



ANNUAL REPORT 2010



UNFPA

OUR MISSION: UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every girl and woman is treated with dignity and respect.

UNFPA—because everyone counts.

PHOTOS

Cover: Midwife with obstetric fistula survivors at hospital in Dili, Timor-Leste. ©VII Photo/Ron Haviv

Foreword: Ban Ki-moon, Secretary-General of the United Nations. ©UN Photo/Mark Garten

Contents: School near Gaza City. ©UNICEF/Giacomo Pirozzi

Woman takes part in a forum on the sidelines of the United Nations Climate Change Conference in Cancun, Mexico. ©Reuters/Jorge Silva
Women in Turkmenistan. ©Panos Pictures/George Georgiou

From the Executive Director: Babatunde Osotimehin. ©UN Photo/Eskinder Debebe

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Reproductive Health and Rights: Maternal health care for survivors of flood in Pakistan. ©Jameel Ahmed/Walkabout Films

Gender, Culture and Human Rights: Self-defense training in Monrovia, Liberia. ©VII Photo/Marcus Bleasdale

Resources and Management: Cash-for-work programme in Haiti. ©UN Photo/Sophia Paris

Foreword



The work of UNFPA is fundamental to our drive to reach the Millennium Development Goals and improve the status of women worldwide. As poverty and other entrenched challenges are exacerbated by threats such as natural disasters, economic shocks and conflicts, this contribution becomes even more indispensable.

This was clearly the case in Haiti during the year covered by this report. The country's development and security challenges were already severe when a powerful earthquake caused widespread devastation in January. As Haitians struggled to recover, UNFPA quickly mobilized to provide emergency support to pregnant women and newborns. The Fund supplied hospitals, mobile clinics and non-governmental relief agencies with safe delivery and reproductive health kits, enabling them to meet the needs of 150,000 women. This critical support saved lives, prevented injuries and helped to restore some measure of normalcy.

The events in Haiti served as a stark reminder of the importance of ensuring that UNFPA has sustained and predictable funding for its work throughout the

world. While progress in reaching the Millennium Development Goals is lagging in key areas, particularly maternal health, we have the necessary knowledge and tools to reverse this trend. That makes this a propitious time for greater investment in UNFPA and its agenda. The Global Strategy on Women and Children's Health launched in September 2010 has generated important momentum, attracting both the engagement of all key stakeholders as well as an impressive \$40 billion in concrete commitments for the next five years.

If we can truly make real the new steps in policy-making, funding and service delivery called for in the Strategy, it will mark a major step forward in protecting the health of vulnerable women and children worldwide.

Progress will do more than help individuals; it will uplift whole societies. Women's well-being can drive economic growth, promote peace and advance development and social justice. Children who are nourished and cared for today can usher in a better future tomorrow. Gender equality is not just a matter for women; it will benefit all people.

By documenting UNFPA's many achievements in 2010, this report should help all those supporting its work to ensure even greater success in the years to come.

Ban Ki-moon
Secretary-General of the United Nations



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From the Executive Director



In 2010 many of the countries served by UNFPA, the United Nations Population Fund, continued to make strides toward improving access to reproductive health, empowering women, and taking account of population dynamics in formulating development policies.

In the area of maternal health, the number of women dying from complications during pregnancy and childbirth worldwide decreased 34 per cent over the past two decades.

While this progress is notable, the decline is still less than half of what is needed to achieve Millennium Development Goal 5 to improve maternal health. Greater action is needed to reach the two targets to reduce maternal deaths by 75 per cent from 1990 levels, and achieve universal access to reproductive health by 2015.

While significant progress has been made in expanding access to reproductive health services, progress remains uneven across regions and income groups and within countries, where disparities often persist among the wealthiest and poorest women, the best-educated and the least-educated, and among women who live in urban and rural areas.

Young women and adolescents continue to face high risks to their health, and lack access to information and services. As a result, adolescent birth rates remain high, especially in the least-developed countries. And an estimated 215 million women, who want to plan or space their pregnancies, do not have access to modern contraception.

The Programme of Action of the International Conference on Population and Development aims to empower women to make their own reproductive decisions and promote equal rights and opportunities for women and men. UNFPA is committed to supporting countries' efforts to realize these important objectives, and the international donor community has rallied behind us, with a record \$850 million in support of our programmes in 2010.

In December, the General Assembly extended the International Conference on Population and Development's Programme of Action beyond 2014. In accordance with this decision, the General Assembly will convene a special session in 2014 to review progress of the implementation of the Programme of Action and to renew political support. In the words of my predecessor, Thoraya Ahmed Obaid, "the United Nations Member States have again acknowledged the importance of fully implementing the International Conference on Population and Development agenda to improve the lives of people around the world."

Another important highlight of 2010 was UNFPA's development of a second-generation humanitarian strategy to strengthen preparedness, response and recovery, and in that same year, UNFPA responded to emergencies including floods in Pakistan, the earthquake in Haiti, a severe winter in Mongolia, civil unrest in Kyrgyzstan, a volcano eruption in Indonesia and a cyclone in Myanmar. UNFPA support ranged from providing maternal and reproductive health care to the protection of women and girls from gender-based violence.

As UNFPA's new Executive Director, I will build on the organization's accomplishments so that UNFPA will become a more efficient and effective organization. I will strive to improve performance throughout the organization. I will work to further strengthen the human resources at UNFPA so that staff members are highly skilled and motivated, speak with one voice, and share a common vision and unity of purpose.

I will strengthen the capacity of UNFPA to provide strategic, programmatic and technical guidance, transparent and accountable program formulation, and stronger monitoring and evaluation. We will improve critical analysis and research so that all we do is evidence-based to provide better support to countries.

And in 2011, as we approach a world of 7 billion people, UNFPA will further strengthen our vast network of partnerships with governments, women's organizations and youth groups, faith-based institutions, media, parliamentarians and many others, to accelerate efforts in pursuit of our shared objectives.

Babatunde Osotimehin



POPULATION AND DEVELOPMENT

Drawing on population data to make informed decisions and formulate policies that promote sustainable development, reduce poverty and empower women

Good policymaking requires reliable data about people. Information and knowledge about growth, movement, structure, living conditions and spatial distribution of a country's population are vital for policy formulation, planning and implementation and monitoring and evaluation.

Collecting, analysing, using and disseminating population data are critical to development policies and programmes that make a difference to people's lives. Data can inform and increase the effectiveness of investments in reproductive health, women's and youth empowerment, HIV prevention, sustainable development and poverty reduction. Success in achieving the goals of the International Conference on Population and Development, as well as the Millennium Development Goals, depends in large part on reliable, complete and accurate data. To make people count, you must count people.

In 2010, as in the past 30 years, UNFPA, the United Nations Population Fund, helped build countries' capacities for data collection and analysis.

COLLECTION AND ANALYSIS OF DATA

"To be counted is to become visible," United Nations Secretary-General Ban Ki-moon said on World Population Day 2010. "I call on decision makers everywhere to make each and every person count," he said. The Secretary-General added that a census is "the only statistical operation that covers the whole population and all areas of a country."

UNFPA supports countries in the collection of data through censuses, surveys and other means and the development and application of tools to promote data analysis and dissemination.

UNFPA's support for the 2010 global round of population and housing censuses helped meet the demand for quality data essential for measuring progress towards the achievement of the Millennium Development Goals and for providing an evidence base to guide policymaking towards sustainable development and poverty reduction. UNFPA supported censuses in 76 countries in 2010. Fifty-two

of these countries received UNFPA support through the organization's Special Initiative on Census, which provided technical assistance as well as assistance with advocacy, training, resource mobilization and dissemination of data to planners and civil society. The Special Initiative brings together UNFPA's technical resources at headquarters and at the organization's regional and country offices to support national initiatives. The Special Initiative also ensures that 2010 census data are widely disseminated and used in the formulation of development plans and programmes and in monitoring and evaluation.

Drawing on census data in six African countries with a high incidence of HIV and AIDS, UNFPA in 2010 also assisted in an analysis of the impact of mortality on development, health and education, and on youth and the elderly. In addition, UNFPA provided support to Afghanistan, the Democratic Republic of Congo, Iraq and Sudan in carrying out censuses in humanitarian crises. Census staff in 38 countries received training in census administration and budgeting.

In 2010, UNFPA produced a *Census Planning and Costing Guide* to assist national statistical offices, governments, UNFPA field offices and donor agencies to prepare budgets for carrying out censuses and analyzing data.

Surveys are an important vehicle for collecting demographic and socio-economic data because they provide up-to-date information between censuses. Surveys can provide more information and conceptual clarity than censuses since they can explore issues in finer detail. And unlike censuses, which provide a snapshot of a population at one point in time, surveys can track people over time. UNFPA supported surveys in 20 countries in 2010.

Highlights

Armenia, with support from UNFPA, carried out its first nationwide survey on gender-based violence. The findings will be used to promote changes in attitudes and to develop new Government policies to address the problem.

In **China**, UNFPA advocated the national statistical system's collection of data related to the International Conference on Population and Development's Programme of Action.

UNFPA supported the development of **Ecuador's** population and housing census, carried out by the National Institute of Statistics and Census. The census not only counted people but also yielded data on ethnicity, income, poverty, fertility and consumption. Civil society organizations led a campaign to encourage participation by ethnic groups.

In **Ethiopia**, UNFPA helped the Government increase the capacity of its Central Statistical Authority to collect, process, analyse and disseminate gender-disaggregated data.

In **Iraq**, UNFPA supported capacity development for data collection, analysis and monitoring. The

expertise will enable the Government to carry out censuses.

With support from UNFPA, **Morocco** made a national database on gender-based violence available to the ministries of health, social development and justice, the national security institution and the Gendarmerie Royale, all of which are involved in various aspects of preventing gender-based violence or in assisting survivors.

Togo received support from UNFPA for the country's first population and housing census in 29 years.

POPULATION DYNAMICS AND PUBLIC POLICY

Government policies that promote development and reduce poverty are more likely to succeed if they are guided by or take into account population trends and dynamics, such as the rate of urbanization or

INDONESIA COUNTS ITSELF

Throughout May 2010, some 700,000 enumerators fanned out across 90,000 villages in 33 provinces to give a more precise figure to the estimate of the country's population.

Data collected in May 2010 are the basis for demographic projections for the next 10 years and will be used as a baseline for Government ministries and institutions in developing future programmes and targets.

According to Rusman Heriawan, head of Indonesia's Bureau of Statistics, "this rich data can be used for development programmes for education, health, employment, and poverty alleviation."

The census was more comprehensive and covered more

variables than the last census, in 2000. For instance, questions about disabilities, energy sources, drinking water, languages and telecommunications access were included this time. The 2010 census was also more "granular," providing data at the level of hamlets, while the population census in 2000 only aggregated information down to the village level.

To prepare for the much larger 2010 population census, the Indonesian national statistics office worked with UNFPA to develop the overall design and come up with a plan for data processing and analysis.



Census enumerators in Indonesia prepare to make their rounds.
©UNFPA Photo

a change in life expectancies. UNFPA works with government institutions to integrate population dynamics into policymaking and the development of poverty-reduction plans and expenditures.

UNFPA provides financial and technical support to countries to incorporate population dynamics, reproductive health, youth and gender in public policies, poverty reduction plans and expenditure frameworks. It provides policy and programme guidance on issues such as migration, ageing, urbanization, and changes in population age structure.

UNFPA is the only United Nations agency with an explicit mandate and the capacity to bring population dynamics into development policymaking at local, national, regional and global levels.

Highlights

Bulgaria began developing a national framework for “active ageing,” as the share of older people in the country grows. UNFPA and Bulgaria’s Ministry of Labour enabled a group of Bulgarian experts on ageing to travel to Germany where policymakers are already confronting a similar demographic challenge.

UNFPA supported **Colombia’s** efforts to incorporate population dynamics into planning by municipalities.

In **Côte d’Ivoire**, UNFPA supported Government efforts to integrate reproductive health, gender, culture and human rights into the National Population Policy.

In **Iraq**, UNFPA supported the Central Statistics Organization to prepare for an upcoming Iraqi Women’s Integrated Social and Health Survey, which will cover women between the ages of 12 and 90. The findings will guide policies that promote gender equality, women’s empowerment and health initiatives that address violence against women.

Jamaica’s Population Sector Plan, Health Sector Plan and Gender Sector Plan all reflect the interlinkages between population dynamics, health and gender equality. UNFPA collaborated with the Government and national partners on this effort.

UNFPA participated in the formulation of **Lesotho’s** five-year development plan to ensure that population issues were factored into poverty-reduction plans.

In the **Occupied Palestinian Territory**, policymakers from eight ministries received training in the integration of population issues into the Palestinian National Sectoral Plans for 2011-2013.

The findings from the demographic health survey carried out in **Timor-Leste** in 2009 together with the 2010 census informed the State budget for 2011 and reinforced Timor-Leste’s United Nations Development Assistance Framework, which aims to reduce poverty, promote sustainable livelihoods and build up basic social services.

INVESTING IN YOUNG PEOPLE

“Our world is home to more than 1.8 billion people between the ages of 10 and 24, and almost 9 out of 10 of them live in developing countries,” Purnima Mane, UNFPA Deputy Executive Director said at the opening of the World Youth Conference in León, Mexico in August 2010. “Today, more than half of all young people live in poverty and survive on less than two dollars a day.”

Ms. Mane noted that every year, 16 million adolescent girls become mothers, adding that complications from pregnancy are the leading cause of death worldwide among girls 15 to 19 years-old, and approximately 2,500 youth become newly infected with HIV every day. “The challenges are many. But they are not insurmountable. Together we can overcome them if we work together and redouble our efforts to guarantee that all young people have the knowledge, skills and opportunities to reach their fullest potential.”

Investing in young people’s education, health and employment will ensure better prospects for their own lives and for their countries’ development. Failure to make these investments now will further entrench poverty and ignorance for generations to come. According to Michael Herrmann, a UNFPA technical adviser on population and economic development, the “recipe for creating employment”

for young people is to invest in their health and education, while investing in the development of productive capacities. “Both are necessary,” he said at the World Youth Conference.

In 2010, UNFPA published a new edition of *The Case for Investing in Young People as Part of a National Poverty Reduction Strategy*. The report argues that a comprehensive national strategy to reduce poverty must include a major focus on young people, who account for more than 30 per cent of the population of 92 countries.

The report says that investing in young people makes good economic sense. Young people can drive economic growth forward, and in the case of investing in adolescent girls and young women, the positive effects go beyond labour-force participation and productivity. Improvements in the status of girls and women lead to better maternal health, lower child mortality and an increase in reinvestment to households and communities.

In March 2010 during the annual meeting of the Commission on the Status of Women, UNFPA’s Executive Director and the heads of five other United Nations organizations that make up the

United Nations Adolescent Girls Task Force issued a joint statement pledging increased support to developing countries’ efforts to empower girls, particularly those who are between the ages of 10 and 14. “We are convinced that educated, healthy and skilled adolescent girls will help build a better future, advance social justice, support economic development and combat poverty,” the group wrote. “They will stay in school, marry later, delay child-bearing, have healthier children, and earn better incomes that will benefit themselves, their families, communities and nations.”

Highlights

Azerbaijan’s Ministry of Youth and Sports and UNFPA founded the Azerbaijan Peer Education Network to promote policy dialogue by and about youth and to coordinate education about reproductive health and rights.

Bangladesh developed a national action plan on adolescent reproductive health in 2010.

UNFPA provided support to **Botswana’s** Department of Youth to mainstream sexual and reproductive health and HIV prevention into youth empowerment policies and programmes.



◀ Children play at school in Dili, Timor-Leste.
©VII Photo/Ron Haviv

Guatemala scaled up its assistance to adolescent girls from indigenous communities through its *Abriendo Oportunidades* (Opening Opportunities) programme, which is run by the Population Council.

In **Iraq**, UNFPA supported the Ministry of Youth and Sports and the Central Statistics Office to conduct a national youth survey to guide the formulation of a national youth strategy.

In **Namibia**, the UNFPA Country Office commissioned a baseline study on youth migration.

In **Senegal**, UNFPA worked on the reduction of the root causes of migration of young people through the advocacy by all partners under the auspices of the International Organization for Migration. The migration profile of Senegal allowed the state to develop strategies for keeping young people in their lands.

UNFPA provided financial and technical support to the Ministry of Youth in **Somaliland** and the Ministry of Labour and Sports in **Puntland** for youth stakeholder workshops, which brought together the key players in youth policy and programming. In both places, national youth policies have been developed and are awaiting consideration by parliament.

EMERGING POPULATION ISSUES

An important pillar of UNFPA's work is the generation of evidence based on scientific research on emerging population issues and its use for developing and monitoring policies and programmes.

Tracking the total number of people in a country is important. But the complexities behind that number are even more important. What share of the population lives in cities? Is there a balance between the number of young people and the number of elderly? How does migration—coming into a country or moving away from it—affect a society or economy? What impact does population growth have on climate change or countries' capacities to adapt to it? These are just some of the many questions that can be answered only when more detailed information is

available. In 2010, UNFPA expanded its research and advocacy in emerging population issues.

The world is ageing rapidly, but most developing countries are not prepared for this demographic shift. Globally, one in nine persons is at least 60 years old, and the number of older persons continues to rise in all regions. By 2050, 2 billion people—one in five of the world's total population—will be age 60 or older. Population ageing is occurring at a faster rate in developing countries, which are “graying” more rapidly than their economies are growing.

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In 2010, UNFPA undertook a mapping of data, research, policies, legislation, and institutional arrangements relating to older persons in collaboration with HelpAge International. This work will feed into a report in 2012 on the world's older persons. UNFPA and the American University also launched a global study of national legislation related to older people and their rights. The findings of this study will inform the development and negotiation towards a Convention on the Human Rights of Older Persons.

UNFPA organized an event on capacity development for an ageing world during the International Federation on Ageing Conference in Melbourne, Australia. The event resulted in a mapping of training needs in each region, an assessment of whether these needs are being met by national institutions, and recommendations for strengthening regional and national capacity to respond to rapid population ageing.



▲ A senior citizen, Kiev, Ukraine.

©Panos Pictures/George Georgiou

Former UNFPA Executive Director Thoraya Ahmed Obaid said on 7 October, the International Day of Older Persons, that the elderly “must be full participants in development and also share its benefits.” Yet, while older persons have much to offer, she said, their contributions often go unrecognized. “The elderly should not be perceived only as a needy and independent group. It is time to replace negative stereotypes of older persons as a burden to society with positive images reflecting the contributions they make.”

Through an event during the 16th Conference of Parties to the United Nations Framework Convention on Climate Change in Cancún on November 13, UNFPA and seven other agencies raised awareness about emerging population issues of climate change and the displacement and migration it may spur.

On 15 December, representatives from 20 non-governmental organizations and UNFPA staff met to build partnerships to advocate for the inclusion of population issues into the agendas of upcoming international environmental events, especially “Rio+20,” a 20-year follow-up conference to the 1992 “Earth Summit.”

Rio+20 will aim to secure renewed political commitment to sustainable development, to assess progress towards internationally agreed goals on sustainable development, and to address new and emerging challenges.

Migration is another emerging population issue because it is integral to development; it can affect governments’ development plans and budgets and present new challenges in the provision of basic services and housing, the availability of income-earning opportunities and the environment. Migrants can play an important role in promoting development and reducing poverty in countries of origin and contributing to prosperity in countries of destination.

In 2010, the United Nations Institute for Training and Research, UNFPA, the International Organization for Migration and the MacArthur Foundation sponsored seminars for the Permanent Missions to the United Nations to raise awareness about the challenges that migration may present and about possible policy responses. Today, migration affects every country. With the recent decline in fertility in many parts of the world, international migration has taken on increased

significance, becoming an important component of population growth in many countries.

A UNFPA report, *Emerging Population Issues in Eastern Europe and Central Asia: Research Gaps on Demographic Trends, Human Capital and Climate Change*, issued in April 2010 in conjunction with the Commission on Population and Development, noted that the decline in population size over the coming decades in Eastern Europe is certain. The remaining questions are how rapidly and by how much the population will contract. Due to a much younger age structure and current high fertility levels, demographic trends for Central Asia are expected to diverge from those in Eastern Europe. This demographic heterogeneity will likely impact future migration patterns. The report suggests that if the population of Eastern Europe declines significantly while Central Asia experiences high population growth, considerable migration of Russian-speaking Central Asians into parts of Eastern Europe is likely. The number of people over age 60 is expected to accelerate in Eastern Europe, stabilizing after 2050. This rapid ageing will impact individual families and society and will need to be addressed to ensure that the needs of older persons, especially the poor who are most vulnerable, are adequately met.

Meanwhile, UNFPA's regional office for Latin America and the Caribbean supported the publication of *Migration, Remittances and Development in Times of Crisis*, addressing the issue of internal and international migration and its related challenges and opportunities for an increasingly globalised society.

Highlights

In **Algeria**, UNFPA helped strengthen national capacity to gather and analyse data on ageing.

In **Guatemala**, UNFPA supported a survey of the migrant population along the border with Mexico with the aim of improving access to reproductive health care and preventing HIV infections.

In **Kazakhstan**, UNFPA helped sensitize national legislators and policymakers to the challenges of

population ageing and to the need to take this issue into account in the national development agenda.

UNFPA helped **Kiribati** raise awareness among policymakers about issues of migration, rapid urbanization, changing age structures, environmental degradation and the need to adapt to climate change.

UNFPA supported **Liberia's** revision of its National Population Policy to take into account rapid urbanization and its potential impact on health, sanitation and the environment. The capital, Monrovia, is now home to more than half the country's population.

At the state level in **Mexico**, UNFPA supported the creation of information systems on migration, especially in the main states of origin, as well as the training of local officers in the analysis of migration data. UNFPA also collaborated with Mexico's National Population Council—CONAPO—on a projection and analysis of the economic determinants of migration between Mexico and the United States of America.

In **Uruguay**, UNFPA supported the development of a National Plan on Ageing and Old Age.



REPRODUCTIVE HEALTH AND RIGHTS

Promoting universal access to reproductive health and
comprehensive HIV prevention

Ensuring universal access to reproductive health, empowering women, men and young people to exercise their reproductive rights, and reducing related inequities are central to development and ending poverty. This was acknowledged more than 16 years ago at the International Conference on Population and Development and was reaffirmed in 2007 when universal access to reproductive health became a target of the Millennium Development Goals.

Reproductive health supports women and young people, especially those who are the most disadvantaged, to make choices that will significantly impact their lives. Reproductive health services give women the opportunity to make autonomous decisions and have healthy sexual and reproductive lives. They help women to decide if and when to have children and under what conditions, and afford pregnant women access to skilled care before, during, and after childbirth. They contribute to safe deliveries and healthy babies and help women to live their lives free from sexually transmitted infections, including HIV.

Quality reproductive health care transforms lives. It can prevent young girls from becoming wives and mothers when they are still children, giving them a greater opportunity to stay in school for as long as they wish. It gives women and girls greater opportunities in life, including entry into the labour market, and further contributes to the well-being of their families and communities. It promotes a more equal world in which women and girls are respected and can live their lives free from violence and coercion.

The right to reproductive health is integral to UNFPA's vision that "every child is wanted, every birth is safe, every young person is free of HIV."

Since 1990, improvements in access to reproductive health have been "significant and far-reaching," with substantial declines in adolescent birth rates and increased access to and use of family planning services, according to a report published by UNFPA in 2010: *How Universal Is Access to Reproductive Health? A Review of the Evidence*.

Despite gains, the poorest, least educated women, especially in sub-Saharan Africa, have lost ground, with adolescents lagging farthest behind, the report showed. "Universal access to reproductive health will only be achieved when women have access to the information and services they need to plan the number and timing of their pregnancies," the report stated.

Reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behaviour. Because young people often face barriers in trying to get the information or care they need, adolescent reproductive health is another important focus of UNFPA programming.

Investing in sexual and reproductive health is one of the surest and most effective ways to promote equitable and sustainable development and achieve the Millennium Development Goals, according to another report published by UNFPA in 2010, *Sexual and Reproductive Health for All: Reducing Poverty, Advancing Development and Protecting Human Rights*. "If we can reach the poorest and most vulnerable populations with reproductive health information and services, we can save many lives and improve countless others," the report stated. "We will also make significant strides in reducing poverty, advancing development and protecting human rights."

Improving maternal health and reducing maternal mortality are central to reproductive health.

At the Women Deliver II conference in Washington, D.C., in June 2010, Secretary-General Ban Ki-moon said that "history will show that 2010 was a year of new, decisive action—a year when the world decided that no woman should die giving life and no child should die when we know how to save them."

Women Deliver is an organization that works globally to generate political commitment and financial investment for fulfilling Millennium Development Goal 5, to reduce maternal mortality and achieve universal access to reproductive health.

UNFPA provided financial and institutional support to the Women Deliver II conference, which was attended by 3,200 people from 146 countries. UNFPA was on the conference's advisory committee and a part of the media-outreach team, facilitated the Ministers and Parliamentarian Forums, organized and made presentations and made sure that the voices of women affected by poor reproductive health were heard.



▲ *Eight Lives, Stories of Reproductive Health*, profiled eight women from Bangladesh, Egypt, Guatemala, India, Moldova, Niger, Uganda and Zambia who faced reproductive health challenges ranging from HIV to obstetric fistula and overcame obstacles to transform their lives.

“Women Deliver II was important because it put Millennium Development Goal 5 and the health of girls and women firmly on the international political agenda,” according to UNFPA Information and External Relations Director Safiye Çağar. “The messages from the conference were echoed at other major events throughout 2010 and spurred global and national commitments and action.”

Richard Horton, Editor-in-Chief of *The Lancet*, called Women Deliver II, “the most significant event for the future of women and children in over 20 years.”

Also at Women Deliver II, UNFPA and other organizations jointly released *Countdown to 2015 Decade Report (2000–2010)*, which called for revitalized efforts to achieve the three Millennium Development Goals related to health (1,4 and 5), with particular attention to a “continuum of care” for reproductive, maternal, newborn and child health.

REPRODUCTIVE HEALTH, POLICY AND DEVELOPMENT

In September, at the General Assembly, Secretary-General Ban Ki-moon launched the Global Strategy for Women's and Children's Health, a blueprint for intensifying and improving coordination of existing efforts and establishing an accountability framework for delivering results across all of the health-related Millennium Development Goals. All 192 Member States welcomed the initiative, which set out a plan for investment and innovation to improve the health of women and children in 25 countries. More than \$40 billion was pledged in support of the initiative, also known as “Every Woman, Every Child.” UNFPA contributed to the development of the Strategy and supported the communications and advocacy around the launch of the initiative.

Also in September as world leaders gathered for a High-Level Event on the Millennium Development Goals, UNFPA, UNICEF, the World Bank and the World Health Organization issued a joint statement, pledging to intensify support to countries to achieve Millennium Development Goal 5—to improve maternal health—the Goal “showing the least progress.”

UNFPA backed an international movement in 2010 to integrate sexual and reproductive health and HIV prevention. UNFPA Deputy Executive Director Purnima Mane, at the 28th International AIDS Conference, in Vienna in July, called the link “a clear win-win,” especially for Millennium Development Goals 3, 4, 5 and 6. “The reason HIV and sexual and reproductive health

are so intertwined is clear,” she said. “The vast majority of HIV infections occur through sexual contact, the risk of HIV transmission is significantly greater in the presence of certain sexually transmitted infections and infants can become HIV positive during pregnancy, delivery and breastfeeding,” she added.

Highlights

Benin, UNFPA and other partners established a Centre for Arts and Crafts for women in Parakou, where so far 1,500 women have received training in weaving, food processing and other fields. Women who receive training also gain access to information about reproductive health, family planning, antenatal care and HIV and AIDS.

Strategies for reducing maternal mortality and improving reproductive health have been integrated into five district health plans in **Cameroon**, where training in reproductive health is also provided to community extension workers serving refugee camps.

UNFPA supported **Costa Rica’s** training of health workers along border areas to offer sexual and reproductive health services to immigrants, especially survivors of sexual violence and individuals recently exposed to HIV.

Ecuador developed a National Family Planning Strategy that includes building the capacities of health-care providers, purchasing sexual and reproductive health supplies, including contraceptives, integrating sexuality education in school curricula and supporting local organizations that deal with sexual and reproductive health.

Jordan expanded a community-based outreach programme to raise awareness of and demand for reproductive health services. Eighty trainers have been mobilized in five communities.

UNFPA helped the **Republic of Moldova** strengthen its National Centre for Reproductive Health to manage and oversee the country’s reproductive health and family planning network. UNFPA also supported communications and advocacy about the human



▲ Secretary-General Ban Ki-moon launching Global Strategy for Women's and Children's Health, "Every Woman, Every Child," September 2010.

©UN Photo/Mark Garten

papillomavirus—HPV—and the availability of a vaccination against it. In addition, UNFPA helped meet the need for reproductive health supplies after floods inundated parts of the country in 2010.

UNFPA, **Viet Nam** and partner organizations jointly developed a draft strategic five-year plan to ensure reproductive health commodity security and strengthen social marketing.

HEALTHY MOTHERS, SAFE BIRTHS

An estimated 30 million women face pregnancy-related complications each year worldwide. UNFPA assisted countries' efforts to scale up maternal health services in 2010, prevent and manage the complications of unsafe abortion and reduce maternal mortality.

According to *Trends in Maternal Mortality: 1990 to 2008*, published in 2010 by the World Health Organization, UNFPA, UNICEF and the World Bank, notable progress has been made in reducing maternal mortality worldwide, but the annual rate of decline is less than half of what is needed to achieve the Millennium Development Goal target of reducing the maternal mortality ratio by 75 per cent by 2015. Pregnant women still die from four major causes: severe bleeding after childbirth, infections, hypertensive disorders and unsafe abortion. The risk of a woman in a developing country dying from a pregnancy-related cause during her lifetime is about

36 times higher than it is for a woman living in a developed country.

At the High-level Meeting on the Millennium Development Goals in September 2010, the General Assembly issued a resolution committing to take steps to “realize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health.”

The resolution also called for expanding the provision of comprehensive obstetric care and strengthening the role of skilled health-care providers, including midwives and nurses.

In 2010, Sierra Leone began providing free medical treatment and medicines to pregnant women, lactating mothers and children under five. The initiative is just one of the kinds of improvements to maternal health expected as a result of the Campaign on Accelerated Reduction of Maternal Mortality in Africa—CARMMA. “In two to three years, we would like to see maternal mortality reduced...in every country,” UNFPA Regional Director for Africa

Bunmi Makinwa said. CARMMA was launched by the African Union of Ministers of Health, in partnership with UNFPA and other United Nations agencies, governments and non-governmental organizations. In addition to Sierra Leone, 16 other countries launched their own national CARMMA campaigns in 2010, raising the total number of countries since CARMMA began to 26.

Leaders of the Group of Eight major industrialized countries in June launched the “Muskoka Initiative” on maternal and child health, a comprehensive and integrated approach to accelerate progress towards Millennium Development Goal 5 to reduce maternal mortality by 75 per cent. The Initiative aims to support national health systems of developing countries to deliver key interventions along the continuum of care. The leaders pledged an additional \$5 billion over the next five years to improve the health of mothers, newborns and children under five.

UNFPA, through its Maternal Health Thematic Fund and in collaboration with UNICEF and

STORIES OF MOTHERS SAVED: SENDING MESSAGES TO HEADS OF STATE

UNFPA and the White Ribbon Alliance for Safe Motherhood collected stories from 60 communities and nearly 30 countries in 2010 for the multimedia exhibit *Stories of Mothers Saved*, which presented stories about women from around the world who survived childbirth under often harrowing conditions. Each woman profiled in the series had journeyed through the perils of agonizing or anguished labour.

Through this project, mothers around the world were asked what they would do if they were president. Here are some of the replies:

Ensure education for all girls...

Ensure affordable healthcare for all...

Build health centres nearby, so that women—especially rural women—can get access...

Ask governments to provide public access to budgetary information to citizens on how much they spend on maternal health...

Ban early marriage...

Give women the power to empower themselves and their children...

Make unsafe abortion history...



Ugandan midwife examines an expectant mother.

©Martin Caparros

national governments, supported eight countries' efforts in 2010 to evaluate the availability and quality of emergency obstetric and newborn care. The findings will guide the development of these services and maternal health policies in each country. UNFPA established the Maternal Health Thematic Fund in 2008 to increase the capacity of national health systems to provide quality maternal health services, reduce health inequities, and empower women to exercise their right to maternal health. In 2010, the Fund was supporting initiatives in 42 countries.

At the 15th session of the Assembly of the African Union Heads of State and Government in July, the region's leaders called for the development of drivers of economic growth so that they may in turn fund other pressing needs such as maternal and child health. In his address Ugandan President Yoweri Museveni said that, "we cannot deal with maternal and child health in isolation without dealing with key development factors like job creation, training a critical human resource base and developing infrastructure like roads, railways and generation of sufficient electricity to support industrialization."

When a natural disaster strikes, pregnant women at risk of complications may suddenly lose access to life-saving maternal health services.

After an earthquake devastated much of Haiti in January 2010, UNFPA provided emergency safe delivery kits to mobile clinics and non-governmental organizations to minimize risk for the estimated 7,000 women who would give birth in the following month. UNFPA also helped start up new emergency obstetric care clinics and trained midwives.

Later in the year, after an outbreak of cholera in the country, UNFPA delivered hygiene and cholera-prevention kits to pregnant women and people living with HIV. Pregnant women exposed to cholera are at increased risk of miscarriage or giving birth prematurely.

In Indonesia, after a volcano eruption in October 2010 displaced 340,000 people, including tens of



▲ More than 3,000 policymakers, advocates, service providers and journalists converged on Washington, D.C. for the Women Deliver II Conference with the aim of improving maternal health worldwide.

©Samuel Hurd

thousands of pregnant women, UNFPA delivered supplies to assist midwives and to aid emergency obstetric and neonatal care.

When severe flooding submerged huge swaths of Pakistan in July and August, affecting more than 15 million people, including an estimated 1.5 million pregnant women, UNFPA deployed seven mobile service units that were fully staffed and equipped to provide emergency reproductive health services, supported 13 Government health facilities and provided thousands of clean delivery kits.

And after Cyclone Giri struck Myanmar and uprooted 70,000 people, including 1,000 pregnant women, who were expected to require emergency obstetric care in the following four months, UNFPA and the Myanmar Medical Association provided supplies needed by midwives for performing Caesarean sections.

Having access to skilled birth attendants and emergency obstetric care if things go wrong are proven strategies to improve maternal health and could save up to 80 per cent of the women at risk of death in childbirth.

In 2010, the Global Midwifery Programme of UNFPA and the International Confederation of Midwives drew the attention of policymakers and

donors to the critical role that midwives play in ensuring safe births and averting maternal and newborn deaths and disabilities. The Programme is under way in 22 countries.

In June, during the Women Deliver II conference, representatives of the Global Midwifery Programme joined forces with the World Health Organization, UNICEF, the World Bank, Jhpiego (an international non-profit health organization affiliated with Johns Hopkins University), the Global Health Workforce Alliance and the International Federation of Gynecology and Obstetrics issued a “global call to action on strengthening midwifery services,” which urged governments to address and strengthen midwifery education and training. The call to action outlined the actions needed to improve skilled attendance at birth in countries with limited resources.

Midwives do not only deliver babies. They are instrumental in providing a full range of reproductive health care...

Midwives do not only deliver babies. They are instrumental in providing a full range of reproductive health care, including family planning, care for newborns and the prevention of HIV and gender-based violence.

Midwives also play an important role in preventing obstetric fistula, according to experts who converged in Dakar, Senegal, in December for the Third Annual Conference of the International Society of Obstetric Fistula Surgeons.

Obstetric fistula, a debilitating condition that can result from prolonged or obstructed labour, afflicts an estimated 100,000 women worldwide every year.

The Campaign to End Fistula is an integral part of UNFPA’s overall strategy to improve maternal health and is now active in 49 countries in Africa, Asia and the Arab States. The Campaign aims to prevent the condition and provide treatment to enable women to return to full, productive lives.

In 2010, with support from UNFPA, about 5,000 women received surgical treatment for the condition.

According to an independent evaluation in 2010 of UNFPA’s contribution to the Campaign, additional national and international capacity-building is required to reach the goal of addressing this condition, which is caused by prolonged obstructed labour.

The evaluation recommended increased assistance by the international community and strengthened political commitment at the national level to define appropriate responses, including prevention and social-reintegration measures, to end obstetric fistula.

“These results underline the need for more efforts through South-South initiatives, and more detailed guidance and tools on options to scale up effective and promising practices,” UNFPA Technical Division Director Werner Haug said. “These measures are crucial if we are to eliminate obstetric fistula as part of our global push to improve maternal health.”

Highlights

In **Bangladesh**, 1,000 health-care providers received training in reproductive health disciplines, ranging from emergency obstetric care, family planning and HIV and AIDS. Fifty-seven nurses completed a “training-of-trainers” course in midwifery, and 344 women received treatment for their obstetric fistulas. More than 900 community clinics received equipment needed to improve maternal health.

A surgery campaign supported by UNFPA in the **Central African Republic** in 2010 enabled 150 women living with obstetric fistula to recover and regain their health and dignity. In **Côte d’Ivoire**, 242 women received fistula treatment and 130 health workers received training in treating this condition.

In the **United Republic of Tanzania**, 105 women received treatment.

In 2010, the **Dominican Republic** established a Unit for Continuous Training in Emergency Obstetric Care, which will provide training to about 200 health-care professionals a year.

The Maternal and Child Health Department of **Egypt's** Ministry of Health launched a programme to train nurses in midwifery so they may attend normal deliveries. UNFPA also helped the Ministry of Health in the **Occupied Palestinian Territory** to document for the first time all cases of maternal mortality.

Kyrgyzstan, with support from UNFPA, renovated the maternity wards and neonatal intensive care rooms of two hospitals.

In **Uganda**, a UNFPA-supported programme trained 49 midwives in 2010.

ACCESS TO FAMILY PLANNING

An estimated 215 million women in the developing world want to prevent or delay pregnancy but lack access to modern methods of contraception. UNFPA partnered with governments, non-governmental organizations and donors in 2010 to expand individuals' and couples' access to affordable, quality contraceptives.

UNFPA helps close the gap between the number of individuals who use contraceptives and those who would like to delay, space or limit their families. Since 1990, UNFPA has been the world's largest multi-lateral supplier of contraceptives and condoms and is the lead United Nations agency for reproductive health commodity security.

Through the Global Programme to Enhance Reproductive Health Commodity Security, UNFPA is empowering women in developing countries to decide on the timing and frequency of their pregnancies.

Countries supported by the Global Programme are reporting significant progress with measurable

impact. While the procurement of supplies is a key part of this support, the Global Programme seeks to build know-how for sustainable national systems.

The UNFPA Global Programme to Enhance Reproductive Health Commodity Security is a framework for assisting countries in planning for their own needs. At the request of governments, the Global Programme integrates reproductive health commodity security in national policies, plans and programmes through advocacy with policymakers, parliamentarians and partners in government; strengthens delivery systems to ensure reliable supplies; procures contraceptives and other essential supplies and promotes their use through community-based distribution systems and other mechanisms; and provides training to build skills at every step—from forecasting needs, to providing quality information and services in family planning, maternal health and the prevention of sexually transmitted infections, including HIV.

In 2010, the Global Programme provided \$63 million for the purchase of condoms and other reproductive health commodities and \$28 million for capacity-building and advocacy initiatives in targeted countries.



▲ Women at the UNFPA-supported fistula rehabilitation centre in Liberia learn skills to enable them to be financially independent when they return home from the hospital.

©VII Photo/Marcus Bleasdale

As a result of the Programme, use of modern contraception has risen in recent years by 16 percentage points in Ethiopia, 12.8 percentage points in Mongolia, 11.2 percentage points in Madagascar, 10 percentage points in the Lao People's Democratic Republic and 4.8 percentage points in Niger.

The Programme also promotes the prioritization and mainstreaming of reproductive health commodity security into national health policies, programmes, budgets and plans. As a result, more and more countries are moving towards more predictable, planned, sustainable and nationally driven approaches to securing essential supplies.

In addition, UNFPA continued its efforts to increase the availability of male and female condoms in 2010. UNFPA's Global Condom Initiative now reaches 74 countries. In Malawi, for example, UNFPA increased female condom distribution from 124,000 in 2005 to nearly 1.5 million a year ago.

UNFPA partnered with EngenderHealth—a New York-based non-governmental organization that focuses on reproductive health—and the ministries of health of Benin, Burkina Faso, Mali and Senegal in 2010 to provide a snapshot of the availability and quality of family planning services and supplies. The findings will inform critical interventions to remove

bottlenecks in the delivery of family planning and other sexual and reproductive health services while boosting quality.

At a UNFPA-sponsored conference in Bangkok in 2010, 150 experts aiming to revitalize family planning programmes in Asia and the Pacific concluded that because of poor access to services, armed conflicts and religious influence, contraceptive prevalence rates in some parts of the region have “stagnated,” and the unmet need for family planning has been high. The group, which included ministers and other high-level government officials, pledged to reposition family planning in the region. Representatives of adolescent groups also participated in the event and called for culturally sensitive behaviour-change communication strategies that would generate and sustain demand for family planning services.

Highlights

Bhutan trained 13 nurses in the insertion of intrauterine devices, and about 80 health workers received training in family planning as part of their curriculum in midwifery.

In **Ethiopia**, 76 per cent of service-delivery points in the country had five life-saving maternal and reproductive health medicines available in 2010.

FURTADO: CELEBRITY ADVOCATE FOR MOTHERS IN LUSOPHONE AFRICA

One of the first people to greet Catarina Furtado in Gabu, Guinea-Bissau in August 2010 was an infant named in her honour. Baby Catarina was the first infant delivered by Caesarean section at the surgical unit that Ms. Furtado, a Goodwill Ambassador for UNFPA, initiated as part of her mission to reduce maternal mortality in Lusophone Africa.

“Saving mothers’ lives is an issue about health and human rights which commits all sectors: political stakeholders, donors’ community, civil society,” Furtado said. “It involves directly the professionals of health, education and the media. It is everybody’s concern because, as we say at UNFPA, ‘Everyone counts.’”



Goodwill Ambassador Catarina Furtado on mission in Guinea Bissau.

©Mamadu Bamba Gning

Technical and financial support from UNFPA enabled **Nicaragua** to make at least three types of modern contraceptives available at 99.5 per cent of service delivery points in 2010.

In **South Africa**, at the request of the Government, UNFPA distributed 3.5 million female condoms during World Cup events.

Sudan's Ministry of Health and UNFPA carried out an assessment of barriers to family planning in the states of White Nile, Gadarif and Kassala.

UNFPA supported training for health workers in **Tajikistan** in administering Implanon implants and intrauterine devices.

PREVENTING HIV AND SEXUALLY TRANSMITTED INFECTIONS

Achieving an AIDS-free generation is possible if the international community steps up efforts to provide universal access to HIV prevention, treatment and social protection, according to *Children and AIDS: Fifth Stocktaking Report 2010*, published jointly by UNICEF, UNFPA, UNAIDS, the World Health Organization and UNESCO.

In most parts of the world, new HIV infections are steadily falling or stabilizing, the report showed. But in nine countries—all of them in southern Africa—at least one in 20 young people is living with HIV.

Young women still shoulder the greater burden of infection, and in many countries women face their greatest risk of infection before age 25. Worldwide, more than 60 per cent of all young people living with HIV are female. In sub-Saharan Africa, that figure is nearly 70 per cent.

Because a large proportion of HIV cases are transmitted sexually, linking HIV prevention and sexual and reproductive health programmes is crucial. Yet in most countries, programmes to prevent unintended pregnancy and to prevent HIV infection are separate. In response, UNFPA helped integrate these services in a number of countries in 2010.



▲ Liberian celebrity John Shah brings a message about family planning and HIV to a crowd in Monrovia.
©VII Photo/Marcus Bleasdale

Meanwhile, cervical cancer remains a major killer of women in developing countries. Every two minutes or so a woman dies from this disease, even though it can be effectively identified and treated in the long period (up to two decades) that it typically takes for precancerous cells to develop into full-fledged cancer.

Cervical cancer, caused by a sexually acquired infection with human papillomavirus—HPV—claims the lives of more than 270,000 women every year, most of whom (85 per cent) live in developing countries. In some Latin American countries, cervical cancer kills substantially more women than do complications of pregnancy and childbirth.

Although preventing HPV infection, screening and treating precancerous lesions have decreased the disease burden in developed countries, access to prevention programmes continues to be a challenge in large parts of the world.

Cervical cancer is the most common cancer for women in Central America and Southern Africa. The Caribbean, other parts of Africa, South America and South Eastern Asia also have very high incidence rates of this cancer. In many countries health systems do



▲ Through the Y-PEER network in Turkmenistan, young people learn how to protect themselves from HIV and other sexually transmitted infections.

© Panos Pictures/William Daniels

not yet have the capacity to offer the routine screenings and follow up that could save lives.

UNFPA supports the prevention and treatment of sexually transmitted infections, including HPV. In Turkmenistan, for example, UNFPA has been working with the Government for the last three years to train specialists to diagnose cervical cancer across the country.

Highlights

Burundi trained health workers and equipped facilities to test pregnant women for HIV. About 300,000 women were tested in 2010, with support from UNFPA. The number of HIV-positive pregnant women receiving anti-retroviral therapy to prevent mother-to-child transmission of the virus rose to 2,154 in 2010.

In **Djibouti**, UNFPA helped the Ministry of Health equip clinics with testing equipment for HIV and other sexually transmitted infections and increased the availability of condoms.

The former Yugoslav Republic of Macedonia established nine additional counselling centres to expand young people's access to information about HIV.

At a concert co-organized by UNFPA and the Society for Health Education in the **Maldives** on World AIDS Day, young people gained access to information about HIV and its prevention.

Venezuela stepped up information and outreach to adolescents and young people about HIV and sexually transmitted infections through a website that provides simple, clear information about prevention and treatment.

REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

Young women in much of the world face significant obstacles to fulfilling their rights to sexual and reproductive health. Legal and policy barriers loom, such as those limiting the age of consent for HIV counselling and testing and for sexual and reproductive health services. Young women and girls are usually not even aware that they have rights, let alone offered the skills or legal support required to realize them.

Accessing youth-friendly sexual and reproductive health and HIV prevention services and supplies, including condoms, may be hampered by reluctant health providers, opposition from parents, cost, fear, distance, stigma, lack of confidentiality and privacy and low-quality services.

In July 2010, youth delegates from 40 countries all over Africa converged in Entebbe, Uganda for the Africa Youth Forum, a precursor to a meeting of the African Union. UNFPA and UNICEF funded the event, which was organized by Uganda's Ministry of Gender, Labour and Social Development. The delegates pledged to maintain and promote a healthy lifestyle through peer-to-peer mentoring, use all forms of youth-focused media to promote attitudinal change towards addressing maternal, infant and child health issues, and prevent sexual and gender-based violence. The delegates also called on their governments to integrate life skills and sexual reproductive health education into school curricula, implement legislation on sexual reproductive health of young people and encourage youth participation in government ministries.

Highlights

UNFPA supported nine non-governmental organizations in **Albania** in 2010 to raise awareness among youth and to facilitate peer education in schools about HIV and AIDS, sexually transmitted infections and about gender-based violence.

Argentina's Ministry of Education received support from UNFPA to introduce a national sex education programme into school curricula. Objectives of the initiative included improving young people's understanding of sexual and reproductive health and giving them the information they need to exercise their rights.

In **Bolivia**, UNFPA supported the design and implementation of a National Adolescent and Youth Health Plan, which included strategies for addressing the sexual and reproductive health needs.

With support from UNFPA, 46 per cent of people between the ages of 15 and 24 in **Cape Verde** now have access to sexual and reproductive health services dedicated to adolescents.

In the **Occupied Palestinian Territory**, UNFPA increased the capacity of 105 youth peer educators to communicate information about sexual and reproductive health. These educators led learning sessions for about 2,800 additional young women and men.

UNFPA advocated for the inclusion of adolescent reproductive health in **Papua New Guinea's** National Health Plan for 2011-2020.

The Zanzibar College of Health Sciences in the **United Republic of Tanzania** trained pre-service nurses in the provision of youth-friendly sexual and reproductive health and HIV-prevention services.

YOUNG PEOPLE AT RISK: THE CHANGING FACE OF HIV IN GEORGIA

Until recently, HIV prevalence here was concentrated among at-risk groups: injecting drug users, men who have sex with men, and sex workers. So HIV was not something that Anna, a happily married young mother, had ever worried about.

Then her husband, who had used drugs in the past, became ill, and she learned that she, too, carried the virus.

Anna now receives peer-support and counselling from the HIV/AIDS Support Centre in Tbilisi, which is supported by UNFPA, and is helping her cope with the implications of her HIV status.

Anna says her parents and friends don't know she is HIV

positive. "If I told my friends, they would avoid me," she says.

According to UNFPA Programme Analyst Lela Bakradze "acceptance towards people with HIV in Georgia is very low. We need to increase education and knowledge of people about this issue to decrease stigma and discrimination."

It is also crucial that young people understand that they are increasingly at risk, and that interventions are tailored to help them protect themselves, she said.

UNFPA helps Georgia reach young people by providing youth-friendly reproductive

health services and information and integrating HIV prevention, as well as voluntary testing and counselling, into these services.



UNFPA contributed to the establishment and development of youth friendly prevention services in Gori.
© UNFPA/Nezih Tavlas



GENDER, CULTURE AND HUMAN RIGHTS

Advancing gender equality and empowering
women and girls

Last year marked anniversaries of two milestones in women's rights: Security Council Resolution 1325 on women, peace and security and the Beijing Fourth World Conference on Women.

In March 2010, the Commission on the Status of Women undertook a 15-year review of the implementation of the Beijing Fourth World Conference on Women's Declaration and Platform for Action. The General Assembly reaffirmed the Declaration, which called for equal access to and equal treatment of women and men in education and health care and for the enhancement of women's sexual and reproductive health as well as education. The General Assembly also reaffirmed the Platform for Action, which stated that reproductive rights rest on the recognition of "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health." It also includes their right "to make decisions concerning reproduction free of discrimination, coercion and violence."

Security Council resolution 1325 called on governments to protect women and girls from sexual violence in conflicts. The resolution was addressed in UNFPA's *State of World Population 2010*, published in October.

In its work to implement the Programme of Action of the International Conference on Population and Development, UNFPA in 2010 as in previous years has employed an approach that integrates gender mainstreaming, women's empowerment, the protection of human rights and cultural sensitivity.

In December, UNFPA and the Harvard School of Public Health published a manual on applying and promoting human rights in all development work, including in humanitarian settings. The manual, *A Human Rights-Based Approach to Programming*, provided practical tools for designing censuses, sexual and reproductive health and gender equality programmes that are based on human rights. "The promotion

and protection of human rights are fundamental to the work of UNFPA," UNFPA Technical Division Director Werner Haug said at the launch of the report.

GENDER AND NATIONAL POLICIES

UNFPA assisted the United Nations Committee on Economic, Social and Cultural Rights in organizing a "Day of General Discussion" in November that resulted in a "General Comment," which will help governments fulfil their commitments regarding sexual and reproductive health and which will aid advocacy and programming by civil society and international organizations. The General Comment is aimed at those governments that have signed and ratified the International Covenant on Economic, Social and Cultural Rights. The Comment marked the first time that a treaty body addressed sexual and reproductive health in such a comprehensive way.

Highlights

With UNFPA support to the Ministry for the Family and Promotion of Women, **Angola** developed a draft National Policy for Gender Equality and Equity.

UNFPA supported the implementation of a gender policy within **El Salvador's** justice system, the formulation of a gender policy at the National Academy of Public Security (the police academy), and the updating of a gender-equality policy for the City Council of San Salvador.

In **Lebanon**, UNFPA supported the strengthening of the National Commission for Lebanese Women's advocacy and strategic development in the area of gender equality.

The **Philippines** passed regional, provincial and municipal Gender and Development Codes: laws or ordinances to promote, protect, and fulfil women's rights, attain gender equality and empower women.

Uzbekistan drafted a law on gender equality and a national action plan for implementing the Convention on the Elimination of All Forms of Discrimination Against Women. The law has been endorsed by the Cabinet of Ministers.



▲ A man with his son in his shop in Mufindi, Tanzania.
©Mikkel Ostergaard/Panos

GENDER AND AN ENABLING SOCIOCULTURAL ENVIRONMENT

Change that contributes to universal human rights in diverse cultural settings cannot be imposed from the outside. To be lasting, it must come from within. Culture matters because traditions and beliefs are often stronger than laws, and to get to the roots of human rights issues, we need to engage at a cultural level, according to former UNFPA Executive Director Thoraya Ahmed Obaid.

Because men wield much of the social, political and economic power in many poor and developing countries, achieving gender equality and reducing violence against women will demand their active participation and cooperation. That message was emphasized at a panel discussion, “Boys and Men: Partners in Gender Equality,” organized by UNFPA and UNICEF, in conjunction with the 54th Commission on the Status of Women in 2010. One of the main goals of constructive engagement of men and boys is not to perpetuate dependency on men and boys, but rather to encourage them to play positive roles in the lives of women and girls, which will also lead to fulfilling their own needs.

To help planners, health-care providers, educators and others in realizing the potential for men and boys to promote gender equality, UNFPA and two non-governmental organizations published *Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action* in 2010. This publication presented conceptual and practical information about advocacy, needs assessments and evaluations and included examples of programmes that have addressed challenges related to sexual and reproductive health and prevention of gender-based violence.

During the 2010 World Cup soccer games in South Africa, UNFPA released a new video game, *Breakaway*, targeted to boys between the ages 10 and 14, which aims to end violence against women and girls. The game asks, “When the game is your life, will you break away?”

UNFPA organized the first-ever live television debate on women’s empowerment during the Ministerial Meeting of the Economic and Social Council in New York in 2010. The event aimed to promote the empowerment of women and girls through culture.

Every year, 3 million women and girls in Africa alone face the prospect of genital mutilation and cutting, and as many as 140 million have already undergone the practice. UNFPA and UNICEF are jointly implementing in 12 countries a programme to accelerate the abandonment of female genital mutilation and cutting. And in the three years since the effort began, more than 6,000 communities in Burkina Faso, Ethiopia, Gambia, Guinea, Kenya, Senegal and Somalia have abandoned the practice. Still, in many of these countries, the overall prevalence rate remains high.

Highlights

As part of a UNFPA initiative on combating gender-based violence in the South Caucasus, **Armenia** held a training workshop of male involvement in advancing gender equality and ending violence against women.

UNFPA supported **Cuba’s** National Centre for Sex Education in the development of a course aimed at

BREAKDANCING FOR PEACE AND POSITIVE CHANGE IN NORTHERN UGANDA

During two decades of conflict, many of the young men and women from Uganda's commercial capital Gulu were forcibly conscripted by the rebel Lord's Resistance Army. Girls were often abducted to become sex slaves and servants of its leaders and troops. Children witnessed or survived unspeakable acts of violence. Families and communities were decimated.

When the fighting ended in 2008, young survivors bore both physical and psychological scars. The Gulu Youth Centre, a project of Uganda's Straight Talk Foundation, joined forces with other organizations to meet needs of the young by using the icons of their own cultural world. The result was the introduction of breakdance and hip-hop to supplement the six-year-old centre's existing work in health care and disease prevention for adolescents from 10 to 19 and young adults from 20 to 24.

A new movie, *Bouncing Cats*, tells how it all began, largely through the efforts of a Ugandan AIDS orphan and war victim who wanted to create a better life for the children of Uganda using hip-hop with a focus on 'b-boy culture' and breakdance. "I think music and dance can help give peace a chance," he says in the film. "Breakdance and hip hop are the weapons that youth want to use to tell people what is deep in their hearts." Often this helps to deal with the trauma young people have suffered.

"We have break dance for therapy every Saturday, and

they dance away and forget themselves," said Faith Lubanga, Outreach Officer of the Straight Talk Foundation, which receives support from UNFPA.

The break dance programme at the Gulu Youth Centre began in cooperation with Breakdance Project Uganda, a non-governmental organization based in Kampala, and its Hip Hop Therapy Project, which has been supported by USAID and mtvU, a university media service that is part of MTV Networks.

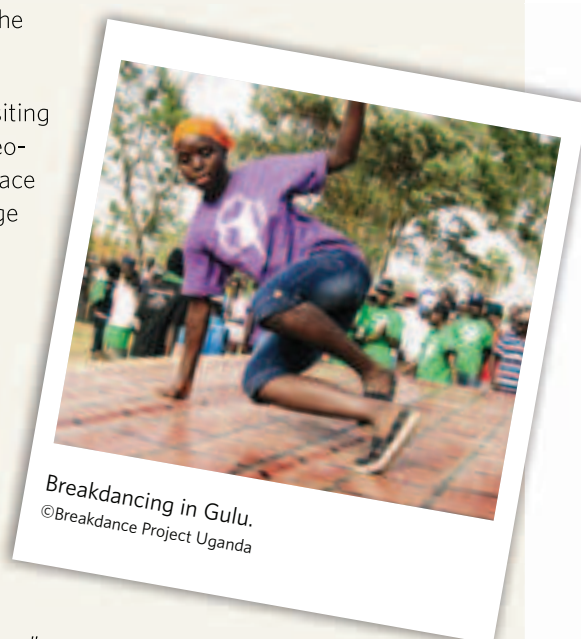
The project's mission is to engage young people in elements of the hip hop culture to build leadership skills and promote social responsibility, according to Josh Jones, the project coordinator in Gulu. "The Project has attracted people from every walk of life and acts as a catalyst for building mutually beneficial relationships between people of different social status across Uganda and the rest of the world," he said.

Breakdance Uganda's visiting stars have brought choreographed messages of peace and positive social change with their performances, said Lubanga. That reinforces other messages the centre promotes through sports, parents' programmes and radio broadcasts as well as the comprehensive health services and counselling for the young as they mature sexually. "A lot of sensitization goes on,"

Lubanga said. "The boys we see here are more gentlemanly than the ones I saw growing up." Gradually, more gender understanding and equality grows. And they have fun."

The project works hard to involve girls as well as boys, Jones said, adding, "We have seen huge changes in some of our core girl members, showing great increases in confidence and fundamentally being able to challenge and compete together with males."

In other countries as well, various forms of art—from theatre and music to painting and crafts—are being used to heal wounds, restore hope and teach lessons. In fact, almost everywhere today, creative responses to tragedy go on in many forms. Many of these projects are described in the arts and culture supplement to the *State of World Population 2010*.



PAKISTAN PREVENTS GENDER-BASED VIOLENCE AMONG SURVIVORS OF FLOODS

As part of its humanitarian response to Pakistan's worst natural disaster in living memory, UNFPA coordinated interventions to prevent and respond to gender-based violence among the affected population.

Crises like the floods that inundated much of the country in August break down social networks and systems that normally protect women and girls, such as cohesive families, livelihoods, and safe shelter. Displacement creates a host of risk factors that increase the vulnerability of women and girls to many forms of violence.

The rights, needs and vulnerabilities of women and girls are sometimes overlooked in emergencies,

when many humanitarian actors are focused on reaching a large number of people in the shortest period of time. There is a great need to recognize that gender-based violence can, and very often does, occur in these situations and to build survivor-centred response services.

UNFPA undertook capacity-building initiatives in Khyber Pukhtoonkhwa, Punjab and Sindh, introducing participants and future trainers from government and humanitarian agencies to basic principles of gender-based violence programming

and case management, using a confidential, survivor-centred, and comprehensive approach.



A family gathers around their meal at a tent camp in Quetta, Pakistan, where thousands were displaced following massive floods in July 2010.

©UN Photo/Amjad Jamal

preventing domestic violence. The Centre promotes the active participation of men in prevention.

UNFPA helped **Djibouti** organize training for 20 female religious leaders in advocacy for the abandonment of female genital cutting and mutilation.

Eritrea expanded its network of local committees that are advocating for the abandonment of female genital cutting and mutilation. As of 2010, there were 1,400 such committees in the country.

In **Mauritania**, the Uléma Association of religious leaders, AWARE II, USAID and the National Programme on Reproductive Health developed two advocacy tools: *Islam and Family Planning* and *Islam and HIV/AIDS*.

In **Nepal**, UNFPA has been engaging adolescent girls to make them aware of their reproductive health and rights and to mobilize them to become active agents

of change in addressing gender discrimination and harmful traditional practices.

GENDER AND HUMAN-RIGHTS PROTECTION SYSTEMS

UNFPA bolsters governments' efforts to build national capacities for incorporating gender equality and reproductive rights into human-rights protection mechanisms. UNFPA also supports policy-oriented advocacy and participation of women's groups and other groups that represent marginalized and excluded populations.

Highlights

In **Argentina**, UNFPA disseminated information about new laws, including one to prevent, punish and eradicate violence against women, to the country's judiciary.

São Tomé and Príncipe's National Institute of Gender received assistance from UNFPA in the promulgation of a new law on domestic violence.

Sri Lanka established community watch groups to ensure the protection of women.

In 2010, **the Syrian Arab Republic** established a National Observatory on Gender-based Violence, which will be linked to the country's family protection units.

Turkey received support from UNFPA in 2010 for a review of the National Action Plan to Combat Domestic Violence against Women.

STOPPING GENDER-BASED VIOLENCE

In the lead-up to the 10th anniversary of landmark Security Council resolution 1325 condemning violence against women and girls in conflict, UNFPA published its annual flagship *State of World Population 2010*, which showed that when women have access to the same rights and opportunities as men, they are more resilient to conflict and disaster and can lead reconstruction and renewal efforts in their societies.

Security Council Resolution 1325 aimed not only to put a stop to sexual violence against women and girls in armed conflict but also encouraged greater participation by women in peacebuilding initiatives.

“When women and girls suffer deep discrimination, they are more vulnerable to the worst effects of disaster or war, including rape, and less likely to contribute to peacebuilding, which threatens long-term recovery,” said former UNFPA Executive Director Thoraya Ahmed Obaid at the launch of the report.

Through the stories of individuals affected by conflict or catastrophe in Bosnia and Herzegovina, Haiti, Iraq, Jordan, Liberia, the Occupied Palestinian Territory, Timor-Leste and Uganda, the report shows how communities and civil society are healing old wounds and moving forward. However, more still needs to be done to ensure that women have access to services and have a voice in peace deals or reconstruction plans.

Security Council resolutions guide the international community's response to conflict and establish the

framework for actions to protect women and assure their participation in peacebuilding and reconciliation, “but they are not a substitute for grass-roots efforts to empower women and to build long-term resilience to crises of any sort,” according to the report.

“Governments need to seize opportunities arising out of post-conflict recovery or emerging from natural disasters to increase the chances that countries are not just rebuilt, but built back better and renewed, with women and men on equal footing, with rights and opportunities for all and a foundation for development and security in the long run,” the report argues.

While conflict and disaster can worsen inequalities between men and women, Ms. Obaid said at the launch in London, “recovery from conflict and disaster also presents a unique opportunity—an opportunity to rectify inequalities, ensure equal protection under the law, and create space for positive change.”

Ms. Obaid noted that the report calls attention to the “devastating and unacceptable sexual violence” in countries affected by conflict and natural disaster. “This report calls for urgent and concerted action to protect women, prevent sexual violence, stop impunity and bring justice.”



▲ The Salem police station in Monrovia, Liberia
©VII Photo/Marcus Bleasdale

ENDING HARMFUL PRACTICES THROUGH COMMUNITY-LED SOCIAL CHANGE IN SENEGAL

Many organizations are working to eliminate female genital mutilation/cutting in Africa. But the organization that has been most successful in this, Senegal's Tostan, was not originally focused on this particular harmful practice.

"We didn't set out to end female genital cutting," says Molly Melching, who founded Tostan in 1991. (*tostan* means "breakthrough" in Wolof, a main language of Senegal.) "This is a holistic programme. The goal was simply to empower communities to make their own decisions about everything, including the things they've always taken for granted."

Villagers have come to the decision to abandon the practice on their own after learning some basic facts about the harm the practice inflicts on women and their children and, just as important, coming to the realization that people have the right to abandon a pervasive, deep-rooted, centuries-old tradition if that tradition is contrary to their best interests, Ms. Melching explained.

Because of Tostan's remarkable success in ending the practice in Senegal, the UNFPA-UNICEF Joint

Programme on Female Genital Cutting/Mutilation is also supporting the organization in Gambia, Guinea, Guinea-Bissau, Djibouti and Somalia.



A girl in Senegal listens while her mother attends a meeting hosted by Tostan, a group that leads grass roots campaigns to eradicate female genital cutting/mutilation.
©Reuters/Finbarr O'Reilly

The *State of World Population* report is published annually and raises awareness about issues related to UNFPA's mandate or the Programme of Action of the International Conference on Population Development.

Also in 2010, UNFPA hosted a gathering in New York of women from a dozen countries to share their struggles to put an end to gender-based violence worldwide. The event addressed

the achievements of an inter-agency task force's pilot programme on gender-based violence that covers Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, the Philippines, Rwanda and Yemen.

Highlights

UNFPA coordinated the establishment of psychosocial, legal and medical referral systems for survivors of sexual violence in **Haiti** after the earthquake. UNFPA also participated in training of United Nations military patrols in camps to help them prevent and address gender-based violence. Haiti also received assistance from **Brazil** through a UNFPA-backed South-South cooperation initiative in addressing gender-based violence against women and adolescent girls.



- ▲ The *State of World Population 2010* showed how women and girls must be involved in recovery and reconstruction after war or natural disaster.

©UN Photo/Sophia Paris

UNFPA and UNIFEM supported **Kyrgyzstan's** Crisis Centres in Osh and Jalal-Abad to assist survivors of sexual violence in the aftermath of the civil unrest in the country last year.

Sierra Leone improved gender-based violence reporting, referrals and community education by the family support units of the country's police force, and **Côte d'Ivoire** provided medical or psychosocial support to 281 survivors of gender-based violence.

In South Kordufan in **Sudan** in 2010, UNFPA integrated awareness-raising about HIV and a response to gender-based violence into the disarmament,

demobilization, and reintegration process and peace-promotion activities.

UNFPA and **Timor-Leste's** Secretary of State for Promotion of Equality advocated for the approval and promulgation of the Law Against Domestic Violence in 2010.

Family in Liberia. ►

©VII Photo/ Marcus Bleasdale





RESOURCES AND MANAGEMENT

INCOME

UNFPA surpassed funding targets for regular and other resources in 2010 and secured multi-year commitments from 46 countries in 2010. Twenty-one donors made contributions exceeding \$1 million. Total regular and other income in 2010 was about \$870 million, up from \$783 million in 2009.

Regular income totalled \$507.7 million, an increase of \$21.3 million (4.4 per cent) over the 2009 total of \$486.4 million. The 2010 total includes \$491.2 million in voluntary contributions from governments and private donors, \$10.1 million in interest income and \$6.4 million in other income. Regular resources, mostly comprising government commitments, provide reliable, flexible support for UNFPA programmes in developing countries. They also are used for programme administration and management. Other contributions in 2010 totalled \$362.3 million, an increase of \$65.7 million (22.2 per cent) from

INCOME AND EXPENDITURES 2010

IN MILLIONS OF US\$

INCOME

REGULAR RESOURCES

Voluntary Contributions	491.2
Interest Income	10.1
Other Income	6.4
Total Regular Income	507.7

OTHER RESOURCES

Trust Funds	357.2
Other Arrangements	3.5
Interest and Other Income	1.6
Total Other Resources Income	362.3

TOTAL INCOME **870.0**

EXPENDITURES

REGULAR RESOURCES

Programme Expenditures	366.2
Total Programme Expenditures	366.2
Biennial Support Budget Expenditures	106.9
Regionalization	2.2
Implementation of IPSAS and Enterprise Resource Planning System	4.0
Security	3.7
Other Expenditures	
Total Regular Expenditures	483.0

OTHER RESOURCES

Total Programme Expenditures	316.8
Other Expenditures	1.5
Total Other Resources Expenditures	318.3

TOTAL EXPENDITURES **801.4**

INCOME OVER EXPENDITURES **68.6**

ALL FIGURES ARE PROVISIONAL AS OF 30 MARCH 2011. Totals may not add up due to rounding.

TOP 20 DONORS TO UNFPA*

CONTRIBUTIONS IN US\$

DONOR	REGULAR CONTRIBUTIONS ¹
Netherlands	73,600,540
Sweden	60,564,947
Norway	54,133,377
United States	51,400,000
Denmark	37,124,230
Finland	33,738,192
United Kingdom	30,227,803
Japan	25,438,946
Spain	21,419,009
Germany	19,498,937
Canada	17,059,980
Switzerland	14,462,810
Australia	7,311,852
Belgium	6,399,477
New Zealand	4,423,800
Ireland	3,663,004
Luxembourg	3,576,248
France	2,294,197
Austria	1,826,639
Italy	1,400,560

DONOR	OTHER CONTRIBUTIONS ²
UN Inter-Organizational Transfers ³	93,009,657
United Kingdom	67,612,315
Netherlands	46,010,410
Spain ⁴	23,430,664
Sweden	13,528,751
European Commission	12,314,803
Norway	11,553,437
Australia	10,192,437
United States Agency for International Development	5,918,717
Luxembourg	5,914,290
Colombia	5,087,956
Germany	3,310,969
Japan	2,499,800
Uruguay	1,659,392
United Nations Fund for International Partnerships	1,595,808
Côte d'Ivoire (African Development Bank)	1,563,435
Denmark	1,561,809
Italy	1,417,444
Canada	1,417,031
Finland	1,191,467

1 Contributions for regular resources for 2010

2 Cash contributions received for co-financing resources in 2010

3 Includes Joint Funding Mechanisms: Office of the Coordination of Humanitarian Affairs, including Central Emergency Response Fund (CERF): \$10.7 million, Joint Programmes that follow United Nations Development Group (UNDG): \$26.3 million, United Nations Human Security Trust Fund: \$1.7 million, Regular Joint Programmes: \$31.3 million, and bilateral transfers from United Nations Entities: \$22.9 million.

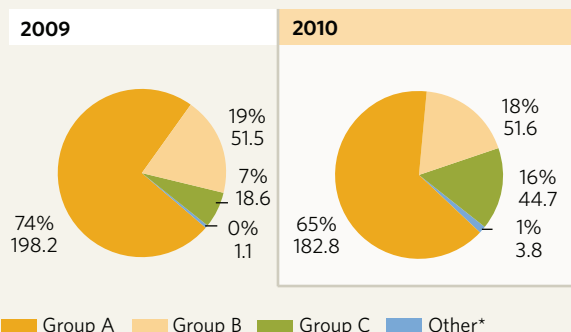
4 Includes Spain (Catalonia) Contributions

* Contributions valued in US\$ at the time they were received using the United Nations Operational Rate of Exchange (arranged by descending order).

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2011 is based on preliminary data.

EXPENDITURES BY COUNTRY GROUP

IN MILLIONS OF US\$ AND AS A PERCENTAGE OF TOTAL



Group A Group B Group C Other*

Please refer to the map on pages 32-33 for Group Listings.

* Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA. Percentages that are zero are the result of rounding.

\$296.6 million in 2009. The 2010 figure includes interest and other income of \$1.6 million. Income from other resources is earmarked for specific activities, and encompasses trust funds, cost-sharing programme arrangements and other restricted funds.

EXPENDITURES

Project expenditures from regular resources in 2010 totaled \$366.2 million, compared to \$347.8 million in 2009. The 2010 figure includes \$315 million for country and regional programmes, compared to \$304 million in 2009; and \$51.3 million for global and other programmes,

EXPENDITURES BY REGION

REGULAR RESOURCES*

REGION	IN MILLIONS US\$	% OF TOTAL PROGRAMME
SUB-SAHARAN AFRICA		
BY PROGRAMME AREA		
Reproductive health	62.8	46.2
Population and development	31.6	23.3
Gender equality and women's empowerment	17.5	12.9
Programme coordination and assistance	23.9	17.6
Total	135.9	100.0
COUNTRY ACTIVITIES BY GROUP		
Group A	96.1	76.1
Group B	3.1	2.5
Group C	27.0	21.4
Total	126.2	100.0
Country	126.2	92.9
Regional activities	9.7	7.1
Total Region	135.9	100.0
ARAB STATES		
BY PROGRAMME AREA		
Reproductive health	13.3	48.7
Population and development	4.4	16.1
Gender equality and women's empowerment	3.7	13.6
Programme coordination and assistance	5.9	21.6
Total	27.3	100.0
COUNTRY ACTIVITIES BY GROUP		
GROUP A	17.4	70.7
GROUP B	4.8	19.5
GROUP C	0.2	0.8
Other	2.2	8.9
Total	24.6	100.0
Country	24.6	90.1
Regional activities	2.7	9.9
Total Region	27.3	100.0
EASTERN EUROPE AND CENTRAL ASIA		
BY PROGRAMME AREA		
Reproductive health	6.8	40.2
Population and development	3.2	18.9
Gender equality and women's empowerment	1.8	10.7
Programme coordination and assistance	5.1	30.2
Total	16.9	100.0
COUNTRY ACTIVITIES BY GROUP		
Group A	0.7	5.5
Group B	4.7	37.0
Group C	5.7	44.9
Other	1.6	12.6
Total	12.7	100.0
Country	12.7	75.1
Regional activities	4.2	24.9
Total Region	16.9	100.0

REGION	IN MILLIONS US\$	% OF TOTAL PROGRAMME
ASIA AND THE PACIFIC		
BY PROGRAMME AREA		
Reproductive health	63.0	65.6
Population and development	17.6	18.3
Gender equality and women's empowerment	8.7	9.1
Programme coordination and assistance	6.7	7.0
Total	96.0	100.0
COUNTRY ACTIVITIES BY GROUP		
Group A	58.5	67.2
Group B	20.0	23.0
Group C	8.5	9.8
Total	87.0	100.0
Country	87.0	90.6
Regional activities	9.0	9.4
Total Region	96.0	100.0
LATIN AMERICA AND THE CARIBBEAN		
BY PROGRAMME AREA		
Reproductive health	16.4	42.3
Population and development	10.4	26.8
Gender equality and women's empowerment	6.9	17.8
Programme coordination and assistance	5.1	13.1
Total	38.8	100.0
COUNTRY ACTIVITIES BY GROUP		
GROUP A	10.1	31.3
GROUP B	19.0	58.8
GROUP C	3.2	9.9
Total	32.3	100.0
Country	32.3	83.2
Regional activities	6.5	16.8
Total Region	38.8	100.0
GLOBAL AND OTHER PROGRAMMES		
BY PROGRAMME AREA		
Reproductive health	11.7	22.8
Population and development	9.5	18.5
Gender equality and women's empowerment	4.8	9.4
Programme coordination and assistance	25.3	49.3
Total	51.3	100.0

* All data used throughout these tables are provisional. Totals may not add up due to rounding.

compared to \$43.8 million for 2009. UNFPA provided \$174.1 million in assistance for reproductive health, \$76.6 million for population and development, \$43.5 million for gender equality and women's empowerment, and \$72.1 million for programme coordination and assistance. These expenditures enabled UNFPA to carry out recommendations approved by the UNFPA Executive Board.

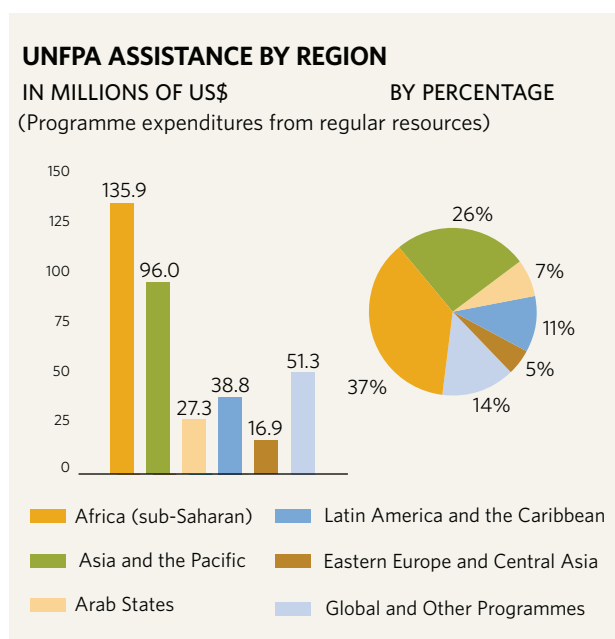
REGIONAL SPENDING

In 2010, UNFPA provided support to 123 developing countries, areas and territories: 45 in sub-Saharan Africa, 14 in the Arab States, 20 in Eastern Europe and Central Asia, 21 in Latin America and the Caribbean, and 23 in Asia and the Pacific. Sub-Saharan Africa received the largest percentage of UNFPA regular resources at \$135.9 million, followed by Asia and the Pacific at \$96 million, Latin America and the Caribbean at \$38.8 million, the Arab States at \$27.3 million, and Eastern Europe and Central Asia at \$16.9 million.

MANAGEMENT HIGHLIGHTS

UNFPA stepped up efforts in 2010 to strengthen accountability and increase institutional capacities in financial management, especially in country and regional offices and in support of nationally executed

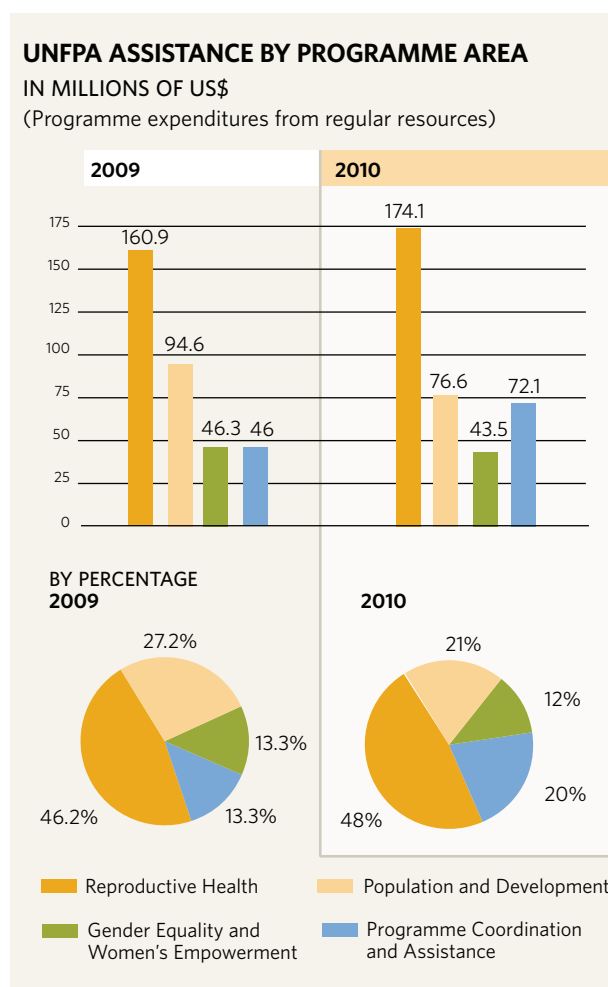
Note: All tables, charts and other financial information in this report are based on provisional figures.



projects. UNFPA's Ethics Office in 2010 designed a training module on supervisory accountability and ethical behavior in the workplace. UNFPA complied 100 per cent with the requirements of the annual financial disclosure programme.

UNFPA expanded and deepened advocacy and programming partnerships with stakeholders at the global, regional and country levels in 2010. For example, an existing partnership among UNFPA, UNICEF, the World Health Organization, the World Bank and UNAIDS—together known as the "Health Four Plus," supported and will help implement the Secretary-General's Global Strategy for Women's and Children's Health, which aims to improve the health of hundreds of millions of women and children around the world.

UNFPA collaborated with other United Nations entities in a record 244 joint programmes in 2010.



Where UNFPA Works

UNFPA worked in 155 countries, areas and territories in 2010 through its headquarters in New York and five regional, six subregional and 119 country offices worldwide. UNFPA also has liaison offices in Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. Eighty-two per cent of UNFPA's 1,125 staff work in regional, subregional or country offices.



■	UNFPA headquarters
■	Liaison offices
■	Regional offices
■	Subregional offices
●	Regional and subregional office

GROUP A

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

SUB-SAHARAN AFRICA

- Angola
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Comoros
- Congo
- Côte d'Ivoire
- Democratic Republic of the Congo
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mozambique
- Namibia
- Niger
- Nigeria

- Rwanda
- São Tomé and Príncipe
- Senegal
- Sierra Leone
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania (the)
- Zambia
- Zimbabwe

ARAB STATES

- Djibouti
- Occupied Palestinian Territory
- Somalia
- Sudan
- Yemen

ASIA AND THE PACIFIC

- Afghanistan
- Bangladesh
- Bhutan
- Cambodia
- India
- Lao People's Democratic Republic
- Maldives
- Myanmar
- Nepal
- Pacific Island countries and territories*
- Pakistan
- Papua New Guinea
- Timor-Leste

LATIN AMERICA AND THE CARIBBEAN

- Guatemala
- Haiti
- Honduras

GROUP B

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

SUB-SAHARAN AFRICA

- Botswana
- South Africa

ARAB STATES

- Algeria
- Egypt
- Iraq
- Lebanon
- Morocco
- Syrian Arab Republic
- Tunisia

EASTERN EUROPE AND CENTRAL ASIA

- Albania
- Armenia
- Azerbaijan
- Bosnia and Herzegovina
- Kazakhstan
- Kyrgyzstan
- Tajikistan



*Pacific Island countries and territories are listed twice because some fall under category A and others under category C. Category A includes Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu. Category C includes the Cook Islands, Fiji, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Tokelau and Tonga.

**Caribbean countries and territories are listed twice because some fall under category B and some under category C. Category B includes Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Category C includes Anguilla, Antigua Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, St. Christopher and Nevis, St. Lucia, St. Vincent and Grenadines, Netherlands Antilles, and Turks and Caicos Islands.

***Includes programmes in Kosovo.

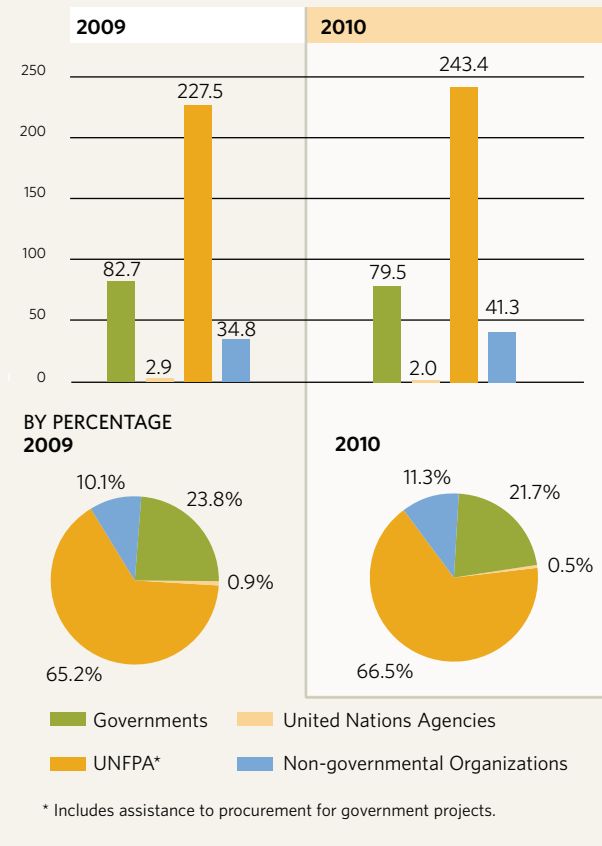
The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. The dotted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

The regional office for Eastern Europe and Central Asia relocated to Istanbul in early 2011.

Turkmenistan	GROUP C	ASIA AND THE PACIFIC
Uzbekistan		
ASIA AND THE PACIFIC	Countries and territories that have demonstrated significant progress in achieving the goals of the International Conference on Population and Development	China
Democratic People's Republic of Korea		Malaysia
Indonesia		Pacific Island countries and territories*
Iran (Islamic Republic of)		Sri Lanka
Mongolia		Thailand
Philippines	SUB-SAHARAN AFRICA	LATIN AMERICA AND THE CARIBBEAN
Viet Nam	Mauritius	Argentina
LATIN AMERICA AND THE CARIBBEAN	Seychelles	Caribbean countries and territories**
Bolivia (Plurinational State of)	ARAB STATES	Chile
Brazil	Jordan	Cuba
Caribbean countries and territories**	EASTERN EUROPE AND CENTRAL ASIA	Mexico
Colombia	Belarus	Uruguay
Costa Rica	Bulgaria	OTHER
Dominican Republic	Georgia	Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA
Ecuador	Republic of Moldova	ARAB STATES
El Salvador	Romania	Oman
Nicaragua	Russian Federation	EASTERN EUROPE AND CENTRAL ASIA
Panama	Serbia***	The former Yugoslav Republic of Macedonia
Paraguay	Turkey	
Peru	Ukraine	
Venezuela (Bolivarian Republic of)		

UNFPA ASSISTANCE BY IMPLEMENTING AGENCY
IN MILLIONS OF US\$

(Programme expenditures from regular resources)



At the country level, UNFPA offices entered into or expanded partnerships that are strengthening national capacity to advocate for the agenda of the International Conference on Population and Development through outreach to media, new publications, public events, training, seminars and workshops. In Nepal, for example, UNFPA supported a forum on the agenda of the International Conference on Population and Development and partnered with media to raise awareness about maternal and child health and other issues.

In addition, last year UNFPA established an advisory panel of non-governmental organizations and an External Advisory Panel to bring independent advice and perspectives and new ideas to the organization.

In 2010, UNFPA integrated internal communications and knowledge management into a new platform, MyUNFPA. The newly unified system has changed the way staff across the organization communicate with each other and do business. MyUNFPA provides a safe space for staff to discuss internal issues and create knowledge global, regional and national networks. Since the site's launch in November, 104 UNFPA offices—82 percent—began using the new platform. One in two staff has already joined groups, or communities of practice, and about one in five created “assets,” which allow colleagues to work together on a project or a document. For the first time, external partners may also join groups. More than 1,000 staff posted their professional profiles to the site. Moreover, through MyUNFPA, UNFPA is making greater use of webinars to share knowledge with field offices and save money on travel. In 2010, UNFPA organized 32 webinars with a total of 1,740 participants.



▲ Market outside Monrovia, Liberia.
©VII Photo/ Marcus Bleasdale

2010 PROJECT EXPENDITURES

IN THOUSANDS OF US\$ (INCLUDES REGULAR AND OTHER RESOURCES)

SUB-SAHARAN AFRICA

Angola	1,762
Benin	3,312
Botswana	1,651
Burkina Faso	8,153
Burundi	3,950
Cameroon	4,144
Cape Verde	2,094
Central African Republic	4,215
Chad	6,993
Comoros	1,431
Congo	2,770
Cote d'Ivoire	7,245
Democratic Republic of the Congo	12,158
Equatorial Guinea	1,410
Eritrea	4,942
Ethiopia	14,290
Gabon	1,325
Gambia	1,730
Ghana	5,006
Guinea	3,830
Guinea-Bissau	2,236
Kenya	6,384
Lesotho	2,221
Liberia	5,022
Madagascar	6,277
Malawi	9,608
Mali	6,572
Mauritania	4,388
Mauritius	14
Mozambique	11,259
Namibia	3,036
Niger	7,521
Nigeria	11,961
Rwanda	4,165
São Tomé and Príncipe	676
Senegal	4,059
Seychelles	112
Sierra Leone	10,181
South Africa	2,080
Swaziland	1,366
Togo	3,713
Uganda	12,028
United Republic of Tanzania (the)	6,953
Zambia	4,200
Zimbabwe	12,756
<i>Country and Territory Projects Total</i>	<i>231,200</i>
<i>Regional Projects</i>	<i>13,689</i>
Sub-Saharan Africa Total	244,889

ASIA AND THE PACIFIC

Afghanistan	8,119
Bangladesh	8,375
Bhutan	1,233
Cambodia	6,529
China	4,558
Democratic People's Republic of Korea	1,375
India	13,302
Indonesia	6,603
Iran (Islamic Republic of)	1,557
Lao People's Democratic Republic	3,261
Malaysia	405
Maldives	507
Mongolia	2,898
Myanmar	8,307
Nepal	4,911
Pacific Island countries and territories ^a	-
Pakistan	19,220
Papua New Guinea	2,539
Philippines	8,404
Sri Lanka	3,662
Thailand	2,078
Timor-Leste	3,508
Viet Nam	8,138
<i>Country and Territory Projects Total</i>	<i>119,488</i>
<i>Regional Projects</i>	<i>13,901</i>
Asia and the Pacific Total	133,389

ARAB STATES

Algeria	237
Djibouti	1,235
Egypt	3,220
Iraq	4,130
Jordan	1,513
Lebanon	1,454
Morocco	2,814
Occupied Palestinian Territory	3,862
Oman	492
Republic of Yemen	3,338
Somalia	2,372
Sudan	13,741
Syrian Arab Republic	3,309
Tunisia	573
<i>Country and Territory Projects Total</i>	<i>42,291</i>
<i>Regional Projects</i>	<i>4,017</i>
Arab States Total	46,308

EASTERN EUROPE AND CENTRAL ASIA

Albania	1,561
Armenia	828
Azerbaijan	986
Belarus	456
Bosnia and Herzegovina	743
Bulgaria	118
Georgia	1,704
Kazakhstan	704
Kyrgyzstan	1,368
Moldova, Republic of	792
Romania	232
Russian Federation	1,610
Serbia ^b	1,105
Tajikistan	1,329
The former Yugoslav Republic of Macedonia	588
Turkey	2,468
Turkmenistan	704
Ukraine	646
Uzbekistan	1,091
<i>Country and Territory Projects Total</i>	<i>19,036</i>
<i>Regional Projects</i>	<i>5,890</i>
Eastern Europe and Central Asia Total	24,927

LATIN AMERICA AND THE CARIBBEAN

Argentina	934
Bolivia (Plurinational State of)	3,025
Brazil	2,736
Caribbean countries and territories ^c	2,873
Chile	407
Colombia	9,891
Costa Rica	1,176
Cuba	707
Dominican Republic	2,595
Ecuador	2,521
El Salvador	2,021
Guatemala	6,999
Haiti	16,292
Honduras	3,458
Mexico	3,216
Nicaragua	8,056
Panama	1,108
Paraguay	1,163
Peru	2,959
Uruguay	2,797
Venezuela (Bolivarian Republic of)	1,592
<i>Country and Territory Projects Total</i>	<i>76,526</i>
<i>Regional Projects</i>	<i>14,169</i>
Latin America and the Caribbean Total	90,695

Global programme and other activities	137,975
Total programme expenditure	678,185

TOTAL PROJECT EXPENDITURES

Country Projects	488,541
Regional Projects	51,667
Global and Other Projects	137,975
Procurement Services, Junior Professional Officers and Other Programmes	4,859
GRAND TOTAL	683,043

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2011 is based on preliminary data. Totals may not add up due to rounding.

- a Figures for Pacific multi-islands comprise several islands which, for reporting purposes, are classified under one heading, including the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.
- b Includes programmes in Kosovo.
- c Figures for Caribbean, English- and Dutch- speaking, comprise several countries and islands which, for reporting purposes, have been classified under one heading, including Anguilla, Antigua and Barbuda, the Bahamas, Barbados, Belize, Bermuda, The British Virgin Islands, the Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts, Saint Lucia, Saint Vincent and the Grenadines, the Netherlands Antilles, Suriname, Trinidad and Tobago and the Turks and Caicos Islands.



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