UNFPA

ANNUAL REPORT 2009

Photos:

Cover:
Young woman attends class in Kabul, Afghanistan.
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Foreword:
Ban Ki-moon, Secretary-General of the United Nations.
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From the Executive Director:
Thoraya Ahmed Obaid, Executive Director of UNFPA.
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Population and Development:
Census campaign in Viet Nam.
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Reproductive Health and Rights:
A woman plays with a baby at the Pouponniere facility in Dakar.
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Gender, Cuture and Human Rights:
Young women at literacy and skills training centre in Afghanistan.
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Resources and Management:
Women in Gambia collect fish from boats.
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The Mission of UNFPA

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.

Foreword

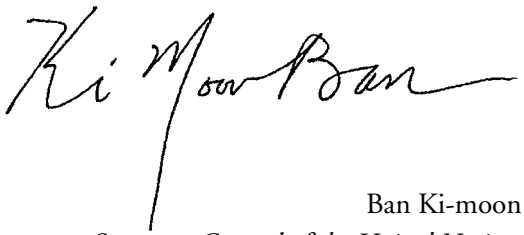
For 40 years, UNFPA, the United Nations Population Fund, has sought to improve reproductive health in the developing world, including family planning, and to support countries in finding an equitable, sustainable balance between population and development.

In 2009, UNFPA provided assistance to 155 countries and territories, with a special emphasis on women's empowerment, gender equality and HIV prevention. An important thread linking these activities was the need to formulate evidence-based programmes and policies, based on solid data. UNFPA also helped countries prepare for the 2010 round of censuses, which will provide critical information and insights and enable us to devise more targeted policies and investments.

The year also marked the 15th anniversary of the International Conference on Population and Development, and UNFPA joined with partners worldwide to commemorate the landmark Cairo Programme of Action, which continues to guide governments and the international community and contribute to our work to achieve the Millennium Development Goals.

The slow progress in achieving MDG 5—to improve maternal health—illustrates the need for increased political commitment and greater investments in health systems, in particular reproductive health services and supplies. A health system that delivers for mothers will deliver for the whole community. We must do everything we can to reverse the needless deaths of women from complications during pregnancy and child birth, especially during times of crisis and conflict. For too long, maternal and child health has been at the back of the MDG train even though we know it is the backbone of stable and productive societies.

I attach the highest importance to the wide-ranging efforts of UNFPA 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 is bringing us closer to achieving the population and development goals we have set for ourselves and our planet, and which are crucial for building a better world for all.



Ban Ki-moon
Secretary-General of the United Nations

From the Executive Director

The 15th anniversary in 2009 of the International Conference on Population and Development (ICPD) prompted governments and partners worldwide to reaffirm their commitment to the visionary and holistic ICPD Programme of Action and underline its importance to the achievement of the Millennium Development Goals (MDGs).

Throughout the year, UNFPA continued to press for the achievement of ICPD goals, supporting efforts for population and development, the empowerment of women and the right to sexual and reproductive health, including for the largest generation of adolescents and young people.

In response to humanitarian crises, UNFPA worked with the UN system and other partners to deliver reproductive health supplies, address gender-based violence and gather the data necessary to plan effectively for recovery. From the Democratic Republic of the Congo to Sri Lanka, Pakistan and other countries, UNFPA worked to protect human rights and dignity in the wake of conflict and disaster.

Throughout the year, UNFPA provided technical and financial assistance to countries' national censuses as part of the "2010 round," which runs from 2005 to 2014. The data derived from censuses are essential for development plans, programmes and monitoring.

In 2009, there was increasing momentum in countries to achieve MDG5 to improve maternal health. Efforts were bolstered by a high-level meeting on maternal health in Addis Ababa, and a groundbreaking resolution in the UN Human Rights Council decrying the large inequities in maternal mortality and declaring that maternal health is a human right.

In October, lawmakers from 115 countries gathered in Ethiopia for the fourth International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action, and underlined the indispensable role of population data and analysis, and reproductive health in achieving the MDGs. They expressed their commitment to support accessible and affordable health services that promote family planning, HIV prevention and the health and well-being of women and girls.

As we strive to achieve universal access to reproductive health by 2015, UNFPA continued to work with many partners, including UNICEF, the World Health Organization and the World Bank ("H4") and UNAIDS to support national efforts and accelerate life-saving interventions for women and newborns.

The year was marked by significant progress and measurable impact in the 73 countries supported by UNFPA's Global Programme to Enhance Reproductive Health Commodity Security. Approximately $70 million was used

to purchase commodities such as contraceptives, life-saving maternal health drugs, equipment, and reproductive health kits, with $17 million for developing national capacity, and advocacy.

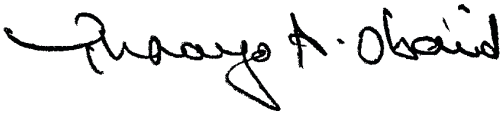
I believe that working in partnership with others, including civil society, is central to the success of UN reform, system-wide coherence and development effectiveness. In 2009, UNFPA made progress within the UN system, advancing inter-agency initiatives to end violence against women, prevent HIV infection, improve maternal health, and accelerate the abandonment of female genital mutilation/cutting.

In 2009, the Campaign to End Fistula continued to expand and make a positive difference in the lives of women and families. Increasing numbers of women and girls are receiving care to prevent and treat fistula and return to full and productive lives. Since the Campaign's inception in 2003, the number of countries involved has grown from 12 to 47, more than 38 countries have conducted a situation analysis, more than 28 countries have integrated obstetric fistula in national health policies or plans, and more than 16,000 women received fistula treatment and care with support from UNFPA.

Population, women and our changing climate was the focus of *The State of World Population* report in 2009, which was launched on the eve of the Copenhagen Climate Change Conference. One of the main messages is that women in poor developing countries, who contributed the least to its causes, are bearing a disproportionate burden of climate change and require increased assistance for adaptation so they can contribute more fully to a solution and build resilience in affected communities.

In 2009, the provisional core contributions from donor Governments to UNFPA totalled approximately $469 million—an increase of $40 million from the previous year. UNFPA is grateful for continued support in the face of the financial crisis, and the return of a major donor—the United States.

UNFPA takes pride in the progress we made in 2009 and remains committed to addressing challenges. Looking forward, we will continue to support countries in advancing the ICPD Programme of Action and accelerating the achievement of the Millennium Development Goals.



Thoraya Ahmed Obaid

POPULATION AND DEVELOPMENT

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

POPULATION DYNAMICS AND PUBLIC POLICY

UNFPA supports countries as they strive to eradicate poverty and achieve sustainable development.

Policies that aim to reduce poverty and eliminate inequalities between men and women, girls and boys are most effective when governments have a thorough understanding of population dynamics. Efforts to develop policies or provide services that meet the needs of targeted individuals and communities are more likely to be successful when they are rooted in evidence or informed by reliable, comprehensive data.

In 2009, UNFPA contributed to the development of governments' capacities to include population analysis into national poverty-reduction plans and expenditure frameworks. Having a clear and complete picture of the complex interactions between population dynamics and nearly all aspects of development creates opportunities for intervening in the structural determinants of poverty, rather than simply addressing poverty's effects.

The demographic challenges facing our world today are unprecedented and demand a strong policy response, UNFPA Executive Director Thoraya Ahmed Obaid told members of the International Union for the Scientific Study of Population at their annual meeting in Morocco on 29 September. "While we welcome the world's largest youth population, we are experiencing a simultaneous increase in the number of older persons in countries worldwide. While we witness rapid population growth in the world's poorest nations, some of the world's richest countries face population decline… Demographic changes are… among the greatest challenges facing the world in the 21st century."

In 2009, UNFPA continued to address two of the most pressing demographic changes that affect the poorest countries today and in the years to come: a comparatively high rate of fertility with a high rate of population growth, already resulting in a growing youth population, and a comparatively high rate of rural-to-urban migration. In some countries, these trends may present new opportunities. But in others, they have resulted in the rapid growth of youth unemployment and the growth of urban slums, with decaying infrastructure and excess demand for essential public services, such as education and health care.

In 2009, UNFPA calculated the latest cost estimates for implementing the Programme of Action of the International Conference on Population and Development (ICPD) to enable governments and international organizations to assess the amount of funding needed to sustain or expand population-related programming in the future. The estimates appeared in two publications: *Financial Resource Flows for Population Activities* and *Financing the ICPD Programme of Action: Fifteen Years Later*.

Highlights

In Ethiopia, UNFPA supported the development of a National Population Plan of Action and a Manual for Integration of Population Variables, which together will guide future policymaking in a variety of sectors.

In Kenya, UNFPA supported the National Integrated Monitoring and Evaluation System to ensure that all development plans, expenditure frameworks

and policies took into account the links between population dynamics, gender equality, sexual and reproductive health and HIV and AIDS.

In Egypt, UNFPA supported the National Council for Women's efforts to integrate gender dimensions into the development plans of 29 governorates.

With UNFPA support, the Government of Yemen integrated population, reproductive health and gender issues into national development plans as well as into primary and secondary education plans.

In Indonesia, the Government released the 2010-2014 National Medium-Term Development Plan, which integrates population, reproductive health and gender-related issues. A new health law was passed, which includes articles on reproductive health.

The Government of Kazakhstan has taken population issues into account in the development strategies of the Ministry of the Economy and Budget Planning, the Ministry of Health Care, the Ministry of Labour and Social Protection and five other ministries.

In Peru, UNFPA aided the Ministry of Women and Social Development in updating the country's National Population Plan, which links demographic change, poverty-reduction initiatives and social policy.

YOUTH

In many parts of the world, the proportion of the population that is young is growing rapidly.

The success of policies and other actions to reduce poverty depends in part on how well they reflect the needs and aspirations of youth.

In 2009, UNFPA and the Population Council published *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People.* The publication draws principally on results from demographic and health surveys and provides decision makers with data about adolescent girls and boys and young women, ranging in age from 10 to 24.

The publication defines the gap between investments and need and illustrates how the most vulnerable youth populations may be excluded from the very programmes intended to help them. Policies and programmes repeatedly ignore large, neglected and pivotal subgroups of adolescents, such as 10-to-14-year-old out-of-school girls, girls at risk of child marriage, rural adolescents living without their parents and young migrants at risk of unsafe, exploitative work and trafficking.

GATHERING, ANALYSING AND DISSEMINATING DATA

In 2009, UNFPA continued to build the capacity of governments to collect and analyse data about population dynamics, gender, youth, sexual and reproductive health and HIV and AIDS in order to guide national and local policies and to initiate assistance programmes.

Censuses are powerful tools for gathering the data that governments require to be responsive and accountable to their own people. In 2009, UNFPA's Census Initiative supported the development of capacities of national statistical offices to carry out national population and housing censuses and paved the way for the round of censuses in 2010 and beyond. An estimated 172 countries are expected to conduct censuses by 2014. Seventy-seven countries received support in 2009 for national censuses.

Data collected through censuses will allow national governments and the international community to measure progress toward the achievement of the Millennium Development Goals and provide an evidence base to guide national policymaking. At the global level, UNFPA encouraged the sharing of knowledge through population studies and institutional networking.

In addition, UNFPA supported qualitative and quantitative surveys and population and development-related research at global, regional and country levels. To further this work, UNFPA initiated an interactive, online tracking tool that provides access to a wide range of information

▲ **UNFPA AND THE UNITED REPUBLIC OF TANZANIA LAUNCH CENSUS PREPARATIONS**
The United Republic of Tanzania's Vice President Ali Mohamed Shein and UNFPA Executive Director Thoraya Ahmed Obaid launched preparations for the country's 2012 population and housing census. At the event, Ms. Obaid praised the Government for making the political and financial commitment to generate data for development planning to reduce poverty.

about data-collection activities of countries and their progress toward achievement of Millennium Development Goal 5B: universal access to reproductive health by 2015. UNFPA collaborated with UNICEF and Measure DHS to develop the statistical framework for monitoring progress toward Goal 5B and established the database, which will facilitate data-sharing within governments and with United Nations partner organizations.

In 2009, regional organizations and regional commissions reviewed and reaffirmed the ICPD Programme of Action. After their joint review, the African Union and the Economic Commission for Africa called for intensified efforts to implement ICPD-related actions that would help achieve Millennium Development Goal 5B.

Highlights

UNFPA supported the completion of Sudan's national census in 2009. The census—a requirement of the Comprehensive Peace Agreement—gathered data from the north and south. Age- and sex-disaggregated data will guide development planning at national and state levels. In addition, UNFPA provided financial and technical assistance for Sudan's second health household survey. The results will provide the foundation for a poverty-reduction strategy.

Chad, Guinea-Bissau and Mali carried out censuses and published the results within three months after gathering the data. The Chad census—the country's second—was part of a larger effort to bolster democratic processes and post-conflict reconstruction.

In Botswana, UNFPA provided training and technical assistance to the Statistics Office in preparation for the 2011 census.

Indonesia received support from UNFPA to prepare for its nationwide census in 2010.

In 2009, the findings were released from the Democratic People's Republic of Korea's census, which was conducted with support from UNFPA.

UNFPA and UNICEF jointly supported Albania's first demographic health survey, which yielded new data about household composition, education, health and women's empowerment. The Government intends to use the data in formulating new policies to reduce poverty and improve health and family planning services.

Also in 2009, with support from UNFPA, Guatemala published the results of the National Survey on Maternal and Child Health. The country carried out a National Survey of Family Income and Expenditure and a National Survey of Employment and Income Variables.

EMERGING ISSUES IN POPULATION AND DEVELOPMENT: CLIMATE CHANGE AND AGEING

UNFPA continued to support capacity building and knowledge sharing on emerging issues of population and development. This was accomplished through partnerships, publications, technical assistance, training and workshops.

One of the emerging issues is climate change. The links between climate change and population dynamics emerged as an important issue in the lead-up to the 15th Conference of Parties to the United Nations Framework Convention on Climate Change, which took place in Copenhagen in December.

On the eve of the Copenhagen Conference, UNFPA released *The State of World Population 2009* on climate change and an accompanying special supplement on youth. The report called attention to the necessity of incorporating the needs of women and vulnerable populations into the response to climate change. For many people, especially poor women in poor countries, climate change is here and now. Poor women in poor countries are among the hardest hit by climate change, even though they contributed the least to it, the report explained.

The report added that women provide resilience for their families and communities, and they are, therefore, integral to the adaption efforts at the community level. Women are also integral to decision-making for

Women in a flood-prone community in Gaibandha, Bangladesh, gather once a week to share ideas about how to adapt to worsening climate and rising seas.

MELTING GLACIERS ALTER A WAY OF LIFE IN BOLIVIA

On the steep slopes leading down from the Huayna Potosi and Chacaltaya mountains in Bolivia lie a string of tiny communities where families eke out a meagre living by keeping llamas, sheep and chickens and by growing small crops of potatoes and oca, a perennial plant grown in the central and southern Andes.

High above them, the Chacaltaya glacier that has sustained these activities is retreating at a completely unexpected pace—three times as quickly as was predicted just ten years ago—and will be gone in a generation. The glacier that once supported a ski resort is now reduced to a small chunk of snow and ice nestled just below the 18,000-foot summit.

As a result, a web of life that depends on the waters seeping down from the glacier is irrevocably changing.

Many of the slopes are now farmed primarily by women—some of them in their seventies, some of them girls who should be in school. Though they manage to survive off the land, there is nothing left over to sell, so many of the men have been forced to leave the mountains to take whatever work they can find in nearby La Paz or El Alto.

Village leader Felix Quispe, for example, feels deeply connected to the land his family has worked for generations. But now he spends much of his time in the city, selling toilet paper and cleaning windows.

"It is very sad," he says. "Many people have left, houses are abandoned.... Husbands only come home maybe twice a month. It would be great to live like before and not be heartbroken every day."

Meanwhile, Leucadia Quispe, born and raised in the Botijlaca community in the foothills of another retreating glacier, continues to grow potatoes and oca in what must be one of the harshest climates in South America. She is 60 years old and has eight children, only one of whom lives nearby. The other seven have migrated to other parts of the country "because there is no way to make a living here."

She says the family has to carry water from the river for their own use as well as to irrigate their crops. "There is less water now," Ms. Quispe says. "We used to be able to get water for irrigation from the streams that came down from the glacier. But the streams are no longer there, so now we supplement the water from a river further up in the valley."

Ms. Quispe carries the water up and down the steep slopes in five-litre containers, one in each hand. Lack of natural irrigation means less food for the animals. "Some of the llamas have starved to death," she said. Ms. Quispe says she does not know what causes the melting of the glaciers. But she does know that there is less water for her family, the animals and the crops.

Leucadia Quispe harvests oca on her tiny plot in rural Botijlaca, Bolivia. She says there is less water for irrigation every year.
© Trygve Olfarnes/UNFPA

"Young people tend to leave these areas," says Jaime Nadal, the UNFPA representative in Bolivia. "Old women are typically left in the community, having to perform harder and harder tasks to keep up the household. We already see mostly old women in many of these communities."

While the causes of some environmental phenomena are harder to pinpoint, the loss of tropical glaciers is directly associated with global warming, according to Robert Engelman, the lead author of *The State of World Population 2009*. Almost all of the so-called tropical glaciers are located in the Andes. About 20 per cent of them are in Bolivia.

The loss of the glaciers also jeopardizes water supplies for the cities of La Paz and El Alto. "What will the world do when two million people will not have water for drinking?" asks José Gutiérrez, a climate change expert in Bolivia.

▲ A Bangladeshi woman plants gourds on the roof of her home. The rooftop garden provides food during floods, when waters destroy field crops.

policies to mitigate the impacts of climate change and the necessary national mechanisms for adaptation.

UNFPA and the International Institute for Environment and Development published *Population Dynamics and Climate Change*, a collection of groundbreaking academic and scientific studies that explain the complex relationship between demographics and greenhouse-gas emissions and describe the numerous challenges faced by communities that are adapting to the climate change that has already taken place.

UNFPA and the Women's Environment and Development Organization together published *Climate Change Connections: A Resource Kit on Climate, Population and Gender*. The resource kit explains how gender equality can reduce vulnerability to the impact of climate change and how women are uniquely positioned to help curb the harmful consequences of a changing climate.

In 2009, UNFPA accelerated efforts to draw attention to the impact of ageing on developed and developing countries. Most developing countries are not prepared for the increasing share of older persons within their populations. UNFPA's work on this issue focused on supporting the development of national capacities to address this trend, building a knowledge base and carrying out advocacy and policy dialogue. UNFPA collaborated with the United Nations Programme on Ageing and the International Institute on Ageing to train policymakers to address the complex challenges posed by rapidly ageing populations. UNFPA also convened an expert seminar on family support networks to show how structures are changing to make up for the lack of formal social protection for older persons in many countries. In addition, UNFPA collaborated with non-governmental organizations, such as HelpAge International, the Global Action on Aging and the NGO Committee on Ageing, to advocate for the implementation of

the Madrid International Plan of Action on Ageing and to promote the human rights of older persons. In 2009, UNFPA support to HelpAge International enabled the organization to expand its Age Demands Action campaign to ensure that the voices of older persons are heard by policymakers.

UNFPA and the United Nations Department of Economic and Social Affairs (DESA) organized a conference that brought together representatives from 10 Eastern and Central European countries to discuss how they are addressing the challenges of their ageing populations. In June, UNFPA, the Doha International Institute, Northwestern University and the United Nations Programme on Ageing co-hosted an international seminar on ageing—the first to focus on developing countries—that drew attention to the need for policies and sustainable social safety nets for older persons.

> *All over the world, migration has taken on increased significance and is also an important component of population growth in many countries.*

All over the world, migration has taken on increased significance and is also an important component of population growth in many countries. UNFPA collaborated with the United Nations Institute for Training and Research, the International Organization for Migration and the MacArthur Foundation in convening seminars on migration and development for delegates of the Permanent Missions to the United Nations to inform their negotiations.

Highlights

Syria's Ministry of Social Affairs and Labour considers ageing a priority and requested technical assistance from UNFPA to support research and policies to address the issue. The Ministry is establishing a technical committee to review the existing legislative framework related to older persons.

Mongolia's Cabinet endorsed a National Strategy of Ageing, which was formulated with technical support from UNFPA. The strategy calls on decision makers to consider the country's age structure when formulating development policies and plans.

Drawing on technical assistance from UNFPA, Thailand further developed its social protection system. Some of the improvements will benefit elderly people. More than 10 per cent of Thailand's population is above the age of 60.

In Ukraine, UNFPA advocated for the establishment of a Gerontological Information and Counselling Centre at the Academy of Medical Sciences. UNFPA's technical support contributed to national capacity to provide information and support for older persons. The initiative included the creation of a database of medical, social, psychological, legal and cultural services available to older persons.

In Bolivia, UNFPA supported the development of a national poverty-elimination strategy for 2009-2013 and also contributed to the development of a National Plan of Action for Older Persons, which aims to engage non-governmental organizations in the provision of services.

REPRODUCTIVE HEALTH AND RIGHTS

Promoting universal access to reproductive health and comprehensive HIV prevention

IMPROVING REPRODUCTIVE HEALTH

Every minute, a woman dies as a result of pregnancy or childbirth. To reduce maternal deaths, illness and disabilities, UNFPA continued to support countries in expanding access to quality reproductive health services.

Because no woman should die giving life, UNFPA intensified action with partners to achieve Millennium Development Goal 5 to improve maternal health and achieve universal access to reproductive health by 2015.

Momentum was built at several meetings throughout the year to commemorate the 15th anniversary of the International Conference on Population and Development (ICPD), including a family planning conference in Kampala, and a high-level meeting on maternal health in Addis Ababa in October. The Netherlands Ministry for Development Cooperation, the Government of Ethiopia and UNFPA organized the Addis Ababa meeting to raise maternal health higher on the political agenda and to increase political and financial commitment for improving maternal health at the country level.

UNFPA Executive Director Thoraya Ahmed Obaid said that to improve maternal health, the international community must scale up and deliver a comprehensive package of sexual and reproductive health information, supplies and services. This includes services for family planning, safe delivery, such as skilled attendance at birth, and emergency obstetric care.

"It would cost the world $23 billion per year to stop women from having unintended pregnancies and dying in childbirth, and to save millions of newborns," Ms. Obaid pointed out. "This amounts to less than 10 days of global military spending. Instead, the world loses $15 billion in productivity each year by allowing mothers and newborns to die."

The meeting concluded with the Addis Call to Urgent Action for Maternal Health, which recommends specific steps to reach Millennium Development Goal 5 by 2015: prioritize family planning; make adolescents a priority by investing in their health, education and livelihoods; and strengthen health systems with sexual and reproductive health as a priority. If a health system can deliver for women, it is a strong health system that benefits all, meeting participants agreed.

Earlier in 2009, the Human Rights Council adopted a resolution on preventable maternal mortality and morbidity and human rights. Through this resolution, more than 70 United Nations Member States acknowledged that maternal health must be recognized as a human rights challenge and that efforts to curb unacceptably high rates of preventable maternal mortality and morbidity must be urgently intensified and broadened.

In June, United Nations Secretary-General Ban Ki-moon presented the United Nations Population Award to Nicaragua's Movimento Comunal Nicaragüense and an Egyptian physician, Mahmoud Fahmy Fathalla. The former is credited with a drastic reduction in maternal and child mortality rates in Nicaragua, the latter with co-founding the Safe Motherhood Initiative.

In 2009, UNFPA published *A Review of Progress in Maternal Health in Eastern Europe and Central*

VILLAGE HEALTH EDUCATORS HELP PREVENT MOTHERS' DEATHS IN THAILAND

Hidden between towering mountains, with forested slopes stretching to the Myanmar border, Mae Hong Sorn, Thailand, is covered with mist virtually all year round. The charming scenery can quickly turn deadly when local people need help from the outside world.

"Two months ago, I gave birth to my second child. It was early morning in the rainy season," recounts Tida Charoenjitnirun, 23. "We needed more than 10 men to help pull the car so I could get to the hospital safely," she said, noting that the unpaved road was slippery and treacherous, so the men helped guide the car. "Usually the trip takes only half an hour, but on that wet day we left before 3 a.m. and arrived around 5. I gave birth 10 minutes after arriving—it was lucky I did not give birth on the way."

Tida belongs to the Karen ethnic minority. She lives in an area that has one of Thailand's highest maternal mortality ratios. Like other Karen mothers in her community, she did not bother coming down the mountain to seek health advice and services during her first pregnancy. "I used to think that when a mother or a baby dies, it is a tragedy but also a fact of life," she recalls.

Her views changed after the Department of Health and UNFPA began training village health workers to educate their neighbours on maternal and child health. "In my second pregnancy we learned that I should get antenatal care, and my husband drove me to see the doctor every month," she says. Today Tida is a volunteer health worker, offering lifesaving advice to pregnant women.

Although she gave birth to her first baby at a hospital, she did not learn about exclusive breastfeeding. "After a month, we fed her ripe bananas and other soft food," just as Tida's mother had done with her children. "This time we learned it would be healthier if the baby had only milk for six months," Tida says, smiling at the infant on her lap.

"Our first child, now almost 4, gets sick easily," says Tida's husband Uthai. He hopes the new baby will be healthier.

"Tida learned about many things after she became a village health worker," Uthai says proudly. "When we go to church on Sunday, she shares her knowledge with other church members. The tasks she does may be simple," he adds,

Village health worker and her husband in Thailand.
© UNFPA/T. Winijmongkolsin

"but they help pregnant women stay healthy and are good for the health of the children.

"We used to accept mothers' deaths as a law of nature. But now we've learned how to reduce risks and prevent unnecessary deaths."

Asia. The report showed that the 20 countries in the region have made commitments to reforming their health-care systems but are at varying stages of implementing change. Most countries in the region have seen an increase in the provision and use of modern methods of contraception, yet, for many, the range of choices remains limited.

In November, UNFPA convened a meeting of high-level officials from governments, the United Nations and non-governmental organizations to strengthen reproductive health in Eastern Europe and Central Asia. Delegates issued a Statement of Commitment, pledging to accelerate efforts to achieve Millennium Development Goal 5, recognizing that maternal

health remains one area constrained by some of the largest health inequities in the world and committing themselves to ensuring universal access to quality reproductive health services, including family planning, emergency obstetric care and skilled birth attendance, adolescent sexual and reproductive health and prevention of HIV and AIDS.

The African Union Commission, with support from UNFPA, launched the Campaign for Accelerated Reduction of Maternal Mortality in Africa—CARMMA—in May 2009. The campaign marks a renewed political commitment to saving mothers' lives in the region. Since then, nine countries have launched national CARMMA initiatives: Chad, Ethiopia, Ghana, Malawi, Mozambique, Namibia, Nigeria, Rwanda and Swaziland.

UNFPA, the World Health Organization, UNICEF and the World Bank have joined forces to concentrate support in countries with the highest maternal mortality rates, starting with Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, India and Nigeria. The "Health Four," or "H4," and UNAIDS focus on backstopping countries' efforts to strengthen their health systems to reduce the maternal mortality ratio by 75 per cent and achieve universal access to reproductive health by 2015.

Through its Maternal Health Thematic Fund, UNFPA continued to support national efforts to address high rates of maternal mortality through actions ranging from increasing access to family planning to providing emergency obstetric care. The Midwives Programme, jointly executed by UNFPA and the International Confederation of Midwives, was integrated into the Maternal Health Thematic Fund in April 2009. Initiatives to build the capacity of midwives and increase their attendance at births through this fund were under way in 15 countries during the year.

In 2009, through the Campaign to End Fistula, UNFPA supported treatment for 4,100 women from 47 countries. The campaign also contributed to building the capacity of 100 health facilities in 23 countries to manage and treat the condition. More than 1,000 health-care workers, doctors, nurses, midwives, social workers and paramedics were trained in fistula prevention and management. To raise awareness about fistula, Sarah Omega, a fistula survivor and maternal health advocate from Kenya, and Campaign to End Fistula celebrity spokesperson Natalie Imbruglia addressed a high-level segment of the United Nations Economic and Social Council, attended by more than 400 ministers of health and foreign affairs and ambassadors.

▲ A midwife holds up a baby as the mother looks on at a hospital in Farah City in Farah Province, Afghanistan. Poor medical resources are a major problem in a country where an estimated 1,600 women die during childbirth for every 100,000 live births.
REUTERS/Lucy Nicholson

Highlights

In Liberia, UNFPA supported the Ministry of Health's Redemption Hospital in providing improved emergency neonatal and obstetric services and a new training centre based in the hospital. In Lofa, UNFPA supported the Foya Hospital in providing quality maternal health services to the Foya District and to surrounding communities bordering Guinea and Sierra Leone. These health facilities were supplied with kits to aid Caesarean sections. The training and monitoring of interns in the provision of emergency obstetrics and obstetrical surgical procedures continued throughout 2009.

In the Lao People's Democratic Republic, UNFPA supported the reinstitution of training of midwives, after a 20-year gap.

RWANDA'S FAMILY PLANNING EFFORTS BEGIN TO PAY OFF

When school lets out in the village of Muhura, Rwanda, waves of children in bright blue or tan uniforms stream out along the dirt roadside in waves, running toward the soccer field, playing tag or stopping to stare at the rare sight of a vehicle passing by. It is hard to imagine where they will all manage to live when they grow older.

Traditionally, Rwandan parents would divide up their land into parcels for their children. But the land is already intensively settled, the hillsides densely cultivated with bananas, coffee and vegetables. In fact, at about 368 people per square kilometre, Rwanda is the second-most densely populated country in Africa, after the small island nation of Mauritius. And its terrain—the country is known as the land of a thousand hills—means that not all of the land is arable.

With two thirds of its population under the age of 25, Rwanda will continue to grow rapidly for years to come, even with the dramatic expansion of family planning that is taking place and the growing desire for smaller families.

The contraceptive prevalence rate has more than doubled in two years—from 10 per cent to 27 per cent between 2005 and 2007. "This is a real achievement," says Asha Mohamud, a reproductive health advisor for UNFPA who visited the country in September. "It often takes decades for countries to see this kind of change."

However, women in the Muhura area still bear an average of six children or more. Until recently, they had little choice in the matter. The nearest health clinic, like the majority of health services in Rwanda, is run by the Catholic Church, and the only contraceptive devices offered there are cycle beads, a refinement of the rhythm method. Only the few women who could afford transportation had an alternative. And transportation is problematic: Buses rumble through town only twice a week, and no one owns private cars. The traditional form of ambulance is for four men to carry someone in a hammock dozens of kilometres or more over hilly, rutted roads to the nearest hospital.

Clients of the Muhura secondary family planning post in Rwanda.
© UNFPA/J. Jensen

As of June 2009, women can be referred to the new secondary health post, where family planning counselling and contraceptives are available free of charge. The Health Ministry converted a spacious and solid brick building that had been empty into a secondary health post that offers family planning information and services three days a week.

Once the health post opened in Muhura, women began coming, first in a trickle, then in droves. "Now we see about 50 women a day," said the nurse who runs the programme.

Rwandan women have not always been so accepting of family planning. Traditionally, having children has been a source of pride and respect. Rumours and misconceptions about contraceptives and fear of side effects were common. But a massive effort is under way to educate communities, men as well as women, about the value of smaller families.

In Sudan, more than 100 women were treated for obstetric fistula.

In Morocco, UNFPA, the European Commission and Spain's Agency for International Cooperation and Development launched an initiative to improve maternal and child health in five priority regions.

In Tajikistan, UNFPA supported training in perinatal care for obstetricians, gynaecologists, neonatal specialists and midwives.

In Guyana, UNFPA provided support to the Guyana Medical Council for its programme of continuing education for 130 doctors in emergency obstetric and neonatal care, especially in addressing foetal distress or hypoxia.

In El Salvador, doctors received training in administering anesthesia in emergency obstetric care.

INCREASING ACCESS TO FAMILY PLANNING

Modern family planning services bring a wide range of benefits for women, their families and society. They improve women's health and enhance their status and rights, protect the health of infants and children, and improve the well-being of families. However, a substantial proportion of women who want to avoid a pregnancy—whether to postpone or to stop childbearing—are not using modern contraceptives.

Maternal deaths in developing countries could be slashed by 70 per cent, and newborn deaths by nearly half, if the world doubled investments in family planning and pregnancy-related care, according to *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health,* a report published by UNFPA and the Guttmacher Institute in 2009.

Investments in family planning also boost the overall effectiveness of every dollar spent on pregnancy-related and newborn health care, the report showed. Simultaneously, investing in both family planning and maternal and newborn services and care can achieve the same dramatic outcomes for $1.5 billion less than investing in maternal and newborn health services alone.

In 2008, one in four people in developing countries—1.4 billion—were women of reproductive age (15 to 49). More than half of these women—818 million—wanted to avoid a pregnancy and therefore required effective, ongoing contraception.

In sub-Saharan Africa, only 23 per cent of women of reproductive age use a modern contraceptive, even though a far higher proportion wants to avoid becoming pregnant soon or ever, the report points out. An estimated 39 per cent of pregnancies in the region are unintended.

In the Arab States, 45 per cent of married women use modern contraceptives, and 41 per cent of pregnancies in the region are unintended. In Latin America and the Caribbean, more than half of pregnancies are unintended, even though about 65 per cent of married women of reproductive age use modern contraceptives. In South Central Asia and South-East Asia, 47 per cent of married women aged 15 to 49 use modern

▲ Mariama Abdou received a successful fistula operation in Niamey, Niger. The country's fistula programme is supported by UNFPA.

contraceptives, yet a higher proportion say they want to avoid becoming pregnant soon or ever. Two in five pregnancies in the region are unintended.

Demand for contraceptive services is likely to increase with the projected 10 per cent rise in the number of reproductive-age women between 2007 and 2015. Increased financial support for contraceptive services and supplies will therefore be required. Donor assistance for family planning, as a percentage of all population assistance, decreased from 55 per cent in 1995, totalling $723 million, to a mere 5 per cent in 2007, totalling only $338 million.

> *For the fourth consecutive year, access to female condoms rose: 50 million were distributed in 2009.*

In 2009, UNFPA continued efforts to scale up comprehensive male and female condom programmes, which are under way in 72 countries. One of the more significant outcomes of this initiative is that for the fourth consecutive year, access to female condoms rose: an unprecedented 50 million female condoms were distributed in 2009.

In addition, in countries supported by the Global Programme to Enhance Reproductive Health Commodity Security, UNFPA monitored progress in maintaining reproductive health supplies, offering three or more contraceptive options and strengthening systems to procure supplies. In 2009, the Global Programme procured life-saving maternal health drugs in Sierra Leone, along with contraceptives. Facilities were stocked with magnesium sulphate, oxytocin, ergometrine and antibiotics to prevent maternal death during pregnancies with complications and difficult deliveries. The districts reported that women's lives are being saved every day because of the availability of these drugs. Through the Global Programme, about $70 million was used to purchase commodities.

In 2009, Niger reported the availability of five priority maternal health medicines in 100 per cent of their facilities providing deliveries, with Nicaragua and Mongolia reporting high percentages as well.

Highlights

In Namibia, modern contraceptive use rose from 21 per cent in 1992 to 46 per cent in 2006–2007. UNFPA provided financial support for actions to increase access to and use of family planning services and supplies. In addition, UNFPA provided technical support for community mobilization activities, outreach services and the training of health professionals in family planning

In Ethiopia, UNFPA and the country's Health Extension Worker Programme jump-started an initiative to increase the availability of Implanon. In 2009, the Global Programme to Enhance Reproductive Health Commodity Security funded 520,000 sets of Implanon, and more than 600 community health workers received training in delivery of Implanon services and counselling.

In Algeria, UNFPA supported the procurement of oral contraceptives and intrauterine devices and participated in training midwives in the use of modern methods of contraception. The rate of contraceptive prevalence in Algeria is about 52 per cent and increasing.

In Pakistan, UNFPA worked with the Government to expand capacity in contraceptives logistics and management. As a result, about 60 per cent of healthcare facilities under the Department of Health have begun obtaining four methods of contraceptives on a regular basis.

In Armenia, UNFPA trained more than 500 family physicians in the provision of family planning services and supplies, resulting in increased access. Now, family planning is increasingly available through health facilities, as well as existing family planning clinics.

In Ecuador, UNFPA successfully advocated for the inclusion of family planning as a right in the National Constitution and in the National Development Plan.

REPRODUCTIVE HEALTH AND RIGHTS IN CRISES AND EMERGENCIES

When conflict or crisis strikes, reproductive health and rights are at risk. In times of upheaval, services such as prenatal care, assisted delivery, emergency obstetric care and family planning services are often in short supply.

In 2009, UNFPA supported access to sexual and reproductive health services and supplies in the wake of conflict and disaster in a number of countries and territories.

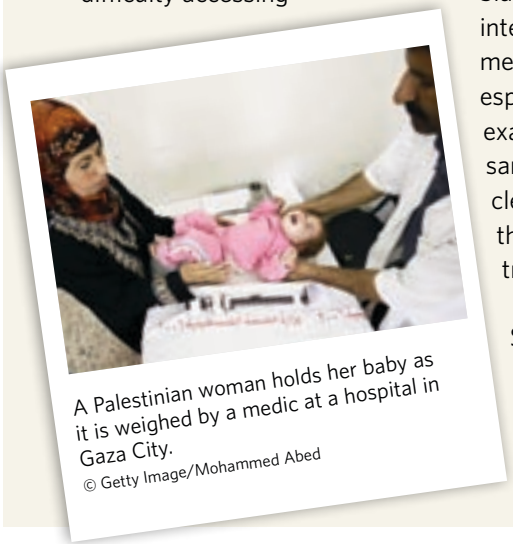
A joint programme of the European Commission, the African, Caribbean and Pacific Group of States and UNFPA increased access to reproductive health supplies in 17 African, Caribbean and Pacific countries in conflict or post-conflict situations. Both women and men gained access to contraceptives. Clinics were equipped with life-saving supplies. The programme supported countries to estimate current and future reproductive health commodity requirements and to buy and deliver products when they were needed. It increased access to supplies and boosted national capacity to meet maternal health goals, especially through family planning and community health services. It also increased access to drugs such as oxytocin and magnesium sulphate, which can make a difference between life and death during childbirth.

Highlights

In Somalia, UNFPA provided about 7,500 hygiene kits and about 1,600 clean delivery kits to internally displaced women through hospitals and clinics. UNFPA also supported mobile health clinics in some settlements for internally displaced persons. In Somaliland, UNFPA supported the training of 21 midwives in remote rural districts.

PRIORITY ITEMS SENT TO GAZA DURING CONFLICT

In Gaza in 2009, UNFPA delivered medicines, intravenous fluids and medical supplies to major hospitals. Even before the 22-day conflict erupted, the Israeli closures imposed on Gaza presented challenges to women and their infants and children. Pregnant women had difficulty accessing maternal health services, which, coupled with widespread poverty, resulted in high levels of anaemia and malnutrition.



A Palestinian woman holds her baby as it is weighed by a medic at a hospital in Gaza City.

While the United Nations Relief and Works Agency provided basic commodities, such as drinking water, bread and blankets, UNFPA, as part of the inter-agency response team, met other pressing needs, especially for women. For example, UNFPA ensured that sanitary supplies, diapers and cleansing wipes remained on the priority list of items to be trucked into Gaza.

Soap, shampoo, menstrual supplies, head covers and clean wipes were included in the "dignity kits" provided by UNFPA. Contents of the kits were based on what women said they needed.

UNFPA also pushed for the re-establishment of obstetric and neonatal care. The crisis left health-care centres without adequate medical equipment or sufficient health-care providers to properly attend to babies and mothers—170 women deliver daily in Gaza.

In addition to the 1,300 deaths reported in Gaza during the conflict, an unknown number of pregnant women died as a result of complications during childbirth because they had no access to life-saving services.

LIFE-SAVING PREGNANCY CARE FOR DISPLACED WOMEN IN PAKISTAN

In 2009, pregnant women uprooted by conflict in Pakistan's North-West Frontier Province received medical care from clinics set up by UNFPA.

A 19-year-old from Buner became the first woman to give birth at one of five UNFPA-supported reproductive health clinics in camps for the displaced. Taj Bibi had walked 50 kilometres in two days before reaching the Yar Hussein camp in Swabi district.

Taj Bibi and her infant.
© UNFPA/W. Ryan

"The journey was very hard. I had to stop and rest many times," says Taj Bibi. She had rarely been outside her home before the Pakistani Army abruptly told residents of her village to leave.

When she went into labour in her tent she was too modest to seek help despite the pain, but after two days without giving birth her husband brought her to the clinic.

"She was anaemic and dehydrated, and so weak that she fainted every time she had a contraction," said midwife Bagh-e-Gul. "We feared she would not survive the trip to the hospital, so we reassured her and made her feel comfortable and delivered the baby here." Taj Bibi's healthy infant, her second child, was born in a van equipped as a clean labour room, next to the tent where Bagh-e-Gul and other skilled female health providers offer pre- and post-natal examinations and family planning services.

Four similar clinics—at Sadbarkaly camp in Lower Dir, at one of the Pakistan Institute of Medical Science's field hospitals in Jalozai camp in Nowshera, and at Jalala camp in Mardan and Palosa camp in Charsadda—were receiving more and more patients each day as word of the services spread among camp residents.

Each site had a delivery room, a supply store and an outpatient clinic offering reproductive health care for women, as well as a full range of basic health services for the entire community. Staff resided at the clinic and were on call 24 hours a day.

Among the 2 million displaced people in North-West Frontier Province were some 70,000 pregnant women, UNFPA estimated. More than 250 gave birth every day, with as many as 40 facing potentially life-threatening complications that called for skilled medical help.

UNFPA made reproductive health emergency kits available to vulnerable groups in eastern Democratic Republic of the Congo and supported maternal health services to returning internally displaced persons in Equateur, Province Orientale, Kasai Occidental and Nord Kivu.

In Burkina Faso, UNFPA supported the Government's earlier efforts to integrate reproductive health issues into contingency planning for emergencies, enabling a quicker and more effective response to the severe floods that struck Ouagadougou in September 2009.

Thousands of people were uprooted in northern Sri Lanka in 2009. In response, UNFPA provided 39,000 "hygiene packs," which included soap and other toiletries as well as sanitary supplies for women and girls. In addition, UNFPA provided 20 beds for the post-natal care unit at the Ayurvedic Hospital in Paipeymadu. During the year, UNFPA continued to provide maternity kits to displaced pregnant women and supported mobile reproductive health clinics that offered prenatal and post-natal care and family planning and HIV-prevention services to displaced persons.

▲ Barber shops across Georgetown, Guyana, are buzzing with chatter about the latest trends, community happenings, neighbourhood gossip and now ways to protect young people from HIV. UNFPA has identified barber shops and beauty salons as information hubs and is using them to spread the word about HIV prevention. The project involves the training of shop staff to answer simple HIV-related questions, pass out informational material, dispense both male and female condoms to clients—and even provide on-site counselling and testing. As a result, young people in Guyana are given access to information and resources not readily available elsewhere in their communities.

During the course of the year, UNFPA also ensured the provision of minimum initial service packages—MISPs—for reproductive health in other crisis situations, including those resulting from natural disasters.

In response to an earthquake in Costa Rica in January, UNFPA, the Government and partner organizations provided shelter to pregnant women and distributed dignity kits.

In Nepal, UNFPA provided a MISP for reproductive health after a devastating flood in Kailali. About 80,000 people—75 per cent of them women and 7 per cent of them young people—benefited from reproductive health services provided through health camps and specialized reproductive health mobile outreach services and from surgical treatment for uterine prolapse.

In Indonesia, UNFPA assisted the four districts in West Sumatra affected by deadly earthquakes, working with local officials and the Indonesia Midwives Association and hospitals to provide support to an estimated 300,000 women who needed immediate assistance for reproductive health needs and psychosocial counseling.

In Samoa and Tonga, UNFPA distributed hundreds of "dignity kits" to women and girls affected by the tsunamis that followed a massive earthquake on 29 September.

In Bhutan, UNFPA joined other United Nations agencies in supplying tents and hygiene supplies for families left homeless by the 21 September earthquake.

In Angola, UNFPA met the demand for contraceptives after floods inundated Cunene Province.

HIV PREVENTION

Millennium Development Goal 6 aims to halt and reduce the spread of HIV and AIDS by 2015. UNFPA contributes to the achievement of this goal through efforts to prevent HIV and other sexually transmitted infections, particularly among women, youth and vulnerable populations.

Worldwide, the number of people newly infected each year with HIV has declined, mostly because of a

drop in the annual number of new infections in some countries in Asia, Latin America and sub-Saharan Africa. Meanwhile, infection rates continue to rise in other parts of the world, especially Europe and Central Asia.

On World AIDS Day, UNFPA Executive Director Thoraya Ahmed Obaid called for universal access to prevention, treatment, care and support and respect for human rights. "By promoting and protecting human rights, and advancing education and gender equality, especially for the most vulnerable and at-risk populations, we can make the AIDS response more effective."

Efforts to combat AIDS, particularly by preventing mother-to-child transmission, are showing positive results, but many children affected by HIV and AIDS still struggle to have their basic needs met, according to a report released on World AIDS Day by UNAIDS, UNFPA, UNICEF and the World Health Organization. *Children and AIDS: The Fourth Stocktaking Report, 2009,* showed that globally, 45 per cent of HIV-positive pregnant women were receiving treatment to prevent them from passing HIV on to their children—an increase of nearly 200 per cent since 2005. To expand HIV testing for mothers and children, we need to tackle social barriers such as violence, stigma and discrimination, and strengthen health systems, UNFPA's Executive Director said at the report's launch. "By providing integrated services for maternal and newborn health care and family planning and HIV testing, counselling and treatment, we can save and improve the lives of millions of women and children."

Highlights

In the Democratic Republic of the Congo, UNFPA supported an HIV-prevention awareness campaign targeting the army and police working in humanitarian relief settings. As part of the campaign, 3 million condoms were distributed.

In Oman, UNFPA supported a national social communication campaign, "Let's Talk AIDS," which aimed to increase awareness about HIV/AIDS prevention and the availability of HIV testing and treatment. The campaign, which included advocacy for the rights of people living with HIV/AIDS, targeted the country's young adults.

In China, UNFPA collaborated with the Ministry of Railways to communicate HIV-prevention messages on the country's vast railway network.

An unprecedented 50 million female condoms were distributed in 2009.
© UNFPA/Werner Haug

UNFPA, UNICEF and the World Health Organization contributed to the formulation of a 2009-2013 AIDS strategy in Kosovo. Among the most vulnerable populations are ethnic minorities, such as the Roma, who often live in extreme poverty and have limited access to health services.

In Colombia, UNFPA provided technical assistance toward the implementation of a national strategy to reduce mother-to-child transmission of HIV in 10 departments of the country.

EXPANDING YOUTH ACCESS TO INFORMATION AND SERVICES

In 2009, UNFPA continued to advocate for young people's access to sexual and reproductive health services as well as services to prevent HIV and gender-based violence as part of a holistic, multi-dimensional approach to young people's development.

A key vehicle for UNFPA's outreach to youth is Y-PEER, the Youth Peer Education Network, a groundbreaking and comprehensive youth-to-youth initiative pioneered by UNFPA. This network of more than 500 non-profit organizations and governmental institutions connects over 7,000 young peer educators to information, training, support and a wide range of electronic resources. The network has adopted an approach of "edutainment"—combining education and entertainment—as an effective way of communicating HIV facts to young people.

In Istanbul, Y-PEER and Y-SAFE (Youth Sexual Awareness for Europe) called on governments of Eastern Europe and Central Asia, along with non-governmental organizations, donors and policy-makers to provide comprehensive sexuality education in schools, sustainable youth-friendly health services, and access to essential health services to enable young people to make informed choices about their lives.

In May, international clothing retailer H&M agreed to provide 25 per cent of its Fashion Against AIDS campaign donations to UNFPA to support HIV-prevention projects in Bahrain, Egypt, Oman and Turkey. The project will be undertaken with Y-PEER.

In 2009, UNFPA continued organizational strengthening and capacity building with the Youth Coalition, an independent youth-led global network of young people working to advocate for the ICPD agenda. The Youth Coalition received support from UNFPA in documenting experience and preparing a step-by-step guide for young people on how to set up and run a sustainable youth-led organization advocating for sexual and reproductive health rights.

To enable young people's access to services in crisis and conflict situations, UNFPA and Save the Children published the *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*, which provides checklists and questionnaires to assist aid workers in responding to young people's sexual and reproductive health concerns.

GENDER, CULTURE AND HUMAN RIGHTS

Advancing gender equality, empowering women and girls

GENDER EQUALITY, CULTURE AND HUMAN RIGHTS

In 2009, UNFPA continued to promote gender equality and women's empowerment in line with its strategic framework for action for 2008-2013. Placing gender equality at the heart of UNFPA policies and programmes, the framework calls for the integration of gender mainstreaming, human-rights-based programming and culturally sensitive approaches across all activities, and explicit programmes on women's empowerment. UNFPA's gender framework also incorporates four strategic linkages that address critical factors underlying inequalities and rights violations: girls' education, women's economic empowerment, women's political participation and the balancing of reproductive and productive roles.

Efforts in 2009 focused on reviewing progress since the International Conference on Population and Development (ICPD) and galvanizing commitment with a view to the Fourth World Conference on Women at 15 and the 10-year review of the Millennium Development Goals in 2010. To advance United Nations systemwide coherence and reform, UNFPA played a role in discussions and planning for the proposed United Nations entity for gender equality and women's empowerment.

In 2009, UNFPA continued to support countries in addressing gaps in gender equality, improving reproductive health, ending gender-based violence and integrating gender and human rights into national policies, development frameworks and laws.

In Africa, UNFPA, UNIFEM and regional gender institutions provided training to national partners of the ministries of finance, gender and health from 32 countries in the development of gender-responsive budgeting. The training built the capacities of participants to advocate for the allocation of funding for gender-related priorities.

More than 100 representatives from Eastern Europe and Central Asia met in Turkmenistan at a regional conference on international standards for gender policies and legislation.

UNFPA supported a number of countries' efforts in 2009 to submit reports to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Central African Republic, China, the Dominican Republic, Jordan and Oman.

Highlights

In Eritrea, UNFPA partnered with the National Union of Eritrean Women to provide training in gender mainstreaming to line ministries, which in turn developed action plans.

Togo integrated gender, population and sexual and reproductive health concerns into its Poverty Reduction Strategy Paper for 2009-2011.

Oman incorporated principles of CEDAW into its national development framework.

Cambodia's National Assembly adopted the CEDAW Optional Protocol on 30 June, and the Senate adopted it on 23 July.

In Viet Nam, the Government, UNFPA and 11 other United Nations entities launched a joint

▲ Woman in Argatala, India, lights candles on World AIDS Day.
© REUTERS/J. Day

programme to promote gender equality and improve the capacity of national and provincial authorities to implement, monitor and evaluate the Law on Gender Equality and the Law on Domestic Violence Prevention and Control.

On 29 December, the Republic of Moldova adopted a National Programme on Ensuring Gender Equality for 2010-2015. The objective of the National Programme is to ensure gender equality in the economic, political and social lives of women and men.

In Uruguay, UNFPA worked with parliamentarians, the Ministry of Health, United Nations partners, civil society and government workers to promote gender equality in national protocols, norms and laws, including a new law related to sexual and reproductive health.

USING A CULTURE LENS TO PROMOTE HUMAN RIGHTS

In 2009, UNFPA continued to promote cultural awareness and engagement to achieve ICPD goals and promote human rights. Efforts focused on expanding partnerships across societies and engaging cultural agents of change.

UNFPA continued to support national and regional inter-faith networks for population and development that were established in October 2008 through advocacy, knowledge-sharing and capacity building. UNFPA convened and supported the establishment of the Inter-agency Task Force on Faith-based Organizations, representing 10 United Nations entities.

Highlights

In Belarus, on 31 August, UNFPA brought together religious leaders and representatives from faith-based service delivery organizations to promote partnerships for addressing issues of maternal health, gender-based violence and HIV and AIDS in Eastern Europe and Central Asia. Participants developed a platform for future cooperation between faith-based organizations and UNFPA and agreed to establish a regional inter-faith network on population and development.

In Latin America and the Caribbean, UNFPA partnered with Religions for Peace to advocate for the reduction of maternal mortality, the elimination gender-based violence and the prevention of HIV. UNFPA also supported the establishment of national fora of faith-based organizations on population and development in Colombia and Venezuela.

In December, UNFPA supported the development and publication of a reference manual and training guide on population and reproductive health within the context of Islam. The reference was written by religious scholars and endorsed by Al-Azhar University's International Islamic Centre for Population Studies and Research in Cairo.

Also in 2009, UNFPA participated in the first "dialogue" of the United Nations Permanent Forum

"DYING FOR LOVE"

It's a long way between the glamourous world of pop-stardom and the decidedly unglamourous world of violence against women. Or is it? Gabriela "Gaby" Villalba, 24, and Barbara "Barbie" Sepulveda, 20, the female half of the Chilean band Kudai, think maybe not.

The band, based in Mexico City, is hugely popular among teenagers all over Latin America. Its members are determined to show that they are not about "fluff." They want to use their music and videos to focus on issues such as alcoholism, discrimination and, most recently, violence within young couples.

"These are things that our friends and our fans care about. There is a lot of silence on these issues, and we want people to wake up to the fact that it is not OK to scream at your partner, or abuse them in any way—it's not normal," says Barbie.

But do teenagers really want to focus on such grim issues? "I don't think we should underestimate our fans," said Gaby. "It is important for victims of violence to know that they are not crazy, nor are they alone."

That is why the band has teamed up with UNFPA to help young people identify abuse in a relationship and to recognize that it is neither acceptable nor tolerable.

A new regional campaign spearheaded by Kudai and UNFPA is called, "Violence Kills Love. Stop It!" The campaign aims to educate young people about gender-based violence and change the cultural norms that tolerate it. Kudai, in cooperation with UNFPA, is setting up a website where young people can obtain information about abuse and take tests that pinpoint telltale signs of an abusive relationship.

The band's newest single, *Morir de amor* ("Dying for Love") is about a relationship plagued by violence. The young musicians use the song and its message to advocate for prevention of violence both directly with their audiences and during interviews with media while touring the region.

The band Kudai: Tomas Canas, Pablo Holman, Gabriela Villalba and Barbara Sepulveda with Arie Hoekman and Ana Lia Garcia during press conference to support the campaign Love Without Violence (*Amor Sin Violencia*) on 30 March 2009 in Mexico City, Mexico.
© El Universal via Getty Images

on Indigenous Issues. At the dialogue, UNFPA representatives described initiatives to support indigenous people and ethnic minorities in Latin America, the Caribbean and Africa and sought views about how to shape UNFPA's programmes.

In April in Rio de Janeiro, Brazil, UNFPA, the White Ribbon Campaign, the MenEngage Alliance—a network of non-governmental organizations—and other organizations co-hosted an international symposium focusing on the role of men in improving gender equality. "We have worked with women to promote gender equality for the past 30 years, but that is not enough," said Marcos Nascimento, Director of the non-governmental organization Promundo, which was one of the sponsors of the event. "If men are part of the problem, they must also be part of the solution," he added. UNFPA Deputy Executive Director Purnima Mane said that men, women, boys and girls have the right not to conform to rigid concepts of masculinity and femininity that deny the fulfilment of their potential as human beings. "We need to redefine what it means to be a man, reinforce zero tolerance of gender-based

violence, and make sexual and reproductive health services more relevant and user-friendly for men," Ms. Mane said.

In November, UNFPA published *Partnering with Men to End Gender-based Violence: Practices That Work from Eastern Europe and Central Asia*, which shows how men are helping to end gender-based violence in Armenia, Romania, Turkey and Ukraine. The report was presented at an event in Istanbul to mark the 15th anniversary of the ICPD that included 200 ministers and parliamentarians from 36 countries of Europe and Central Asia.

To accelerate the abandonment of female genital mutilation/cutting, UNFPA and UNICEF have combined a rights-based and culturally sensitive approach to promote behaviour change in 17 countries. Since the practice has a strong cultural value in many contexts, experience shows that it is imperative to initiate dialogue with communities on preserving positive cultural values and engaging religious and cultural leaders while pursuing a policy of abandonment.

PROTECTING THE RIGHTS OF WOMEN AND GIRLS

UNFPA supports the development of human rights protection systems, including national human rights councils, ombudspersons and conflict-resolution mechanisms to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

"Violence against girls and women is a human rights violation and a major health priority that must be tackled by all, at all levels and through many interventions," UNFPA Executive Director Thoraya Ahmed Obaid said at the launch of an initiative in September to address sexual violence against girls. The initiative is a joint effort of UNICEF and the United States Centers for Disease Control, with support from UNFPA, UNAIDS, UNIFEM, the Nduna Foundation and Grupo ABC, a marketing communications and services firm in Brazil. The initiative aims to expand surveillance of sexual violence against girls in developing countries and develop a package of interventions for implementation at the country level to reduce the incidence of sexual violence against girls.

Highlights

In 2009, specialized courts and legal assistance programmes were established in a number of countries to assist women and girls who were victims of reproductive-rights violations or gender-based violence. In Cape Verde, for example, the Ministry of Justice established new *maisons de droits*, to provide free legal services. In Nepal, the Ministry of Women, Children and Social Welfare established an Access to Justice and Rehabilitation Fund.

UNFPA supported national human rights institutions in Cameroon, El Salvador, India, Indonesia, the Maldives, Mali, Nicaragua and Sri Lanka to integrate reproductive rights into larger human rights initiatives.

With UNFPA support, a number of countries adopted laws to protect or guarantee access to sexual and reproductive health and rights and prevent domestic and sexual violence, including Burkina Faso, Jamaica, Nepal, Philippines, Rwanda and Uganda. Other countries, such as the Central African Republic, Ethiopia, Mauritania, Sierra Leone and Togo began revising family, criminal or reproductive rights laws to comply with international human rights standards.

To build skills of staff in Asia and the Pacific, UNFPA developed a training package on human rights-based programming in 2009.

RESPONDING TO GENDER-BASED VIOLENCE

In 2009, UNFPA published a new volume of case studies documenting successful approaches in eight countries: *Programming to Address Gender-based Violence.* Many of the programmes featured in the report use reproductive health interventions as an entry point for identifying survivors and providing counselling and referrals. Approaches are geared to the specific contexts in which the violence occurs. In Nepal,

for example, national partners worked together to institutionalize a coordinated response to violence against women, with a focus on using the health system as an entry point. In several other countries, Governments drafted and passed national legislation and policies, such as the Domestic Violence Act in Zimbabwe, and the National Strategy to Combat Violence Against Women throughout the Life Cycle in Algeria.

In 2009, UNFPA scaled up support for government efforts to prevent violence against women in Africa. UNFPA brought together 185 staff and representatives of national partners, government agencies and United Nations organizations to develop a regional work plan.

In Uganda and Sierra Leone, UNFPA, UNIFEM and the United Nations Office of the Special Adviser to the Secretary-General on Gender Issues and Advancement of Women provided technical assistance toward the development of national action plans for implementing Security Council Resolution 1325 on Women, Peace and Security.

In El Salvador, Guatemala, Honduras and Nicaragua, UNFPA supported the strengthening of the capacities of government health and justice institutions to prevent and address sexual violence, supported a survey of the problem in these countries and described the services and structures in place to assist survivors.

Jordan approved a national framework for family protection, and the Ministry of Health, with support from UNFPA, developed guidelines and procedures to increase the capacity of health workers to detect cases of gender-based violence and assist survivors. Lebanon developed a national action plan to prevent and address gender-based violence. Yemen, with assistance from UNFPA, established the country's first women's shelter, which provides psychosocial support for survivors. In Sudan, UNFPA supported the development of a plan to address gender-based violence, and, in southern Sudan, UNFPA supported the establishment of special protection units in selected police stations, where officers receive training in assisting victims of gender-based violence.

In Liberia, UNFPA supported the Ministry of Justice's establishment of a Sexual and Gender-based Violence Crimes Prosecution Unit in February 2009. The Unit has a hotline open seven days a week, 24-hours a day, to deal with cases and provide prompt referrals and other assistance to survivors.

In Afghanistan, UNFPA advocated for the incorporation of gender and ethics issues in the curriculum of the Kabul Police Academy to contribute to the development of a gender-sensitive police force, which will be trained in appropriate responses to incidents of gender-based violence.

In March 2009, UNFPA, the Inter-agency Coordination Council on Domestic Violence and the Young Lawyers Association of Georgia contributed to the development of a national referral mechanism for the victims of domestic violence.

RESOURCES AND MANAGEMENT

INCOME

UNFPA surpassed funding targets for regular and other resources in 2009 and secured multi-year commitments from 52 countries. Nineteen donors made contributions exceeding $1 million. The global economic downturn continued to be challenging for resource mobilization, however, and total regular and other income in 2009 was $783.1 million, down from $845.3 million in 2008.

Regular income totalled $486.4 million, an increase over the 2008 total of $469.5 million. The 2009 total includes $469.4 million in voluntary contributions

INCOME AND EXPENDITURES 2009

IN MILLIONS OF US$

INCOME	
REGULAR RESOURCES	
Voluntary Contributions	469.4
Interest Income	10.7
Other Income	6.3
Total Regular Income	486.4
OTHER RESOURCES	
Trust Funds	269.2
Cost-sharing Programme Arrangements	1.0
Other Arrangements	19.5
Interest and Other Income	7.0
Total Other Resources Income	296.7
TOTAL INCOME	**783.1**
EXPENDITURES	
REGULAR RESOURCES	
Programme Expenditures	347.8
Total Programme Expenditures	347.8
Biennial Support Budget Expenditures	104.5
Regionalization	7.8
Implementation of IPSAS and Enterprise Resource Planning System	3.0
Security	4.0
Other Expenditures	.1
Total Regular Expenditures	467.2
OTHER RESOURCES	
Total Programme Expenditures	332.7
Total Other Resources Expenditures	332.7
TOTAL EXPENDITURES	**799.9**
INCOME OVER EXPENDITURES	**(16.8)**

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2010 is based on preliminary data.

TOP DONORS TO UNFPA*

CONTRIBUTIONS IN US$

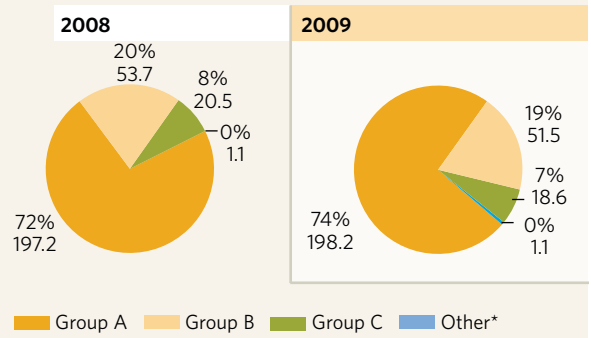
DONOR	REGULAR CONTRIBUTIONS[1]
Netherlands	80,880,873
Sweden	59,016,008
Norway	48,046,310
United States of America	46,100,000
Denmark	39,498,540
United Kingdom	34,510,377
Japan	30,065,759
Finland	27,851,459
Germany	25,340,848
Spain	20,710,059
Switzerland	12,477,718
Canada	11,861,022
Belgium	6,184,871
Australia	4,709,576
Ireland	4,219,409
Luxembourg	3,477,690
New Zealand	3,459,000
France	2,813,299
Austria	1,656,555
China	950,000

DONOR	OTHER CONTRIBUTIONS[2]
Netherlands	53,961,559
United Nations Development Programme[3]	43,313,398
Spain	29,634,580
United Kingdom	23,676,893
Office for the Coordination of Humanitarian Affairs[4]	9,835,770
Sweden	9,627,809
Australia	9,434,262
European Commission	8,949,553
Norway	8,875,592
Luxembourg	6,987,365
Canada	6,805,270
Joint United Nations Programme on HIV/AIDS	5,730,646
Colombia	5,554,575
Mexico	5,282,693
Denmark	4,110,379
United Nations Children's Fund	3,865,216
Germany	3,624,312
Finland	2,697,510
Japan	2,300,000
World Health Organization	2,014,940

1 Contributions received in 2009.
2 Payments received for co-financing resources.
3 Includes funds received through multi-donor trust funds and joint programmes.
4 Includes funds received through the Central Emergency Response Fund.
* 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 2010 is based on preliminary data.

EXPENDITURES BY COUNTRY GROUP

IN MILLIONS OF US$ AND AS A PERCENTAGE OF TOTAL



Please refer to the map on pages 30-31 for Group Listings.

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

from governments and private donors, $10.7 million in interest income and $6.3 million in other contributions. Regular resources, mostly comprising government pledges, provide reliable, flexible support for UNFPA programmes in developing countries. They are also used for programme administration and management. Other contributions in 2009 totalled $296.7 million, a drop from $375.8 million in 2008. The 2009 figure includes interest and other income of $7 million. Income from other resources is earmarked for specific activities and encompasses trust funds, cost-sharing programme arrangements and other restricted funds.

EXPENDITURES FOR 2009 BY REGION

REGULAR RESOURCES*

REGION	IN MILLIONS US$	% OF TOTAL PROGRAMME
SUB-SAHARAN AFRICA		
BY PROGRAMME AREA		
Reproductive health	62.9	46.2
Population and development	32.3	23.7
Gender equality and women's empowerment	16.5	12.1
Programme coordination and assistance	24.5	18.0
Total	**136.2**	**100.0**
COUNTRY ACTIVITIES BY GROUP		
Group A	123.0	98.3
Group B	1.9	1.5
Group C	0.2	0.2
Other**	-	-
Total country activities	125.1	100.0
Country activities	125.1	91.9
Regional activities	11.1	8.1
Total Region	**136.2**	**100.0**
ARAB STATES		
BY PROGRAMME AREA		
Reproductive health	17.2	55.6
Population and development	5.5	17.9
Gender equality and women's empowerment	4.6	14.6
Programme coordination and assistance	3.7	11.9
Total	**31.0**	**100.0**
COUNTRY ACTIVITIES BY GROUP		
Group A	16.5	59.6
Group B	10.2	36.5
Group C	0.7	2.5
Economies in transition	0.4	1.4
Other**	-	-
Total country activities	27.8	100.0
Country activities	27.8	89.7
Regional activities	3.2	10.3
Total Region	**31.0**	**100.0**
EASTERN EUROPE AND CENTRAL ASIA		
BY PROGRAMME AREA		
Reproductive health	6.6	44.2
Population and development	3.8	25.9
Gender equality and women's empowerment	1.5	9.9
Programme coordination and assistance	3.0	20.0
Total	**14.9**	**100.0**
COUNTRY ACTIVITIES BY GROUP		
Group A	-	-
Group B	5.7	50.9
Group C	4.8	42.8
Economies in transition	0.7	6.3
Other**	-	-
Total country activities	11.2	100.0
Country activities	11.2	75.2
Regional activities	3.7	24.8
Total Region	**14.9**	**100.0**

REGION	IN MILLIONS US$	% OF TOTAL PROGRAMME
ASIA AND THE PACIFIC		
BY PROGRAMME AREA		
Reproductive health	58.1	66.2
Population and development	14.5	16.5
Gender equality and women's empowerment	7.9	8.9
Programme coordination and assistance	7.3	8.4
Total	**87.8**	**100.0**
COUNTRY ACTIVITIES BY GROUP		
Group A	52.8	67.4
Group B	17.7	22.5
Group C	7.9	10.1
Other**		
Total country activities	78.4	100.0
Country activities	78.4	89.3
Regional activities	9.4	10.7
Total Region	**87.8**	**100.0**
LATIN AMERICA AND THE CARIBBEAN		
BY PROGRAMME AREA		
Reproductive health	13.8	40.5
Population and development	9.4	27.5
Gender equality and women's empowerment	5.9	17.4
Programme coordination and assistance	5.0	14.6
Total	**34.1**	**100.0**
COUNTRY ACTIVITIES BY GROUP		
Group A	5.8	21.5
Group B	16.1	59.9
Group C	5.0	18.6
Other**		
Total country activities	26.9	100.0
Country activities	26.9	78.9
Regional activities	7.2	21.1
Total Region	**34.1**	**100.0**
GLOBAL AND OTHER PROGRAMMES		
BY PROGRAMME AREA		
Reproductive health	11.5	26.3
Population and development	11.4	26.0
Gender equality and women's empowerment	3.8	8.9
Programme coordination and assistance	17.1	38.8
Total	**43.8**	**100.0**

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

** Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNPFA.

EXPENDITURES

Project expenditures from regular resources in 2009 totalled $347.8, compared to $340.4 million in 2008. The 2009 figure included $304 for country and regional programmes, compared to $272.4 million in 2008; and $43.8 million for global and other programmes, compared to $68 million for 2008. UNFPA provided $160.9 million in assistance for reproductive health, $94.6 million for population and development, $46.3 million for gender equality and women's empowerment and $46 million for programme coordination and assistance.

REGIONAL SPENDING

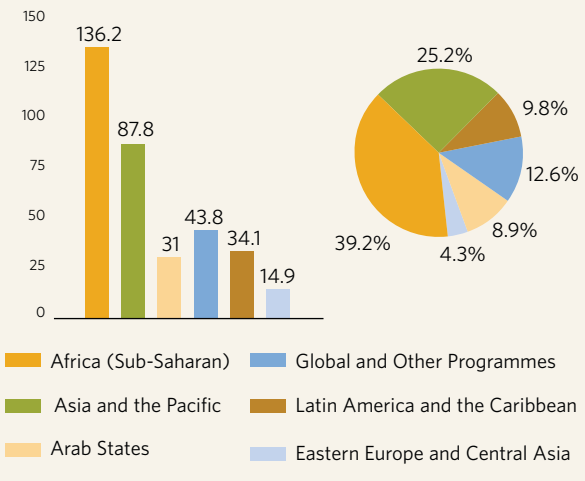
In 2009, UNFPA provided support to 155 developing countries, areas and territories: 45 in sub-Saharan Africa, 14 in the Arab States, 20 in Eastern Europe and Central Asia, 40 in Latin America and the Caribbean, and 36 in Asia and the Pacific. Sub-Saharan Africa received the largest percentage of UNFPA regular resources at $136.2 million, followed by Asia and the Pacific at $87.8 million, Latin America and the Caribbean at $34.1 million, the Arab States at $31 million and Eastern Europe and Central Asia at $14.9 million.

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

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION

IN MILLIONS OF US$ BY PERCENTAGE

(Programme expenditures from regular resources)



MANAGEMENT

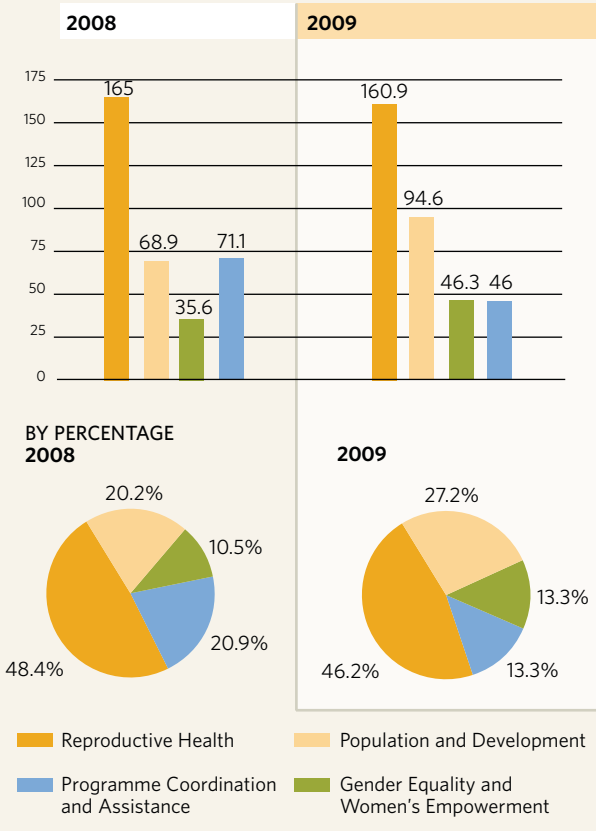
In 2009, UNFPA continued to improve its systems for results-based management, accountability and enhanced staff capacities in annual planning and budgeting exercises. By the end of 2009, three quarters of UNFPA country office staff had undertaken some form of results-based management training. More than 90 per cent of country offices reported that they had achieved at least 75 per cent of their 2009 output targets.

To bolster accountability, country offices file monthly accountability reports. Procurement procedures have been strengthened, and fraud risks have been reduced by outsourcing responsibility for vendor management. A comprehensive 2009 review of UNFPA's internal controls helped strengthen accountability and harmonize UNFPA systems with those considered best practices at other United Nations agencies.

UNFPA ASSISTANCE BY PROGRAMME AREA

IN MILLIONS OF US$

(Programme expenditures from regular resources)



Where UNFPA Works

UNFPA worked in 155 countries, areas and territories in 2009 through its headquarters in New York and five regional, six subregional and 129 country offices worldwide. UNFPA also has liaison offices in Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. UNFPA has decentralized its programmes to bring staff closer to the people it serves. As a result, over 80 per cent of UNFPA's 1,119 staff members now work in regional, subregional or country offices.

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
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania (the)
- Zambia
- Zimbabwe

ARAB STATES

- Djibouti
- Occupied Palestinian Territories
- 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

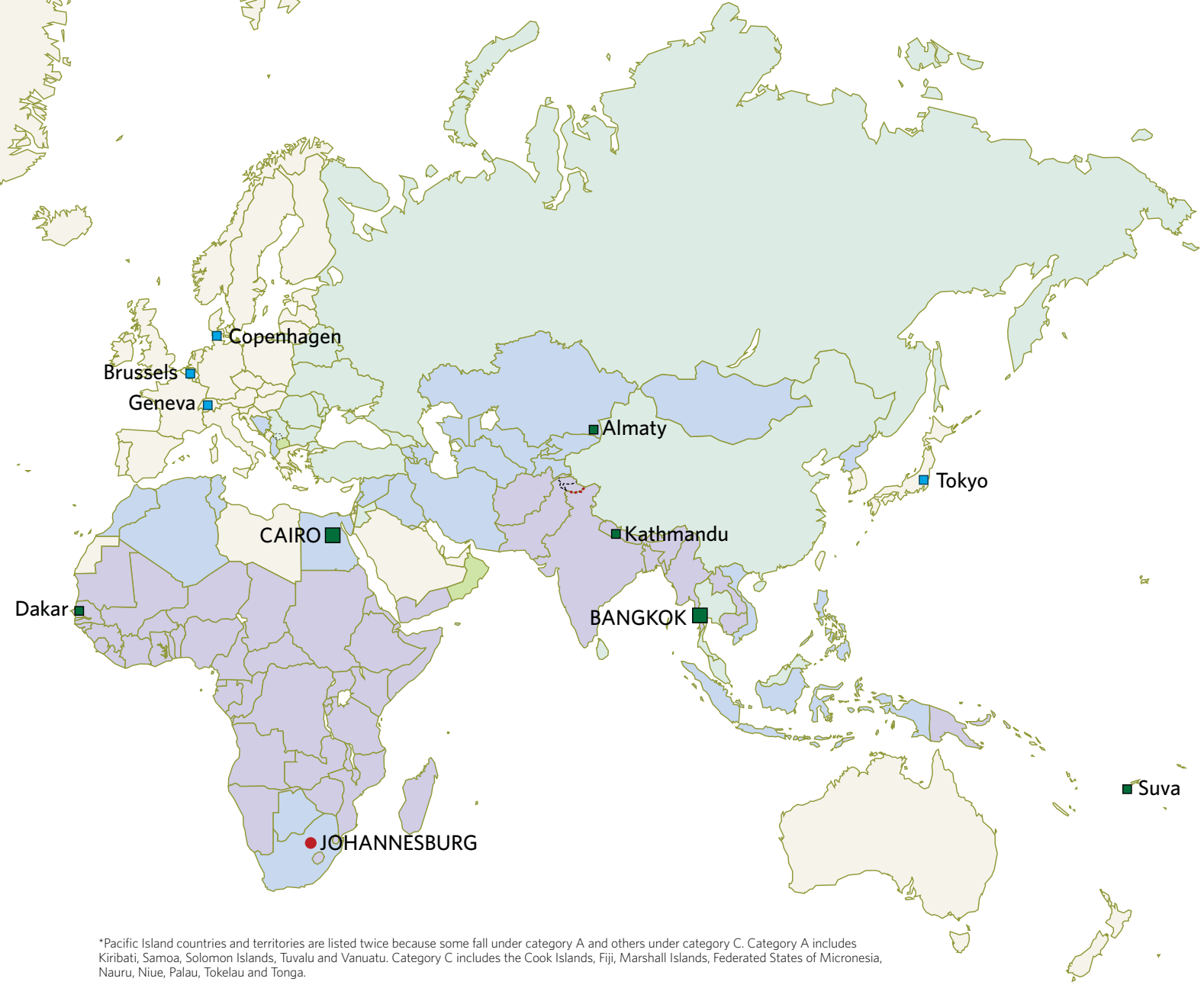
- Botswana
- South Africa

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.

Turkmenistan
Uzbekistan

ASIA AND THE PACIFIC

Democratic People's Republic of Korea
Indonesia
Iran (Islamic Republic of)
Mongolia
Philippines
Viet Nam

LATIN AMERICA AND THE CARIBBEAN

Bolivia (Plurinational State of)
Brazil
Caribbean countries and territories**
Colombia
Costa Rica
Dominican Republic
Ecuador
El Salvador
Nicaragua
Panama
Paraguay
Peru
Venezuela (Bolivarian Republic of)

GROUP C

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

SUB-SAHARAN AFRICA

Mauritius
Seychelles

ARAB STATES

Jordan

EASTERN EUROPE AND CENTRAL ASIA

Belarus
Bulgaria
Georgia
Republic of Moldova
Romania
Russian Federation
Serbia***
Turkey
Ukraine

ASIA AND THE PACIFIC

China
Malaysia
Pacific Island countries and territories*
Sri Lanka
Thailand

LATIN AMERICA AND THE CARIBBEAN

Argentina
Caribbean countries and territories**
Chile
Cuba
Mexico
Uruguay

OTHER

Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA

ARAB STATES

Oman

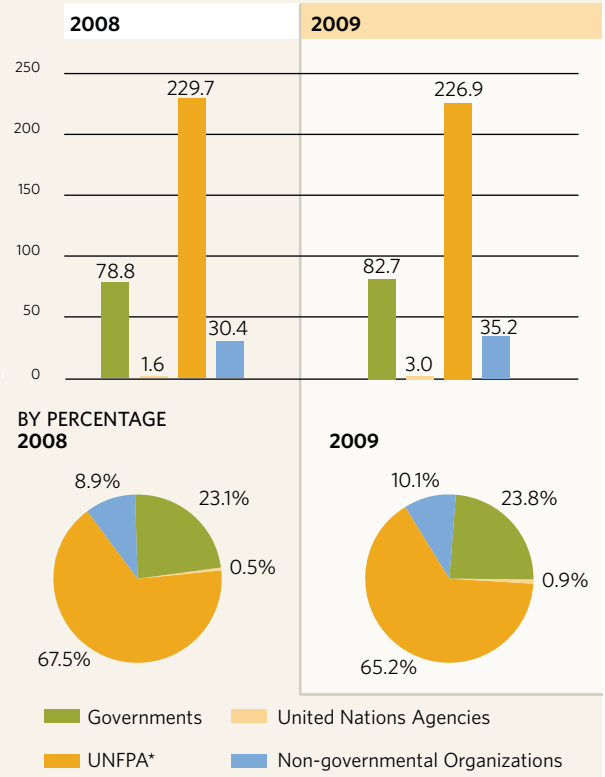
EASTERN EUROPE AND CENTRAL ASIA

The former Yugoslav Republic of Macedonia

UNFPA ASSISTANCE BY IMPLEMENTING AGENCY

IN MILLIONS OF US$

(Programme expenditures from regular resources)



* Includes assistance to procurement for government projects.

▲ Women sell tomatoes at a market in Cabinda, Angola.

PARTNERSHIPS

In 2009, UNFPA offices worldwide carried out a total of 221 joint programmes with other UN organizations. About 85 per cent reflected the agenda of the International Conference on Population and Development (ICPD). These partnerships included initiatives to stop gender-based violence, increase demand for HIV-prevention services, advance gender equality and expand access to maternal health services. Many UNFPA country offices now routinely collaborate with other UN agencies in mobilizing resources for joint programming. This reduces duplication, saves resources and strengthens programmes by encouraging the exchange of expertise across agencies.

In 2009, UNFPA orchestrated over 400 South-South cooperation initiatives, providing opportunities for developing countries to share knowledge and develop new capacities. The 15th anniversary of the ICPD resulted in other opportunities to forge partnerships, including those with faith-based and civil society organizations and parliamentarians.

HUMAN RESOURCES

Worldwide, UNFPA had 1,119 core staff in authorized budget posts. Over 80 per cent of UNFPA's approved core posts were in the field.

To foster staff capacities, UNFPA developed a new Knowledge Management Strategy that will guide the launch of an online corporate communications platform. It will feature social networking, options for group interaction and an e-library facility. The increased use of webinars for knowledge sharing and training has proven cost-effective in reaching larger audiences and reducing the need for travel.

2009 PROJECT EXPENDITURES

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

SUB-SAHARAN AFRICA	
Angola	2,186
Benin	2,648
Botswana	2,137
Burkina Faso	6,741
Burundi	3,929
Cameroon	5,190
Cape Verde	1,410
Central African Republic	4,118
Chad	10,275
Comoros	953
Congo	2,459
Côte d'Ivoire	9,513
Democratic Republic of the Congo	16,324
Equatorial Guinea	1,290
Eritrea	4,606
Ethiopia	16,381
Gabon	1,190
Gambia	975
Ghana	3,948
Guinea	3,776
Guinea-Bissau	3,315
Kenya	7,633
Lesotho	1,843
Liberia	5,806
Madagascar	5,343
Malawi	6,179
Mali	4,472
Mauritania	3,765
Mauritius	187
Mozambique	13,237
Namibia	2,826
Niger	5,699
Nigeria	10,508
Rwanda	4,348
Sao Tome and Principe	643
Senegal	2,548
Seychelles	45
Sierra Leone	7,768
South Africa	1,562
Swaziland	1,363
Togo	2,052
Uganda	12,067
United Republic of Tanzania (the)	4,927
Zambia	4,620
Zimbabwe	12,684
Country and Territory Projects Total	225,489
Regional Projects	13,527
Sub-Saharan Africa Total	**239,016**

ASIA AND THE PACIFIC	
Afghanistan	8,863
Bangladesh	8,579
Bhutan	965
Cambodia	5,521
China	4,573
Democratic People's Republic of Korea	2,190
India	12,316
Indonesia	5,875
Iran (Islamic Republic of)	1,505
Lao People's Democratic Republic	2,083
Malaysia	399
Maldives	521
Mongolia	2,209
Myanmar	8,692
Nepal	5,477
Pacific Island countries and territories[1]	26
Pakistan	8,553
Papua New Guinea	2,221
Philippines	6,441
Sri Lanka	3,382
Thailand	1,860
Timor-Leste	3,071
Viet Nam	7,687
Country and Territory Projects Total	103,009
Regional Projects	13,885
Asia and the Pacific Total	**116,894**

ARAB STATES	
Algeria	626
Djibouti	1,651
Egypt	3,129
Iraq	4,903
Jordan	785
Lebanon	1,557
Morocco	3,068
Occupied Palestinian Territories	4,116
Oman	858
Somalia	3,121
Sudan	19,904
Syrian Arab Republic	3,915
Tunisia	684
Yemen	5,326
Country and Territory Projects Total	53,643
Regional Projects	4,176
Arab States Total	**57,810**

EASTERN EUROPE AND CENTRAL ASIA	
Albania	1,698
Armenia	996
Azerbaijan	1,184
Belarus	576
Bosnia and Herzegovina	434
Bulgaria	133
Georgia	2,160
Kazakhstan	684
Kyrgyzstan	890
Republic of Moldova	747
Romania	374
Russian Federation	1,624
Serbia[2]	1,039
Tajikistan	902
The former Yugoslav Republic of Macedonia	511
Turkey	1,948
Turkmenistan	718
Ukraine	2,995
Uzbekistan	963
Country and Territory Projects Total	20,576
Regional Projects	5,212
Eastern Europe and Central Asia Total	**25,788**

LATIN AMERICA AND THE CARIBBEAN	
Argentina	842
Bolivia (Plurinational State of)	2,222
Brazil	3,036
Caribbean, countries and territories[3]	2,351
Chile	254
Colombia	5,885
Costa Rica	964
Cuba	903
Dominican Republic	1,777
Ecuador	1,929
El Salvador	1,526
Guatemala	7,316
Haiti	5,167
Honduras	2,875
Mexico	4,160
Nicaragua	6,877
Panama	746
Paraguay	1,269
Peru	2,958
Uruguay	2,197
Venezuela (Bolivarian Republic of)	1,388
Country and Territory Projects Total	56,642
Regional Projects	13,810
Latin America and the Caribbean Total	**70,452**

TOTAL PROJECT EXPENDITURES	
Country Projects	459,359
Regional Projects	50,610
Global and Other Projects	140,311
Procurement Services, Junior Professional Officers and Other Programmes	30,533
GRAND TOTAL	**680,813**

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2010 is based on preliminary data.
Totals may not add up due to rounding

1 Includes the Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

2 Includes programmes in Kosovo.

3 Includes Anguilla, Antigua Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Christopher and Nevis, St. Lucia, St. Vincent and the Grenadines, Netherlands Antilles, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

2009 DONOR COMMITMENTS AND PAYMENTS

CONTRIBUTIONS IN US$

GOVERNMENT/DONOR	COMMITMENTS FOR CURRENT YEAR[1]	PAYMENTS RECEIVED[2]
Algeria[4]	10,000	20,000
Andorra	29,099	29,099
Antigua and Barbuda	1,000	
Argentina	500	
Armenia	1,500	1,500
Australia	4,709,576	4,709,576
Austria	1,656,555	1,656,555
Azerbaijan	3,741	
Bahamas	1,000	1,000
Bangladesh[9]	28,008	3,008
Barbados[3, 4]	5,000	5,000
Belgium	6,510,780	4,705,581
Belize	2,500	
Benin	4,000	
Bhutan[5]	6,055	12,005
Bolivia (Plurinational State of)[3]	100	
Bosnia and Herzegovina	2,000	2,000
Brazil	20,000	
Bulgaria	2,500	2,500
Burkina Faso[7]	40,861	48,397
Burundi	783	783
Cambodia	6,064	6,064
Cameroon	45,103	2,257
Canada	11,956,522	11,861,022
Cape Verde[3]	1,181	
Central African Republic	2,500	
Chad[9]	35,000	
Chile	5,000	5,000
China	950,000	950,000
Colombia	30,000	30,000
Comoros	1,500	1,000
Congo	52,343	25,299
Cook Islands[5]	1,823	2,862
Costa Rica	5,747	4,837
Côte d'Ivoire[7]	15,000	85,319
Croatia	24,000	24,000
Cuba	5,000	10,000
Cyprus	7,698	7,698
Denmark	40,845,321	39,498,540
Dominica	463	
Dominican Republic	30,000	30,000
Ecuador	2,000	
Egypt[8]	112,523	207,581
El Salvador	1,000	1,000
Equatorial Guinea[3]	41,029	
Eritrea[5]	2,000	4,000
Estonia[9]	57,938	37,816
Ethiopia	2,390	2,394
Fiji	2,632	
Finland	26,854,220	27,851,459
France	2,887,139	2,813,299
Gabon	109,048	
Gambia[3]	9,473	
Georgia	2,500	2,500
Germany	25,340,848	25,340,848
Ghana[3]	12,500	
Greece	8,000	8,000
Grenada	100	
Guatemala[4]	5,000	15,000
Guinea Bissau	1,000	
Guyana	500	
Haiti	10,000	10,000
Honduras	3,386	3,386
Hungary	30,000	30,000
Iceland	200,000	200,000
India	497,029	497,029
Indonesia	71,458	72,234
Iran (Islamic Republic of)	50,000	50,000
Iraq	50,000	50,000
Ireland	4,291,845	4,219,409
Israel[4]	10,000	20,000
Italy	639,386	697,350
Jamaica	1,000	
Japan	30,065,759	30,065,759
Jordan	50,000	
Kazakhstan	350,000	350,000
Kenya	10,000	
Kiribati	705	705
Kuwait	10,000	10,000
Kyrgyzstan[3]	1,313	
Lao, People's Democratic Republic[8]	1,500	3,000
Lebanon[5]	2,000	6,000
Lesotho	2,216	
Liberia	10,000	
Liechtenstein	23,697	24,062
Luxembourg	3,791,130	3,477,690
Madagascar[6]		10,251
Malawi	1,000	
Malaysia	215,000	215,000
Mali	6,543	
Malta	1,000	1,000
Marshall Islands[7]	100	300
Mauritania[9]	4,143	
Mauritius	2,981	2,981
Mexico	99,491	99,718
Micronesia, (Federated States of)[3]	1,000	
Mongolia[5]	4,000	4,073
Morocco	10,000	9,775
Mozambique	2,000	
Myanmar	190	
Namibia[3]	1,000	
Netherlands	89,662,510	80,880,873
New Zealand	3,500,583	3,459,000
Nicaragua	4,000	4,000
Niger	10,000	
Nigeria[3]	31,167	
Niue	565	565
Norway	47,776,659	48,046,310
Occupied Palestinian Territories[6]		1,000
Pakistan[5]	500,000	992,312
Panama	10,000	10,000
Papua New Guinea	4,082	
Paraguay	500	500
Philippines[8]	56,830	85,782
Portugal	200,000	200,000
Qatar[5]	30,000	60,000
Republic of Korea	100,000	100,000
Romania	10,443	10,443
Russian Federation	300,000	300,000
Saint Kitts and Nevis[9]	1,500	500
Saint Vincent and Grenadines	200	
Samoa	3,000	3,000
Sao Tome & Principe	10,643	10,643
Saudi Arabia	500,000	
Senegal	19,629	
Serbia	1,000	100
Seychelles	2,000	2,000
Sierra Leone	8,000	
Singapore	5,000	5,000
Slovenia[4]	21,688	64,699
Solomon Islands[4]	1,000	2,000
South Africa	19,088	22,756
Spain	20,143,885	20,710,059
Sri Lanka	18,000	18,000
Sudan	28,940	28,940
Suriname	2,000	
Swaziland[5]	16,658	26,658
Sweden	53,956,835	59,016,008
Switzerland	13,384,321	12,477,718
Syrian Arab Republic	11,005	11,005
Tajikistan	200	200
Thailand[9]	96,000	11,208
The former Yugoslav Republic of Macedonia[9]	2,500	
Togo	6,543	975
Tonga[4]	100	1,000
Trinidad and Tobago	5,000	
Tunisia	18,518	18,518
Turkey	150,000	150,000
Tuvalu	3,000	3,000
Uganda	19,748	19,746
Ukraine	1,000	
United Kingdom of Great Britain and Northern Ireland	32,251,462	34,510,377
United Republic of Tanzania (the)[5]	5,384	9,038
United States of America	46,100,000	46,100,000
Uruguay	5,000	
Uzbekistan[4]	701	1,402
Vanuatu[3]	892	
Venezuela (Bolivarian Republic of)	10,000	10,000
Viet Nam	4,256	
Yemen Arab Republic	23,000	23,000
Zambia	4,000	
SUBTOTAL	472,186,629	467,661,918
LOSS ON FOREIGN EXCHANGE	(2,750,530)	
TOTAL	**469,436,102**	**467,661,918**

1 Official written commitments received as of 31 December 2009.
2 Actual payments received as of 31 December 2009.
3 Payment of 2009 commitment was received in prior years.
4 Includes payments for 2009 and future years.
5 Payments for 2009 and prior years.
6 Payments for 2008.
7 Includes payments for 2009, and prior and future years.
8 Includes payments for 2008 and prior years.
9 2009 commitment partially paid in prior years.

Parentheses indicate a negative number.
ALL FIGURES ARE PROVISIONAL.
Interim report prepared 30 March 2010 is based on preliminary data.

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