Pacific region. This includes facilitating the exchange of knowledge and working to improve the quality of results-based management. Efforts to improve aid effectiveness and coherence within the United Nations system are essential to realizing the goals of the ICPD Programme of Action. In its role as the regional head office, APRO is actively engaged in supporting these reforms.

The Regional Office comprises teams of technical, programme, communications, security, and operations staff, rendering the Country Offices with integrated support and ultimately aiming to strengthen national and regional capacities in the Asia and the Pacific region.

Asia and the Pacific Regional Programme (2008-2013) overview

The Asia and the Pacific region is home to nearly 3.7 billion people, which amounts to about 60 per cent of the world's population. While the region has made significant progress in reducing hunger and extreme deprivation, in expanding access to basic services, health and education, and in promoting economic growth and food security, the region is also characterized by gross disparities and stark contrasts. Although hundreds of millions of people have been lifted out of poverty, hundreds of millions of others struggle to survive with poverty, disease and social inequalities, among them 641 million people living on less than \$1 a day (2007).

Despite the region's vast size and great diversity, there are common trends and challenges related to population: inequity in access to services, including reproductive health services; gender inequality; gender-based violence; rapid urbanization; internal and cross-border migration; environmental degradation; emerging issue of skewed sex ratio due to son preference; large numbers of youth, with little access to health, education, employment opportunities; localized/sub-national HIV epidemics; vulnerability to natural disasters; unmet need for family planning; high maternal mortality; and population ageing

The Asia and the Pacific Regional Programme 2008-2013, which contributes to the UNFPA Strategic Plan, responds to the above-mentioned challenges through a variety of strategies:

- (a) **Capacity building:** to strengthen the ability of national and regional institutions to plan, manage and sustain on their own to carry out activities in the areas of population and development, sexual and reproductive health and rights, and gender equality.
- (b) **Advocacy and policy dialogue:** to advocate to the general public and decision makers for policies and budgets in support of ICPD implementation at regional and country levels by using evidence and state-of-the-art technical expertise and knowledge.
- (c) **Partnerships:** to promote networks and alliances with governmental, non-governmental and civil society organizations and groups in order to broaden the support and resources available to advance the ICPD Programme of Action.
- (d) **Research:** to contribute to evidence-based policy development and programme implementation, and to provide leadership in new knowledge and issues related to population and development, sexual and reproductive health and rights and promotion of gender equality.
- (e) **Facilitation of exchange of experiences:** capitalizing on the successes in the region, to create opportunities for countries to exchange experiences and transfer knowledge through South-South collaboration.
- (f) **Provision of integrated programme and technical assistance:** to provide technical and programme support to the UNFPA country programmes and national counterparts in the areas of population and development, sexual and reproductive health and rights and promotion of gender equality, based on national priorities.

APRO collaborates with a variety of regional partners to achieve the objectives of the regional programme.





Estimated Population (2005)	24.5 million
Population Growth Rate (2005)	2.5% per annum
GDP per capita (2008)	\$415
Population Density	33 people per square kilometer

Afghanistan has made progress in the aftermath of a generation of conflict that left the country devastated, but the recent upsurge in violence has stalled and in some areas reversed progress. Although per capita gross domestic product increased from \$206 in 2002 to \$415 in 2007, 42 per cent of the population still lives below the poverty line. Afghanistan faces challenges related to ensuring security and stability, rebuilding development infrastructure, creating systems for good governance, strengthening the rule of law and promoting active citizenship. In addition, Afghanistan is prone to natural disasters, including earthquakes, floods, landslides, avalanches and droughts. These challenges have consequences for programme design and delivery.

The Central Statistics Office estimated the 2007 population at 24.5 million. The population is composed of various ethnic groups and nomads, who require especially tailored approaches to service delivery. Eighty per cent of the population lives in rural areas, and 68 per cent of the population is under the age of 25. The youthful population structure is expected to continue for some time, due to the high total fertility rate (6.8 children per woman) and the fact that contraceptive use is very low (currently the contraceptive prevalence rate is a mere 16 per cent). Among 15- to 24-year-old males and females, literacy is 50 per cent and 18 per cent, respectively. Secondary school enrolment is 23 per cent for males and only 7 per cent for females. Fourteen per cent of girls marry before the age of 15 and ten per cent of them are pregnant before the age of 15.

Some of the country's population and development challenges include:

- Improving maternal health.** The high maternal mortality ratio - 1,600 deaths per 100,000 live births - is one of the highest in the world. This is mainly a result of very limited access to maternal health services, coupled to a large proportion of early pregnancies that often entail obstetric complications. Only 19 per cent of births occur with assistance of skilled attendants. Policies and strategies for health services exist, but implementation remains a challenge. The HIV prevalence rate is low, which provides an opportunity for prevention efforts, especially those targeting young people.
- Promoting the reproductive health rights and needs of young people.** The majority of young people are disenfranchised and lack educational or employment opportunities. Disillusioned and alienated youths are a potentially destabilizing factor. In the coming years, Afghanistan's population growth will come largely from the momentum built into this group. A significant portion of rural girls marry young and experience early pregnancy. The reproductive health of young people will be a crucial factor in influencing the country's overall health status (including mortality and morbidity), but ultimately its population growth rate.
- Promoting gender equality and combating violence against women.** Gender disparities are widespread. Customary laws and traditional practices often deny women and girls the right to education, inheritance and decision-making. Women's participation in public life remains low. Gender-based violence is common, although data regarding the prevalence and type of violence is scarce. In 2008, the Government adopted the National Action Plan for the Women of Afghanistan.
- Need for better quality data and analysis.** A census has never been conducted in Afghanistan. The lack of data constrains the ability of the Government and other stakeholders to plan and implement development programmes and projects. The first population and housing census, scheduled for 2011, is expected to provide crucial data enabling development agencies, such as the UN, to forge more coherent and sustainable action plans.





Charting progress

INDICATOR	1990-95	2006-08
Proportion of population living in poverty (%)	-	42.0
Total Fertility Rate (lifetime births per woman)	7.9	6.6
Maternal Mortality Ratio (deaths per 100,000 live births)	1700.0	1600.0 (2005 est.)
Infant Mortality Rate (deaths per 1,000 live births)	153.0	129.0
Child under five mortality rate (deaths per 1,000 live births)	-	191.0
Coverage of antenatal care (%)	-	32.3
Births attended by skilled health personnel (%)	8.0	18.9
Contraceptive prevalence rate; married women; modern methods (%)	-	16.0
BHSP facilities providing three methods of contraception (%)	-	94.9
Net enrollment in elementary school (%)	-	-

UNFPA works throughout the country but during the current programme, which ends in 2009, is focusing its support in five of the poorest provinces. The new programme (2010 -2013) will concentrate on reducing maternal mortality and morbidity by strengthening national and sub-national capacity and increasing the number of skilled birth attendants. Specific interventions will focus on women, youth, internally displaced persons, returnees, deportees, nomads and other marginalized population groups.

Reducing maternal mortality, increasing availability of family planning and ensuring reproductive health commodity security

UNFPA's new programme will: support the training of community midwives; link populations living in remote areas to reproductive health services provided by mobile health units; strengthen the referral system from the community to district level; and strengthen capacity of both district level and provincial health departments to manage maternal health programmes. The technical skills of health workers will be enhanced to provide family planning counselling and services. Community mobilization and behaviour change communication will be used to increase demand for skilled attendance at birth, and promote birth-spacing. UNFPA will continue to build the capacity of health authorities to better forecast, procure, distribute and manage reproductive health commodities.

Promoting reproductive health information and services for youth

Availability of reproductive health information and life-skills education will be increased by: working with the Ministry of Education and the Ministry of Haj and Religious Affairs to ensure that reproductive health information, including HIV prevention, is integrated into the curricula of secondary schools and *madrassas*; incorporating reproductive health into livelihoods curricula and training materials; training of teachers in reproductive health issues; mobilizing and training of peer educators; and strengthening the capacity of the Ministry of Public Health to integrate adolescent sexual and reproductive health into health service delivery.

The capacity of the Ministries of Public Health, Education and Youth, among others, will be strengthened to address the reproductive health needs of young people and women, and advocate, formulate, implement, monitor and evaluate policies and programmes related to young people and gender issues.

Strengthening national and sub-national capacity to integrate population planning into development strategies and conducting the first Housing and Population Census

UNFPA is providing technical assistance to the Central Statistics Organization (CSO) in preparation for the first ever national Population and Housing Census. A preparatory stage, that will determine certain parameters for the census, is the Household Listing (HHL) component which is currently underway. Though the HHL was completed in 2005, as part of Phase I of the census process, the new listing is aimed at updating the old one to ensure more precise planning and design in the enumeration stages of the census. In addition, the programme intends to improve the understanding of policymakers and decision makers at national and local levels regarding the importance of incorporating population dynamics, reproductive rights and gender concerns into national policies and plans. Sub-national capacity to analyse and use socio-demographic information will also be strengthened.

Empowering women and combating domestic violence

UNFPA is working to increase the participation of women in decision-making processes relating to healthy families and livelihoods, at both the household and community levels. Communities will be sensitized on the role of women in building livelihoods, while women's participation in managing local financing schemes will be encouraged. Women will also be empowered to represent and participate in community health councils (*shuras*). Moreover, the capacity of target communities to identify opportunities for women's involvement in family and community life, and to prevent, respond to and monitor gender-based violence, will be enhanced by sensitizing and training male change agents, including religious leaders and community elders. They will be trained to advocate for the benefits of women's participation in family and community life. This programme will also: support women's health councils; train community volunteers and health workers to provide trauma counselling, rape response, and legal advice; support grass-roots initiatives aimed at preventing gender-based violence; and build up the legal knowledge of customary law court officers at the community level, as part of an effort to create a referral process within the formal justice system.



Estimated Population	146 million
Population Growth Rate	1.41% per annum
GDP per capita	\$599
Population Density	950 people per square km

With 146 million people squeezed into an area of the U.S. State of Illinois, Bangladesh is one of the most densely populated countries in the world. The country's urban population continues to expand rapidly. By 2020, about 40 per cent of Bangladeshis will live in urban areas and Dhaka will become the second largest mega-city in the world (only Tokyo will be larger).

Notwithstanding challenges, including high population density, low resource base and high vulnerability to natural disasters, Bangladesh has made considerable progress in socio-economic, health and demographic indicators. Poverty declined from 49 per cent in 2000 to 40 per cent in 2005. Nearly 60 million people, mainly in rural areas, still live below the poverty line. Following a very successful population programme since 1976, the total fertility rate fell from 6.3 lifetime births per woman in 1975 to 2.7 in 2007, and population growth rate declined from 3 per cent to 1.41 per cent over the same period. The total fertility rate leveled off for about a decade at 3.3 (1994-2002) and finally started declining again. The Contraceptive Prevalence Rate (CPR) for married women has increased from 8 per cent in 1975 to 56 per cent in 2007. The unmet need for family planning which was 11 per cent in 2004 further increased to 17 per cent, which may reflect problems with the supply of family planning services and/or an increase in demand for family planning.

Some of the country's main population and development challenges include:

- **Reducing maternal mortality** is the cornerstone of the country's Poverty Reduction Strategy (PRSP) and the Health and Population Sector Programme HNPSP (2003-2011). The maternal mortality ratio in Bangladesh is estimated at 290 per 100,000 live births in 2007, representing a 50 per cent decline from 574 deaths per 100,000 live births in 1990. This still accounts for 12,000 maternal deaths every year, most of them preventable. Of the estimated 3.8 million births every year, some 565,000 develop complications, many of them life threatening. One of the key challenges is to reduce the large number of early marriages and prevent home deliveries.
- **Providing reproductive health services for young people.** About a quarter of the population comprises adolescents with very poor access to reproductive health services as reflected in the high adolescent fertility rate of 127 per 1,000 live births. The maternal mortality ratio among adolescents is higher than the national average (320 per 100,000 live births) and the infant mortality rate is also 30 per cent higher than the national average (65 per 1,000 live births). Almost half (48.4 per cent) of girls of age 15-19 years are married by the age of 19. As part of its comprehensive advocacy programme, UNFPA targets media and religious leaders to support the government's policy to institute a minimum age for marriage at 18 years. Despite some progress, most girls are likely to be married by 18.
- **Increasing skilled attendance at birth.** This is one of the major thrusts of the Health Nutrition and Population Sector Programme (HNPSP), to which UNFPA is providing technical and policy support. As 85 per cent of all births take place at home, this is an essential intervention to ensure safe deliveries. Up to 2009, 4,500 community-based skilled birth attendants have been trained and are conducting normal deliveries, while referring complicated cases. Through a government-led 18-month training programme, skilled attendance at birth had increased to 20 per cent by 2007.
- **Rapid urbanization.** The rapid move to towns and cities, and the pressing need to provide basic services, is an emerging challenge. According to the United Nations Population Division, Dhaka ranked 22nd among the world's 30 largest cities and will be the 4th largest city in the world by 2015. Bangladesh's urbanization trend is overwhelmingly mono-city based, with Dhaka being the center of both geographic and economic opportunities. This is already leading to a spatial imbalance between Dhaka and other cities, with longer term consequences. The country's urban population was 8 per cent in 1971, but is projected to reach 40 per cent in 2020. The rural population is growing by 1.2 per cent a year, while urban numbers are exploding at the phenomenal rate of 5 per cent per annum, enough to double Dhaka's population in around 17 years. The explosion of slum dwellers around the city is becoming a perennial problem, particularly for the provision of basic public services for city residents.



Charting progress

INDICATOR	1990-95	2005-07
Proportion of population living in poverty (%)	59.0	40.0
Total fertility rate (lifetime births per women)	3.4	2.7
Maternal mortality ratio (deaths per 100,000 live births)	554.0	290.0
Infant mortality rate (deaths per 1,000 live births)	87.0	52.0
Child under five mortality (deaths per 1,000 live births)	133.0	65.0
Net enrolment in elementary school (%)	60.0	90.0
Contraceptive prevalence rate; married women, modern methods (%)	45.0	56.0
Births attended by skilled health personnel (%)	9.0	20.0

UNFPA works throughout the country

Promoting safe motherhood

The core of UNFPA's country programme is to improve the health of mothers and children and reduce maternal mortality and illness. The Fund does this through a comprehensive, integrated approach involving both Government and NGO partners. The programme focuses on: upgrading the capacity of 70 Maternal and Child Welfare Centers (MCWCs), one in each of the country's 64 districts and 6 in Upazilas; training Skilled Birth Attendants (SBAs) to perform safe home deliveries and refer complicated pregnancies to health centers or hospitals; training of clinical doctors and nurses; provision of emergency obstetric care in MCWCs and district hospitals; and continued skills development for doctors, nurses, community-based SBAs and community health and family planning assistants. Training community-based SBAs is one of the keys to bringing down the maternal mortality rate. The Government, working closely with UNFPA and WHO, intends to train 13,500 Skilled Birth Attendants by 2010. As of August 2009, 4,500 had been trained and dispatched to their communities. UNFPA helped establish the country's first fistula center at the Dhaka Medical College Hospital. A screening programme for cervical cancer was set up and 26 master trainers and 36 service providers from MCWCs and District Hospitals were trained in visual inspection techniques. The emergency contraception pill programme was expanded nationwide in 2004. In addition, UNFPA has undertaken a pilot voucher scheme to address the needs of poor women in accessing maternal health services and prevention and testing of STIs and HIV/AIDS.

Providing reproductive health information and services to young people

UNFPA works with various Youth Clubs throughout the country, providing life skills based education on reproductive health issues, including family planning, gender concerns, domestic violence, early marriage and STIs and HIV/AIDS prevention. The Fund supports the Government to establish "youth corners" in a number of Maternal and Child Welfare Centers and other health clinics in order to provide information and services catering specifically to the needs of young people. Development of a National Adolescent RH Strategy is a milestone achievement for Bangladesh where UNFPA played a catalytic role. The Reproductive Health Initiative for Youth in Asia (RHIYA) has succeeded in promoting better reproductive health for young people, as well as training peer educators, supporting life skills development and behavior change, and creating resource centers for youth.

Advocacy with key groups

UNFPA continues to expand its comprehensive advocacy programme by addressing reproductive health, gender and HIV/AIDS issues through partnerships with sectoral ministries, parliamentarians, opinion leaders, the media and religious leaders.

A major initiative, now in its second phase, educates religious leaders (Imams) around the country on reproductive health, including family planning, early marriage, STIs, HIV/AIDS and gender issues. Since 1999, the programme has trained over 25,000 religious leaders in all 64 districts.



Estimated Population (2009)	683,400
Population Growth Rate (2008)	1.8% per annum
GDP per capita (2008)	\$1,700
Population Density (2009)	19 people per square kilometer

One of the greatest development challenges facing Bhutan is its rugged, vertiginous landscape. The country consists mostly of hills and mountains: the lowest elevation in the south it still 200 meters, while in the northern Himalaya, peaks soar to over 7,500 meters.

The country's diverse population - 19 different dialects are spoken - are thinly scattered across this precipitous terrain. Roughly half the population must walk more than half a day just to reach a road.

Like the rest of Asia, this Himalayan Kingdom is becoming urban, as more people flock to towns and cities in search of work and better living conditions. Between 1995 and 2000 the urban population increased from 15 per cent of the population to 21 per cent. Given current trends, within one generation most Bhutanese will be urban dwellers.

Overcoming extraordinary obstacles, Bhutan has extended basic health care, water and sanitation services to most of its far-flung population. Between 1960 and 2005, infant mortality fell from 203 deaths per 1,000 live births to 40, while over the same period, life expectancy rose from 37 to 66 years. Gains in health standards are due primarily to more facilities and staff: between 1992 and 2002 health care system coverage increased from 70 per cent of the total population to 90 per cent.

Some of the country's main population and development challenges include:

- Reducing maternal mortality and increasing universal access to delivery of quality reproductive health services.** Though the maternal mortality ratio dropped from a high of 560 maternal deaths per 100,000 live births in 1990 to 255 deaths in 2000, still a large number of women are dying as a result of preventable pregnancy-related causes. One of the main problems is that only 56 per cent of all births are attended by skilled health personnel and around 78 per cent of all deliveries take place at home without the assistance of trained birth attendants. Early detection of possible problem pregnancies would cut this ratio down, but women have to be encouraged to go to health centers for antenatal care. In 2003, only 57 per cent of pregnant women made one such visit (ideally they should have four antenatal visits to health centers). Poorly equipped health facilities, lack of skilled health professionals and difficult terrain constrain access to emergency obstetric care services in rural areas. Further reduction of maternal deaths to achieve the MDG 5 goal is a challenge.
- Promoting family planning.** Although the contraceptive prevalence rate has increased steadily from 19 per cent in 1994 to 35.5 per cent in 2008, there are still too many unwanted pregnancies, especially among teenagers. Bhutan has a young population with more than 56 per cent of the population below the age of 24. Contraceptive use needs to increase in order to address the high unmet need for family planning.
- Improving adolescents' sexual and reproductive health services and HIV prevention.** More than 42 per cent of the population in Bhutan is between the age of 10-24 years and 19 per cent between 10-19 years of age. Early marriage, teenage pregnancy, substance abuse, low use of contraception and sexually transmitted diseases are common among adolescents. Evidence shows that the high rate of sexually transmitted infections increase the risk of HIV among young people. Despite the fact that more than 90 per cent of young people are aware of HIV, only 30 per cent reported some knowledge of HIV prevention, which is a cause for concern.





Charting progress

INDICATOR	1990-95	2005-08
Proportion of population living in poverty (%)	-	23.0
Total Fertility Rate (lifetime births per woman)	5.6	3.4
Maternal Mortality Ratio (deaths per 100,000 live births)	560.0 (1990)	255.0
Infant Mortality Rate (deaths per 1,000 live births)	70.0	40.0
Child under five mortality rate (deaths per 1,000 live births)	97.0	62.0
Net enrolment in elementary school (%)	55.0	92.0
Contraceptive prevalence rate; married women; modern methods (%)	19.0	35.5
Births attended by skilled health personnel (%)	-	56

UNFPA works throughout the country, in all three regions.

Reducing maternal mortality and increasing universal access to quality reproductive health services

UNFPA supports the Ministry of Health to improve: 1) access to essential sexual and reproductive health services; 2) maternal health care through capacity building of health service providers and strengthening the health system to provide emergency obstetric and neonatal care; and 3) access to and utilization of voluntary family planning and HIV and STI prevention services, including the supply of reproductive health commodities.

Improving adolescents' sexual and reproductive health and introducing life skills education

Through support to the integrated health service delivery system of Bhutan, UNFPA builds the capacity of service providers to provide adolescent-friendly services in order to increase the access of young people to sexual and reproductive health services, including the prevention of gender-based violence and HIV infection. Life skills education will be introduced into school curricula as well as through non-formal education to reach out-of-school adolescents and youth.

Integrating population concerns into national development policies and strategies

UNFPA provides financial and technical assistance to collect, analyze, disseminate and use gender disaggregated data. UNFPA supports the revision of population and development studies curriculum of the colleges under the Royal University of Bhutan, which includes strengthening national capacity in research. UNFPA will assist the Government in developing the first population plan of Bhutan to mainstream population and gender issues into national development policies and strategies.

Addressing gender based violence

UNFPA continues to advocate and develop national capacities to ensure that gender is mainstreamed into development planning frameworks. The Fund has supported the establishment of an NGO - RENEW (Respect, Educate, Nurture and Empower Women) - to raise awareness on gender-based violence. UNFPA will continue to support the capacity of relevant institutions, with special reference to law enforcement agencies and health service providers, to respond to incidences of gender-based violence, including the development and adoption of legislation on domestic violence.



Estimated Population (2008)	13.4 million
Population Growth Rate (2008)	1.54% per annum
GDP per capita (2008)	\$604
Population Density (2008)	75 people per square kilometer

Situated in Southeast Asia between Vietnam, Laos and Thailand, Cambodia endured decades of civil war and strife. It remains one of Asia's least developed countries. Though the economy grew by 6.1 per cent in 2005, it remains unstable. Currently, over one-third of the population lives below the poverty line and only 21 per cent of the working age population is employed in a job that pays regular wages. While deprivation exists among sections of the urban population, poverty is predominately rural, associated with landlessness, lack of economic opportunities, large families and limited access to social services.

With over 35 per cent of the total population below the age of 15 (56 per cent below the age of 25), Cambodia's population is projected to keep on growing, reaching over 19 million by 2025.

Access to health services, including reproductive health, is limited. Cambodia is plagued by high maternal, infant and child mortality rates. About one in every five Cambodian women dies during pregnancy or from pregnancy-related causes, while nearly one of every ten infants will not live to see his or her first birthday.

Women have not achieved equal rights with men as provided in the Cambodian Constitution: gender gaps continue in education; women in decision-making positions are rare; and gender-based violence, including trafficking, is a growing concern.

Some of the country's main population and development challenges include:

- **Addressing population growth and fertility levels.** The total fertility rate (lifetime births per woman) dropped from over 4 in 2000 to 3.4 in 2008, but overall population growth, currently at 1.54 per cent per year, is still high compared to other countries in the region. The contraceptive prevalence rate has increased, but nearly one-third of all women of reproductive age (15-49) want to plan their families but cannot because they lack access to information and services.
- **Promoting maternal, infant and child health.** Cambodia's maternal mortality ratio is estimated at 472 deaths per 100,000 live births. Only about 44 per cent of all births are attended by skilled health personnel and nearly 90 per cent of all babies are delivered at home. Infant and child mortality continues to be high. The unmet need for family planning, lack of access to emergency obstetric care, delays in seeking health services, deaths from unsafe abortions and the prevalence of HIV/AIDS in pregnant women underscore the need for improving access to comprehensive reproductive health services.
- **Scaling up responses to the HIV/AIDS pandemic.** Cambodia is one of the few countries that has been able to reverse the progression of HIV/AIDS. After the first case was diagnosed in 1991, the epidemic spread rapidly. In 1997 the prevalence rate peaked at 3 per cent of the population, but dropped to 0.9 per cent in 2006. This is still one of the highest in Southeast Asia. The main mode of transmission is from husband to wife and mother to child.
- **Safeguarding adolescent reproductive health and combating gender-based violence.** With 56 per cent of the population below the age of 25, Cambodia needs to address the reproductive health and rights of young people. Nearly 40 per cent of young women cannot access family planning services and one third of them have their first child before the age of 20. Girls, young women and boys are vulnerable to domestic violence (38 per cent of reported rape victims are girls aged 11-15). It is estimated that, at any given time, some 100,000 Cambodia women and children are trafficked.





Charting progress

INDICATOR	1990-95	2005-08
Proportion of Population living in poverty (%)	36.0 (1999)	30.1
Total fertility rate (lifetime births per woman)	5.5	3.4
Maternal mortality ration (deaths per 100,000 live births)	900.0	472.0
Infant mortality rate (deaths per 1,000 live births)	113.0	66.0
Child under-five mortality rate (deaths per 1000 live births)	170.0	83.0
Net enrolment ratio in elementary school (%)	78.0 (1998)	94.4
Contraceptive prevalence rate; married women, modern methods (%)	7.0	27.0
Births attended by skilled health personnel (%)	8.0	44.0

UNFPA supports national and local level policy development and monitoring, partnerships with civil society and works to strengthen reproductive health services and community awareness in selected underserved districts.

Improving access to quality reproductive health information and services

UNFPA has ensured that reproductive, maternal, newborn and child health are top priorities for the Health Strategic Plan 2008-2015. The Fund has assisted in the development of a National Strategy for Reproductive and Sexual Health, revised safe motherhood protocols, ensured the availability of family planning commodities, strengthened the capacity of the public health sector to provide birth spacing services and information, and increased number of midwives. Through the Health Sector Support Programme II, 24 Operational Districts throughout the country have received UNFPA assistance since 2006. Reproductive health services were improved by updating service guidelines, providing pre-service and in-service training for midwives, improving the availability and quality of emergency obstetric and neonatal care services, and increasing population awareness of reproductive health and rights, emphasizing women's and girls' rights. UNFPA will support, together with other partners, the Sector-wide Approach in Health which aims to further strengthen the capacity of the government to develop, implement and evaluate gender sensitive reproductive health and HIV/AIDS policies, strategies and plans.

Promoting the integration of population and development policies and strategies

With UNFPA assistance, the first National Population Policy was launched in 2004 and population issues prioritized within the Government's Rectangular Strategy and the National Strategic Development Plan (NSDP) by integrating population concerns into efforts aimed at reducing poverty and improving the quality of life of Cambodians. UNFPA supports central and local government attempts to integrate population issues into sectoral and decentralized plans, and strengthen national capacity to implement the National Population Policy. UNFPA supported the first census in 1998, the 2004 Cambodia Inter-Censal Survey and the 2008 Census, as well as the Demographic and Health Surveys carried out in 2000 and 2005. UNFPA continues to strengthen the capacity of government agencies to collect and analyze data and monitor the implementation of the NSDP and progress towards achieving the Millennium Development Goals (MDGs). UNFPA remains a key partner in developing a common national population data system.

Promoting the reproductive health rights and needs of young people

By combining policy dialogue with NGO-supported behavior change initiatives, UNFPA has helped raise awareness among policy makers, leaders, parents and young people of the reproductive health and rights of adolescents. Through a number of NGO initiatives, peer education programmes and curricula on reproductive health, HIV/AIDS prevention, gender roles and domestic violence were developed and youth friendly services introduced. UNFPA has facilitated the strengthening of community ownership and participation of young people in sexual and reproductive health programmes through youth outreach activities and capacity building of youth organizations. With UNFPA support, the Ministry of Health developed guidelines for youth-friendly reproductive health services, while the Ministry of Education introduced reproductive health and HIV/AIDS into the curriculum for primary students as part of life skills education. Currently, the Cambodian Government and the UN are working together to develop a National Policy on Youth.

Addressing gender disparities

UNFPA has focused its efforts on raising public awareness of gender issues and, together with the Ministry of Women's Affairs, has mainstreamed gender concerns into portfolios of line ministries. The Cambodia Gender Assessment - A Fair Share for Women - and the first Strategic Plan on Women, the Girl Child and HIV/AIDS in Cambodia 2008-2012 were developed, disseminated and implemented. Along with other partners, UNFPA supported the adoption of the domestic violence law in 2005 and is engaged in facilitating its implementation at national and local levels, including building national capacity to provide services for victims of domestic violence. The Commune Committees for Women and Children were established specifically to address women's and children's issues.



Estimated Population 2007	1.321 billion
Population Growth Rate 2007	0.517% per annum
GDP per capita	\$2,000
Population Density	133 per square kilometer

From 1978 to 2007, China's GDP on average grew by 9.8 per cent per year and now accounts for 6 per cent of the world total, making China the fourth largest economy in the world. This sustained growth has lifted over 600 million people out of poverty. Currently, only 2.8 per cent (2004) of the population lives below the international poverty line of less than one dollar a day. Given this dramatic improvement in income and living standards, China is now considered a middle-income country. However, income disparity, along with social disparities, is a growing concern.

China contains enormous ethnic, cultural and social diversity. Some 56 different ethnic groups (comprising around 9 per cent of the population) share the country with the dominant Han Chinese.

One of the country's main challenges will be to balance economic growth with social development. This will entail a shift in the role of Government to ensure efficient delivery of public services, including reproductive health, to poor communities. Currently, no more than 30 per cent of the total population is covered by social insurance schemes or by the Minimum Living Standard Programme (a social assistance system).

China has made significant progress in improving the reproductive health of its citizens. Access to high quality antenatal and emergency obstetric care and family planning has cut the maternal and infant mortality rates in half (see Charting Progress). The proportion of women who received antenatal care increased from 83 per cent in 1991 to around 90 per cent by 2007. Similarly, the number of women giving birth in hospitals jumped from 50 per cent in 1990 to nearly 95 per cent in 2007.

Some of the country's main population and development challenges include:

- **Making motherhood safer in poor areas.** Though the overall maternal mortality ratio for China is 36.6 deaths per 100,000 live births (2007), this figure conceals enormous disparities between the rapidly urbanizing eastern third of the country and the largely rural and poor western two-thirds (where only some 6 per cent of the entire population lives). In Shanghai, the maternal mortality ratio is 9.6 per 100,000 live births, while in Guizhou province, it is 111 deaths per 100,000 live births. In Tibet the ratio is a staggering 399 deaths per 100,000 live births
- **Coping with rapid urbanization.** Since 1979, very large numbers of people have migrated to urban areas, often described as the "floating population"; people whose residences are different from their registration. This population amounted to 140 million individuals, according to the 2000 census. This unregistered, "floating population" has little or no access to medical care and education. Currently, close to 40 per cent of the entire population lives in towns and cities, a rate that is expected to surpass the 50 per cent mark within 10 years.
- **Facing the challenge of HIV/AIDS.** According to the 2007 Joint Assessment Report prepared by the State Council AIDS Working Committee and the UN Theme Group on AIDS in China, China had approximately 700,000 people living with HIV and AIDS by 2007. The HIV infection rate is 0.05 per cent. The epidemic continues to expand with highly varied geographic distribution.
- **Addressing high sex ratio at birth (SRB).** The SRB in China has increased over the past two decades, from 107.6 in 1982 to 120.5 in 2005. Urban-rural differences in sex ratio at birth persist, affecting rural areas more than cities and towns. In 2005, SRB of rural areas reached 122.9. The causes of the sex ratio imbalance in China are complex and deep rooted, but the consequences cast significant impacts on critical population and social issues, including sex and age structure, population ageing, and marriage market balance.
- **Meeting the unmet reproductive and sexual health needs of young people.** As the most populous country in the world, China also possesses the largest youth population - amounting to approximately 320 million young people (aged between 10 and 24). Due to changing sexual and reproductive health behavior and exposure to rapidly changing social environments, young people are vulnerable to risky sexual behavior that can lead to unfavorable health outcomes such as unintended and unwanted pregnancies leading to abortions, STIs as well as various forms of sexual exploitation and violence, and risks of HIV transmission. The reproductive and sexual health needs of unmarried young people have not been fully recognized.
- **Responding to population ageing.** In 2000, 10 per cent of the world population was aged 60 or older; China proportion of the elderly is also 10 per cent and growing; by 2050, this proportion is expected to rise to 30 per cent. Absolute numbers are projected to increase from 128 million in 2000 to 431 million in 2050. Effective actions are required to respond to rapid population ageing in China, and the relevant issues caused by it.



Charting progress

INDICATOR	1990-95	2000-05
Proportion of population living in poverty (%)	49.0	6.9
Total fertility rate (lifetime births per woman)	2.1	1.8
Maternal mortality ratio (deaths per 100,000 live births)	89.0	43.0
Infant mortality rate (deaths per 1,000 live births)	50.0	29.0
Child (under 5) mortality rate (deaths per 1,000 live births)	61.0	35.0
Net enrolment in elementary school (%)	-	98.0
Contraceptive prevalence rate; married women, modern methods (%)	80.0	83.0
Births attended by skilled medical personnel (%)	-	85.4

UNFPA is an active member of UNCT and One UN initiatives at the country level. The programme engages with partners at the national level on policy issues and at the county level on undertaking pilot activities for eventual scaling up by the Government.

Providing quality, client-centered reproductive health services, including family planning

Building on previous achievements, China continues its move towards a gradual and profound shift in the family planning policy - from an administrative approach focusing on targets to a more client-centered approach which emphasizes choices and the quality of reproductive health care. UNFPA's Sixth Country Programme cycle supports the rights-based approach now spearheaded by the National Population and Family Planning Commission and the Ministry of Health. Both of these influential government bodies are pushing fundamental reforms in policies and regulations aimed at protecting the reproductive health and rights of women, men and adolescents. This includes adjusting policies, as well as service delivery modalities, to be client-centered and rights-based. These reforms are spreading to counties beyond the ones directly assisted by UNFPA through comprehensive national efforts, including reform of the health system. The MISP (Minimal Initial Service Package) response supported by UNFPA after the May 2008 earthquake, centered in Sichuan Province, has been integrated into China's national disaster preparedness and response mechanisms through the Maternal and Child Health care system.

UNFPA is playing a critical role in helping China achieve the goals of the ICPD and MDGs, and is funding research on indicators including MDG 5 (reducing maternal mortality).

Emphasizing the reproductive health needs of youth

UNFPA is supporting a multi-sectoral approach involving over six ministries to bring youth issues to the forefront of the country's policy and planning process. At the service delivery level, the Fund is promoting youth participation in decision-making and encouraging partnerships with youth organizations. The Peer education approach, pioneered by UNFPA's Y-PEER programme, is being scaled up by national partners. As part of this initiative, a nationwide research study will make available relevant data on youth, particularly in regards to sexual and reproductive health, to inform both policy and service delivery.

Promoting primary prevention of HIV and linkages with sexual and reproductive health

UNFPA has supported pilot multisectoral interventions for the prevention of HIV among the most vulnerable populations, including migrants and sex workers, and established a model that links sexual and reproductive health interventions with HIV prevention. It is also supporting a rigorous Behavioral Surveillance Survey data collection and analysis methodology. The training material is integrated into the national Behavioral Surveillance system.

Addressing Gender issues

UNFPA works in a culturally acceptable manner to mainstream gender issues. Strong emphasis is placed on the development of sex disaggregated statistics for use by policy makers and planners. The Men and Women series is now available for three of the country's provinces, in addition to a national overview. UNFPA is working with national partners to establish a multisectoral response for the prevention of violence against women, including the development of clinical protocols to help service providers screen, report and refer victims of violence to appropriate services.

UNFPA is assisting the Commission and other partners in bringing men into the equation in efforts to address two critical issues: the sex ratio imbalance and violence against women.

Creating an enabling environment for meeting an ageing populations needs

At the policy level, UNFPA has provided technical support to the revision of the ageing law; the five year review of the Madrid International Plan of Action on Ageing. Operationally, the Fund is supporting pilot projects to enhance the government's capacity to formulate and implement evidence based strategic plans and policies on ageing.

Defining an urbanization model for Chinese cities

UNFPA supports National Demographic Research Council (NDRC) to research and pilot initiatives aimed at establishing a harmonious and equitable urbanization model for Chinese cities.

Supporting cutting edge research

UNFPA funds research to provide a solid basis for policy-making. In every round of UNFPA assistance, many research projects have been supported. Among the most recent include research on adolescent reproductive health, likely population growth scenarios, and the vital links between population and environment.



Estimated Population (2008)	24 million
Population Growth Rate (2008)	0.8% per annum
GDP per capita	\$480
Population Density	191 people per square kilometer

With the virtual collapse of centrally-planned economies in the late 1980s, the Democratic People's Republic of Korea (DPRK) went through a very difficult decade during the 1990s. The disruption of economic and trade links led to a sharp decline in economic growth and a deterioration of living standards. The national economy in 2002 is about half the size compared to 1989.

Food production fell dramatically over the past decade. As a result, food insecurity has been identified, along with widespread malnutrition, as major concerns. According to a Nutrition Assessment carried out by UNICEF and the World Food Programme (WFP) in 2004, 23.4 per cent of children aged 0-71 months are underweight, and 35 per cent of pregnant women are anemic. Women of reproductive age are suffering from micronutrient deficiencies, especially iron and vitamin A.

Key reproductive health indicators have deteriorated along with the economy. Infant, under five and maternal mortality rates have all increased since 1990 (see Charting Progress). This is attributed to a combination of factors: less food being grown per capita and lack of foreign exchange to import food; lack of drugs, equipment and medicines to provide quality antenatal care and to treat obstetric complications; insufficiently trained health staff, especially in rural areas; and low level of investment in the health care system (5.9 per cent of the national budget, compared to 7.6 per cent in 1990).

According to the Government, HIV/AIDS remains absent in the country, and as of 2008 there are no public records of anyone testing positive for the virus.

Some of the country's population and development challenges include:

- Reducing maternal mortality.** The precarious state of the economy has undermined reproductive health care. The maternal mortality ratio nearly doubled from 54 deaths per 100,000 live births in 1993 to 97 deaths per 100,000 live births in 2001. Since most births (97 per cent) are attended by skilled personnel, the increase in maternal deaths is attributed to lack of equipment, medicines and trained midwives to deal with obstetric emergencies, as well as a growing unmet need for family planning.
- Promoting family planning and ensuring the security of reproductive health commodities.** Since the end of the 1990s, the fertility rate has stabilized at around two children per woman. According to the 2006 reproductive health survey, supported by UNFPA, the contraceptive prevalence rate is nearly 70 per cent. The majority of couples prefer modern methods (58.5 per cent) over traditional methods (10.6 per cent). Popular methods of contraception include the intra-uterine device (48 per cent) and periodic abstinence (9.4 per cent). Condom use among couples is low (just 2.5 per cent), but nonetheless this is a marked increase from 0.4 per cent in 1997. Limited use of condoms and other supply-based methods, including the oral pill, is a result of a lack of access to quality counseling and supplies. Shortages of reproductive health equipment and supplies comprise a major reason for non-use of family planning services. Another factor is lack of appropriate information. These factors explain the high unmet need for family planning - currently at 21 per cent of married women - and the high abortion rate, estimated at 121 per 1000 live births. According to a 2004 survey, 85 per cent of these induced abortions could have been avoided through adequate provision of family planning services and information.
- Upgrading the health care system.** There is an urgent need to revamp the current health care system and put in place a more modern, efficient and affordable one. This includes reviewing current approaches to service delivery, health care management and staffing, as well as quality assurance and monitoring mechanisms.



Charting progress

INDICATOR	1990-95	2005-05
Proportion of population living in poverty (%)	-	-
Total fertility rate (lifetime births per woman)	2.4	2.0
Maternal mortality ratio (deaths per 100,000 live births)	54.0	97.0
Infant mortality rate (deaths per 1,000 live births)	14.0	23.0 (1999)
Child (under 5) mortality rate (deaths per 1,000 live births)	27.0	48.0 (1999)
Net enrolment in elementary school (%)	-	100.0
Contraceptive prevalence rate; married women, modern methods (%)	53.0	58*.0
Births attended by skilled medical personnel (%)	-	97*.0

*The data for contraceptive prevalence rate and attended births are based on a UNFPA supported reproductive health survey in 2004 carried out in only three provinces; no national level data are available.

UNFPA works throughout the country, but concentrates its activities in four provinces: South Phyongan, Kangwon, South Hamgyong and North Kwanghae.

Improving access to quality reproductive health services

In order to help reverse the deteriorating maternal health status of women and reduce maternal mortality, UNFPA's Fourth Country Programme (2007-2010) emphasizes the provision of a package of basic reproductive health care throughout the country, including emergency obstetric and neonatal care, prevention of reproductive tract infections (RTIs) and family planning information and services. In all, UNFPA support has trained key staff and upgraded reproductive health services in 273 village clinics and 11 county hospitals in four under-served provinces. Oxytocin, magnesium sulphate and iron (with folic acid) have been provided throughout the country since 2008.

Data collection and analysis

UNFPA's support in data collection is aimed at building the country's capacity to collect demographic and social data following internationally acceptable statistical norms, as well improving the availability of data needed for national planning and policy making. Since 2000, UNFPA has assisted the Government in conducting three rounds of the national Reproductive Health Survey. It also provided support for conducting the Survey on the Elderly Population. In 2008, DPRK conducted its second population census, with UNFPA as its major partner. For the census, UNFPA helped strengthen the statistical infrastructure of the Central Bureau of Statistics (CBS) and its provincial statistical offices (PSOs). It also improved the technical capability of its statistical manpower through overseas trainings.

Reproductive Health Commodity Security

The current UNFPA Country Programme aims at improving the logistics management information system introduced in 2005, to collect key logistics data, including utilization data, which will enable the Government to accurately estimate the need for reproductive health commodities. Through an established task force, in partnership with UNICEF and WHO, UNFPA is building capacity in logistics management.

Emergency response and preparedness

During the devastating floods in 2007, UNFPA provided basic reproductive health services to displaced populations. In all, 250 villages in 27 counties (including the 10 counties most affected) received emergency reproductive health kits for safe and clean deliveries, benefiting around 20,000 pregnant women. UNFPA has implemented a contingency plan for emergency reproductive health services, prepositioning reproductive health kits in three medical warehouses around the country, and training doctors and midwives on the use of emergency reproductive health kits in 100 counties.



Estimated Population 2005	1.13 billion
Population Growth Rate (2005)	1.58% per annum
GDP per capita (PPP)	\$2600
Population Density	344 people per square kilometer

India is one of the oldest civilizations in the world, a diverse country containing many ethnic groups with a rich cultural heritage. With over one billion people, it has the second largest population in the world. If fertility rates continue at present levels, India will surpass China as the most populous country by the middle of this century (with a projected population of 1.6 billion). The country accounts for only 2.4 per cent of the world's surface area, yet supports and sustains nearly 17 per cent of the world's population.

Nearly six decades after independence, India is one of the six fastest growing economies in the world. The country was ranked fourth in terms of Purchasing Power Parity in 2001. And it has become self sufficient in agricultural production. The percentage of population living below the poverty line declined from 36 per cent in 1993-94 to 26.1 per cent in 1999-2000 (Source World Bank Issue Brief, September 2004).

Some of the country's main population and development challenges include:

- **Improving reproductive health service delivery.** Though the total fertility rate (number of lifetime births per woman) has dropped from 4.4 in 1980 to 2.8 in 2006, the country is still adding some 17 million people every year to its population base, the largest increment of any country. Almost 49 per cent of married women of reproductive age use modern contraceptives, but the rate must increase considerably if the country's population goals are to be achieved. The timeframe within which replacement level fertility can be achieved will depend on how soon reductions in infant and child mortality take place, while improving women's health and making quality reproductive health services widely available.
- **Reducing maternal mortality.** Though the maternal mortality ratio is declining, the countrywide average remains high at 450 deaths per 100,000 live births (2005). This ratio conceals tremendous regional differences. In Gujarat, for example, 29 women die for every 100,000 live births, while in Uttar Pradesh more than 700 perish for every 100,000 live births (2001- 2003). The main reason for these differences is that in states with low maternal mortality, women have better access to assisted deliveries, to emergency obstetric care and to family planning services. With only 47 per cent of all births attended by skilled health personnel, the challenge is to improve maternal health service delivery, especially in rural areas where health services remain inadequate.
- **Improving adolescent sexual and reproductive health.** Nearly one fifth of India's population (about 225 million) consist of adolescents aged 10-19. Of these, a large number are out of school, married, working in vulnerable occupations, and are sexually active. Teenage pregnancy, sexually transmitted infections and rising rates of HIV among this age group is a cause for concern. In the coming years, India's population growth will come from the momentum built into this group. The reproductive health of adolescents will be a crucial factor in influencing the country's health, mortality, morbidity and ultimately the size of its population.
- **Preventing the spread of HIV.** It is estimated that 2.4 million people are suffering from HIV infection in India. Overall, 0.3 per cent of India's adult population is infected with HIV. Over 100 districts in the country are considered as high prevalence districts with an HIV prevalence of more than 1 per cent in antenatal women and/or more than 5 per cent in high-risk groups. Young people are especially at risk, with 35 per cent of AIDS cases reported in those below 25 years of age.
- **Correcting the sex ratio.** The child sex ratio is skewed: there are now many more boys than girls. In 1961, there were 976 girls for every 1000 boys, but by 2001 that ratio had dropped precipitously to 927 girls for every 1000 boys. The main reason for this disparity is due to the use of ultrasound to determine the sex of the fetus. Though there are stringent laws against pre-natal sex selection, enforcement remains a challenge. At the heart of the issue is the low status of women and discrimination against the girl child.





Charting progress

INDICATOR	1990-95	2000-05
Proportion of population living in poverty (%)	36.0	27.5
Total fertility rate (lifetime births per women)	3.7	3.1
Maternal mortality ratio (deaths per 100,000 live births)	570.0	450.0 (2005)
Infant mortality rate (deaths per 1,000 live births)	80.0	60.0
Child under 5 mortality rate (deaths per 1,000 live births)	109.0	95.0
Net enrolment ratio in elementary school (%)	-	74.0
Contraceptive prevalence rate, married women, modern methods (%)	38.0	49.0 (2000-06)
Births attended by skilled health personnel (%)	34.0	47.0 (2005-06)

Over the years UNFPA has provided commodity assistance for contraceptives and equipment, improved health communication programmes, introduced population education on a major scale, and supported women's empowerment initiatives and undertaken advocacy around ICPD and the MDGs. UNFPA works throughout the country, but concentrates its activities in five states: Orissa, Bihar, Maharashtra, Madhya Pradesh and Rajasthan. UNFPA's Seventh Country Programme (2008-12) focuses on three strategic outcomes: Reproductive Health; Gender; and Population and Development Strategies. From 2005 onwards, UNFPA has pooled its resources as a part of the Sector Wide Approach to health being adopted through phase two of the Reproductive and Child Health- 2 Programme. UNFPA plays a lead role in providing technical assistance on key reproductive health issues and participates in national programme review processes.

Enhanced access to quality reproductive health services

Major strategies to support the country's Reproductive and Child Health 2 Sector Wide Approach include: providing emergency obstetric care services and skilled attendance at birth, improving access to high-quality contraceptive services, and improving the management and monitoring systems.

Addressing pre-natal sex selection

Strategies include working with the central and state governments to strengthen implementation of the Act governing sex selection. Support is being provided to improve the capacities of government and civil society organizations involved in implementing the Act, and to sensitize the judiciary. Specific interventions are being supported to ensure medical community action by engaging with medical councils and medical college students. Towards influencing attitudes to daughters, community involvement through women's networks and grassroots NGOs is being supported. Advocacy efforts are being targeted at media, young people and political constituencies.

Improving adolescent sexual and reproductive health

UNFPA works with school systems and youth groups to reach adolescents. The focus is on providing sexual and reproductive health education, and developing life skills for addressing development and reproductive health needs and preventing HIV. The approach complements and supports public health system efforts to provide youth friendly sexual and reproductive health services..

Promoting safe sexual behaviour

Integrating sexual and reproductive health services with HIV prevention initiatives is being supported. The specific focus is on working with commercial sex workers to address their sexual and reproductive health needs and preventing HIV infection.

Addressing Gender Based Violence

Within the framework of the national rural health mission, the programme supports community-wide work with panchayats (village councils), women's groups and community-based organizations. Gender based violence is being addressed as a health issue. Evaluation of existing interventions to address gender-based violence is being supported. UNFPA is working with the government to implement the Domestic Violence Act in a few key districts. Tools and gender-based violence screening protocols to identify women facing violence are being tested for use in health care settings.

Mainstreaming reproductive health and gender in disaster response

UNFPA is part of the United Nations system-wide collaborative mechanisms in the area of Disaster Risk reduction. The programme provides technical support to ensure that reproductive health and gender perspectives are reflected in recovery and response plans.

Promoting population and development strategies

Social development planning is being supported, with an emphasis on emerging demographic challenges. Because the demographic transition and economic growth are posing new development challenges, studies on population dynamics, policy research and action that address issues such as ageing, urbanization, and domestic and international migration are being considered. Specifically, during this country programme, ageing related programming and policy advocacy will be undertaken as a priority area of concern. UNFPA is also working with other UN agencies to support the 2011 census.



Estimated Population 2008	228.5 million
Population Growth Rate (2008)	1.36% per annum
GDP per capita (2008)	\$1,562
Population Density	123 people per square

Indonesia is the fourth most populous country in the world. It is also the largest archipelago in the world, encompassing 17,000 islands and stretching 5,200 kilometers from west to east. Although the population has nearly doubled over the past 30 years, the growth rate has slowed considerably, from 2.1 per cent per year in the 1970s to 1.36 per cent in 2008.

The fertility rate (lifetime births per woman) has also dropped from 5.6 children per woman in 1971 to 2.4 in 2007. The Government wants to reach replacement level fertility (2.1 children per woman) by the period 2010-2015.

Though the archipelago is vast, 90 per cent of total population resides on just four big islands: Java, Kalimantan, Sumatra and Sulawesi. Crowded Java, with 6 per cent of the total land area, contains nearly 60 per cent of the population. Nearly half the population is urbanized and towns and cities are growing 4-5 times faster than rural areas.

Indonesia is recovering from the economic crisis of the late 1990s, when nearly one-quarter of the population was driven below the poverty line (one dollar per day). Since then poverty levels have dropped significantly. In March 2008 the proportion of the population living at or below the poverty line was estimated at 15.42 per cent. If the \$2 per day criteria for poverty is used, the percentage of poor dropped from 71 per cent in 1990 to 49 per cent in 2008.

The country is starting to see the beginning of a demographic transition from high to low fertility rates. Most couples are now able to achieve their desired family size through access to a nation-wide network of over 8,234 health centers and 25,754 village maternity rooms. As a result, infant and child mortality has decreased (see Charting Progress).

Although the country has made significant progress, some population and development challenges remain:

- Making motherhood safer.** Though the country's maternal mortality ratio has been cut in half over the past 15 years, it is still too high: averaging 228 deaths per 100,000 live births in 2007. In some remote provinces, such as East Nusa Tenggara, the maternal mortality ratio is 300 per 100,000 live births (reported in 2005). In response, the Ministry of Health developed the National Strategic Plan on Making Pregnancy Safer, 2001-2010, which among other things, is working to improve emergency obstetric care.
- Combating HIV and AIDS.** In order to counter the rapid increase in HIV infection over the past decade - 0.1 per cent of the population is infected - the Government has launched a comprehensive National HIV and AIDS strategy. Cumulative HIV and AIDS cases tabulated from 1 January 1987 through 31 March 2009 amount to 23,632.
- Providing reproductive health information and services to adolescents and young people.** Nearly one-third of Indonesia's population - some 63.2 million - consists of adolescents and young people aged 10-24. Adolescent pregnancies remain a persistent problem. And there are few services tailored to the needs and concerns of young people.





Charting progress

INDICATOR	1990-95	2000-08
Proportion of people living in poverty (%)	20.0	15.42
Total fertility rate (lifetime births per woman)	3.0	2.4
Maternal mortality ratio (deaths per 100,000 live births)	650.0	228.0
Infant mortality rate (deaths per 1,000 live births)	70.0	34.0
Child under five mortality rate (deaths per 1,000 live births)	79.0	44.0
Net enrolment in elementary school (%)	-	97.6
Contraceptive prevalence rate; married women, modern methods (%)	47.0	57.4
Births attended by skilled health personnel	31.0	79.4

UNFPA works at the national and sub-national levels. The current Country Programme, which ends in 2010, concentrates activities in 21 districts in six provinces.

Strengthening reproductive health services for women, men and adolescents

Reproductive Health Commissions are established at the sub national level to promote reproductive health and rights in their development agendas. This has been reflected in increased local budget allocations earmarked for reproductive health, including family planning programmes, the adoption of national reproductive health and HIV/AIDS strategies to the local context, and inclusion of adolescent reproductive health issues in school curricula. UNFPA supports the integration of reproductive health services at the Puskesmas - the Public Health Centers - located at the sub-district level. The Puskesmas address the reproductive rights of people through strengthened care for pregnant women and family planning clients; youth friendly services; counseling for adolescents and improved referral mechanisms.

HIV prevention among young people

UNFPA, in partnership with NGOs and community groups, supports programmes for young people, including youth at risk such as sex workers, injecting drug users, men having sex with men, and the transgender community. In addition to the promotion of a desirable policy environment by working with the local Parliaments and the AIDS Commissions, UNFPA promotes the availability of adolescent reproductive health services and information, including voluntary counseling and testing (VCT). In 2006, UNFPA established the Youth Advisory Panel to facilitate a dialogue between UNFPA and Indonesia youth, as well as with youth-serving groups, to allow for concrete inputs and advice in designing youth friendly policies and programmes.

Advocacy and demand creation

UNFPA carries out strategic advocacy aimed at parliamentarians at national and sub-national levels. In addition to increased budget allocations, the advocacy activities promoted the development and enactment of several policy frameworks. At the national level, UNFPA facilitated the endorsement of a Law on domestic violence prevention and care in 2004, and a Law on human trafficking (2007). At the sub-national level, several local regulations (Perda) on population, reproductive health, HIV/AIDS, domestic violence, and human trafficking have also been endorsed. The role of religious leaders and the media, responsible for the early success of the Indonesia family planning programme during the 70s and 80s, is being revitalized. To create demand, UNFPA supports behavior change communication programmes, including public campaigns that are conducted through local radios and TV stations as well as through village community, women, youth and religious group gatherings.

Availability and use of population data and support to 2010 census

UNFPA supports the BPS Statistics Indonesia in conducting the 2010 Population Census. UNFPA also promotes the use of data for local planning and policy making at the district and provincial level. UNFPA supported the local governments to establish Database Forums in 5 provinces and 21 districts. The Forum facilitates discussions to ensure consistency, accuracy and quality of population, reproductive health, and gender data and indicators, which are included in the Annual District Statistical Year Book.

Gender equality and women's rights

UNFPA supports the Ministry of Women's Empowerment to develop a minimum standard of services for Gender Based Violence; advocate for the implementation of UNSCR 1325 on Women, Peace and Security; provide assistance for the preparation of the CEDAW state report; and the development of tools for gender responsive budgeting in the health sector, piloted in 2 provinces and 2 districts.

UNFPA aims at strengthening the capacity of local governments in ensuring the availability of integrated services - medical, judicial and psycho-social support - to the victims of gender based violence at sub-district level. The success of this approach is measured through the number of cases being reported and referred to by service providers, including health, police and NGOs.

Humanitarian Assistance

UNFPA works closely with the Ministry of Health and humanitarian partners to ensure that reproductive health needs are integrated into emergency response and preparedness. UNFPA played a key role in the preparation and enactment of the Law on Indonesia Disaster Management (2007). UNFPA promotes the integration of the Minimum Initial Service Package (MISP) for reproductive health in emergencies into the Ministry's emergency response programme.



Estimated Population 2006	70 million
Population Growth Rate	1.6% per annum
GDP per capita (PPP)	\$10,031
Population Density	43 people per square kilometer

The Islamic Republic of Iran is the world's 4th largest producer of crude oil, and in terms of oil and gas reserves ranks 2nd and 3rd in the world, respectively. The country's GDP grew by 7.8 per cent in 2007 but this is projected to drop to 0.5 per cent in 2009, recovering modestly to 2.9 per cent in 2010. Unemployment remains high; 8.8 per cent for men and 15.4 per cent for women. However, these overall figures mask the fact that women's active participation in the labour force is limited - less than 17 per cent of Iranian women hold jobs, compared to nearly 64 per cent of men. Less than 1 per cent of the population lives below the poverty line of \$1 per day. In 2004, however, an estimated 30 per cent of the population lived below the national poverty line. Iran has a young population - approximately half are under the age of 24.

Iran is known as a family planning success story. The country's dramatic decline in fertility from an average of 7 lifetime births per woman in 1986 to 2.3 in 2004 has been termed Iran's "other revolution": the Total Fertility Rate has now reached replacement level at 1.96 nationally, with only a minimal gap between urban and rural areas. Many of the strategies put in place two decades ago to address the country's bulging population - a strong network of rural health centres, mandatory pre-marital counselling on family planning methods and free family planning services and contraceptives - are still contributing to the general well being of Iranian families and promoting the health of mothers and children.

The country's main population and development challenges include:

- **Maintaining low fertility levels.** Though Iranian women have reached replacement level fertility, it is vital that reproductive health services, including family planning, continue to expand to meet current and future needs. With half the country's population under the age of 24, the socioeconomic performance and reproductive behaviour of the baby boom generation of the 1980s will be a powerful force shaping Iran's future.
- **Narrowing gender disparities.** Women's participation in the social, economic and political life of the country is relatively limited, constrained by traditional views of women's roles and other socio-cultural factors. Progress has been slow in integrating women into the workforce, in giving them access to positions of influence, and in tackling gender-based violence.
- **Reducing sexually transmitted infections.** In 2003, the Government reported some 700,000 cases of sexually transmitted infections. Since these are official figures from public facilities (not private), the real figure is probably much higher. Also, though less than 0.1 per cent of the general population is HIV positive, close to 20,000 cases of HIV have so far been reported (95 per cent of them men) and 90,000-100,000 people are estimated to be living with HIV. The Health Ministry is stepping up efforts to ensure that the pandemic does not spread.



Charting progress

INDICATOR	1990-95	2006-2010
Proportion of population living in poverty (%)	2.2	-
Total fertility rate (lifetime births per woman)	5.6	2.0
Maternal mortality ratio (deaths per 100,000 live births)	91.0	24.4
Infant mortality rate (deaths per 1,000 live births)	52.0	32.1
Child mortality (deaths per 1,000 live births)	68.0	25.0
Enrolment in elementary school (%)	85.0	-
Contraceptive prevalence rate; married women, modern methods (%)	49.0	59.7
Births attended by skilled medical personnel (%)	70.0	97.3

UNFPA works at the central level with a number of key institutions, through which interventions are selectively piloted at provincial level and then, as indicated, scaled up. Below are areas of concern in the country and UNFPA's programmatic response.

Improving access to quality reproductive health care, including family planning

UNFPA is continuing to work with the Ministry of Health and Medical Education (MOHME) to improve the quality of reproductive health services, specifically safe motherhood programmes and newborn care through various activities, such as the establishment of mother-friendly hospitals, training of trainers for labour management practices, and birth preparation courses to reduce the rate of caesarean sections. UNFPA is also providing technical assistance for trainings under the programme "Advanced Life Support in Obstetrics" and supporting the efforts of the MOHME for regionalization programmes to reduce the rate of neonatal deaths. The training of skilled birth attendants has expanded through targeting Behvarz midwives in remote and hard-to-reach areas. Activities have been undertaken to improve the contraceptive supply system, managed by the MOHME, with the particular aim of improving the quality of family planning programmes and provision of a wider range of contraceptives. Activities also include on-going research on the reproductive health morbidities of men and women.

Reducing drug use, STIs and HIV/AIDS

Iran is addressing its concentrated HIV epidemic through a combination of harm reduction, STI management and Voluntary Counselling and Testing (VCT) programmes for injecting drug users and other most-at-risk groups, men and women, in prison settings as well as the general population. UNFPA is supporting the National AIDS Programme to conduct formative research, STI prevalence studies and bio-behavioural surveillance, as well as piloting a combination of psychosocial counselling, STI management and harm reduction services for highly vulnerable women.

Improving the sexual and reproductive health of young people

Improving the sexual and reproductive health of young people remains an area fraught with challenges. UNFPA is helping the Ministry of Health develop a multi-sectoral strategic plan of action to address adolescent reproductive health needs, with the participation of a wide range of stakeholders. A website has also been developed, with the backing of the Ministry of Health, to provide accurate and comprehensive information for young people from a "trustworthy" source. The website is being overhauled to provide online counselling facilities.

Expanding and strengthening partnerships

UNFPA continues to promote culturally sensitive approaches to gender and reproductive health and rights. In this regard, UNFPA has assisted in the establishment of a Network of NGOs, which collectively focus their advocacy activities on reproductive health & rights, adolescent sexual and reproductive health, and gender issues aimed at policy makers, parliamentarians, decision makers, and the media. Efforts are being made to ensure further support from policy makers, religious leaders and the media through continuous policy dialogue to integrate gender issues into reproductive health policies, plans and programmes.

Developing national capacity to monitor the ICPD goals and MDGs

UNFPA is continuing its collaboration with the Statistical Centre of Iran, helping it to process and analyze the 2006 census data, as well as develop user-friendly web portals that can generate up-to-date ICPD and MDG indicators, based on national datasets. UNFPA is also supporting university training and research by masters and PhD candidates, thereby establishing links at an early stage with the next generation of academics, experts and managers in the demography and data sectors.

Strengthened Disaster Risk-Management

UNFPA is working with the MOHME and the Iranian Red Crescent Society to improve the country's capacity to prepare for and respond to natural and man-made disasters. UNFPA assistance is concentrating on the reproductive health needs of women and men in disasters in a well managed and coordinated fashion that minimizes mortality and morbidity, and facilitates the rapid return to the normal functioning of society.

Gender-Based Violence

Gender-based violence is a sensitive topic in Iran. The existing information base is simply inadequate to guide planners and policymakers if they are to promote legislative reform that aims to protect women and men against gender-based violence. UNFPA has been working with the Organization for Defending Victims of Violence (ODVV) in efforts to address this issue. The Fund has organized roundtables and scientific discussions on the issues surrounding gender-based violence, especially in the Iranian and Islamic contexts.



Estimated Population (2008)	5.7 million
Population Growth Rate (2000-2005)	2.1% per annum
GDP per capita	\$580
Population Density	23.7 people per square kilometer

Lao People's Democratic Republic (Lao PDR) is a landlocked, mountainous country in mainland South East Asia. A key defining characteristic of the country is its rich cultural and linguistic diversity, with 49 ethnic groups recognised by the government. About 52 per cent of the population are ethnic Lao. Much of the rural population living in remote areas inaccessible by road are members of the many different ethnic groups, and almost all are subsistence farmers.

Lao PDR is classified as a Least Developed Country - a status the government aims to change by 2020. Poverty levels have declined from 33.5 per cent in 2002 to an estimated 28 per cent in 2008. Significant income disparities remain between urban and rural areas, and between ethnic groups. Lao PDR has made notable progress toward achieving the MDG targets. However, the targets that require urgent attention and investments are strongly linked to women's development and gender equality.

Lao PDR's economy is undergoing rapid transition and dynamic change, fuelled by a natural resource boom, bringing both benefits and risks. The challenge for Lao PDR is to ensure that economic gains are balanced by equitable social and economic development for both women and men and that environment on which the livelihoods of many ethnic groups depend is not eroded in the process.

Almost 60 per cent of the population is under 24 years of age. Fertility has decreased over the past 10 years from 5.6 to 4.5 lifetime births per woman, but remains one of the highest in the region, especially in remote, rural areas. The contraceptive prevalence rate has doubled over the past decade, and unmet need for family planning has declined in the past five years from 40 per cent to 27 per cent. Health and education services are and will continue to be stretched thin while coping with the needs of the new generation. Opportunities need to be opened up for the country's young population so that this generation will be the engine of Lao PDR's social and economic growth.

Some of the country's main population and development challenges include:

- **Improving maternal health.** The Maternal Mortality Ratio - currently 405 deaths for every 100,000 live births - remains one of the highest in the region. Though the adolescent birth rate has declined, data from 2005 indicate that around 38 per cent of women give birth before the age of 18. Only an estimated 18.5 per cent of women had a health service provider present at delivery, a marginal increase from 17.4 per cent in 2000. Nationally, most births are delivered outside a health facility with the assistance of relatives; in remote rural areas nearly 97 per cent of women give birth at home. Compounding these issues are two contributing factors: 1) too few trained midwives and 2) lack of expertise to develop competencies of health staff to provide skilled care during pregnancy, birth and after birth. In addition, there is limited capacity to deliver emergency obstetric care and lack of functioning referral systems.
- **Improving universal access to reproductive health services.** Access to family planning services has increased and contraceptives are available in 96 per cent of public health facilities, and in the private sector. However, access is still severely limited in remote areas, especially among minority ethnic groups. Due to prevailing cultural and institutional norms, the reproductive health needs of young and unmarried women and men has been systematically neglected.
- **Empowering communities for improved health seeking behaviour.** In addition to improving access to quality services, women and men need to be empowered to overcome the social and cultural barriers to using reproductive health services. These include: increasing knowledge and awareness of women's needs concerning childbirth and family planning; addressing perceived risks associated with modern contraception; and developing the capacity of communities to make healthy decisions and building linkages between communities and health services.



Charting progress

INDICATOR	1995	2005-2008
Proportion of population living in poverty (%)	48.0	28.0
Total fertility rate (lifetime births per women)	5.6	4.5
Maternal mortality ratio (deaths per 100,000 live births)	650.0	405.0
Infant mortality rate (death per 1,000 live births)	134.0	56.0
Child under five mortality (death per 1,000 live births)	170.0	68.0
Net enrolment in elementary school (%)	58.0	84.0
Contraceptive prevalence rate; married women, modern methods (%)	13.0	35.0
Birth attended by skilled health personnel (%)	14.0	18.5
HIV prevalence in general population aged 15 - 49 (%)	n.a.	0.2

The UNFPA programme supports health system strengthening; increasing availability of data; capacity building in using data for planning and monitoring; strengthening the national gender mainstreaming mechanism; and advocacy for population and development issues, sexual reproductive health and gender equality.

Support to family planning and maternal health service delivery cover all 17 provinces. These include innovative community-based family planning services, demand creation interventions, and young people's access to sexual and reproductive health services focused in selected geographical locations.

As a result of a major strategy to improve maternal and child health, the Ministry of Health developed an integrated **Maternal, Neonatal and Child Health (MNCH) service package** to ensure that essential, cost-effective and evidence-based MNCH services are available for all people, including the rural poor. The National Strategy and Operational Plan for Maternal, Neonatal and Child Health 2009-2015, endorsed in 2009, aims to establish the MNCH Package by **integrating vertical RH/MCH programmes** and **strengthening the health system**. The Reproductive Health component of the UNFPA Country Programme is a major factor in the implementation of the MNCH Package.

To address the acute shortage of skilled birth attendants in the country, UNFPA supported the Ministry of Health in developing the **Skilled Birth Attendance Development Plan**. The Fund now supports its implementation through its reproductive health programme as well as mobilizing support from other development partners. UNFPA is **strengthening the drugs logistic system by streamlining multiple systems** into an integrated, unified one. This has reduced stock-outs and wastage, improved storage conditions and rationalized transport.

UNFPA strengthens the **family planning component of the MNCH package** by: 1) providing contraceptives; 2) advocating for increased Government financial support for contraceptive procurement; 3) supporting improved method mix by strengthening services for permanent and long-term methods; 4) and increasing service coverage by expanding special community-based family planning services to reach populations whose access to health services are severely constrained by geographic, cultural, linguistic and economic barriers. **Demand creation** is imperative to make sure that people not only understand the benefit of MNCH services, but use them. UNFPA supports community empowerment activities in three poor southern provinces, working through provincial and district governor administrations, health departments, mass organizations, village health committees, village volunteers and community motivators. UNFPA works closely with health centres to improve client-centred services, ensure transparency of fees and exemption schemes and increase their interaction with local communities.

Efforts to increase **access for young people to sexual and reproductive health information and services** are made using school and non-school channels. UNFPA supports the Ministry of Education, particularly its teacher training institutions, to strengthen their capacity to teach **population, sexual and reproductive health, HIV/AIDS prevention, drugs and life-skills education**. Access to youth friendly information and services is enhanced with the establishment of the first toll-free, gender specific **telephone hotline service** and support provided to the Vientiane Youth Centre for Health and Development, including **gender specific youth clinics**. Outreach and peer education activities are ongoing, reaching most at risk young women and men. To ensure wider access to confidential youth friendly services, UNFPA supports number of Government health facilities and NGOs through the **Referral and Counselling Network**, and will continue to advocate for expansion of youth friendly services.

To ensure **quality and timely data collection**, UNFPA works with the Department of Statistics of the Ministry of Planning and Investment (MPI) and other ministries to support the **Lao Reproductive Health Survey** and qualitative studies. UNFPA supports MPI to conduct an **analysis of population dynamics** in Laos to identify opportunities and challenges, as well as possible policies and strategies to **inform the development of the Seventh National Socio-Economic Development Plan 2011-2015**.

To promote the right of every woman, man and child to enjoy a life of health and equal opportunity, and ensure that every woman and girl is treated with dignity and respect, UNFPA supports the **Lao National Commission for the Advancement of Women**. This initiative aims to strengthen the country's **gender mainstreaming mechanism** by, among other things, creating more awareness of the issue of **gender based violence**.



Population 2008	27.7 million
Population Growth Rate	2.1% per annum
GDP per capita	\$7,710
Population Density	84 people per square kilometer

Between 1980 and 2008, Malaysia's population more than doubled, from 13.9 million to nearly 28 million. Close to 80 per cent of the country's population live in Peninsular Malaysia; the remaining 20 per cent reside in the States of Sabah and Sarawak on the large island of Borneo. The country is also young: nearly one third is under the age of 15.

Over the past three decades, Malaysia's economy grew by an average of 7 per cent per year. Sustained economic growth has transformed the country, raising standards of living for the majority of the population. Only 5.1 per cent live in poverty, with less than 2 per cent living on one dollar a day or less.

The country has made tremendous advances in health and education. Since 1970, maternal, infant and child mortality rates have all dropped dramatically (see Charting Progress). The maternal mortality rate dropped from 141 deaths per 100,000 live births in 1970 to just 20 in 2008. Nearly all births (98 per cent) are attended by skilled health personnel.

Some of the country's population and development challenges include:

- **Population ageing.** Within 10-15 years, Malaysia will be going through a demographic transition from a youthful to an ageing population. By 2020, the proportion of elderly (60+) in the population will reach nearly 12 per cent. Addressing the needs of an elderly population is becoming an urgent issue. Population ageing poses major challenges for policy makers, in terms of increasing expenditures on social security, health care and welfare. Evidence based studies would help identify new policy options to strengthen initiatives on promoting active and productive ageing, as well as programmes on lifelong learning.
- **The threat of HIV/AIDS.** Between 1986 and 2008, Malaysia reported over 84,000 cases of HIV. Over 90 per cent of HIV positive people are Malay males, and most are injecting drug users. However, recent trends indicate that more Malaysian women are being infected by HIV through unprotected sex than through needle sharing. Evidence for this trend was discerned in the rapid surge in the number of women HIV carriers, and the ratio between women and men infected with HIV: the ratio was 1:70 in 1993, but reached 1:10 by 2009. The rising number of women with HIV is of great concern and it is timely that the National Strategic Plan on HIV/AIDS is recognizing women and other high risk populations, such as sex workers, transsexuals and men having sex with men, as being particularly vulnerable to HIV.
- **Gender-based violence.** Gender-based violence, including rape, is a serious concern in the country. A key challenge is to increase the understanding of and commitment to gender equity and equality so that both the causes and consequences of violence are addressed. Empowerment of marginalized women by promoting their sexual and reproductive health and rights has been recognized as an important initiative in reducing violence and protecting them from other related problems.
- **Family Development.** The country's rapid economic development and the changing structure of family relationships are posing a number of challenges for the country. The focus is on strengthening families with the aim of building a caring and progressive society. Consolidated efforts in developing and implementing these programmes are being explored: one such programme is SMARTSTART - a smart guide to a loving marriage.



Charting progress

INDICATOR	1990-95	2006-07
Proportion of population living in poverty (%)	8.9	3.6
Total fertility rate (lifetime births per woman)	3.4	2.2
Maternal mortality ratio (deaths per 100,000 live births)	20.0	2.0
Infant mortality rate (deaths per 1,000 live births)	11.0	6.0
Child under 5 mortality rate (deaths per 1,000 live births)*	0.9	0.4
Net enrolment ratio in elementary school (%)	97.0	100.0
Contraceptive prevalence rate; married women, modern methods (%)	31.0	32.0
Births attended by skilled health personnel (%)	92.0	98.0

* This rate is for children (toddlers) aged 1-4

Since 2004, UNFPA assistance is focusing on three critical areas: strengthening reproductive health, including HIV prevention; population ageing; and gender concerns, especially gender based violence.

Strengthening reproductive health, including HIV prevention

UNFPA continues to be a strong advocate and partner for delivering a comprehensive package of sexual and reproductive health services, including HIV and STI prevention. The Fund also provides information for vulnerable groups, such as the poor, marginalized young people and women. Over the past decade, new HIV infections among women is a worrying trend. One approach is to provide increased access to sexual and reproductive health and HIV prevention information and services among those involved in sex work. The Federation of Reproductive Health Associations of Malaysia (FRHAM), in collaboration with UNFPA and other relevant agencies, have set out to do a comprehensive situational analysis on the sex industry. The outputs will provide evidence-based information for the justification of a comprehensive plan of action on HIV and sex work.

The other focus group consists of young people in juvenile homes or orphanages. Using a peer-to-peer education approach, vulnerable young people will be equipped with knowledge and skills which should translate into positive behaviour, ultimately empowering young people to make responsible choices regarding their reproductive and sexual health. The need to increase access to and utilization of sexual and reproductive health and HIV/AIDS information and services among young people is also being addressed by scaling up kafe@teen (an internet kiosk) and related programmes implemented by the National Population and Family Development Board (NPFDB).

Population ageing

In line with the National Policy for Older Persons, UNFPA initiated community programmes that utilized the talents and abilities of retired people to promote “active ageing”, and to use them as bridges between generations. The work on active and productive ageing was further enhanced by UNFPA’s collaboration with the Institute of Gerontology (IG) at the University Putra Malaysia.

In an increasingly knowledge-based economy, lifelong learning is a major factor in improving the lives of older persons in times of rapid change. A new initiative for lifelong learning for the elderly (LLIFE) is one of UNFPA’s assisted programmes with IG to initiate the setting up of the University of the Third Age (U3A), which encourages the participation of older persons in economic, social and cultural activities. Key activities for U3As include course development, feedback and evaluation and training.

Gender concerns

Gender concerns have been integrated into the various programmes supported by UNFPA. Initiatives on women and development and gender sensitization under earlier UNFPA programmes helped to supplement national efforts committed to improving the well-being of women and families.

UNFPA recognizes that ending gender based violence means changing cultural concepts about masculinity, which requires men’s participation, whether they are policy makers, parents, spouses or young boys. A focus on women’s empowerment, gender equality and equity would have to be more strategically placed in order to address the violence issue. Based on an overview assessment of gender based violence, UNFPA has partnered with WIM (Women’s Institute of Management) to work with marginalized women - indigenous women, single mothers, women prisoners, and women living with HIV - with the aim of improving their capability to protect themselves from violence and related problems.



Estimated Population (2006)	300,000
Population Growth Rate (2006)	1.69% per annum
GDP per capita (2008)	\$2,992
Population Density (2007)	46,935 people per square kilometer (on Male)

The Maldives consists of some 1,190 coral islands, lying south of India. Only around 200 islands are inhabited, with over half the population living on just 25 of them, including Male, the capital. Male hosts 1/3 of the country's population. It is highly congested, with average household size of 7.4. In the country with the total fertility rate of 2.7 this means that household usually consists of extended family members.

The country has seen impressive achievements in the areas of human development over the last two to three decades. Addressing the issue of poverty and achieving the MDGs remains a high priority for the Maldives. Currently 19 per cent of the population lives in poverty. Despite the adverse impact of the Tsunami the Maldives is well on its way to achieving the MDGs although significant challenges remain to achieving gender equality and environmental sustainability.

Over the past decade the country has made significant progress in improving access to basic health care, which is near universal. At the same time, the Maldives have managed to increase access to and use of maternal and child health care services. As a result, maternal, infant and child mortality have all dropped significantly since 1990 (see Charting Progress). Some 85 per cent of all births are attended by skilled health personnel, while the contraceptive prevalence rate for modern methods is 34 per cent.

Percentage of female headed households is 40 per cent in Male and 44 per cent in Atolls. Many males find work out of their home islands, leaving their families under the care of a female member. 23.7 per cent of women are unemployed as compared to 7.9 per cent of men. Drug abuse is recognized as a national problem, and has been associated with socio-cultural problems such as high youth unemployment rate, crimes and depression.

As a consequence of the positive demographics trends of the last two decades, the age structure of the population is changing. The proportion of adolescents, though high (27 per cent of the total population is between the ages of 10 and 19), has begun to decline. Big proportion of adolescents is entering labour market and the reproductive age group. Information and services to promote safe behaviour is still scarce, which poses a big challenge to maintain the low fertility level.

Some of the country's main population and development challenges include:

- **Addressing the reproductive health needs and concerns of young people.** With adolescents comprising close to 30 per cent of the total population, reproductive health information and services should be tailored to meet their special needs and concerns. Safe behavior needs to be promoted through Life Skills Education.
- **Advocating for gender equality and promoting women's rights.** Despite the generally positive gender situation, a number of challenges remain to ensure women's equal participation in the labour force and within the decision-making process. Addressing gender-based violence (GBV) and ensuring women's rights within marriage and the family are emerging as important priorities.
- **Meeting maternal and child health needs.** With high levels of anaemia and malnutrition among pregnant and lactating women and young children, it is vital that the health programme address nutritional concerns along with reproductive health care needs. Promoting family planning is vital for ensuring better reproductive health.





Charting progress

INDICATOR	1990-95	2006-08
Proportion of population living in poverty (%)	-	19*
Total Fertility Rate (lifetime births per woman)	6.3	2.7
Maternal Mortality Ratio (deaths per 100,000 live births)	172.0	45.0
Infant Mortality Rate (deaths per 1,000 live births)	73.0	10.0
Child under five mortality rate (deaths per 1,000 live births)	90.0	18.0
Net enrolment in elementary school (%)	-	98.0
Contraceptive prevalence rate; married women; modern methods (%)	-	34.0
Births attended by skilled health personnel (%)	-	85.0

*If the poverty line is set at Rf 15 per day (about US\$3 per day in Purchasing Power Parity terms)

Improving access to quality reproductive health services

With UNFPA assistance, the country has seen significant improvements in access to and quality of reproductive health services. The percentage of service delivery points offering at least three modern contraceptive methods increased from 28 per cent in 2001 to 100 per cent in 2008. Over 90 per cent of pregnant women visited health facilities at least four times for antenatal care, one of the highest rates in the region. In addition, 85 per cent of all births are now attended by skilled health personnel. Caesarean sections account for close to 30 per cent of all deliveries. UNFPA continues to train health service providers in emergency obstetric care and provision of reproductive health services. Reproductive health focal points at regional hospitals are better able to monitor the provision of care.

Providing life skills education and reproductive health services to adolescents and young people

With UNFPA assistance, life skills education has been introduced into secondary school system on a pilot basis. The pilot life skills programme has received considerable support and will be expanded and strengthened to other areas of the country. UNFPA continues its technical assistance to improving the quality of life skills education. For out-of-school young people, Youth Health Café conducts various health education sessions. Youth participation needs to be further promoted for planning, implementation, monitoring and evaluation of youth-friendly services.

Strengthening Government capacity to integrate population planning into development strategies

UNFPA has been assisting in engendering the 2006 Census and disseminating the results nationwide. Gender-responsive budgeting as a tool to analyze the government's response to vulnerable populations is also going to be introduced. The government has been implementing the Reproductive Health Strategy, which adopts a more comprehensive and holistic definition of reproductive health. In addition, the family planning guidelines have been revised to further improve the quality of services and enhance reproductive rights.

Promoting gender equity and responding to gender-based violence

UNFPA has supported a number of pioneering studies of relevance to gender, women's rights and GBV. The qualitative study on GBV and the review of the impact of the family law are particularly relevant. Drawing on the evidence from these studies and with continued advocacy UNFPA has been able to support national authorities in setting up a pilot unit to provide support to victims of GBV. UNFPA continues to collaborate with key stakeholders in promoting CEDAW and women's rights within the context of the ongoing reform process in the country. Gender equality is one of the two MDGs that Maldives is off track. UNFPA is the lead agency for the UN Joint Programme on GBV. This 2-year programme aims at setting up a comprehensive multi-sectoral mechanism to prevent GBV and improve access to justice and services.



Estimated Population (2008)	2.68 million
Population Growth Rate (2008)	1.8% per annum
GDP per capita	\$1,649
Population Density	1.5 people per square kilometer

After a peaceful revolution in the early 1990s, Mongolia has successfully survived the transition from a centrally planned to a market economy. The path to a liberal democracy and market oriented economic structure has spurred the emergence of diverse parties, nongovernmental organizations and privately owned enterprises. Economic activity traditionally has been based on herding and agriculture, in addition to the country's extensive mineral deposits. Mongolia's economy continues to expand, growing by 8.9 per cent of the Gross Domestic Product in 2008. Despite this impressive rate, 35 per cent of the total population - 930,000 people - still lives below the poverty line. Poverty levels vary dramatically across the country, from a low of 22 per cent in Ulaanbaatar, the capital, to almost 50 per cent in the Western Region.

With a population of nearly 2.7 million people spread out across 1.5 million square kilometers of steppes, deserts and mountains, Mongolia is one of the most sparsely populated countries in the world. Looking at the demographic situation of the country, several important trends can be identified:

First, urbanization continues at a fairly rapid pace. Currently, over 61 per cent of the population lives in urban areas, compared to 54 per cent in 1990. As of 2008, almost 40 per cent of the total population lived in Ulaanbaatar, the country's capital city; a large proportion of them are unregistered migrants. This group continues to be one of the most vulnerable in the country and the internal flow of people from rural to urban areas is increasing pressure on city infrastructure and services.

Second, the total fertility rate is showing an increase after a downward trend since the 1980's. At that time, the total fertility rate was 4.3, declining to 1.9 in 2005. Since 2006, the total fertility rate has gradually increased, with 2.6 lifetime births per woman in 2008.

Third, Mongolia is expected to experience a "demographic window" of opportunity - a period highly favourable for economic development and investment in the social sector and human development due to a shifting age structure. Since Mongolia's relatively young population will soon enter the labour market, the challenge is to productively employ this group and take advantage of this demographic window. In addition, they will also need greater access to education and health services, including sexual and reproductive health. The economic productivity of this group of young people will be crucial in ensuring there will be enough public revenue to meet the needs of the elderly, a proportion of the population which is expected to grow in the near future.

Health indicators for Mongolia continue to improve. Between 1990 and 2008 maternal, infant and child mortality rates have been reduced by more than half. Over the same period, reproductive health services have expanded, though unevenly. Currently, around 98 per cent of all pregnant women receive antenatal care, while 99 per cent of all deliveries take place in health facilities with the assistance of professional midwives or doctors. Some of the country's main reproductive health challenges include:

- **Providing reproductive health information and services to remote, rural populations.** Though services have improved overall, there are growing gaps between urban and rural areas. In a number of remote districts in poor provinces, lack of diagnostic and treatment facilities hinder the management of pregnancy and birth related complications. In addition, the large geographical distances add to higher transportation costs and limit access to reproductive health services. Access to and quality of emergency obstetric care is severely limited in many remote areas due to poor infrastructure and the high costs of transportation.
- **Controlling the rising number of sexually transmitted infections (STIs).** The prevalence of STIs has risen considerably over the past decade. One out of every four pregnant women has had at least one STI. In particular, the incidence of syphilis continues to rise: the rate jumped from 17.5 per 10,000 in 2007 to 23.1 in 2008. Since STIs are risk factors related to HIV/AIDS, there is growing concern that an epidemic could be triggered, especially among the most at risk groups: sex workers, men having sex with men, mobile populations and young people. Given its proximity to higher prevalence countries such as China and Russia, Mongolia is considered to be vulnerable; the economic growth of the formal and informal trading sectors at border areas has brought with it an accompanying increase in sex work which has the potential to spread HIV infections.
- **Reducing maternal mortality.** Although maternal mortality has steadily decreased in the last decade at the national level, it remains unacceptably high in some parts of the country. Nearly 40 per cent of all maternal deaths occur among herder families, who have limited access to services. Even if services are available and can be reached in time, rural clinics often lack essential supplies and equipment.



Charting progress

INDICATOR	1990-95	2007-2008
Proportion of population living in poverty (%)	36.0	35.2
Total fertility rate (lifetime births per woman)	3.0	2.6
Maternal mortality ratio (deaths per 100,000 live births)	200.0	49.0
Infant mortality rate (deaths per 1,000 live births)	63.0	19.6
Child under five mortality rate (deaths per 1,000 live births)	87.0	23.4
Net enrolment ratio in elementary school (%)	98.0	91.5
Contraceptive prevalence rate; married women, modern methods (%)	33.0 (1998)	40.4
Births attended by skilled health personnel (%)	99.0	99.0

Source: Statistical Yearbook 2008, Mongolia, National Statistical Office

Improving capacity for delivering accessible and quality reproductive health services

In order to provide better quality reproductive health services including family planning, the capacity of local health clinics/district hospitals, especially in the five focus aimags (provinces) continues to be upgraded. From 2005-2009, an estimated 2,800 doctors, nurses, midwives, family group practitioners and bagh feldshers (rural primary healthcare providers) were trained in delivering sexual and reproductive health services. Expansion of family planning services has resulted in an increase in the contraceptive prevalence rate - currently over 40 per cent of married women use a modern method. In order to further strengthen demand for reproductive health services through effective outreach to underserved populations, UNFPA has supported the expansion of mobile reproductive health services, initiated by the Bayarmaa Foundation (NGO). Since 2007, UNFPA has embarked on a Telemedicine programme which aims at supporting the government in setting up a Telemedicine network. This online network allows health care providers in the countryside access to relevant and necessary information that is required to deliver quality care for improving maternal and newborn health.

Expanding adolescent sexual and reproductive health services and sexuality education

Adolescent sexual and reproductive health services, including counseling and provision of contraceptives, have been improved through the expansion of "Adolescent Future Threshold Centers" in seven provinces and the capital. There are now 13 such centers in the country providing youth-friendly information, counseling and services to an estimated 36,000 young people every year. With UNFPA support, Health Education, including sexual and reproductive health, has been introduced into the country's secondary schools. The intent is to have the curricula taught in every secondary school in the country and therefore it is part of the Pedagogy University curriculum. An HIV prevention campaign for military and border troops' academies has been introduced.

Integrating population concerns into national development policies and strategies

In 2008, a comprehensive National Development Strategy, based on the MDGs, was adopted by the Government of Mongolia. The subsequent Action Plan (2008-2012) addresses population and health in line with the MDGs and prioritizes the reduction of maternal and child mortality. The other major policy document is the Health Sector Master Plan (2005-2015) which forms the basis of the Sector Wide approach to health in Mongolia. The revised Maternal Mortality Reduction Strategy will direct national efforts at reducing maternal mortality during 2005-2010. The Population Policy (2004-2015) emphasizes people-centered development, human rights, gender equality and the participation of civil society.

Gender

Mongolia is one of the few countries where school enrolment rates are higher for girls than for boys. Despite the benefits that women enjoy in education, challenges remain in ensuring the full participation of women in society. Only 3.9 per cent of parliamentary members are women and the incidence of domestic violence and violence against women remains high in spite of the implementation of legal and administrative measures to address the problem. In 2005, the Law on Combating Domestic Violence was adopted and in 2007, the National Programme on Combating Domestic Violence was passed by the government. In cooperation with other UN agencies, UNFPA has implemented a Joint Programme on Combating Gender Based Violence, aimed at supporting the government in implementing the National Programme. The focus was on capacity building of the Police Department for registering cases of domestic violence and a perpetrators behavior change programme. A Gender Equality Law is currently being prepared to reflect equal rights for men and women in all aspects of social and economic life.

Reproductive Health Commodity Security (RHCS)

Reproductive health commodities and services are included in the Essential Medicine List and Essential Services Package, which is part of the Health Sector Strategic Master Plan of the Government. UNFPA continues to be one of the main suppliers of modern contraceptives and life saving drugs to the country. The Government endorsed the National Strategy/Plan of Action for RHCS in 2009 and allocated US\$50,000 in the 2009 state budget and is committed to gradually increase it to ensure commodity security. Consistent with the Government's plans to build a national system capable of meeting all needs for reproductive health commodities, including contraceptives, UNFPA has assisted in strengthening the logistics management information system and social marketing of contraceptives, including male/female condoms and oral pills. The Fund is currently working with the Ministry of Health, civil society, the private sector and other international donors to build up solid national capacity to ensure universal access to reproductive health commodities in the future, with assistance of the UNFPA Global Programme to Enhance RHCS.



Estimated Population (2006)	56.52 million
Population Growth Rate (2006)	2.02% annum
GDP per capita (2007)	\$457
Population Density (2009)	82 people per square kilometer

Myanmar is a diverse country with 135 ethnic groups. The country is divided administratively into 17 States and Divisions, which are further sub-divided into 63 districts and then into 325 townships. With GDP per capita of \$457, a large proportion of the population is poor. With 70 per cent of the population living in rural areas, the economy is based on agriculture, with few industries and little in the way of direct foreign investment.

Though the total fertility rate is low, 2.09 in 2007, maternal mortality is high especially in rural areas with inadequate health services. There are about 16.8 million women of reproductive age (approximately 30 per cent of total population). Future population growth will depend on the fertility pattern of youth, which currently comprise 28 per cent of the total population.

Some of the country's main population and development challenges include:

- Reducing maternal mortality.** As of 2005, the maternal mortality ratio was estimated to be 380 per 100,000 live births. The 2004-2005 Nationwide Cause Specific Maternal Mortality Survey's verbal autopsy analysis showed that severe postpartum hemorrhage was the main direct cause of maternal deaths (31 per cent), followed by hypertensive disorders of pregnancy including eclampsia (16.9 per cent) and abortion related causes (9.86 per cent). Lack of access to emergency obstetric care is one of the main issues being addressed by UNFPA as a priority intervention.
- Increasing the number of births attended by skilled birth attendants.** Currently, only 64.16 per cent (2007) of births are attended by skilled birth attendants. Records indicate that close to 65 per cent of pregnant women are receiving antenatal care. However, quality antenatal care coverage is questionable, and needs to be improved.
- Combating HIV.** HIV prevalence among the general population is estimated at 0.67 per cent, with drug users comprising 29.2 per cent of this rate, female sex workers 15.6 per cent and other risk groups at 30.6 per cent. The 2007 estimates from the Ministry of Health indicate a prevalence rate of 1.4 per cent among pregnant women attending antenatal clinics. The major challenges are limited knowledge on infection routes and low level of condom use among high risk groups, as well as lack of access to quality services.





Charting progress

INDICATOR	1990-95	2005-07
Proportion of population living in poverty (%)	-	-
Total fertility rate (lifetime births per woman)	3.9	2.09
Maternal mortality ratio (deaths per 100,000 live births)	580.0	380.0
Infant mortality rate (deaths per 1,000 live births)	94.0	46.9
Child under-five mortality rate (deaths per 1,000 live births)	103.0	64.15
Net enrolment ratio in elementary school (%)	75.0	82.5
Contraceptive prevalence rate; married women, modern methods (%)	16.8	41.0
Births attended by skilled health personnel (%)	-	64.16

UNFPA has been providing support to Myanmar since the early 1990s.

Strengthening reproductive health services and promoting safe motherhood

Under the Second Programme of Assistance to Myanmar, 2007-2010, UNFPA-supported reproductive health programme covers 112 townships (out of 325) reaching 40 per cent of the total population. UNFPA is the major donor supporting contraceptive supplies. UNFPA's interventions for reproductive health service provision have reached the most vulnerable population through service delivery points in the public health system, especially in rural health centers and township hospitals. The programme has expanded to encompass Emergency Obstetric Care, aimed at reducing maternal mortality, which is relatively high compared to other countries in the region. Quality birth spacing services, provided through UNFPA assistance, aim to reduce unwanted and unplanned pregnancies.

The behavioral change communication interventions encourage people to make healthier reproductive health choices and empower members of the community to take control of their own reproductive health matters. In this approach, UNFPA is mobilizing trained community support groups and male frontline health promoters to disseminate reproductive health and HIV prevention information, and assist in the timely referral of pregnant mothers with danger signs to health facilities.

Integrating population concerns into development policies and strategies

The Department of Population in the Ministry of Immigration and Population has been collaborating closely with UNFPA to undertake Fertility and Reproductive Health Surveys and Family and Youth Surveys in order to collect and disseminate reproductive health indicators.

UNFPA response in emergency situation

Cyclone Nargis struck Myanmar on 2 May 2008, causing widespread devastation in the Ayeyarwady and Yangon Divisions. Responding to the humanitarian plight of the affected population, UNFPA has supported interventions to improve access to maternal health services and ensure the protection and dignity of women and girls. It has provided reproductive health clinics and outreach services in affected communities. The Fund has also distributed essential drugs, supplies and equipment to health facilities across the Delta in collaboration with the Ministry of Health and trained 1,600 medical and non-medical humanitarian aid workers on providing reproductive health services and protecting women during crises. In partnership with the Association Francois-Xavier Bagnoud and the Agency for Technical Cooperation and Development, "women-friendly spaces" were established, providing psychosocial support services and livelihood skills training to affected women.

Reducing HIV/AIDS prevalence

Stakeholders, authorities and gatekeepers, including police, play key roles in preventing HIV/AIDS among sex workers and men who have sex with men; and hence their support for prevention strategies needs to be mobilized. UNFPA is partnering with Population Services International, an NGO which plays a lead role in peer education and other initiatives to prevent HIV among high risk groups. The Fund is one of the agencies carrying out prevention of mother to child transmission of HIV infection in Myanmar. UNFPA also addresses the reproductive health needs of HIV positive women and seeks to promote male involvement in maternal health. Its investments in women's health and reduction of HIV transmission to new born children will help achieve the country's goal of an "HIV free generation".

Providing youth-friendly reproductive health information and services

UNFPA promotes access to reproductive health and HIV prevention information among young people using different modalities with five implementing partners from public and private sectors working in 88 townships. Community based initiatives involving youth information corners and youth centers employ the services of youth volunteers, who serve as peer educators among their respective communities. By the end of 2008, 1,674 peer educators had been trained in adolescent reproductive health, including HIV prevention and reproductive health advocacy activities, reaching nearly half a million young people. UNFPA, in collaboration with UNICEF, produced a number of youth-friendly IEC materials on HIV prevention, with involvement of the trained peer educators and youth leaders from different parts of the country.



Estimated Population (2009)	27.5 million
Population Growth Rate (2005)	2.25% per annum
GDP per capita (2004/05)	\$300
Population Density (2009)	186 people per square kilometer

Though situated between two rapidly emerging global economies - China and India - Nepal remains among the least developed countries in the world with almost one-third (31 per cent) of its population living below the poverty line. Agriculture is the mainstay of the economy, providing a livelihood for three-fourths of the population and accounting for 38 per cent of Gross Domestic Product. Nepal's population is characterized as young with one-third of the population aged 10-24 and 41 per cent under the age of 15. The country has over 103 caste and ethnic groups speaking 92 different languages. Discrimination by gender, caste, ethnicity and age is common in Nepalese society, resulting in widespread social exclusion. Prone to natural disasters, Nepal is also mired in a post-conflict transition process.

The ten years of armed conflict in Nepal, from 1996 to 2006, produced a culture of violence marked by massacres, torture, disappearances, and population displacements. The conflict claimed 13,347 lives, damaged rural physical infrastructure, including schools and health centres, paralyzed local governance, and triggered an exodus abroad, resulting in a brain drain. The peace agreement of 2006 ended the armed conflict and abolished Nepal's 239-year-old monarchy. The subsequent Constituent Assembly elections in 2008 established a 601-member Legislative Parliament (with one-third female members). Nepal has embarked on a difficult journey towards sustainable peace and development under a federal democratic republic system of government.

The Government's Three Year Interim Plan (2008-2010) recognizes that, without addressing the issues of poverty, efforts at bringing people back into the development process will remain inadequate. Planning for development to address social inclusion, gender equality, youth development and universal access to reproductive health care is central to national poverty reduction strategies.

Some of the country's main population and development challenges include:

- Social inclusion.** Considerable socio-economic gaps among different ethnic, caste and religious groups and regions remain a critical development challenge. Ensuring equitable representation and participation of people from the poorest, conflict-affected regions, as well as other excluded social groups, in all facets of development should be a key strategy in reducing inequality. As measured by the Gini coefficient, inequality in Nepal increased from 34 per cent in 1995/96 to 41 per cent in 2003/04, despite a reduction in poverty as a result of increased remittances from labour migrants.
- Gender equality.** Though enrolment of girls in primary education is increasing, gender disparity in higher education exists as adolescent girls from disadvantaged groups drop out of school due to poverty, early marriage and social discrimination. Nearly 85 per cent of Madhesi Dalit (oppressed people) women are without any education. Universal access to secondary education and gender-sensitive programming is a key to empowering women and girls by enabling them to seize economic opportunities and social and political power in the household and in the wider society.
- Youth development.** Nepal has never experienced such a large number of young people, especially when the economic growth rate is very low and the challenges for securing peace after the conflict still remain. Approximately 1.7 million of the country's youthful population falls below the national poverty line. The increasing number of young people, combined with deepening poverty, gender inequality, vulnerability to HIV/AIDS and unemployment, is a mounting challenge for the national government. There is an urgent need for social investments in young people and to ensure that youth are addressed in and benefit from development processes to secure a lasting peace.
- Achieving universal access to reproductive health.** Comprehensive access to and utilization of reproductive health care at the micro- level generates enormous socio-economic and demographic benefits for the poor. Since 2008, the Government has implemented pro-poor health policies by providing essential health care services, including free maternal health care. However, several key challenges remain for achieving universal access to reproductive health: Providing skilled attendance at deliveries and emergency obstetric care; overcoming household-level factors that prevent access to maternal health care, including harmful cultural practices and traditions; overcoming weaknesses in the health system; improving access to family planning; promoting client friendly services; meeting the needs of different social and ethnic groups; providing youth-friendly services; addressing gender-based discrimination; preventing early marriage; and improving health awareness.



Charting progress

INDICATOR	2005-05	2006
Proportion of population living in poverty (%)	31.0	31.0
Total fertility rate (lifetime births per woman)	4.2	3.1
Maternal mortality ratio (deaths per 100,000 live births)	475.0	281.0
Infant mortality rate (deaths per 1,000 live births)	64.0	48.0
Child (under five) mortality rate (deaths per 1,000 live births)	91.0	61.0
Net enrolment in elementary school (%)	70.0	89.0
Contraceptive prevalence rate; married women, modern methods (%)	33.0	44.0
Births attended by skilled health personnel (%)	18.0	18.0

UNFPA works throughout the country, but concentrates its activities in some of the poorest and conflict-affected districts.

Improving universal access to quality reproductive health services

Since the ICPD Programme of Action in 1994, UNFPA has been working with the Government of Nepal to improve universal access to quality reproductive health services. UNFPA's contribution has been instrumental in consolidating recent improvements in reproductive health indicators, including: 1) Reduction of the total fertility rate to 3.1 lifetime births per woman; 2) slashing the maternal mortality ratio to 281 deaths per 100,000 live births; and 3) increasing the contraceptive prevalence rate to 44 per cent of married women. These results have been possible through UNFPA's support to national capacity development, particularly by assisting in the provision of quality reproductive health services, providing skilled care at birth, facilitating family planning, and assuring adolescent sexual and reproductive health. UNFPA provided support in the development of a comprehensive, integrated Health Information System Strategy, which is being piloted in three districts. UNFPA has contributed to the establishment of district level Logistics Management Information Systems in 59 districts for tracking inventory of reproductive health commodities and equipment. A UNFPA/WHO study on reproductive health morbidity in 2006 showed that 10 per cent of women of reproductive age suffer from Uterine Prolapse (UP). Consequently, the Government recognized this as a major public health problem. Through UNFPA-supported mobile reproductive health camps, 1,544 women from 32 districts have benefitted from surgical correction of UP.

Planning for population and development

Recently, with UNFPA's support, the National Reproductive Health Strategy has been revised and gender-based violence has been incorporated as the ninth component of the Strategy. The Ministry of Education has integrated adolescent sexual and reproductive health education into secondary school curriculums and has supported the training of school teachers nationwide to do a better job of communicating adolescent sexual and reproductive health education. The National Population Perspective Plan has been updated in the changed socio-political context, along with the latest data from Nepal's Demographic and Health Survey 2006. UNFPA has aligned its district level Population and Reproductive Health Integrated Programme with the Local Governance and Community Development Programme (LGCDP), implemented by Ministry of Local Development. This framework presents a strategic opportunity for UNFPA to advocate the integration of population, reproductive health, gender, social inclusion and youth concerns into local level planning, monitoring and resource mobilization processes through improved, more inclusive governance and service delivery. UNFPA is coordinating external support to the Government in undertaking the decennial Population and Housing Census in 2011, which will be the first post-conflict census to be conducted under the Federal Democratic Republic of Nepal.

Promoting gender equality

UNFPA has been working at the national level with the Ministry of Women Children and Social Welfare (MoWCSW) to put gender issues on the political agenda. UNFPA is supporting NGOs and the MoWCSW for gender-based violence services mapping, establishment of a coordination network at the central and district levels, and setting up special funds for survivors of gender-based violence. Coupled with advocacy and policy work, this capacity development effort will be supported by training at the local level, as well as revisions in the national training curricula for service providers encompassing teachers, police, judges and district administrators. At the district level, UNFPA is supporting the mobilization of girls and women through the 'Choose your Future' programme, which has been scaled up nationwide by the Department of Women's Development. For gender responsive reproductive health services, UNFPA is supporting the National Health Training Centre of the Ministry of Health and Population for gender and gender-based violence training for health service providers. Given that UNFPA is the lead agency for the promotion and inclusion of the principles of UNSCR 1325 and 1820, a four-pronged approach has been applied based on awareness, capacity building, monitoring and lobbying/advocacy to build national and regional constituencies aware of women's rights and protection, and the state's obligation towards these resolutions.

Providing humanitarian assistance

UNFPA has been providing humanitarian assistance to those most affected by conflict and natural disasters since 2005. By conducting mobile reproductive health outreach camps, UNFPA aims to fill the gap created by a lack of health service providers, medical supplies and overall health services, including gender sensitive service delivery. With funding from various donors, including Norway, Japan, Denmark, and ECHO, the Fund collaborates with local partner NGOs to deliver essential reproductive health services through mobile reproductive health camps in 25 conflict and disaster-affected districts. Since 2007, approximately 130,000 women, men and adolescents have received essential reproductive health care, surgical correction treatment for Uterine Prolapse, gynecological/obstetric care, family planning and STI services. UNFPA also addresses protection issues by providing psycho-social support services and gender-based violence prevention & response in emergencies.



Pacific Island Countries are widely dispersed over an ocean that covers one third of the earth's surface. These island states are separated by vast distances - it is over 8,000 kilometers from Palau to the eastern boundary of Kiribati. Most countries are surrounded by extensive Exclusive Economic Zones (EEZs). Tiny Kiribati has an EEZ the size of Australia. Actual land areas vary a great deal- from 12 square kilometers in the case of Tokelau to 28,300 square kilometers for the Solomons.

Transport within and between Pacific Island Countries is a significant problem. The distances and difficulties in reaching small island states are formidable, posing logistical, cost and time-related barriers. In general, Pacific Island Countries have fragile economies based on tourism, some light industries, agriculture, forestry and fisheries. The small size of domestic markets and daunting distances from the larger Pacific Rim economies make the goods and services produced locally uncompetitive. While fisheries appear to offer some hope for economic development, most countries lack the resources for sustainable commercial exploitation, or the policing of foreign vessels in their EEZ.

Ethno-culturally, the Pacific comprises three broad and diverse groups: Micronesia, Melanesia and Polynesia. In reality, even within Micronesia and Melanesia, there are Polynesian communities, reflecting reverse migration and settlement patterns over the last 3,500 years. Most of the region's population (87 per cent) resides in Melanesia, while 6 per cent live in Micronesia and 7 per cent in Polynesia. Island populations vary from 839,000 in Fiji to around 1,500 in both Niue and Tokelau.

The 14 Pacific Island Countries (PICs) covered by UNFPA's Pacific Sub-Regional Office share a number of common features: most are small, isolated island states; most inhabitants live on the main islands where population densities can be high (in Betio, Kiribati there are 2,000 people per square kilometer); fertility rates also tend to be high, averaging over 4 children per woman in nine of the 14 countries; and economic opportunities are limited (see Table on Demographic and Economic Data). In most of these island states, poverty affects at least one-quarter of the population (in Kiribati, half the population lives below the poverty line). A number of countries are heavily dependent on donor assistance and on foreign remittances from former citizens who have emigrated to Australia, New Zealand, Canada and the United States.

Some of the main population and development challenges facing the Pacific Island States include:

High population growth and rural to urban migration. With the exception of Papua New Guinea, population sizes in the Pacific are below 1 million, ranging from as low as 1,170 to 839,324. While the total fertility rates have declined over the past several decades, if the current average population growth rate of 2.2 per cent per annum is sustained, Pacific Island populations will more than double in the next 30 years. In some countries, high population growth rates are an issue that governments will have to address, particularly if population growth outstrips economic growth.

High population growth has meant more demand for services, such as new schools for young children, new health centers and hospitals, the provision of affordable housing, and basic services and amenities for the growing population. The lack of opportunities in the rural areas and outer islands has also triggered the movement of people from rural to urban areas, as households and individuals look for better opportunities. High rural-urban migration has put a lot more pressure on urban services and amenities such as affordable housing, electricity, water supply and sanitation, school and medical facilities and solid waste management systems. The challenge for PICs is to improve provision of goods and services in rural areas and create more opportunities and enhance the quality of life to reverse or minimize urban drift. This would also mean governments providing appropriate incentives for investors and creating employment and income earning opportunities.

Internal and external migration is also an issue that is affecting Pacific Island countries. In the smaller PICs, most are migrating to New Zealand, Australia and United States looking for better lives and more opportunities. For the small low lying atoll countries like Kiribati and Marshall Islands (RMI) rural to urban migration is putting significant pressure on urban services and the environment. Population density in the urban areas in Kiribati and Ebeye in RMI has caused undue pressure on the urban water supply systems, sanitation and solid waste management which is also a burden on fragile ecosystems. For Tuvalu, rising sea level due to global warming is having a substantial effect on food systems with flooding of water tables affecting arable land as well as contributing to higher population density.

High adolescent fertility rates. The Pacific region's youth have high fertility rates, contributing to the PIC's high population growth rates. The unmet need for family planning is evident by high adolescent fertility rates and is being addressed by many island states. However, sustained and focused attention to adolescent reproductive health is needed.

Low contraceptive prevalence rates (CPR). For the 15 PICs, contraceptive prevalence rates range from 20.5 to 46.1 per cent, underscoring the high unmet need for family planning. Despite the fact that family planning programmes were introduced in the 1970s in most countries, CPRs are still relatively low, with increases observed in most PICs since the 1990s. In some countries, these rates have stagnated in recent years. The high adolescent fertility rates in some countries - Marshall Islands, Vanuatu and Kiribati - is an indication that this critical group is not well served with current sexual and reproductive health services.



UNFPA Pacific Sub-Regional Office (SRO) provides programme and technical assistance to 14 Pacific Island Countries (PICs) which include: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, Marshall Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu. It also provides technical assistance to Papua New Guinea.

Basic Demographics

Table 1: **Population and Demographic Statistics, Pacific Island Countries**

Country	Population mid-2008	Annual Growth Rate	Rate of Natural Increase	Total Fertility Rate	Population Density (persons per km ²)	Dependency ratio (15-59)
Melanesia						
Fiji	839,324	0.6	1.2	2.6	46	67
Solomon Islands	517,455	2.7	27	4.8	18	82
Vanuatu	233,026	2.6		4.4	19	78
PNG	6,473,910	2.2	38	4.6	14	75
Polynesia						
Cook Islands	15,537	0.4		2.8	66	68
Niue	1,549	-2.4	0.7	2.6	6	70
Samoa	179,645	0.1		4.6	61	91
Tonga	102,724	0.4	2.2	4.2	158	86
Micronesia						
FSM	110,443	0.4		4.0	158	75
Kiribati	97,231	1.8	1.8	3.4	120	70
Marshall Islands	53,236	1.0	4.9	4.4	294	82
Nauru	10,163	2.3		4.0	484	63
Palau	20,279	0.6	0.7	2.0	46	44
Tokelau	1,170	0.0		4.5	98	91
Tuvalu	9,729	0.3	1.7	3.7	374	72

Source: SPC, 2008

Table 2: **Reproductive Health Status in Pacific Island Countries, 1990-2007**

Country/Region	Teenage Fertility Rate		Maternal Mortality Rate		Births Attended by Skilled Personnel		Contraceptive Prevalence Rate	
	Circa 1990	Circa 2007	Circa 1990	Circa 2007	Circa 1990	Circa 2007	Circa 1990	Circa 2007
Melanesia								
Fiji	54	32	42	31.1	98	99	31	49
Solomon Islands	84	67	345	103	85	86	11	27
Vanuatu	81	92	74	96	79	93	19	28
PNG	77	70	370	733	33	53	19	24
Polynesia								
Cook Islands	82	44	0	0	70	98	46	44
Niue	35	28	0	0	76	100	36	
Samoa	49	45	74	22	76	89	18	31
Tonga	17	24	31	136	94	95		23
Micronesia								
FSM	62	48	192	317	90	88	40	49
Kiribati	61	39	78	284	60	63	17	16
Marshall Islands	94	138	0	0	90	94	31	37
Nauru	64	69						25
Palau	69	29	0	0		100	17	17
Tokelau	83	43						
Tuvalu	41	42		1 dth	95	98	39	31

Source: UNFPA Pacific SRO. *Achieving the MDGs in the Pacific: Policies and Strategies in Population and Reproductive Health*. 2008.



UNFPA's programme of support

The UNFPA Pacific Sub-Regional Office (SRO) seeks to improve the lives and expand the choices of Pacific peoples through providing programming and technical assistance to increase the availability of a broad range of reproductive health services and commodities to all women, young people and men. UNFPA provides assistance to Pacific Island governments, at their request, to formulate population, reproductive health and gender policies and strategies to reduce poverty and support sustainable development. Assistance is also provided to Pacific Island Countries to collect and analyze population data that can help governments understand population trends. The Pacific SRO recognizes that reproductive health, education and gender equality are pre-requisites for sustainable development and poverty reduction and that the integration of population issues into national development strategies is essential.

Strengthening Reproductive Health

At the country level, UNFPA supports the strengthening and expansion of quality reproductive health information and services through the development of Reproductive Health protocols, IEC materials, outreach programmes, midwifery training and the upgrading of knowledge and skills of other health professionals. UNFPA also provides technical assistance for the development of reproductive health policies and strategies at the regional level. The Fund supports a post-graduate certificate in Reproductive Health at the Fiji School of Medicine. UNFPA also conducts regional reproductive health technical training workshops.

Securing Supplies for People

Protecting reproductive health requires sustained, uninterrupted access to RH commodities, including various types of contraceptives, essential maternal drugs, delivery kits and other medical supplies. UNFPA supplies reproductive health commodities to 14 PICs from its regional warehouse in Suva. In efforts to strengthen reproductive health commodity security, UNFPA conducts various regional and in-country trainings to ensure adequate management, logistics support and timely delivery of reproductive health commodities as well as support for strategies aimed at improving access. UNFPA is the main provider of contraceptives in the region.

Prevention and Treatment of STIs and prevention of HIV

In the area of HIV/AIDS, UNFPA's role focuses on STI prevention and treatment and on HIV prevention. UNFPA is party to the Pacific Regional HIV/AIDS Strategy Implementation Plan (PRHSIP) and to the joint work plan produced by UN agencies to coordinate their activities in HIV/AIDS in support of the PRHSIP. UNFPA's principal role in the PRHSIP focuses on: 1) Developing advocacy packages on priority HIV / AIDS and developmental issues and distributing them to delegates attending regional meetings; 2) Providing support for the development of country specific voluntary and confidential counseling and testing (VCCT) campaigns aimed at specific groups with high risk behavior; and 3) Supporting free condom distribution to vulnerable and groups with high risk behavior through special distribution centers and non-state actors.

Supporting Adolescents and Youth

UNFPA works to ensure that adolescents and young people (both in and out of school) have full access to reproductive health services and information to protect themselves against unwanted pregnancy, STIs including HIV/AIDS, and sexual exploitation through the Regional Adolescent Health and Development (AHD) Programme, in partnership with Secretariat of the Pacific Community (SPC) and UNICEF. UNFPA supports improving availability and accessibility of quality information, education and services for young people, both in and out of school. The programme also strengthens adolescent reproductive health centers, upgrades the skills and knowledge of service providers in counseling and the delivery of youth-friendly services and supports peer education programmes. The programme works to mainstream family life education and sex education into the curriculum of primary and secondary schools, as well as in the training curriculum of teachers in various island states.

Promoting Gender Equality

UNFPA strives to highlight gender issues, promotes legal and policy reforms and facilitates gender relevant data collection, along with initiatives that can improve the status of women at every stage of their lives. In collaboration with SPC and other UN agencies, UNFPA is working towards increasing the amount of reliable and solid data on gender-based violence (GBV) in the region. It funded a study in Samoa and recently completed studies in Kiribati and Solomon Islands. The Fund is also supporting targeted interventions on gender-based violence following the studies in these countries. UNFPA is also actively supporting the work of UNIFEM, UNDP, RRRT and others in following up CEDAW

Advancing Population and Development Strategies

Population factors impact every aspect of sustainable development, including poverty, urbanization, HIV/AIDS, ageing, environmental security, migration, gender issues and reproductive health. UNFPA, in collaboration with SPC, works with national decision makers and planners to clarify these linkages and to include them in their national planning processes and policies. At the regional level, UNFPA collaborates with SPC to advance national capacity to analyze data collection and formulate and monitor evidence-based policies. The Fund also provides technical and financial support for timely data collection and analysis of censuses, demographic health surveys, as well as special surveys for the monitoring of progress towards meeting the goals of the ICPD Programme of Action and the MDGs. UNFPA also works very closely with parliamentarians on various reproductive health and population and gender issues through advocacy interventions.



Estimated Population (2008-09)	163.76 million
Population Growth Rate (2008)	1.73% per annum
GDP per capita (2008/09)	\$1046
Population Density (2007)	179 people per square kilometer

Pakistan's economy has lost significant momentum in the last few years. One of the prime contributors to this derailing is Pakistan's proactive role in the war against terror, coupled to a massive contraction in the industrial sector. The lowest real GDP growth rate of 2 per cent attained in the last eight years should be seen against the backdrop of major disruptions of the economy - political uncertainty, acute energy shortages, and extremely high inflation. The proportion of the population living below the poverty line actually increased from 33 per cent in 2000 to 33.8 per cent during 2005-07. Food prices, which have increased by 150- 200 per cent, have undercut efforts at reducing poverty levels.

Despite a decline in fertility rates, from 4.6 in 2005 to 4.1 in 2007, most women still lack access to quality reproductive health care, including family planning services. The contraceptive prevalence rate for modern methods had declined from 36 per cent in 2005 to 30 per cent in 2007. However, the unmet need for contraception has been estimated at one quarter of all married women. Therefore, if the unmet need for contraception could be addressed through improved services and greater accessibility and affordability of contraceptives, the contraceptive prevalence rate would improve dramatically. There is also a need for greater advocacy and awareness-raising among those who have yet to be convinced of the benefits of the government-supported "small family norm" initiative.

Some of the country's population and development emerging challenges include:

- **Improving status of reproductive health and rights.** The Government of Pakistan has consistently supported improvements in reproductive health including family planning, and has promoted the reproductive rights of all citizens. However, in a country in which 52 per cent of all females over age five and 30 per cent of all males have received no education, the understanding of reproductive health and reproductive rights is very limited. Also, Pakistan is culturally diverse and the understanding and acceptance of reproductive rights varies a great deal between different social and economic groups. The key element, however, is the continued male-dominated nature of the society as a whole, which sometimes denies women their rightful role in improving their reproductive health and of exercising their reproductive rights. Nevertheless, the Government is committed to gender equity and equality and the empowerment of women, and is demonstrating this through advocacy and by ensuring that women have a greater role in governmental and political decision-making processes. UNFPA is fully supportive of such efforts and sees improvements in the status of women as the key to overall progress in achieving better reproductive health and the full exercise of reproductive rights.
- **Preventing HIV and AIDS.** Currently, 7,400 people are estimated to be living with HIV/AIDS in the country. The overall HIV prevalence rate is 1 per cent, with a total of 4,900 deaths up to the year 2008. Several socioeconomic conditions - including lack of education and poverty - are factors underlying the increase in exposure to the pandemic in Pakistan.
- **Improving the status of youth in Pakistan.** There are 103 million people below the age of 25 in Pakistan, of which 54.3 million are between the ages of 10 and 24. Projections show that people below the age of 18 will account for 50 per cent of the total population in less than 20 years. Unemployment, illiteracy and ill health in a bulging youth population pose serious threats to social cohesion and national security. Addressing specific issues faced by young people and ensuring their involvement in economic, political, social and cultural participation is a challenging imperative to Pakistan's development.



Charting progress

INDICATOR	1990-95	2007
Proportion of population living in poverty (%)	22.0	33.8
Total fertility rate (lifetime births per woman)	5.3	4.1
Maternal mortality ratio (deaths per 100,000 live births)	600.0	276.0
Infant mortality rate (deaths per 1,000 live births)	131.0	78.0
Child (under five) mortality rate (deaths per 1,000 live births)	120.0	94.0
Net enrolment in elementary school (%)	46.0	66.0
Contraceptive prevalence rate; married women, modern methods (%)	12.0	30.0
Births attended by skilled health personnel (%)	18.0	39.0

UNFPA works throughout the country but concentrates its activities in 11 districts focusing on the needs of poor women. UNFPA has four Provincial Coordination Offices in provincial capitals to promote the coordination of programme implementation at the district level.

Improving access to reproductive health, including family planning services

UNFPA supported the formulation of the new National Health Policy and the health chapter of the Poverty Reduction Strategy Paper-II. The Fund collaborates with the Ministries of Health and Population Welfare to reduce maternal mortality and fertility by increasing synergy among demand, service delivery, utilization, and strengthened management of reproductive health and family planning services. More than 370 skilled birth attendants were trained through an 18-month skill-based community midwifery training programme. Family planning services, along with comprehensive and basic emergency obstetric care and referral systems, are being strengthened at 19 District Headquarters Hospitals and Tehsil Headquarters Hospitals. Successful pilot interventions are being replicated countrywide, including the use of injectable contraceptives through 100,000 community-based Lady Health Workers. UNFPA has also established seven Fistula Centers across the country, with support from the Fund's on-going global Fistula Campaign. In collaboration with the Ministry of Health, UNFPA organized a national consultation on HIV and sex work in order to advocate for policy level action for the prevention of HIV among sex workers. In addition, the Fund recently organized two ground-breaking workshops, in collaboration with the National AIDS Control Programme, to make recommendations and a future plan of action addressing ways and means for female sex workers to prevent the spread of HIV/AIDS and STIs.

Promoting population and development strategies and policies

UNFPA assists the Government in integrating population issues into the national policy development agenda including strengthening the institutional capacity for conducting the 2009 census and in-depth analysis of census data. Also in collaboration with the University of Gujrat, UNFPA is developing a supplement to the global "2009 State of the World Population" report. The publication will examine human-induced climate change with an emphasis on the lives of women and gender-relations in Pakistan.

Promoting adolescent sexual and reproductive health information and services for youth

In partnership with local NGOs, UNFPA works to support the development of adolescents and youth through Youth Friendly Centers in 10 districts. Young people can access reproductive health information through a Life Skills Based Education approach. Recently, UNFPA has extended technical cooperation to the Ministry of Youth in order to develop the Implementation Plan of the National Youth Policy. UNFPA's groundbreaking Y-PEER (Youth Peer Education) programme has also been extended to Pakistan. The aim of this initiative is to strengthen the capacity of partner organizations to design and implement quality peer education programmes for both in-school and out-of-school youth.

Strengthening the integration of the ICPD Programme of Action into the One UN Programme

The UN Reform process was formally launched in Pakistan by the Prime Minister on 1 March 2007. Following this, the UN system in Pakistan extended its framework of assistance until 2012. The One UN Programme is the central pillar of the "Delivering as One" initiative. Among five thematic working groups, UNFPA co-chairs two of them: one with UNIFEM on cross-cutting issues related to women; and the other with WHO on health and population. UNFPA played a leading role in developing a gender parity proposal funded by the Spanish Fund.

Investing in population and development education for youth

UNFPA supports the Ministry of Education in implementing the "Population and Development Education for Youth" project. The main objectives of this programme include, among others, raising awareness about demographic issues surrounding population growth, the effects of population growth on the quality of life, and the younger generation's response to the implications of population growth through rational decision making. Support was provided for the development of curricula, supplementary reading materials for students and teacher's modules, as well as training about 1,000 secondary school teachers in 10 UNFPA selected districts.

Promoting gender equality and women's empowerment

UNFPA initiatives include affirmative action and gender mainstreaming - focusing on promoting gender equality and eliminating stigma, discrimination, insecurity and social exclusion associated with women living in disadvantageous conditions. In all these initiatives, men are actively engaged as partners in and promoters of gender equality. As Co-chair of the thematic working group on cross-cutting issues, including gender, UNFPA continues to offer robust leadership and technical steering within the UN system for the integration of gender within the UN Reform process.

UNFPA's humanitarian response

In the wake of protracted conflict in Pakistan's North West Frontier Province (NWFP), UNFPA has provided reproductive health and maternal, neonatal, and child health care services, as well as psychosocial support to some 2 million Internally Displaced Persons (IDPs). Support is provided through focus group discussions and individual counseling and vocational training. UNFPA has established service delivery points in IDP camps, and strengthened health facilities for referrals for maternal and child health services, with a focus on quality of care. All service delivery points and mobile service units are fully equipped with the latest medical equipment and essential medicines. In addition, UNFPA assistance has allowed medical and para-medical staff to provide reproductive health and basic emergency and comprehensive obstetric care services to different parts of the Province. The total case load handled by UNFPA humanitarian assistance since November 2008 until August 2009 stands at 52,622 individuals, including 259 safe deliveries.



Estimated Population (2005)	6.0 million
Population Growth Rate (2005)	2.7% per annum
GDP per capita	\$879
Population Density	12 people per square kilometer

Papua New Guinea (PNG) is a very diverse nation with many different ethnic groups, cultures, traditions and languages (Papuan speak some 850+ different languages). The country occupies about half of the large island of New Guinea. Its population is mostly young (60 per cent is between the age of 15-20) and rural (82 per cent are spread out across the vast and rugged interior).

Due to its rugged geography, PNG faces difficulties in transportation, infrastructure and provision of health services. Despite the country's abundant mineral deposits, it is plagued by high unemployment rates, high fertility levels, and inadequate public services. Around 40 per cent of entire population live below the poverty level (\$1 per day), a rate that has increased over the past decade.

Because of a lack of access to health services, maternal and infant mortality rates are high. In some of the more remote and hinterland coastal provinces, close to 60 per cent of the population lacks access to primary health care facilities.

The country's main population and development challenges include:

- Reducing HIV/AIDS infections.** PNG continues the battle with HIV/AIDS. Since the first case was reported in 1987, the epidemic has accelerated dramatically, especially in rural areas where 82 per cent of the population lives. The national HIV prevalence is estimated to be 1.28 per cent among adults aged 15- 49 (end of 2006), which translates into some 46,275 people living with HIV and AIDS. The majority of HIV infections are found in people aged 20 to 35, with higher numbers of infections found in female youth and younger women. Lack of public awareness of the routes of infection and limited access to preventive measures has contributed significantly to the epidemic.
- Providing reproductive health care.** The reproductive health needs of the country have not been met, despite an increase in Government investments, and UNFPA procurement assistance to purchase better quality reproductive health commodities. Antenatal coverage increased from 67 per cent in 2000 to 77 per cent in 2006. There has also been an increase in assisted deliveries, from 44 per cent in 2000 to 53 per cent in 2006. The use of modern contraceptive methods has increased; in 2006 nearly 39 per cent of women and 43 per cent of men had or were using family planning methods.
- Making motherhood safe.** Unfortunately, the number of women dying of pregnancy-related complications nearly doubled from 370 maternal deaths per 100,000 live births in 2000 to 733 deaths for every 100,000 live births in 2006. The facilities available for dealing with obstetric complications are poor and generally inaccessible for most of the country's widely dispersed rural population.





Charting progress

INDICATOR	2000-05	2006
Proportion of population living in poverty (%)	40.0	40.0
Total fertility rate (lifetime births per woman)	4.6	5.4
Maternal mortality ratio (deaths per 1,000 live births)	370.0	733.0
Infant mortality rate under 1 (deaths per 1,000 live births)	64.0	50.0
Infant mortality rate under 5 (deaths per 1,000 live births)	113.0	74.0
Net enrolment in elementary school (%)	70.0	52.9
Contraceptives prevalence rate; married women, modern methods (%)	20.0	38.7
Births attended by skilled personnel (%)	44.0	53.0
HIV/AIDS prevalence rate	-	1.28

UNFPA works throughout the country

Improving reproductive health services

The Department of Health has recently extended its support to 19 provinces. In the nine provinces supported by UNFPA, doctors, nurses and Community Health Workers have been trained on emergency obstetric care as part of the reproductive health services delivery system, focusing on safe motherhood. A pilot project to train Volunteer Community Sexual and Reproductive Health advocates in Enga Province has resulted in an increase of antenatal attendance, as well as health facility deliveries supervised by skilled professionals and male involvement in reproductive health. There are also visible improvements in the general population's acceptance of family planning. UNFPA's continuous funding of training in the fields of no-scalpel vasectomies, tubal ligation and essential obstetric care has increased the quality of services and consequently the public's trust in health care facilities. The popularity of vasectomies among male clients has gradually increased. Moreover, with improved logistical support for contraceptive management, nine UNFPA supported provinces have experienced a marked increase in awareness of the health benefits of family planning, safe motherhood and STI and HIV prevention.

Population and family life education

The Department of Education has extended its Population Education curricula to more than 60 per cent of upper secondary schools. Also, peer educators have been trained to reinforce population education in schools. In addition, UNFPA is assisting Faith Based Organizations by training 125 religious leaders throughout PNG. In 2006, family life education was extended to schools in the remaining 14 provinces. Education on HIV prevention is also part of Sunday sermons and after church activities for youth. Teachers, peer educators and pastors have been trained in reproductive health, gender, HIV and population issues. UNFPA, together with the University of PNG, is providing family life education for parents as well. As part of a comprehensive programme, participating churches are encouraging changes in behavior patterns to improve the health of adolescents and young people. Peer educators at the University of PNG were trained on adolescent sexuality and reproductive health issues. Peer educators also educate out of school youths during their holidays. As a result of their efforts, pregnancy rates among female university students have dropped, and the incidence of STIs has fallen as condom use has increased. The Young Women's Christian Association has incorporated sexual and reproductive health and gender issues into out of school youth activities, including its weekly "TOK STRET" radio programme.

Integrating population and development planning

With UNFPA assistance, five provinces have completed and are implementing their Population Action Plans based on the National Population Policy, 2000-2010; while remaining provinces are in the process of finalizing their respective plans. Under the same component, population programmes at the University of PNG and the National Research Institute have been strengthened by UNFPA's capacity building initiative aimed at human resource development and the upgrading of facilities. Furthermore, UNFPA has been instrumental in supporting the completion of the 2006 Demographic and Health Survey and is providing support to the Government for the 2010 census preparations. All provinces have a draft and five of them have prepared Provincial Population Action Plans and Sectoral National Population Plans, based on PNG's National Population Policies, 2000-2010. Several provincial governments provided budgetary support for the implementation of their population action plans. Senior Cabinet officials and the Prime Minister now acknowledge the need to address rapid population growth within the country's economic and social development plans. Papua New Guinea Parliamentarians have now formed the PNG Parliamentarians on Population and Development Committee, with the support of UNFPA and the Australian Reproductive Health Alliance. This will facilitate the formulation of population-related policies on the executive level. PNG is currently working on the development of its Long-Term Development Goals, 2010-2030.

Addressing gender-based violence

Gender-based violence is endemic in PNG. Studies show that 5-20 per cent of women have experienced physical violence during pregnancy. In some parts of the country, one woman of every four endures physical violence from a partner. UNFPA is assisting the Government to enforce laws designed to reduce violence against women and is working with the Family Violence Action Committee, which coordinates programmes in six areas: legal reform, services for victims of violence, services for perpetrators, community prevention, data collection and building institutional capacity. Approximately 20,000 high school students participated in gender sensitization sessions in their schools. These interactive educational sessions were facilitated by visiting "role models" trained to promote awareness of gender and related issues. In late 2008, 125 religious leaders from different Christian churches attended week long training sessions with the theme "zero tolerance to gender-based violence". During 2008, UNFPA trained 50 health workers and community leaders in the country's remote highlands on the importance of males as partners in sexual reproductive health and prevention of gender-based violence.



Estimated Population (2007)	88.57 million
Population Growth Rate (2007)	2.04% per annum
GDP per capita	\$1,866
Population Density	295 people per square kilometer

The Philippine archipelago is composed of 7,107 islands, but most of the country's 88 million people live on the 10 largest islands. In 2008, economic growth slowed down to 4.4 per cent, compared with 6.4 per cent growth the previous year, mainly due to the impact of the global financial meltdown. Between 2003 and 2006, the country's disadvantaged sectors experienced worsening poverty, affecting over 30 million people, or nearly one-third of the population. Currently, about 27 million Filipinos are living below the poverty threshold.

Despite over three decades of efforts to reduce population growth through reproductive health programmes, fertility levels remain high especially for poor women who have a total fertility rate of six, or two children more than they desire. This reflects a continued unmet demand for family planning.

The country's main population and development challenges include:

- Improving maternal health.** Based on a study by the Guttmacher Institute, there were 3.4 million pregnancies in the Philippines in 2008, of which 1.9 million were unplanned. By UN estimates, about 11 women die every day from preventable causes during pregnancy and childbirth. Two main factors account for this: 1) many women, especially those who are poor, lack access to quality reproductive health information and services - less than one-quarter of women of reproductive age use modern contraceptives; and 2) close to 39 per cent of all births are delivered by traditional attendants, most of whom are unskilled, unable to recognize danger signs and lack equipment and drugs. Traditional birth attendants perform home deliveries without access to transport or emergency referral systems.
- Ensuring delivery of services in humanitarian situations.** In the Autonomous Region in Muslim Mindanao (ARMM), the escalating conflict has made the delivery of basic social services even more difficult. About 90 per cent of childbirths still take place at home, mostly delivered by unskilled attendants. Women have limited access to family planning services - the contraceptive prevalence rate of married women for all methods is only 19 per cent. The region is also the poorest in the country with 64 per cent of the population living below the poverty line. Years of poverty and neglect have bred a secessionist movement that has plunged the region into a chronic state of armed conflict.
- Safeguarding adolescent reproductive health.** One-third of the total population (some 27 million) consists of adolescents and young people between the ages of 10 and 24. Young mothers (15-24 years of age) account for 30 per cent of all births. Due to pressures from conservative groups, the nationwide endorsement and integration of the adolescent reproductive health module into the curricula is still pending and implementation is limited to UNFPA pilot sites. Young people also are increasingly vulnerable to HIV/AIDS. In May 2009, one-third of registered HIV cases were among those aged 15-24. This represents a 143 per cent increase compared to the same period in 2008.
- Reducing rapid population growth.** Rapid population growth is undermining the country's development prospects. At the current growth rate of 2.04 per cent per year, the Philippine population is expected to top 100 million by 2015 and hit 140 million by 2040. Without concrete steps to check this trend, the country is unlikely to achieve its Millennium Development Goals for poverty reduction, education and maternal health.



Charting progress

INDICATOR	2000-2005	2006-2009
Proportion of population living below subsistence level; less than \$1 per day (%)	15.8	14.6
Total fertility rate (lifetime births per woman)	3.5	3.2
Maternal mortality ratio (deaths per 100,000 live births)	172.0	162.0
Infant mortality rate (deaths per 1,000 live births)	29.0	25.0
Child under five mortality (deaths per 1,000 live births)	40.0	34.0
Net enrolment in elementary school (%)	90.59	83.83
Contraceptive prevalence rate; married women, modern methods, including Natural Family Planning (%)	33.0	34.0
Births attended by skilled health personnel (%)	60.0	62.0

UNFPA's basic goal is to help the country achieve the targets set for MDG 5, or the improvement of maternal health. UNFPA is supporting national efforts aimed at reducing maternal mortality ratio (MMR), while ensuring access to reproductive health services and promoting equity. Current data show that the country's MMR is 162 maternal deaths per 100,000 live births, compared to the target of 52 by 2015. The UN Joint Programme on Maternal and Neonatal Health began in 2009 and synergizes the strengths and energies of UNFPA, UNICEF, and WHO. The Joint Programme on MDG 5 will be executed for seven years, from 2009 to 2016 in two phases: the Transition Period (2009-2010), and Full Operationalization (2011-2016).

UNFPA focuses its support in the 10 poorest provinces involving 30 of the poorest municipalities, and one city. Some remarkable achievements have been made.

Capacity building and infrastructure for reproductive health services. UNFPA has supported local partners and implementers in developing capacities among service providers on quality reproductive health information and services, focusing on maternal and newborn health, family planning, prevention and control of STIs and HIV, and life skills for young people. Emergency obstetrics and neonatal care facilities were improved together with the creation of teen centers for in and out of school youths. Gender sensitive reproductive health modules and tools were used while civil society partners paved the way for the organization of community support systems, especially for pregnant women.

Introduction of adolescent reproductive health in school curriculum. An adolescent reproductive health module was integrated into the curricula of both secondary and elementary schools within the ten pilot provinces and one main city of Olongapo. Teen wellness centres were established in schools and communities in pilot sites. Peer education trainings are done to provide youth-friendly information and services on STIs and HIV, while local AIDS Councils were strengthened to provide an enabling environment through the passage of local AIDS policies. An important component of advocacy efforts for adolescent reproductive health is the Youth Peer Education Network (Y-Peer), a comprehensive youth-to-youth initiative pioneered by UNFPA. In 2007, the Philippines' Youth Advisory Panel was established. UNFPA further scaled up its adolescent reproductive health programme by working with the Girl and Boy Scouts associations of the Philippines to educate youth about their reproductive health and empower them to make informed decisions.

Population and development strategies in national policies and programmes. 26 out of 34 local government units have already formulated Socio-Economic Plans (SEPs) and have used these in preparing Community Development Plans with population dimensions integrated into them. UNFPA is currently assisting the National Statistics Office in designing, pre-testing and pilot-testing the maternal mortality module which will be incorporated into the 2010 Census of Population and Housing.

Networking and alliance building. UNFPA has formed productive partnerships with networks of civil society organizations and individuals in support of reproductive health as a national concern. The network is in the forefront of informing and educating people about reproductive health and the need to have access to appropriate services and information.

Gender. UNFPA has been working at the national level to implement development and pre-testing of violence against women (VAW) protocols and capacity building among the members of the Inter-Agency Council on Violence Against Women and Children to use these protocols. At the local level, UNFPA is geared towards strengthening existing Women and Child Protection Units in provincial hospitals, the establishment of Violence against Women centers and committees, and training of VAW service providers.



Estimated Population (2008)	20.2 million
Population Growth Rate (2008)	1.0% per annum
GDP per capita (2008)	\$2,014
Population Density	322 people per square kilometer

Sri Lanka, a large teardrop-shaped island, lies off the southeast coast of India. Despite internal strife, economic growth has been steady at 5-6.5 per cent per year for over a decade. Over the past 30 years the country has moved from a largely agricultural based economy to a service based one (tourism, trade, communications and financial services). Poverty levels have been reduced – currently 15.2 per cent of the population lives below the poverty line – and Sri Lanka is poised to enter the ranks of middle-income countries.

The country's investments in social programmes have been impressive. Over 90 per cent of the population is literate (including 90 per cent of women and girls) and most of the population (93 per cent) have access to free basic health care; life expectancy at birth averages around 72 years; infant mortality rate is just 11 deaths per 1,000 live births; maternal mortality ratio is 43 deaths per 100,000 live births and the proportion of births attended by skilled health personnel is 99 per cent (see Charting Progress).

Sri Lanka's demographic success is attributable to strong Government commitment to investing in health care and education, a robust primary healthcare infrastructure, high levels of female education, the integration of family planning into the mother and child health care programme, and the fact that reproductive health services strive to meet improved quality standards.

The civil conflict, which spanned more than 30 years and left a large population unaccounted for in national statistics, concluded in May 2009, with the Government taking control of all rebel held areas in the North and East. This has resulted in the displacement of over 280,000 people, most of them living in makeshift camps. The country is now entering a new development phase with resettlement and rebuilding of these areas.

Some of the country's main population and development challenges include:

- Reducing regional disparities in maternal mortality.** Lack of emergency obstetric care in urban slums, rural areas (eg. tea plantations) and in the conflict-affected districts, as well as iron deficiency anemia, are the main causes of maternal death. The high level of illegal abortions (estimated 189,000 per year) has also contributes to maternal deaths, with an estimated 10 per cent of such deaths attributed to abortion. Greater support is required to improve the quality of family planning services and address the unmet need for contraception.
- Controlling sexually transmitted infections (STIs).** STIs are a major public health problem and considered to be one of the important causes of infertility. WHO estimates up to 60,000 new cases of STIs every year.
- Ageing of the population.** Sri Lanka has one of the fastest ageing populations in the developing world. Currently 10 per cent of the population is over the age of 60. By 2025, the elderly will account for 20 per cent of the population, with women outnumbering men.
- Providing reproductive health services to adolescents and young people.** Adolescents and youth comprise 26 per cent of the total population; 18 per cent are between the ages of 15 and 24. With the average age of first marriage having risen to 25 years for females and 27 for males, pre-marital sex is becoming common place. Yet reproductive health services are focused on married women and men. Currently, government services do not provide reproductive health services to adolescents and youth.



Charting progress

INDICATOR	1990-95	2006-08
Proportion of population living in poverty (%)	28.8	15.2
Total fertility rate (lifetime births per woman)	2.5	2.4
Maternal mortality ratio (deaths per 100,000 live births)	140.0	43.0
Infant mortality ratio (deaths per 1,000 live births)	25.0	11.0
Child under five mortality (deaths per 1,000 live births)	28.0	14.0
Net enrolment in elementary school (%)	-	99.0
Contraceptive prevalence rate; married women, modern methods (%)*	-	52.8
Births attended by skilled personnel	85.0	99.0

If all methods are included the contraceptive prevalence rate is 68% for 2006-2008

Provision of quality reproductive health services

UNFPA's seventh country programme (2008-2012) takes a two-pronged approach in strengthening the quality and delivery of reproductive health services. At the national level, UNFPA is strengthening the capacity of the Ministry of Health to establish a quality assurance system for reproductive health with new protocols and guidelines. In addition, UNFPA is expanding the choice for family planning methods. Contraceptive supplies and medical equipment are supplied with increasing emphasis on promoting commodity security and sustainability. At the district level, interventions are focused on selected under-served and conflict-affected districts to improve accessibility to and availability of quality reproductive health services that offer a wide range of contraceptive methods, accurate and reliable information and technically competent care. Emphasis is placed on addressing gaps in the provision of reproductive health services in line with the ICPD Programme of Action. In this regard, support is provided to strengthen the cervical and breast cancer screening programmes; improve the management of infertility; and enhance interventions to prevent the spread of STIs and HIV/AIDS, particularly among sex workers, through partnerships with Government agencies and NGOs.

Addressing the reproductive health needs of young people

Nearly 26 per cent of Sri Lanka's population is between the ages of 10 and 24. Most of these young people lack accurate information about reproductive health and contraception, putting them at risk from unwanted pregnancies, STIs and HIV/AIDS. UNFPA support focuses on improving the national knowledge base on young people's sexual and reproductive health to develop innovative ways of reaching young people and address their reproductive health needs. Youth friendly reproductive health services are being expanded and the capacity of the Ministry of Health to plan, manage and coordinate them is being strengthened.

Protecting women's rights and responding to gender-based violence

In response to the increasing incidence of violence against women and girls following the tsunami, UNFPA supported a network of support services for women and girls through the establishment of women's centres at the village, providing safe havens and support services for women subjected to, or at risk from, gender-based violence. Under the current country programme, these centres are being expanded to UNFPA's focus districts and scaled up to serve the multiple needs of women through provision of services, including counseling, legal aid and advocacy activities aimed at engaging men in addressing gender-based violence. These women's centres are being linked to facilities established in hospitals to manage cases of gender-based violence. In addition, national capacities are being strengthened to safeguard the rights of women and to facilitate the participation of women in the peace-building process.

Increasing the availability of sex-disaggregated data

The current country programme revived UNFPA's support to population and development. The Fund is facilitating technical assistance to modernize and implement the 2011 population census operation. In the area of ageing, UNFPA is supporting the formulation of a National Plan of Action for the Elderly, along with policy and advocacy initiatives for the oldest of the old.

Assisting in emergencies

Within the inter-agency response to emergencies, UNFPA takes the lead in providing supplies and services to protect reproductive health and prevent gender-based violence. At the height of the military offensive in the North, UNFPA provided 25,000 personal hygiene kits for displaced women and girls and reproductive health equipment and supplies for the management of safe deliveries, safe blood transfusion and prevention of reproductive health morbidity and HIV/AIDS. In ensuring access to essential reproductive health services, mobile reproductive health clinics offering a range of services, including prenatal and postnatal care, voluntary family planning, counseling and prevention of sexually transmitted diseases, are being conducted through government and NGO partners. UNFPA is continuing to support the internally displaced population in the North, with the establishment of family health clinics within camps. UNFPA is also building up the country's capacity to integrate reproductive health care and gender into disaster and emergency responses, including the roll-out of the minimum initial service package for reproductive health in crisis situations.



Estimated Population 2009	67.7 million
Population Growth Rate	0.4% per annum
GDP per capita	\$1,970
Population Density	132 people per square kilometer

Thailand is widely regarded as a demographic and reproductive health success story. The country has already gone through a major demographic transition for over a decade, from high fertility and mortality rates to below replacement level fertility (1.6 lifetime births per woman) and very low rates of infant, child and maternal mortality (see Charting Progress). In addition, the percentage of the population living below the poverty line has been reduced by half, from 16 per cent in 1994 to 8.5 per cent in 2007.

The country's rapid fertility decline is due to several factors: 1) Improved access to quality reproductive health services - in 1997 the government launched the National Reproductive Health Policy, which states "all Thai citizens at all ages must have good reproductive health throughout their entire lives."; 2) The introduction of the Universal Health Coverage Scheme according to the 2002 National Health Security Act affirms that every Thai citizen has the right to receive health services that are of good standard and in an efficient manner - coverage of the population having access to medical care and treatment has improved significantly; 3) High literacy rates of men and women (more than 90 per cent) with a high proportion of women (45 per cent in 2007) engaged in wage employment in the formal economy (not in the agricultural sector); 4) Continued increase in the number of married women using modern contraceptives - the current contraceptive prevalence rate is 81 per cent (2006); 5) An increase in the age at first marriage averaging 24 years for women and 27 years for men.

The Tenth National Economic and Social Development Plan (2007-2011) emphasizes that Thailand has reached a stage of population ageing, in which average life expectancy will reach 80 years by 2011. While the country has made significant progress in achieving the ICPD goals, the remaining challenges include reduction of income disparities, expanding services to vulnerable populations and in underserved areas, and ensuring universal access to reproductive health services and HIV prevention.

Some of the country's population and development challenges include:

- **Relatively high rate of teenage pregnancies.** Young people aged 10-24 accounted for over 22 per cent of the population in 2009. However, access to adolescent reproductive health services is very limited, and young people are not adequately prepared with knowledge and skills to face reproductive health issues. There is a high unmet need for contraception among women younger than 25. The prevalence of unsafe abortion is high, and over 20 per cent of pregnancies each year is among women younger than 20 years of age.
- **Resurgence of HIV infection among most at risk populations.** Thailand is one of the few countries to introduce successful HIV prevention strategies through strong political commitment supported by multi-sectoral collaboration involving civil society, and massive education and condom promotion. However, the country is now facing a complex epidemic, compounded by a difficult socioeconomic transition. The epidemic recently re-emerged in most at risk populations, including men who have sex with men, sex workers and clients, injecting drug users, and mobile populations. Young people are at increased risk of HIV infection and spousal transmission accounts for a significant proportion of new infections every year.
- **Increasing number of cross-border migrants.** The demand for migrant labor has been rising in Thailand. The gap in demographics and economic development between Thailand and its neighboring countries suggests that the migration trend is likely to continue, if not accelerate. Only a limited number of registered migrants have access to some health coverage. A large number of them do not have proper access to medical care and treatment.
- **Rapid increase of population ageing.** The proportion of persons over 60 years of age has been increasing, currently accounting for 10 per cent of the population. By the year 2040, one in every four Thais will be an older person. The country is facing mounting challenges in providing supportive environments to address the needs of an ageing population.
- **Reorganization and decentralization of the government system.** The Universal Health Care Scheme has helped to increase access to much needed medical care, but in some cases its reach has adversely affected the quality and choice of services. Inadequate management capacity, particularly in a decentralized programme environment, has put limits on quality improvements, including access to gender and culturally sensitive services.



Charting progress

INDICATOR	1990-95	2005-09
Proportion of population living below the poverty line (%)	16.3	8.5
Total Fertility Rate (lifetime births per women)	2.0	1.6
Maternal Mortality Ratio (deaths per 100,000 live births)	43.6 (1996)	41.6*
Infant mortality rate (deaths per 1,000 live births)	26.0	15.2
Child under five mortality rate (deaths per 1,000 live births)	31.0	19.8
Net enrollment in elementary school (%)	87.0	100.0
Contraceptive prevalence rate, married women, modern contraception (%)	74.0	81.0

*Chandoevit, W. et al (2007). Using multiple data for calculating the Maternal Mortality Ratio in Thailand, TDR Quarterly Review.

UNFPA works in selected provinces where unmet needs are high among underserved populations. These include: Songkha and Narathiwat in the South; Mae Hong Son, Lampang and Chiang Mai in the North and Bangkok in the central region.

Men's Involvement in Preventing HIV and Protecting Maternal and Child Health

The Government is working in partnership with UNFPA to improve maternal health through gender and culturally-sensitive approaches to vulnerable groups and by improving national standards. This includes timely provision of emergency obstetric care, skilled attendance at birth, and improved availability of quality reproductive health services, such as family planning and HIV information, counseling and services. Male involvement during pregnancy and dual protection (STI and pregnancy) from condom use is promoted to reduce the risk of HIV infection among pregnant women.

Promoting Adolescent Reproductive Health

UNFPA is piloting school peer-education programmes that: emphasize the need to have a referral process for health services; support a web-based forum to promote knowledge exchange and sharing solutions among those who work to improve youth sexual and reproductive health; involve young people in decision making process; and expand rights-based policies to promote healthy adolescent behaviour and development.

Addressing the challenging of HIV/AIDS

Within the UN Country team in Thailand, UNFPA plays a lead role in comprehensive condom programming and HIV prevention among sex workers. Efforts concentrate on revitalizing and sustaining HIV prevention efforts to meet the country's target of a 50 per cent reduction in HIV infections by 2011. Strategies include: information sharing to influence policy development; strengthening capacity of stakeholders and partners for planning and implementing STI/HIV prevention efforts; active involvement of all stakeholders, including sex workers, community and civil society activists; enhancing the linkage of STI/HIV services with sexual and reproductive health; and promoting policy dialogue and advocacy on STI/HIV prevention in sex work environments.

Enhancing Population Development Capacity

UNFPA plays an active role in capacity building, sharing experiences and lessons learned at national and sub-national levels under the Management Capacity Development (MCD) Project, and throughout the entire region under the South-South cooperation initiative with the Royal Thai Government. Networks have been established to develop alternative local-based learning models that enhance management capacity to improve the quality of reproductive health services and programmes.

Responses to Emerging Challenges of Population Ageing

Concerted efforts among relevant government organizations, NGOs and stakeholders at the national level (and pilot provinces) have made progress in addressing Thailand's rapidly ageing population, both at the national level and in pilot provinces. Key strategies include: policy advocacy and awareness raising; social and economic security; health care and services; enhancing participation in community life; and empowerment of older persons.

MDG Monitoring

UNFPA provides support to the National Statistical Office for data collection, data analysis and dissemination of data on the following key areas: the Population and Housing Census, the National Reproductive Health Survey and the National Older Persons Survey.



Estimated Population 2009	1.1 million
Population Growth Rate	3.2% per annum
GDP per capita	\$480
Population Density	62 people per square kilometer

Timor-Leste's current population of 1,114,534 people is one of the fastest growing in the world. By 2012, the population is expected to reach in excess of 1.2 million. Growing at an annual rate of 3.2 per cent, the population is likely to double within the next 17 years. Timor-Leste has one of the highest fertility rates in the world with each women having on average seven children. The population of Timor-Leste is predominantly rural: nearly three quarters of the population lives in rural areas. Those in urban areas are concentrated in a few cities, with the capital by far the densest: 64 per cent of urban dwellers live in Dili. The population is also predominantly young: over 43 per cent of the population is under 15 of age, and 16 per cent are under the age of five. Life expectancy for East Timorese is low by regional standards: 60.5 years for females and 58.6 years for males. In terms of maternal mortality, Timor-Leste has one of the highest maternal mortality ratios in the world, with 660 deaths per 100,000 live births. Furthermore, the neonatal mortality rate in the country stands at 38 deaths per 1,000 live births, while infant mortality is 88 deaths per 1,000 live births.

Overall, literacy and education levels are low, and are lower among women; more than half the women and more than 40 per cent of men are illiterate. However, literacy rates are higher among the younger generations, reflecting the spread of education with time. Primary enrolment rates have increased significantly from pre-1999 levels, especially for girls. However, since 2005 they have fallen slightly again, and repetition and drop-out rates are high. Dependency ratios are very high as well - only 36.6 per cent of the total population are active in the labour force. The 2004 Census of Population and Housing showed the majority of the working population (70 per cent) dependent on agriculture or other subsistence activities. Only 11 per cent are employed in the formal sector.



Charting progress

INDICATOR	1990-95	2003-09
Proportion of population living in poverty (%)	-	42.0
Total Fertility Rate (lifetime births per woman)	4.9	6.95
Maternal mortality ratio (deaths per 100 live births)	-	660.0
Net enrolment in elementary school (%)	-	77.0
Infant mortality rate (deaths per 1,000 live births)	149.0	88.0
Child under five mortality rate (deaths per 1,000 live births)	165.0	130.0
Contraceptive prevalence rate; married women, all methods (%)	-	19.8
Births attended by skilled birth personnel (%)	-	9.8

UNFPA works throughout the country in all districts.

Reproductive health and family planning

UNFPA supports the Ministry of Health's programme in improving the knowledge and skills of health workers through training and strengthening of the country's commodity supply system to ensure that family planning commodities and supplies are available to anyone who needs it. The actual contraceptive prevalence rate for modern methods is just 8.6 per cent, and 19.8 per cent for all methods. UNFPA also disseminates culturally sensitive family planning information and IEC (Information, Education and Communication) materials.

Safe motherhood

UNFPA supports the country's National Safe Motherhood Programme, grounded in the recognition that timely access to emergency obstetric care (EmOC) is critical, contributing significantly to the reduction of maternal mortality and morbidity. To enable EmOC services to be available at national and referral hospitals, UNFPA currently employs four OB-GYN specialists for the provision of comprehensive obstetric care in the country. Three Timorese general practitioners are receiving UNFPA fully-funded university scholarships for specialist training in obstetrics and gynecology.

Adolescent reproductive health and HIV/AIDS prevention

UNFPA is collaborating with the Ministry of Education to support development of an Adolescent Sexual and Reproductive Health module to be incorporated into the curriculum of the country's secondary schools. Timor Leste is a low prevalence country with less than 0.2 per cent of the adult population estimated to be HIV-positive. However, the number of cases is increasing, especially in the border areas with Indonesia. UNFPA continues to work with the Ministry of Health and other key partners by providing technical assistance in HIV prevention and support for the provision of condoms and other logistical support. Logistics management of condom supplies is being carried out along with public campaigns to promote condom use. UNFPA is working closely with NGOs in implementing programmes targeting the most at-risk groups (female sex workers and men who have sex with men). The innovative programme on HIV/AIDS prevention in Becora prison is one example.

Population and development strategies

UNFPA supports the National Statistics Directorate (NSD) through provision of technical and financial assistance. The assistance aims to develop the Government's capacity to address Timor-Leste's need for up-to-date and reliable population and socio-economic data. This has been achieved through the successful completion of country's first Population and Housing Census as an independent nation, in 2004. The Census results have been analyzed, published online and disseminated countrywide. The NSD is now working to prepare for Timor-Leste's second Population and Housing Census to be carried out in 2010 - a priority for the Government. The Population and Development Strategies programme is also contributing to the implementation of the Timor-Leste's Demographic and Health Survey 2009.

Gender issues

In Timor-Leste, gender-based violence is now recognized as a serious problem. The high prevalence of gender-based violence inhibits the ability of Timorese women to participate fully in the life of their nation.

UNFPA has been supporting the Office of Secretary of State for the Promotion of Equality (SEPI) to strengthen national capacity to address gender-based violence (GBV). UNFPA has supported the Government to carry out several activities aimed at preventing (GBV) such as coordinating the annual 16 Days Campaign, producing television programmes and most importantly, by developing a law against Domestic Violence, which is expected to be enacted in 2009. UNFPA is still supporting SEPI to facilitate a legal team to revise the law against Domestic Violence, to be submitted to the parliament for approval.

An existing referral network for the provision of services for victims of domestic violence, sexual assault and child abuse is being supported and strengthened. UNFPA continues to provide support to civil society organizations and religious institutions for the provision of services to victims of domestic violence, sexual assault and child abuse.



Estimated Population (2008)	85.2 million
Population Growth Rate (2008)	1.17% per annum
GDP per capita (2008)	\$843
Population Density (2007)	257 people per square kilometer

Vietnam has the third largest population in Southeast Asia. This diverse, coastal country contains some 54 distinct ethnic groups. It is divided into 63 provinces, with 682 districts. The economy has been growing by over 6.5 per cent per year for the past several years, raising incomes and reducing poverty levels. Still, some 14.8 per cent of the total population continues to live below national poverty line, with most of the disadvantaged concentrated in rural areas.

Rapid socio-economic change is accelerating the country's transition from a largely rural society to an urban one. Vietnamese are on the move. By 2020, 55 per cent of the entire population will live in towns and cities. International migration is becoming a key development issue.

Vietnam is striving to improve its health care system and increase access to sexual and reproductive health, including family planning. Over the past decade, infant, child and maternal mortality rates have all dropped significantly (see Charting Progress). The percentage of women receiving antenatal care increased from 71 per cent in 1997 to 90 per cent by 2006.

Some of the country's main population and development challenges include:

- **Making motherhood safer.** Vietnam has made steady progress in improving the health and welfare of mothers and children. The maternal mortality ratio dropped from 200 deaths per 100,000 live births in 1990 to under 100 in 2007 and the number of obstetric complications was reduced by over 50 per cent. Nevertheless, in remote, mountainous communities, maternal mortality ratios are still above 400 deaths per 100,000 live births, with up to 80 per cent of ethnic women in these areas delivering at home without the assistance of trained health personnel. In order to address this, a Safe Motherhood Master Plan for 2003-2010 is being implemented.
- **Improving the sexual and reproductive health of adolescents and young people.** Currently, one third of the population (some 23.7 million) is adolescents and young people aged 10-24. The average age at which young people in Vietnam become sexually active is 19.5 and about one quarter to one third have sex before marriage. Yet, this group's sexual and reproductive health (SRH) needs are largely overlooked.
- **Expanding family planning.** Despite falling birth rates, the quality of family planning remains uneven. Though the Total Fertility Rate (TFR) has dropped to 2.08 overall, the fertility disparity between regions still exists. The 2008 survey shows that the lowest TFR of 1.73 occurs in the Southeast and the highest TFR of 2.68 children per woman is found in the Central Highlands. Contraceptive choice and counseling is limited with an excessive reliance on IUDs and lack of access to condoms. The needs of unmarried adults and young people are not being met.
- **Promoting gender equality and sustainable development.** Vietnam has a mixed record on gender equality and women's empowerment. There is almost no gender gap in primary and secondary education. Women comprise 27 per cent of the members of the National Assembly. The legislative framework has been strengthened with the passage of the Law on Gender Equality and Law on Domestic Violence and Prevention. Challenges remain, however. A recent study suggests that 21 per cent of couples experience domestic violence. Vietnamese women still have limited access to higher education, employment opportunities, equal pay, and land ownership. Abortion rates remain exceptionally high, and the sex ratio imbalance - 112 boys for every 100 girls - continues to be nagging problem, due to the preference for sons especially in rural areas.



Charting progress

INDICATOR	1990-95	2006-08
Proportion of population living in poverty (%)	-	16.0
Total Fertility Rate (lifetime births per woman)	3.8	2.08
Maternal Mortality Ratio (deaths per 100,000 live births)	200.0	75.0
Infant Mortality Rate (deaths per 1,000 live births)	45.0	16.0
Child under five mortality rate (deaths per 1,000 live births)	58.0	25.9
Net enrolment in elementary school (%)	-	93.5
Contraceptive prevalence rate; married women; modern methods (%)	53.0	69.0
Births attended by skilled health personnel (%)	55.0	94.3

UNFPA has operated in Vietnam since 1977. The Seventh Country Programme, which began in January 2006, focuses on 7 provinces. UNFPA works with relevant Ministries and institutions to ensure that policies and programmes on population and sexual and reproductive health are consistent with the ICPD Programme of Action and the Millennium Development Goals (MDGs). Specific interventions focus on the following target groups: young people, ethnic minorities, urban migrants, and community leaders.

Improving access to comprehensive sexual and reproductive health services. National clinical standards have been revised to better deal with safe motherhood, newborn care, family planning, reproductive tract infections, STIs, including HIV, adolescent sexual and reproductive health, male sexual health, and to integrate counseling. Surveys conducted in 2003 and 2005, carried out by an independent research institution, showed positive trends in all provinces supported by UNFPA. In the mountainous province of Ha Giang, for instance, the proportion of deliveries assisted by health staff over this two year period increased from 42.9 per cent to 57.7 per cent, while the proportion of women having at least three antenatal visits increased from 36.1 per cent to 45.2 per cent, and the proportion of couples using at least one modern contraceptive method increased from 57 per cent to 66.3 per cent.

Promoting adolescent sexual and reproductive health. With UNFPA support, the Ministry of Education and Training integrated adolescent reproductive health issues, including HIV prevention, into the curriculum of upper secondary schools. Youth friendly information and services have been integrated into the existing health care system. The Seventh Country Programme supports the Youth Union Central Committee to develop the Youth Law and Provincial Youth Union in six provinces - Hoa Bihn, Phu Tho, Tien Giang, Ninh Thuan, Kon Tum and Ben Tre - to implement the Law. UNFPA focuses on the Youth Union's Plan of Action on Reproductive Health (2006-2010), the implementation of community-based communication activities on SRH for out-of-school adolescents and young adults through communication models, such as Youth Café, Youth Club, Interactive Theater and peer education.

Increasing demand for sexual and reproductive health services. Advocacy and behavioral change communication (BCC) activities have been conducted for community leaders, community communicators, population collaborators and village health workers to generate demand for information and services. A team from the Radio Voice of Vietnam has been trained to design and produce serialized dramas in an effort to encourage positive behavioral change. Mass organizations, such as the Vietnam Women's Union, carried out training sessions on safe motherhood, family planning, prevention and treatment of STIs and HIV, and adolescent reproductive health. In Yen Bai, a mountainous province supported by UNFPA, the percent of men knowing at least four contraceptive methods increased from 30.9 per cent in 2003 to 46.7 per cent in 2005, the percent of women knowing at least three danger signs in pregnancy increased from 29.5 per cent to 72 per cent and the proportion of women and men knowing at least three clients' reproductive health rights increased from 24.4 per cent to 43.8 per cent.

Putting gender concerns in the policy picture. UNFPA works with the Ministry of Culture, Sports and Tourism (MOCST) - the State Management Agency for the Domestic Violence Law - to develop a Ministerial Plan of Action for the Law implementation. The Ministry of Health and MOCST were supported to develop training materials for health care providers to manage cases of domestic violence, and for community based Domestic Violence Prevention Steering Committees on how to set up referral networks, provide counseling, and carry out BCC activities. UNFPA supports capacity building of the National Assembly and Communist Party Members and key line ministries on the Domestic Violence Law. Gender has been mainstreamed into reproductive health and population activities. UNFPA works to ensure that gender equality and gender based violence are addressed in the new National Population and Reproductive Health Strategy.