

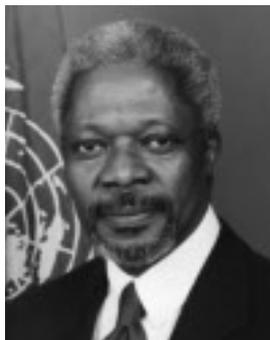


Millennium Development Goals

All United Nations Member States have pledged to meet these goals by 2015:

- 1. ERADICATE EXTREME POVERTY AND HUNGER:**
Reduce by half the proportion of people living on less than a dollar a day and suffering from hunger;
- 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION:**
Ensure that all boys and girls complete a full course of primary schooling;
- 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN:**
Eliminate gender disparity in primary and secondary education;
- 4. REDUCE CHILD MORTALITY:**
Reduce by two thirds the mortality rate among children under the age of five;
- 5. IMPROVE MATERNAL HEALTH:**
Reduce by three quarters the maternal mortality ratio;
- 6. COMBAT HIV/AIDS, MALARIA & OTHER DISEASES:**
Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases;
- 7. ENSURE ENVIRONMENTAL SUSTAINABILITY:**
Integrate sustainable development into country policies and programmes, reduce by half the number of people lacking access to safe drinking water and improve the lives of slum dwellers;
- 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT:**
Address poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

Foreword



Population issues are fundamentally about people. No one knows this better than the United Nations Population Fund. For the past 34 years, UNFPA has sought to improve the lives of people in the developing world while helping nations find an equitable, sustainable balance between population and development. In the year 2002, UNFPA provided assistance to nearly 150 developing countries, with special emphasis on increasing the availability and quality of reproductive health services, fighting gender discrimination and violence, formulating effective population policies and reducing the spread of HIV/AIDS.

Over the past year, the devastating impact of HIV/AIDS in particular highlighted the need to invest more in public health and education, as well as the empowerment of women and girls. Only through such an investment can we hope to break the debilitating cycle of ill health and poverty and place the Millennium Development Goals within our reach. Only by working for reproductive health, voluntary family planning and women's rights can we reduce maternal and infant mortality rates, prevent the further spread of HIV/AIDS, and stabilize population growth.

This annual report documents the diverse efforts undertaken by UNFPA as the world's largest multilateral source of population funding, as well as the largest supplier of condoms and other reproductive health commodities. It demonstrates that by helping people make informed, responsible and free choices about their reproductive health, and by providing governments with population data and policy guidance, UNFPA plays an indispensable role in international development.

A handwritten signature in black ink, which appears to read 'K. Annan'. The signature is fluid and cursive, with a large initial 'K' and a long, sweeping underline.

Kofi A. Annan

Secretary-General of the United Nations

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Overview



Developing countries that have invested in family planning, smaller families and slower population growth have achieved higher productivity, more savings and more productive investment. This confirms what we have always known: reproductive health information and services improve the lives of the poor, especially women. By giving greater policy attention and resources to population and reproductive health issues, we will actually make greater progress to reduce poverty and maternal and child mortality, halt the spread of AIDS and ensure sustainable development.

In this annual report, we draw attention to the many different ways in which UNFPA is working to reduce poverty by meeting reproductive health needs in developing countries, especially among the poorest and most vulnerable.

In 2002, UNFPA continued its support to family planning programmes to save mothers' lives and safeguard the right of couples to plan the size of their families. We also extended emergency reproductive health assistance to people in 22 countries and territories suffering from crisis. In the field of HIV/AIDS prevention, UNFPA continued working with its partners, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS), on raising awareness of the infection and promoting effective prevention methods, including condom programming. To assist government planning, UNFPA supported census-taking and demographic research in a number of countries, such as Afghanistan and Albania, that lack data essential for meeting the needs of their people.

In October 2002, we launched a campaign to end obstetric fistula, an injury caused by prolonged labour, in 11 African countries. Surgical treatment for this devastating condition enables women to return to normal lives.

To strengthen UNFPA overall, we completed an 18-month transition process towards a more effective, responsive and results-based organization. Among the many changes were a new visual identity and web site design. In 2002, UNFPA welcomed the highest-ever number of donor countries and recorded one of our highest levels of programme expenditure in three core areas: reproductive health, population and development strategies, and advocacy. Our flagship publication, *The State of World Population*, made the link between population and poverty and the benefits of health and education.

Throughout the year, UNFPA continued to build stronger partnerships and support for our mission. This effort was aided by the increasing recognition that population and reproductive health issues underpin the achievement of the Millennium Development Goals and that progress towards these goals is furthered by continued commitment to the Programme of Action established at the 1994 International Conference on Population and Development. Our many partners recognize that achieving development goals depends in large part on taking population policies seriously and ensuring that universal access to reproductive health services is attained.

A handwritten signature in black ink that reads "Thoraya A. Obaid". The signature is fluid and cursive.

Thoraya Ahmed Obaid

Executive Director, UNFPA

POVERTY, POPULATION AND DEVELOPMENT

Poverty, high fertility, ill-health, gender inequity.
Reproductive health information and services
help break the cycle.



Strong support for reproductive health can reduce poverty. The kind of information and services that UNFPA supports make it possible to avoid unwanted pregnancies, prevent HIV infection, plan and space families, give birth more safely and participate equally in opportunities for education, income and decision-making. The result of universally accessible reproductive health would be slower population growth, which would ease pressure on the environment and enable countries to meet the needs of the poorest and most vulnerable.

The least-developed countries have the highest fertility and population growth, and their populations are expected to triple in the next 50 years. Half the world's population, or more than 3 billion people, live on less than \$2 a day, and 1 billion people live on less than \$1 a day. And, despite strides towards gender equality since the mid 1980s, more women still live in poverty than men.

UNFPA understands that promoting reproductive health and rights is indispensable for economic growth and poverty reduction. Lower birth rates and slower population growth over the last three decades have contributed to faster economic progress in a number of developing countries. This positive "population effect" on the economy was due in large part to investments in health (including reproductive health) and education, and to increases in opportunities for women.

MILLENNIUM DEVELOPMENT GOALS

All United Nations Member States pledged in 2000 to meet a time-bound set of goals to eradicate extreme poverty and hunger, end AIDS and empower women. Only with attention to population and reproductive health issues will the world's people achieve the Millennium Development Goals. Every one of these eight goals is of concern to UNFPA, guided as we are by the Programme of Action of the 1994 International Conference on Population and Development (ICPD). With stronger support, especially from international donors that have not lived up to their ICPD promises, UNFPA can respond ever more effectively to requests for assistance from governments in more than 140 developing countries and help them achieve these goals for development.

- Almost two thirds of UNFPA country offices assisted governments in national reporting on the Millennium Development Goals in 2002, ensuring that data on population and reproductive health are given the attention they deserve.

DATA AND POPULATION STRATEGIES

Changes in the structure, distribution and size of populations are interlinked with all facets of sustainable development. UNFPA supports efforts to track these changes and analyse population trends, helping governments and international agencies generate the political will to address current and future needs. In particular, UNFPA promotes a common set of gender-sensitive population-based indicators for use in MDG reports and in the United Nations common country assessments (CCAs) and, through these instruments, in poverty reduction strategy papers (PRSPs).

- Data that link population with other development concerns can answer policy questions. In 2002, an evaluation of UNFPA efforts to develop national capacity in reproductive health analysed 10 years of interventions in six countries: Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria and Viet Nam.

- Without good data, effective planning is impossible. In 2002, UNFPA helped Albania complete fieldwork for its first-ever survey of reproductive health and family planning.

- The Pan Arab Project for Family Health completed a survey of five countries that will be used in a regional database on family health and reproductive health in Arab countries. Supported by UNFPA and other partners, the survey applied standardized tools and methods.
- NGOs are able to monitor ICPD follow-up by using a new monitoring system featuring online access to official data. The system covers eight countries and was set up by the Latin American and Caribbean Women's Health Network, with UNFPA support. Also in 2002, UNFPA helped develop an indicator system to support the Economic Commission for Latin America and the Caribbean in its regional ICPD monitoring role.
- Creation of a computerized integrated information system in reproductive health centres was part of UNFPA efforts to help Azerbaijan implement its poverty-reduction programme and reform its primary health care system.
- In December 2002, UNFPA and the Brazilian Institute for Geography and Statistics published a report on poverty, *Situation of the Brazilian Population: Levels of Inequalities (2002)*. UNFPA also joined with NGOs in Brazil to develop indicators for reproductive health at the municipal level, holding four workshops in 2002.
- UNFPA has supported sociocultural research in many countries, often to inform advocacy campaigns with culturally appropriate messages. UNFPA support to discourage female genital cutting, for example, has contributed to the development of policies and enactment of laws in 14 countries. In 2002, sociocultural research by the University of Zambia focused on local initiation ceremonies for boys that instil ideas of what it means to be masculine, among other topics of behaviour and tradition.

CENSUS DATA FOR PLANNING

UNFPA contributes to census-taking worldwide. In 2002, the Fund assisted both Guatemala and Rwanda with a population and housing census. In Botswana, UNFPA supported the analysis and dissemination of results from the 2001 census, with an immediate impact on decisions about programme expansion and beneficiaries. Comoros launched a population census, with plans to integrate its results into updated socio-demographic baseline data, disaggregated by sex.

- In Afghanistan, UNFPA began work with the Central Statistics Office on the design of a national population and housing census. The census responds to the urgent need for up-to-date and reliable information to aid the reconstruction process. Afghanistan has never had a complete census of its population.
- A survey in post-war Burundi canvassed 7,500 households in camps for displaced persons, urban centres and rural areas. UNFPA supported the major demographic and health survey, which also received European Union funds, to enhance government decision-making on national development, rehabilitation and reconstruction.
- In Bhutan, UNFPA helped build national capacity in data collection and analysis. Training on the upcoming census was conducted for representatives from all district administrations, and several officers participated in an observation study tour to India.



For the grand prize winner, Sadat Ahmed Dipro, the annual UNFPA international poster contest provided an opportunity to explore the impact of population and poverty from his own perspective, that of a six-year-old from Bangladesh. In 2002, young artists from 73 countries entered the contest, which has been sponsored by UNFPA since 1992.

Photo: UNFPA Bangladesh



Population ageing is an issue with significant demographic impact, especially in developing countries with resources too limited to meet the basic needs of older persons like this elderly woman from Mexico. In April 2002, UNFPA participated in the Second World Assembly on Ageing, held in Madrid, Spain, drawing attention to the basic social and health needs of older persons in developing countries. UNFPA also continued to provide technical guidance and support to the International Institute on Ageing in Malta, where training was conducted on effective ways to address the needs of older poor.

Photo: Planet

SUSTAINABLE DEVELOPMENT

World leaders at the World Summit for Sustainable Development (WSSD), held in Johannesburg, South Africa, in August 2002, reaffirmed goals linking poverty eradication and environmental protection to health, including reproductive health, and women's empowerment.

- To support policy recommendations at the WSSD, a panel of experts launched a scientific assessment of the role of population in sustainable development. The report was spearheaded by the International Institute for Applied Systems Analysis, the International Union for the Scientific Study of Population and the United Nations University, with funding from UNFPA.
- UNFPA launched an internal organizational review and a field inquiry to examine linkages in activities pertaining to water, population, gender, reproductive health and poverty. This is part of its contribution to system-wide approaches to the thematic areas of the WSSD and to its 10-year review of the ICPD Programme of Action.
- Links between population, poverty and development were highlighted by UNFPA at the International Conference on Financing for Development, held in March 2002 in Monterrey, Mexico. UNFPA called for the mainstreaming of reproductive health in health sector reforms as part of primary health care.
- UNFPA's annual *State of World Population* report for 2002 addressed the theme "people, poverty and possibilities". To reduce poverty in developing countries, urgent action is needed to combat poor reproductive health, help women avoid unwanted pregnancies, and eliminate illiteracy and gender discrimination, the report warned.

WORLD POPULATION DAY

For the past 13 years, countries around the world have been observing World Population Day on 11 July to raise public awareness and draw policy makers' attention to population issues such as poverty, reproductive health, education and HIV/AIDS.

- Rallies, processions and discussions marked World Population Day 2002 in Bangladesh, where the President called for greater awareness of population issues and for a social movement to ensure the success of the country's family planning programme.
- In an interview on national television, Afghanistan's Minister of Women's Affairs, Habiba Sarabi, said the health of Afghan families and mothers was often adversely affected by having children too early, too late and too close together. Officials in Kabul said that literacy and health care were necessary for the survival and well-being of Afghan women and their families.
- At one of more than a dozen ceremonies and workshops held across Cuba, experts spoke of the success of sexual education in almost 1,000 Cuban secondary schools. UNFPA has been instrumental in the programme, which aims to reduce unwanted pregnancies and early marriages.
- More than 10,000 people in Yemen watched a film in the city square of Sana'a that highlighted issues on education, empowerment, reproductive health and family planning. UNFPA helped a government committee develop the film, which was also broadcast on national television.

REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

A commitment to saving women's lives.



Reproductive choice is a human right, but it cannot be exercised without access to relevant information and high-quality services. To help individuals exercise this right, UNFPA supports projects and programmes that help meet the need for family planning, safer and healthier pregnancy and childbirth, and the prevention of sexually transmitted infections (STIs), including HIV/AIDS. Areas of particular concern are adolescent reproductive health, obstetric fistula and gender violence.

FAMILY PLANNING

Nearly 350 million women worldwide—one in six women of reproductive age—are still in need of a full range of effective family planning methods to be able to space their children or limit the size of their families. More than half the women in some countries say they would have preferred to postpone or avoid their most recent birth. And more than 50 million of the 190 million women who become pregnant each year have abortions, many under unsafe conditions.

UNFPA supports voluntary family planning programmes that help couples plan the size of their families, protect the health of mothers and their children, enhance family well-being and increase men's participation in family planning and reproductive health decisions.

- Young students in a military school in Ecuador now study reproductive health, including sexuality and gender equality, as part of the school curriculum. A related effort provides reproductive health services to armed forces personnel and their families.
- In Yemen, a new book for use by imams and preachers placed reproductive health and family planning in the context of Islam. It was produced with UNFPA support in cooperation with the Government.
- A culturally sensitive project in Peru's Amazon region linked reproductive health and indigenous identity. Local trainers conducted workshops in the native language for community leaders, midwives and health promoters in the Condorcanqui province.

SAFE MOTHERHOOD

More than half a million women die every year from pregnancy-related complications. With access to emergency medical treatment, almost all of these women could be saved. UNFPA promotes safe motherhood by ensuring that skilled assistance and health services are available to all women during pregnancy and childbirth. We also make timely emergency obstetric care available to women with complications and provide supplies in response to the unmet need for family planning.

- UNFPA has supported the repair and renovation of 79 health care facilities in seven districts in the State of Rajasthan, India, as part of a project to improve access to, and the quality of, emergency obstetric services.
- Emergency obstetric care in West and Central Africa was the focus of needs assessments carried out by UNFPA in Cameroon, Côte d'Ivoire, Mauritania, Niger and Senegal. Published in November 2002, the results are being used to mobilize resources for projects that will make these services more widely available.
- In Morocco, a UNFPA-supported project has trained 700 health care providers and managers and contributed to a significant increase in the number of emergency obstetric care facilities. Monitoring and evaluation have focused on issues of access and quality.
- In the Sofala province in Mozambique, which has the highest rates of maternal mortality and the poorest facilities in the country, UNFPA is furnishing hospitals with staff and equipment to provide basic and comprehensive obstetric and neonatal care. Training has been provided to maternal and child health nurses, surgery technicians and medical doctors.



In its newly launched campaign to end fistula, UNFPA cooperates with the Addis Ababa Fistula hospital, where these women have been successfully treated.

Photo: Kristin Hetle/UNFPA

- To improve emergency obstetric care in Timor-Leste, UNFPA funded four specialized doctors through the United Nations Volunteers programme in 2002. These obstetrician/gynaecologists provide life-saving services and conduct on-the-job training for Timorese health workers in order to build local capacity.
- In Nicaragua, a comprehensive needs assessment of 138 public and private health-care facilities was completed in 2002. Special evaluation and assessment tools were developed to help identify regions with the highest rates of maternal mortality.
- A variety of reproductive health projects have benefited Somali refugees in Kenya and Ethiopia as well as Somalis residing within their own country. UNFPA helped rehabilitate the two main maternity health facilities in Garowe, Puntland (Northeast Somalia), train health staff, and obtain basic and essential medical supplies and equipment.

OBSTETRIC FISTULA

Obstetric fistula, the most severe of all pregnancy-related disabilities, is an injury caused by prolonged labour. It usually occurs when a young, poor woman has an obstructed labour and cannot obtain a needed Caesarean section. The baby usually dies and the mother suffers from extensive tissue damage to her birth canal, rendering her incontinent. Untreated women not only face a life of shame and isolation, but may also face a slow, premature death from infection and kidney failure. Obstetric fistula affects at least 50,000 to 100,000 women every year. Fortunately, most of these cases can be corrected surgically, even after several years.

UNFPA is leading a global campaign to prevent and treat obstetric fistula, particularly in sub-Saharan Africa. Launched in Addis Ababa, Ethiopia, in October 2002, the campaign aims to educate communities about the causes and consequences of obstetric fistula, equip medical centres with essential supplies and train medical personnel to perform the needed surgery. The campaign also highlights the dangers associated with too-early marriage and childbearing and helps fistula victims reintegrate into their societies.

As part of the campaign, UNFPA is supporting the first-ever needs assessment reports on the prevalence of obstetric fistula in 11 of these countries, namely Benin, Chad, Ethiopia, Malawi, Mali, Mozambique, Niger, Nigeria, the United Republic of Tanzania, Uganda and Zambia. The fistula initiative is being financed by an initial contribution of \$200,000 from the Government of Finland.

- More than 150 women in Chad received surgical treatment for fistula during the first year of a UNFPA-supported programme to expand services and raise awareness. Needs assessments guided the expansion of treatment capacity, including training of doctors and nurses and equipping and supplying hospitals. After surgery, women receive seed money to start small income-generating activities as part of their return to a more normal life in their villages.

ADOLESCENT REPRODUCTIVE HEALTH

With limited knowledge about their bodies, young people are vulnerable to unwanted pregnancies, unsafe abortions, sexually transmitted infections, substance abuse, exploitation and violence. Adolescents are even more vulnerable than their older peers.

UNFPA supports initiatives in family life education, sexuality education in schools, peer education, youth-friendly health centres and services, and youth participation. The Fund gives special attention to girls, whose health, education and life opportunities are often curtailed by gender discrimination, early marriage and early childbearing.

- In Cambodia, more than 300 Buddhist monks participated in UNFPA-supported training on reproductive health issues, including HIV prevention. These well-respected religious leaders then conveyed the information to young people through sermons, workshops and informal meetings. In another project, young people too shy or embarrassed to seek reproductive health services or information at a clinic can go to a karaoke club or a library—two of the new “drop in” centres supported by the European Commission/UNFPA Initiative for Reproductive Health in Asia.

- Street dramas and mobile video shows in Nepal brought reproductive health messages to rural adolescents and youth. The UNFPA-supported project featured performances in local languages, followed by question and answer sessions.

- Urban gangs in Lima, Peru, were among the targets of a UNFPA-supported project to provide information on sexual and reproductive health, gender and violence issues. Outside the city, radio broadcasts reached out-of-school youth in the Amazon region.

- In Egypt, manuals produced by UNFPA introduce young people to reproductive health issues, and to the physical, psychological and social changes of adolescence. The manuals complement a national campaign addressing youth-related issues such as shisha (water pipe) smoking, nutrition, family relations, gender equity, anger, violence and, for married adolescents, family planning.

- In Viet Nam, adolescent reproductive health issues have been integrated within the secondary education system, with assistance from UNFPA.

- Grass-roots activities and advocacy campaigns gained the attention of adolescents in Bosnia and Herzegovina. The UNFPA-supported project aims to boost youth participation in decision-making on sexual and reproductive health issues, and to improve their access to related services through peer-mediated networks.



In Cuba, UNFPA education and information campaigns targeted adolescents and youth, with a view towards delaying first pregnancies and reducing the country's rate of abortion. Reproductive health messages were conveyed via the mass media and through promotional materials such as calendars, pens and T-shirts, like the one worn by this Havana teenager.

Photo: Johnette Iris Stubbs

GENDER VIOLENCE

Violence against women is strongly associated with poor reproductive health, including reduced demand for, and access to, reproductive health services. UNFPA works with governments to establish national mechanisms to monitor and reduce gender violence, and monitors their commitment. In 2002, 26 countries had a monitoring mechanism in place, and 25 more were reported to be developing such mechanisms.

- Trafficking in women and girls was the topic of an international workshop in Bratislava, Slovak Republic, organized by UNFPA in October 2002. More than 60 parliamentarians, government officials and NGO representatives from 25 countries attested to the detrimental effects of trafficking on their populations and agreed that its elimination should be a matter of national policy.

- Health care workers in Chimaltenango, Guatemala, received training on how to screen female patients for gender-based violence and refer victims to an on-site psychologist. In addition to this training, UNFPA supported awareness sessions for community leaders in this poor urban community.

- In Somali refugee camps in northeastern Kenya and eastern Ethiopia, counselling for rape victims is part of an initiative carried out by UNFPA with funding from the Danish Government. Victims are provided with emergency reproductive health and family planning services. The initiative emphasizes the prevention and treatment of sexually transmitted infections, including HIV/AIDS, and raises awareness of female genital cutting.

- In Nicaragua, gender equality and the prevention of violence against women are the focus of innovative communication methods that promote behaviour change and bring information to underserved areas. The UNFPA-supported project has helped to improve relations between the military and local communities.

- In Ghana, UNFPA continued to support the Joint UN Gender Programme in collaboration with UNDP and UNIFEM. In 2002, six national organizations carried out a nationwide "16 Days of Activism Against Gender Violence". Among the advocacy materials produced this year was a made-for-television video, "Speak Out Against Gender Violence", featuring high-profile government and community leaders.

COMMODITY SECURITY

The quest to improve health and prevent sexually transmitted infections depends largely on the availability of essential reproductive health commodities, including contraceptives. In 2002, UNFPA supplied \$150 million in commodities to 73 developing countries, at their request. The cost of these supplies was met in part by \$25 million in financing from the Governments of Canada, the Netherlands and the United Kingdom. A number of countries have signed cost-sharing agreements with UNFPA for the provision of contraceptive commodities.

In response to urgent requests from 33 emergency situations in 2002, UNFPA dispatched reproductive health supplies valued at about \$1.5 million. International aid organizations have also made use of the Fund's procurement services to obtain emergency reproductive health supplies for their own relief efforts.

UNFPA's global strategy for reproductive health commodity security ensures that there are enough quality contraceptives and other commodities to meet the needs of people at the right time and in the right place. In 2002, the strategy was introduced to nearly 200 UNFPA representatives and national counterparts during regional workshops in China, Côte d'Ivoire and the Slovak Republic. The workshops also laid the foundation for national plans to monitor and evaluate steps taken by countries to secure sustainable supplies of quality reproductive health commodities at affordable prices.

UNFPA launched an initiative with the United States Agency for International Development to engage country partners, technical agencies and other donors in an effort to further promote reproductive health commodity security at the country and global levels. Through a series of



Midwives in Timor-Leste try out their new motorbikes, purchased with UNFPA assistance. The 80 new motorbikes enable the midwives to expand their outreach, in particular to women in remote rural communities. To further improve access to the limited number of trained midwives, UNFPA is pilot-testing maternity “waiting houses” where a woman can stay near a midwife as her delivery date approaches. Timor-Leste, the newest member of the United Nations, became an independent nation on 20 May 2002. It has the highest number of maternal deaths in Asia (860 per 100,000 live births).

Photo: Marek Smith/UNFPA

conferences and working groups, the initiative came to be called the Strategic Pathway to Reproductive Health Commodity Security (SPARCHS). The purpose of SPARCHS is to support countries in developing a strategic commitment and funded action plan for ensuring an adequate supply and range of choice of quality contraceptives and other reproductive health commodities.

- In Brazil, a UNFPA-supported study found that national systems to purchase and distribute contraceptives were insufficiently developed, with inadequate tracking and control mechanisms. UNFPA helped the Ministry of Health analyse national legislation and regulations affecting procurement, importation, tariffs, distribution and logistics.

- At a workshop in Norway in 2002, the United Nations Department of Peacekeeping Operations and UNFPA developed guidelines on condom programming for peacekeeping missions and signed a memorandum of understanding on the provision of reproductive health supplies, including condoms, essential drugs and HIV testing kits.

ACCESS AND QUALITY

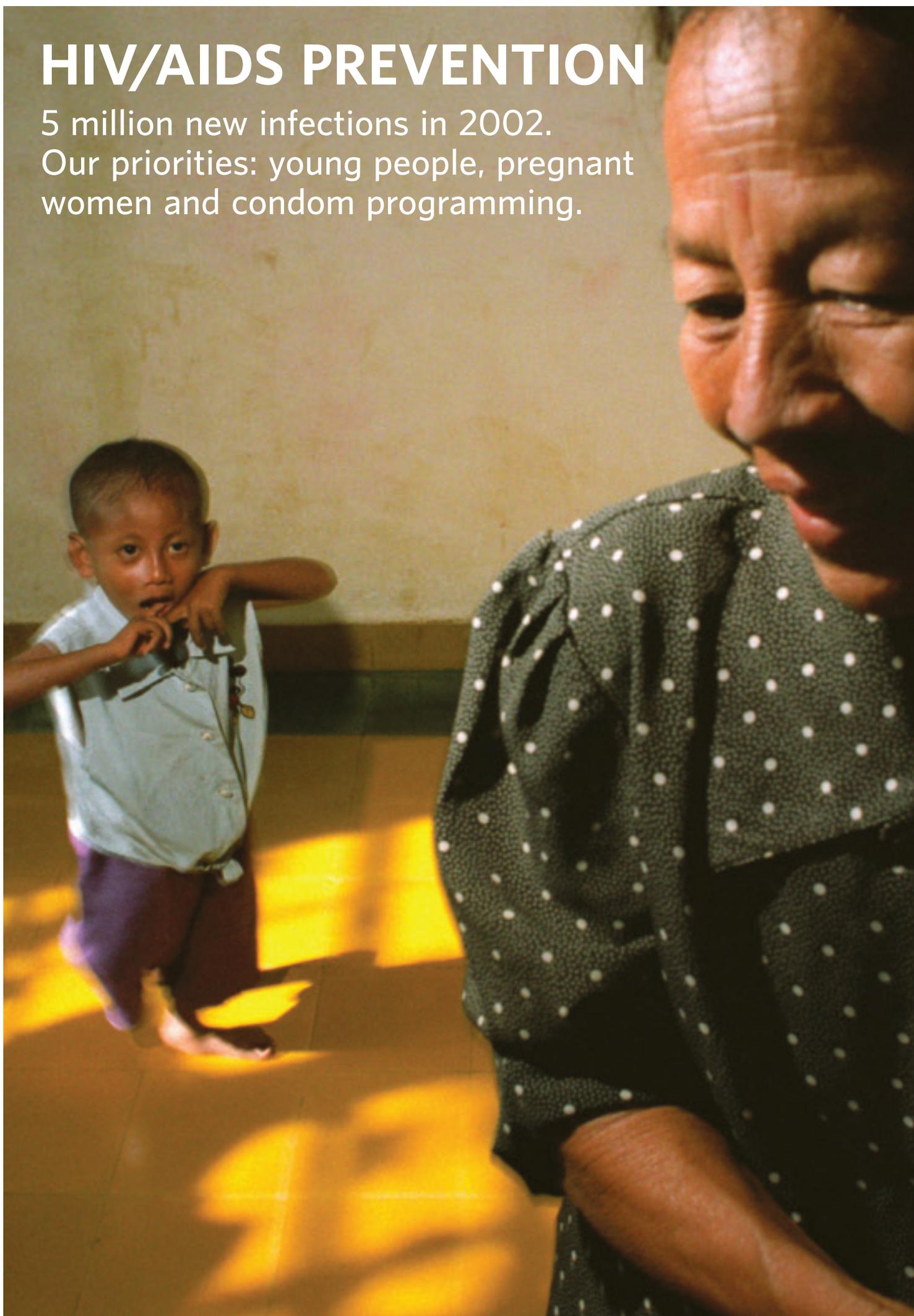
Far from being a luxury, improving quality of care can be a cost-effective means to achieve the ultimate goal of better reproductive health. Treating clients with respect is one important aspect of care, as otherwise they may not use the available services or may end up with poor results.

Quality of care encompasses access to services, adequate supplies and equipment, and high standards of technical, managerial and interpersonal skills among health staff. UNFPA has been active in all of these areas from the start, largely through providing technical support, equipment and training for health care providers.

A UNFPA-led global initiative, Stronger Voices for Reproductive Health, is fostering partnerships between governments and civil society to improve the quality of sexual and reproductive health in six countries: India, Kyrgyzstan, Mauritania, Nepal, Peru and the United Republic of Tanzania. Community-based mechanisms, such as mobilization and advocacy, savings and credit programmes and micro-insurance schemes, are helping communities, particularly women, have a stronger say in the quality of reproductive health care they receive. The project has enabled communities to publicly discuss and address their reproductive health concerns, which often had been deemed too “private” for the public domain. The initiative is being carried out in cooperation with the UN and other agencies, with funding from the United Nations Foundation.

HIV/AIDS PREVENTION

5 million new infections in 2002.
Our priorities: young people, pregnant women and condom programming.



Five million people were newly infected with HIV in 2002—about 14,000 each day. A sense of urgency mounted as infections among women rose, a food crisis compounded the epidemic in Southern Africa, and the epidemic gained speed in other regions. Its impact continued to increase, with the worst yet to come. Already, HIV/AIDS is the leading cause of death in sub-Saharan Africa, and the fourth-biggest killer worldwide. UNFPA enhanced capacity to counter HIV/AIDS through action within the organization and with our many partners.

Nearly all of the reproductive health programmes supported by UNFPA worldwide now include interventions to prevent HIV infection. The focus is on HIV prevention among young people and pregnant women, and on condom programming. The Fund's longstanding efforts to reduce transmission of sexually transmitted infections have never been more urgent than in the era of HIV/AIDS.

Crisis situations add to this urgency, as in southern Africa where a food crisis and the AIDS epidemic emerged as a deadly combination. AIDS among farmers affected already low food supplies, and health suffered further with less nutrition available to meet the needs of people living with HIV/AIDS. Even more children were orphaned as AIDS deaths rose. UNFPA provided emergency reproductive health supplies and assisted in a coordinated UN response to the crisis.

ACTION AGAINST HIV/AIDS

UNFPA intensified its internal commitment to HIV prevention while continuing to provide leadership based on decades of experience.

- UNFPA established an HIV/AIDS branch at its headquarters in New York, and a consultant on HIV/AIDS in the Workplace joined the Office of Human Resources.
- At the global level, UNFPA was designated as the UN convening agency for the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the areas of young people and condom programming.
- At the regional level, a position dedicated to HIV/AIDS prevention programming was established in each of UNFPA's Country Technical Services Teams (CSTs), and the UNFPA strategic guidelines on HIV prevention were adapted to several regions.
- Two evaluations of HIV/AIDS activities were completed, including an internal thematic evaluation by UNFPA and a five-year UN evaluation of UNAIDS, of which UNFPA is a founding member.
- UNFPA's policy on HIV prevention was disseminated more widely with the publication of the *Strategic Guidance on HIV Prevention*, the staff series *HIV Prevention Now*, and *An Evaluation of UNFPA Support for Preventing the Spread of HIV/AIDS* (Evaluation Report #19).

EDUCATION AND ADVOCACY

"Live and let live" was the slogan of the World AIDS Campaign 2002-2003, which focused on eliminating stigma and discrimination.

- More than 9,000 Muslim religious leaders in Bangladesh participated in training on gender, HIV/AIDS prevention and other reproductive health issues through a project of UNFPA and the Islamic Foundation in the Ministry of Religious Affairs.



A youth counselling service point in Sri Lanka, part of the joint EC/UNFPA Initiative for Reproductive Health in Asia, provides information on HIV/AIDS and other reproductive health issues.

Photo: EC/UNFPA Initiative for RH

A new publication, *Strategic Guidance on HIV Prevention*, explains how UNFPA's distinct set of capabilities, strengths and comparative advantages are contributing to its partnerships in the global response to HIV/AIDS. It outlines UNFPA policies and strategic priorities, and presents a framework for prevention among young people and pregnant women, and through condom programming.

- Peer educators in Eastern Europe and Central Asia are now electronically linked through the UNFPA-supported Youth Peer Education Electronic Resource (www.youthpeer.com). In 2002, this networking component of a regional initiative connected 370 trainers who, in turn, reached some 31,000 peer educators with information on adolescent health and safer sexual behaviour.

- The impact of HIV/AIDS on women was the central topic of the Fifth Conference of African Women Ministers and Parliamentarians in October in Cape Verde, organized by UNFPA and attended by more than 80 women ministers and parliamentarians and other leaders from sub-Saharan Africa.

ADOLESCENTS AND YOUNG PEOPLE

Young people can stop the pandemic. Their success requires commitment and action from all levels and sectors of society to ensure that adolescents and youth possess the knowledge, skills and the means to prevent HIV infection, protect their reproductive health and build a supportive environment free of stigma and discrimination.

- UNFPA and the OPEC Fund for International Development launched a new initiative in November 2002 to prevent HIV infection among young people, pregnant women and mobile populations in the Arab region, Central America and the Caribbean. The three-year, 13-country initiative supports training for teachers and outreach workers, data collection, NGO capacity building, and national efforts to detect and prevent infection.

- A computer game designed to educate young people about preventing sexually transmitted infections, including HIV/AIDS, went online in 2002 at the web site of the Youth for Youth Foundation (www.venerix.ro) in Romania. The site logged 134,875 visits during the year.

- Biology teachers in Turkmenistan received training about HIV prevention and other reproductive health concerns as part of a commitment by the Ministry of Education to implement a school programme for ninth-graders, developed with UNFPA assistance.

- Young actors in Kyrgyzstan performed a drama to raise awareness of HIV/AIDS. The story was of a college boy, Igor, infected during a blood test. The event presented youth-friendly information about HIV prevention and explored attitudes towards people living with HIV/AIDS.

CONDOM PROGRAMMING

The correct and consistent use of condoms, both male and female, could provide millions of people with a simple and effective means to protect themselves and their sexual partners from HIV infection. But the challenges are significant: massive shortfalls in supply compared to current needs, frequent stockouts, and limited resources for programming to instil safer sexual behaviours.

- The UNFPA office in New York collected myths and misperceptions that hinder access to and use of condoms, and started an inventory of materials to support the process of expanding effective, successful interventions for young people.
- The Nigerian Government, working with the National Association of Nigerian Students, introduced a plan to distribute at least one billion condoms to its citizens over the next five years to slow the spread of HIV/AIDS.
- Railway staff in China participated in training on HIV prevention and marketing methods, and condom vending machines were installed in train stations in a project intended to reach migrant populations.
- Since 1999, more than 19 million female condoms have been supplied to several countries in Africa, Asia and Latin America through joint efforts of UNFPA, UNAIDS, WHO, The Female Health Company and national partners.

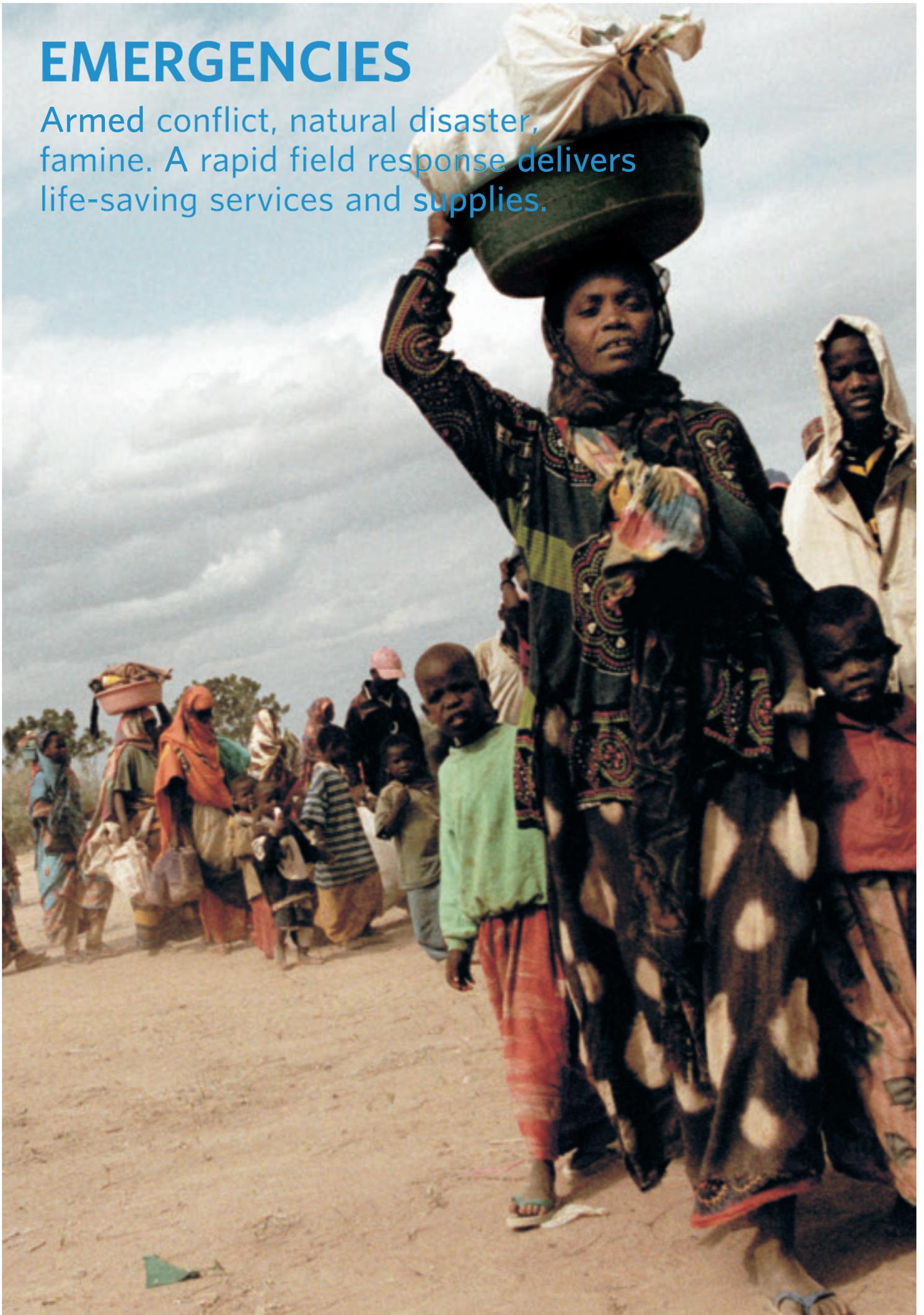
GENDER AND PREVENTION

When men are viewed as part of the solution, the likelihood increases that both men and women will make informed, safe and consensual decisions regarding sexuality and reproduction, including prevention of HIV infection.

- Health promoters in Venezuela received training through a project that reaches poor women at their place of employment and at employment agencies. Training in 2002 covered HIV/AIDS, gender equity and other aspects of reproductive health and rights.
- In Cambodia, national strategic planning was influenced by the project AIDS Impact Model, in which workshops and information activities promote women's empowerment as part of HIV prevention.
- In Zimbabwe, a micro-credit finance scheme, training in business planning, and leadership courses on HIV/AIDS, gender and domestic violence empowered women to speak out and gain community support for HIV prevention.
- Students of the armed forces and national police in Peru studied reproductive health and rights when the course Sexual Health and Personal Development was introduced in 2002 as part of their regular training curricula.

EMERGENCIES

Armed conflict, natural disaster, famine. A rapid field response delivers life-saving services and supplies.



Crisis situations carry widespread risks to reproductive health—in particular to women and adolescents. Protecting pregnant women is a top priority in an emergency. For many others, help is needed in preventing sexually transmitted infections and sexual violence.

Since 1994, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories, including immediate humanitarian responses followed by post-emergency development assistance to restore and improve reproductive health services. Partners in this humanitarian response included governments, other UN agencies and NGOs.

In 2002, UNFPA established its Humanitarian Response Unit as part of the Office of the Executive Director and opened a branch in Geneva. This enhanced its ability to provide services to meet the emergency reproductive health needs of refugees, the internally displaced and others affected by crisis. Technical assistance was also provided to UN peacekeepers. Of particular concern were complex emergencies that combine drought, famine, poverty, HIV/AIDS and gender-based violence.

Assistance was provided to ongoing emergency and post-conflict reconstruction programmes in numerous countries, including Afghanistan, Angola, Burundi, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Kosovo, Liberia, Malawi, the Occupied Palestinian Territory, Rwanda, Sierra Leone, Somalia, Sudan, Timor-Leste and the United Republic of Tanzania.

EQUIPMENT AND SUPPLIES

UNFPA dispatched emergency equipment and supplies to 22 countries and territories in 2002. Supplies are ready-to-ship in kits that meet specific needs: safe delivery, condoms to prevent HIV transmission and unwanted pregnancy, rape management, STI prevention and treatment, care after miscarriages and unsafe abortions, Caesarian sections and blood transfusions. Clean delivery kits, for example, include soap, plastic sheeting, razor blades, string and gloves to help mothers give birth safely in emergency situations. These supplies help to implement the Minimum Initial Service Package developed by the United Nations Inter-Agency Working Group for Reproductive Health in Emergency Situations, of which UNFPA is a founding member.

- UNFPA is working with the Government of Afghanistan, international and local NGOs and donors to rebuild and upgrade clinics and hospitals, ensure a steady supply of medical equipment and consumables, and support training for local medical staff. In 2002, UNFPA opened a mobile hospital in Kabul featuring two maternity wards, upgraded the Shahuda clinic in bombed-out western Kabul and supported Afghan-run training programmes for midwives and traditional birth attendants.

- In Southern Africa, hunger, HIV/AIDS and poverty have created an emergency far more complex than the drought that preceded the latest food crisis. In 2002, UNFPA assisted in the procurement and distribution of reproductive health commodities, including male and female condoms, and in the training and deployment of service providers to distribute them in areas affected by the crisis.

- UNFPA sent more than five tons of emergency reproductive health commodities to address pregnancy complications and reduce maternal and infant deaths in Goma, Democratic Republic of the Congo, after the eruption in March 2002 of a volcano that displaced hundreds of thousands of people and severely disrupted health services.

- In May 2002, UNFPA appealed to donors to support relief efforts in the Occupied Palestinian Territory that assist women in labour who may be unable to reach a hospital because of military

activity, curfews and travel restrictions. Other priorities included data collection, activities to empower women and prevent gender-based violence, and centres to provide trauma counselling for women and their families. The Fund shipped essential reproductive health supplies for clinics and hospitals, and trained 100 health workers to assist in obstetric emergencies.

DATA AND ANALYSIS

UNFPA's first response in many situations is assessing immediate needs. This is followed later by research and data analysis to ensure that basic needs are being met.

- An almost complete lack of reliable data about Afghanistan's capacity to solve its tremendous health problems, particularly related to maternal mortality and morbidity, is hindering reconstruction. In 2002, UNFPA and several partners organized an intensive, rapid and comprehensive national survey of health facilities and resources, covering every district in the country.

- In Angola, UNFPA conducted an extensive needs assessment of internally displaced women, men and adolescents in four provinces. Health policies and programmes of the Angolan Government and UNFPA will be based on the findings, which included very high rates of fertility and infant mortality, lack of reproductive health services, and low knowledge of contraceptive methods or HIV prevention.

TRAINING AND EDUCATION

To cope with crisis, people need skills and information to sustain their recovery. UNFPA supports counselling, sexuality education and training to build capacity. Risky, unstable situations contribute to high-risk behaviour, especially among young people, and expose the vulnerable to sexual violence.

- UNFPA developed a plan to expand emergency and post-conflict responses in the Democratic Republic of the Congo. A set of model interventions will help meet the reproductive health needs of displaced adolescents, demobilized combatants, and refugees—especially women and girls.

- Police officers in Timor-Leste participated in training on domestic violence in 2002. UNFPA provided technical assistance and resources for the five-day training with the United Nations Police.

- A severe shortage of trained female doctors and midwives is a major obstacle to extending reproductive health care to Afghan women. In 2002, UNFPA supported training in Peshawar,



A pregnant woman receiving a prenatal checkup in Sierra Leone, where UNFPA is helping the Government face an emerging HIV/AIDS crisis after more than a decade of civil war. The United Nations has launched a ground-breaking initiative involving UN peacekeepers to raise awareness about HIV/AIDS and slow the spread of infection. With more than 15,000 peacekeeping troops in the country, training in HIV prevention, gender awareness and women's rights will have a far-reaching impact. UNFPA and other UN agencies and NGOs are supporting programmes that focus on the thousands of girls and women who were abducted and raped during the war—many are now commercial sex workers—along with war-affected youth and uniformed personnel.

Photo: Teun Voeten



In Kabul, Afghanistan, where war had caused extensive damage to the local health care infrastructure, this UNFPA-supported mobile hospital provided essential services for women with complicated pregnancies.

Photo: Jesper Jensen/UNFPA

Pakistan, for midwives working in Afghanistan. The midwives then trained traditional birth attendants to work in rural communities, conducting prenatal and post-natal exams, assisting deliveries and providing health education.

- UNFPA organized a women's NGO conference in Bratislava, Slovak Republic, in late 2002 to enhance capacity building and training and to incorporate a gender perspective within conflict prevention, peace building and conflict resolution activities.

ADVOCACY AND AWARENESS-RAISING

Complications of pregnancy and childbirth are a leading cause of death and disease among refugee women of childbearing age. From the very start of a crisis, women and men require reproductive health information and services. UNFPA raises awareness about the importance of incorporating reproductive health in humanitarian responses, and its integration within ongoing primary care services. UNFPA works to ensure that resources are allocated to the services that are the right of vulnerable populations.

- UNFPA and the International Federation of Red Cross and Red Crescent Societies pledged in June 2002 to expand and deepen their relationship, agreeing that refugee women's need for safe birthing and reproductive health care is a critical humanitarian issue that calls for stepped up relief efforts and cooperation.

- UNFPA co-sponsored a report on the Impact of Armed Conflict on Women and Women's Role in Peace-building. The report, released in October 2002, highlights the prevalence of violence against women, before, during and after armed conflicts.

- At a meeting of the United Nations in July 2002, experts from the UN and NGOs testified that people uprooted by conflict, living in extreme poverty or caught in disaster's wake face a much greater risk of being infected with HIV. The experts emphasized that resources currently available to combat HIV/AIDS in crisis-stricken communities are woefully inadequate and they warned that the epidemic is by no means under control, especially in sub-Saharan Africa.

PARTNERSHIPS AND FUND-RAISING

Strengthening key alliances to enhance effectiveness. Strategic partnerships and steady support enhance UNFPA leadership.

Stronger partnerships promise greater effectiveness in all areas of concern to UNFPA. In 2002, our circle of partnerships expanded steadily. Key alliances were pursued with those who share common goals and recognize the central role of reproductive health in poverty reduction, human rights and many other aspects of development.

Alliances and networks were strengthened across and within countries through strategic partnering with governments, NGOs, UN agencies, the private sector and individuals. Partners also included parliamentarians, foundations, universities, media organizations, international financial institutions, donors and multilateral and bilateral organizations.

Strong partnerships make it possible for UNFPA to leverage limited resources and share our unique expertise. With our partners, we gain the strength in numbers needed to make good on promises made at the International Conference on Population and Development and to achieve the Millennium Development Goals.

GOVERNMENTS

The Government of the Netherlands was the number one donor to UNFPA in 2002, contributing \$55.8 million. Contributions were pledged by 135 countries—a record number.

Not only did programme countries show support by their pledges, but several major donors increased their contributions to help UNFPA overcome a significant shortfall in regular resources. Also of note in 2002, the European Union signed an agreement with UNFPA for 20 million euros to help improve reproductive health care services in eight African and two Caribbean countries affected by high rates of HIV/AIDS and maternal mortality.

In December, ministers and senior officials from 35 countries pledged to give priority to population and reproductive health concerns in their work to reduce poverty. At the Fifth Asian and Pacific Population Conference in Bangkok, they called for stepped-up efforts and increased resources to provide reproductive health care, combat AIDS and protect adolescents against unwanted or too-early pregnancy and sexually transmitted infections. They also agreed that progress on such issues as gender inequality, migration, urbanization and ageing are closely linked to prospects for eradicating poverty.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are important partners at the global, regional and local levels, implementing projects with UNFPA support, and raising funds and awareness. Groundwork was laid in 2002 for electronic knowledge-sharing with NGOs, parliamentarians and other partners.

Rotary International renewed a commitment to work with UNFPA on population and development issues. Joint efforts included the 2002 launch of an HIV/AIDS awareness campaign in India and reproductive health research in Mexico. Cooperation continued this year with the European Commission/UNFPA Initiative for Reproductive Health in Asia, which has worked with 19 European NGOs and more than 60 local partners to improve reproductive and sexual health in seven South and South East Asian countries. UNFPA also signed a memorandum of understanding with the International Federation of Red Cross and Red Crescent Societies to boost cooperation in providing reproductive health services, particularly to refugee women.

Programmes that advance South-South cooperation are important to development. In 2002, the Colombian NGO, PROFAMILIA, trained 149 professionals from 17 Latin American and Caribbean countries, and provided technical assistance to nine institutions in six countries. With support from UNFPA, 853 professionals from 20 countries have been trained since 1999.

Adolescent reproductive health was the focus of a variety of NGO actions. Through the African Youth Alliance, a forum of 20 religious leaders was formed under the auspices of the Botswana Christian Council to advance adolescent sexual and reproductive health. Save the Children (UK)



2002 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action

More than 100 parliamentarians from 70 countries convened at the Canadian Parliament in November to identify actions to promote women's reproductive rights, improve access to reproductive health services, reduce maternal mortality and prevent the spread of HIV/AIDS. That includes ways to secure funding and strengthen laws, policies and services so that all women and men can enjoy the right to reproductive health.

The conference produced the Ottawa Commitment outlining specific actions to be taken by lawmakers in their countries to implement the Cairo ICPD Programme of Action, including striving to attain 5 to 10 per cent of national development budgets for population and reproductive health programmes.



Jane Roberts (right) of California and Lois Abraham of New Mexico initiated the 34 Million Friends campaign to raise funds and show support when the United States administration cut \$34 million in funding to UNFPA in July 2002. Working from their homes, the two American women, who had not met each other before, started an unprecedented grass-roots movement. Hundreds of letters filled with dollar bills, generous checks and heartfelt messages have arrived at the UNFPA offices day after day. The U.S. Committee for UNFPA, which supports the work of the Fund through advocacy, education and fund-raising, has been an active participant in the campaign.

Photo: William A. Ryan/UNFPA

and Pharmaciens Sans Frontières Comité International joined UNFPA in Cambodia to support a training project involving Buddhist monks and NGOs including the Women's Organization for Modern Economy and Nursing, Local Youth and Children Support Organization, and Operation Enfants de Battambang.

In May, UNFPA and the Population Council organized a workshop to review experience in adolescent reproductive health and social development, and to consider new directions in programming.

Youth advocates toured 20 districts in Kenya in a project of the Family Planning Association of Kenya and UNFPA. The young people spoke to community groups about education for girls and the importance of ending early and forced marriage and female genital cutting.

UNITED NATIONS AGENCIES

UNFPA was designated by UNAIDS as the UN system's HIV/AIDS resource on young people and on condom programming, and we continued to co-chair, with UNIFEM, the inter-agency task team on gender and HIV/AIDS. Funds from UNAIDS supported a project to integrate reproductive health into the programmes of youth organizations in the Arab States.

With WHO, simplified health care guidelines were developed and widely disseminated, and with UNICEF, a basic emergency obstetric care training module was developed. Both WHO and UNICEF joined UNFPA in Eastern Europe and Central Asia to advance peer education, life skills education and youth-friendly services.

With the World Bank, a training course was held to enhance the skills of UNFPA staff in managing policy processes related to population issues, reproductive health and health sector reform. UNFPA also participated in a high-level workshop to bring partners together in support of the World Bank's initiative on low-income countries under stress. UNFPA and the World Bank also expanded collaboration in reproductive health, gender and culture. Joint activities include sharing experiences and publications, monitoring indicators and developing training modules for gender mainstreaming.

FOUNDATIONS

Financial support from foundations enables UNFPA to select specific activities in need of support. Since its establishment by U.S. business leader Ted Turner in 1998, the United Nations Foundation (UNF) has contributed more than \$44 million to UNFPA. In 2002, UNF funds supported a global project to improve quality of health care in six countries: India, Kyrgyzstan, Mauritania, Nepal, Peru and the United Republic of Tanzania. UNF funds also continued to support our humanitarian response in crisis situations.

The Hewlett Foundation awarded UNFPA a grant of \$1 million to strengthen advocacy activities. This enabled the Fund to establish an office in Tokyo, organize a major conference for parliamentarians, and create a new post for a parliamentary and NGO public affairs specialists.



Dr. Kwasi Odoi-Agyarko (left), Executive Director of Rural Help Integrated in Ghana, receiving the 2002 United Nations Population Award from Gillian Sorensen, UN Assistant Secretary-General for External Relations. The award is in recognition of his individual contribution to population issues. His UNFPA-supported project serves the rural poor in hard-to-reach communities where female genital cutting is one of many challenges. The institutional award went to EngenderHealth of the United States.

Photo: Eskinder Debebe/UN

The Bill & Melinda Gates Foundation supported UNFPA partnerships including the African Youth Alliance, giving \$56.7 million over several years.

ACADEMIC COLLABORATION

Universities throughout the world collaborate with UNFPA, carrying out research, analysing data, participating in training, and developing academic programmes that help build national capacities in the areas of population and development.

In 2002, UNFPA continued to combat obstetric fistula and to enhance emergency obstetric services through its collaboration with Columbia University's Averting Maternal Death and Disability Program and the International Federation of Obstetrics and Gynaecology. This collaboration also led to the implementation of projects that provide emergency obstetric care and improve data collection in India, Morocco, Mozambique and Nicaragua. The University of Zambia is carrying out gender research, with UNFPA support, that will enhance the effectiveness of education and advocacy.

UNFPA GOODWILL AMBASSADORS

UNFPA Goodwill Ambassadors use their celebrity status to draw attention to reproductive health and rights. Many also raise awareness through the Face to Face Campaign for women's rights, serving as spokespersons.

- UNFPA Goodwill Ambassador Goedele Liekens produced a documentary about obstetric fistula during a visit to Ethiopia in October 2002. The 45-minute programme, "The Pain of Labour that Never Ends", was viewed by a million people in Belgium and the Netherlands.

- Extensive media coverage on adolescent health resulted from a visit to Nicaragua by Kattis Ahlstrom, a television presenter and reporter from Sweden; Hanne-Vibeke Holst, an author from Denmark; Kari Jaquesson, a television presenter from Norway; and Mikko Kuustonen, a recording artist from Finland.

- 19 UNFPA Goodwill Ambassadors attended a June meeting of celebrity advocates of UN causes. Discussions on advocacy and on forgotten emergencies were facilitated by former Miss Universe Wendy Fitzwilliam of Trinidad and Tobago, and by Goedele Liekens, a Belgian television personality.

RESOURCES AND MANAGEMENT

Where UNFPA Works

MEXICO CITY

DAKAR

UNFPA AT A GLANCE: 2002

UNFPA worked in 144 countries, areas and territories through its headquarters in New York and its regional and field offices worldwide. UNFPA also has offices in Brussels, Copenhagen, Geneva, Tokyo and Washington D.C.

Country Offices: 112

Country Technical Services Teams: 9

Posts Worldwide: 972

Posts Located in the Field: 76 per cent



GROUP A

countries in most need of assistance to realize ICPD goals

AFRICA

Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde

Central African Rep.
Chad
Comoros
Congo
Congo, Dem. Rep.
Côte d'Ivoire
Equatorial Guinea

Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya

Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique

Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone
Tanzania, United Rep.



GROUP B

countries that have made considerable progress towards achieving ICPD goals

AFRICA

Botswana
Gabon
Namibia

South Africa
Swaziland

ARAB STATES/ EUROPE

Algeria
Egypt

Iraq
Morocco
Syrian Arab Rep.

ASIA/PACIFIC

Indonesia
Mongolia
Philippines



GROUP C

countries that have demonstrated significant progress in achieving ICPD goals

AFRICA

Mauritius

ARAB STATES/ EUROPE

Jordan
Lebanon

Tunisia
Turkey

ASIA/PACIFIC

China
Fiji
Iran, Islamic Rep. of

Korea, Dem. People's Rep.
Malaysia
Pacific Multi Islands
Sri Lanka



GROUP D

other countries and territories

AFRICA

Seychelles

ARAB STATES/ EUROPE

Oman

Saudi Arabia
United Arab Emirates

ASIA/PACIFIC

Cook Islands
Marshall Islands

Micronesia, Fed. States
Nauru
Tonga



GROUP E

countries with economies in transition

ARAB STATES/EUROPE AND CENTRAL ASIA

Albania

Armenia
Azerbaijan
Belarus

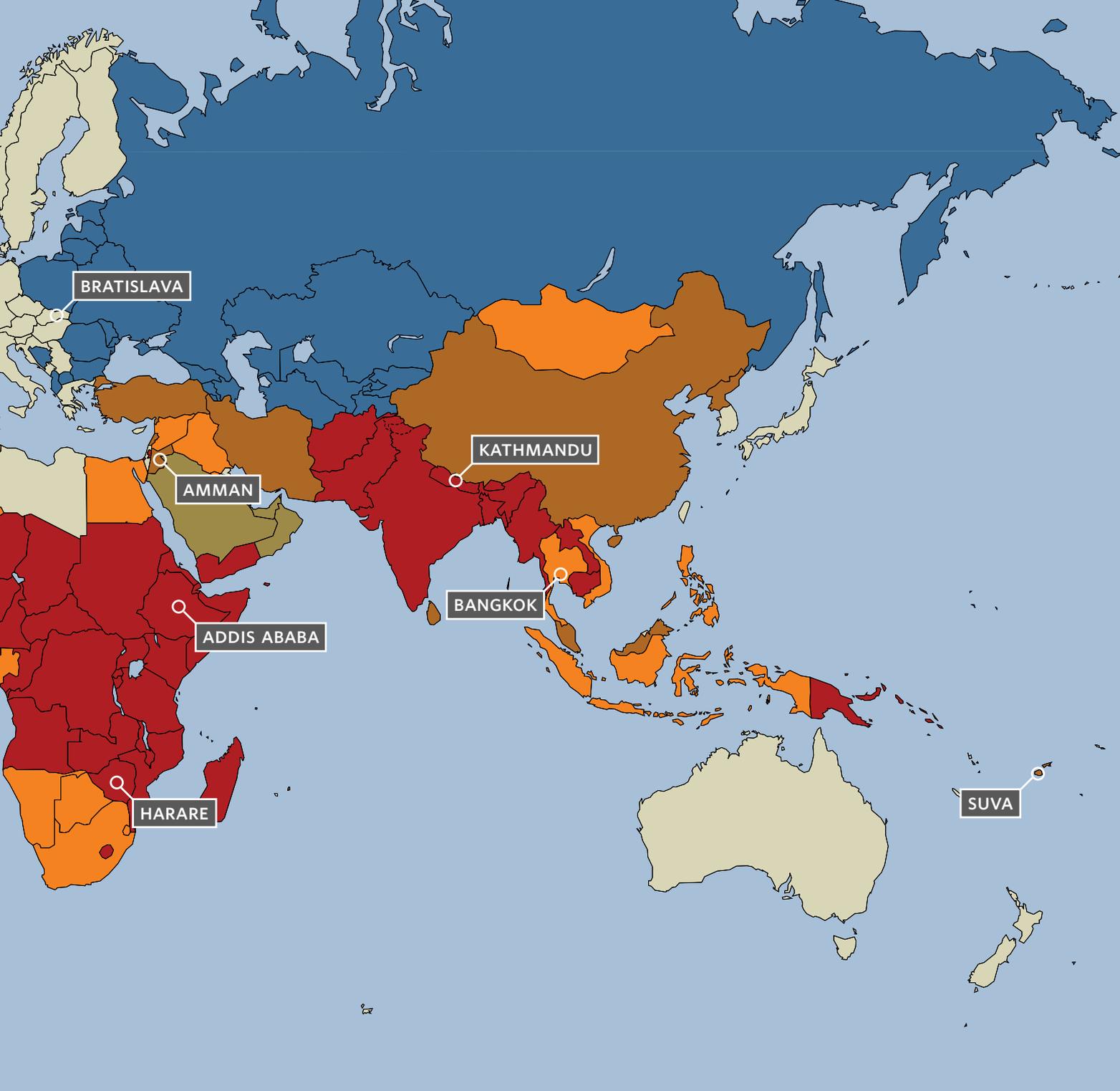
Bosnia and Herzegovina
Bulgaria
Estonia

Georgia
Kazakhstan
Kosovo

Kyrgyzstan
Latvia
Lithuania



COUNTRY TECHNICAL SERVICES TEAMS (CSTs)



Togo Uganda Zambia Zimbabwe	ARAB STATES/ EUROPE Djibouti Occupied Palestinian Territory Somalia Sudan Yemen	ASIA/PACIFIC Afghanistan Bangladesh Bhutan Cambodia India Kiribati	Lao People's Democratic Rep. Maldives Myanmar Nepal Pakistan Papua New Guinea Samoa	Solomon Islands Timor-Leste Tuvalu Vanuatu	LATIN AMERICA/ CARIBBEAN Haiti Honduras
Thailand Viet Nam	LATIN AMERICA/ CARIBBEAN Belize Bolivia	Ecuador El Salvador Guatemala Guyana	Mexico Nicaragua Paraguay Peru	Saint Lucia Venezuela	
LATIN AMERICA/ CARIBBEAN Chile Colombia	Costa Rica Cuba Dominican Republic Jamaica	Panama Suriname Trinidad and Tobago			
LATIN AMERICA/ CARIBBEAN Argentina	Brazil English-speaking Caribbean Uruguay				
Moldova Poland Romania	Russian Federation Tajikistan Turkmenistan	Ukraine Uzbekistan			

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 of its authorities, or concerning the delimitation of its frontiers or boundaries. 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.

UNFPA is the world's largest internationally funded source of population assistance, directly managing one quarter of the world's population assistance to developing countries. Funded entirely by voluntary contributions, UNFPA counts on support from two primary sources: governments and intergovernmental organizations, and private sector groups and individuals.

STRONG FINANCIAL SUPPORT

UNFPA received strong financial support in 2002, not only from major donors but also from a record number of programme countries, particularly in Africa. In addition, widespread public support was shown by the successful 34 Million Friends campaign, initiated by two American women when the U.S. administration cut \$34 million in funding for UNFPA. These demonstrations of support were particularly welcome in light of an ongoing financial crisis caused by reductions from three major donors. Despite this crisis, UNFPA actually widened its base of support in 2002—a testament to the growing recognition of the central role of reproductive health in achieving development goals.

INCOME

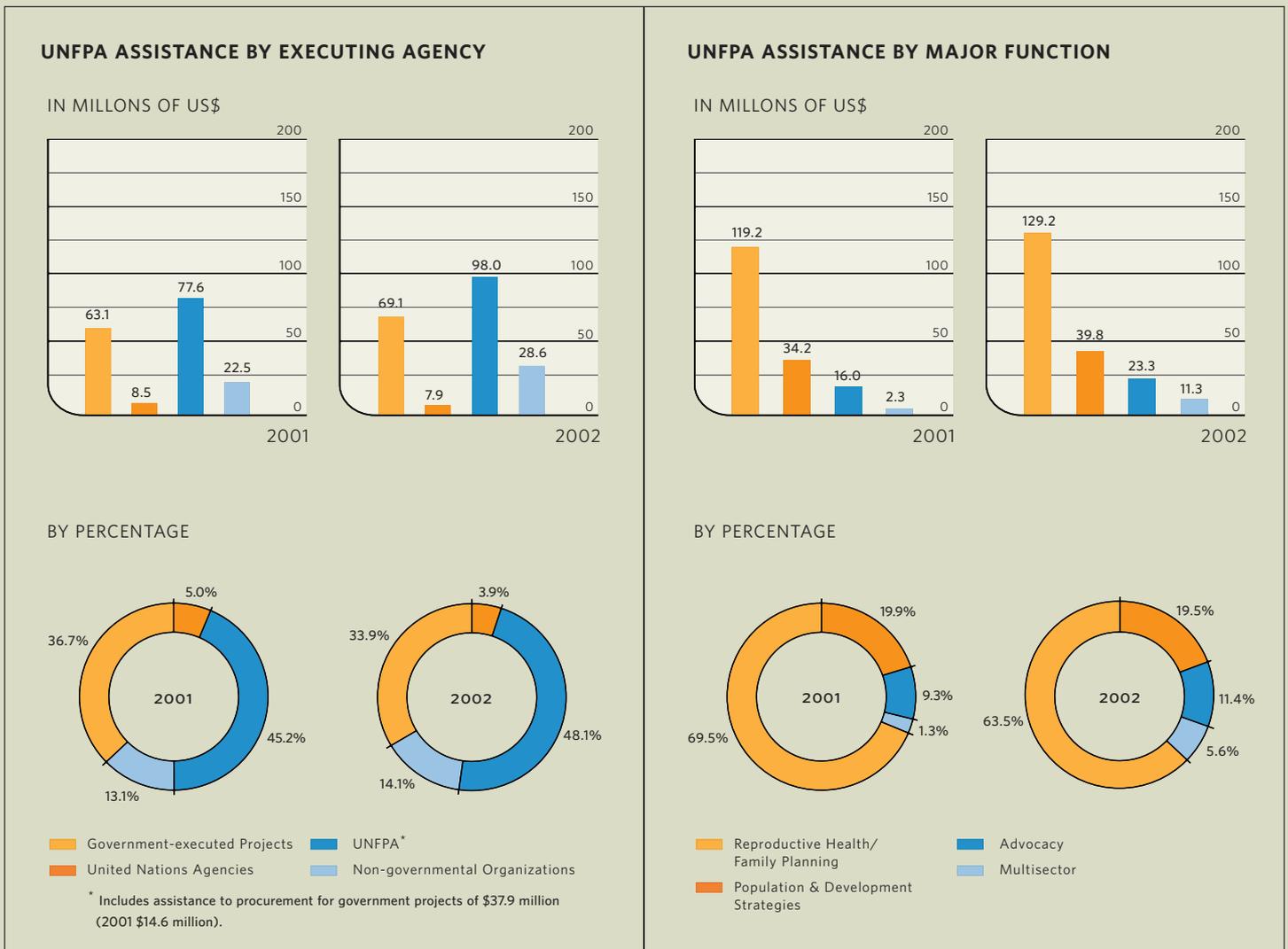
Total regular and other income in 2002 (provisional) was \$373.1 million, compared to \$396.4 million for 2001.

Regular income in 2002 (provisional) totalled \$260.1 million, a decrease of 3.2 per cent compared to the 2001 income of \$268.7 million. The 2002 figure includes \$250.1 million in voluntary contributions from donor governments and a private contribution from the Mars Trust, \$5.8 million in interest income, and other income of \$4.2 million. Regular resources are at the core of our work, steadily supporting UNFPA country programmes in developing countries, primarily through governmental pledges. They also are used for programme support and management and administration of the organization.

Other contributions in 2002 (provisional) totalled \$113.0 million, a decrease of 11.6 per cent compared to \$127.8 million in 2001. The 2002 figure includes interest and other income of \$3.5 million. Income from other resources, which is earmarked for specific activities, includes trust funds, cost-sharing programme arrangements and other restricted funds.

EXPENDITURES

Project expenditures (regular resources) in 2002 totalled \$203.6 million, as compared to \$171.7 million in 2001. This includes \$172.5 million for country programmes, compared to \$146.2 million in 2001; and \$31.1 million for intercountry (regional and



interregional) programmes, compared to \$25.5 million for 2001. Technical support services amounted to \$17.5 million, and administrative and operational services (AOS) costs totalled \$5.1 million.

Of the total expenditures, UNFPA provided \$129.2 million in assistance for reproductive health and family planning; \$39.8 million for population and development strategies; \$23.3 million for advocacy; and \$11.3 million for multisector assistance. These expenditures were authorized by the Executive Director to meet recommendations approved by the Executive Board for programme assistance.

REGIONAL SPENDING

In 2002, UNFPA provided support to 144 developing countries, territories and countries with economies in transition: 45 in sub-Saharan Africa, 39 in the Arab States and Eastern Europe, 33 in Asia and the Pacific, and 27 in Latin America and the Caribbean. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance at \$73.3 million, followed by Asia and the Pacific at \$63.8 million, the Arab States and Europe at \$23.8 million and Latin America and the Caribbean at \$21.8 million. Interregional and global assistance amounted to \$20.9 million.

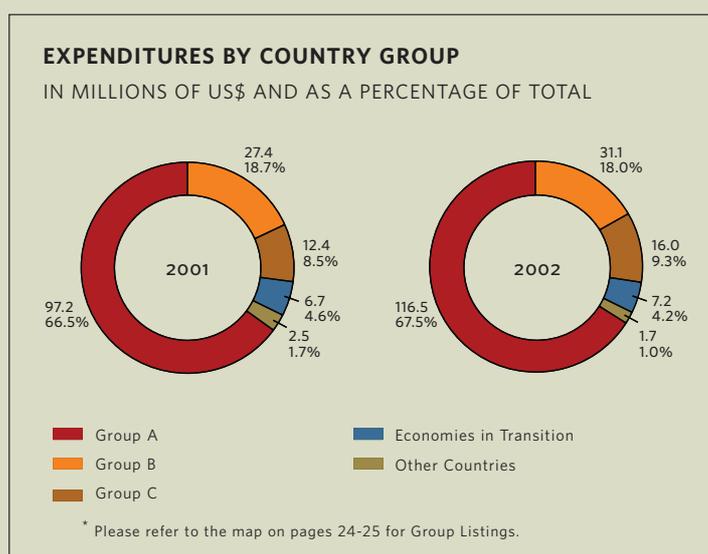
HUMAN RESOURCES

Nine teams of expert advisers provided specialized technical support at the regional level. These Country Technical Services Teams (CSTs) are located in Addis Ababa, Amman, Bangkok, Bratislava, Dakar, Harare, Kathmandu, Mexico City and Suva. The advisers specialize in population, reproductive and sexual health, HIV/AIDS, logistics and management of reproductive health commodities, gender, advocacy and other technical disciplines.

Worldwide, UNFPA has 972 staff in authorized budget posts, and nearly half of the professional staff members are women. In 2002, staff members participated in a number of training and learning activities.

TRANSITION

An 18-month organizational renewal process within UNFPA was concluded in December 2002. The transition, initiated by the incoming Executive Director, was intended to increase UNFPA's efficiency and effectiveness and make it more responsive to the needs of its offices around the world.



As a result of the transition, UNFPA has strengthened relationships with its development partners, and increased its ability to shape global and regional agendas, allocate resources and set benchmarks against which it can be held accountable. This will support the Fund's leadership role in implementing the ICPD Programme of Action and contribute to the achievement of the Millennium Development Goals.

The transition focused on boosting headquarter's support to field offices and on giving these offices full authority to control project budgets. Communications within the Fund were also improved, providing staff with easy and timely access to the information they need to do their work more effectively. UNFPA's internal knowledge sharing strategy was integrated with the World Bank's Development Gateway on Population & Reproductive Health to further build staff capacity. The transition also produced a new image for UNFPA, including a new visual identity, to raise the Fund's visibility and clarify its distinctive mission and function.

A new logo by Real Design Inc. was introduced in 2002 to replace the one used since 1987. It is composed of 10 circles that convey the ideas of continuity and openness, suggesting the UNFPA process of continuously building new partnerships that, in turn, make a positive impact on families and on communities. As a universal symbol of life, the circle reflects the Fund's concern with the continuity of human life on this planet. It also echoes the shape of the United Nations emblem, which is centrally placed as a tribute to the importance of the UN as the heart of UNFPA.

UNFPA INCOME AND EXPENDITURE 2002

IN MILLIONS OF US\$

INCOME

REGULAR RESOURCES	
Voluntary Contributions	250.1
Interest Income	5.8
Other Contributions	4.2
Total Regular Income	260.1

OTHER RESOURCES

Trust Funds	56.7
Cost-sharing Programme Arrangements	43.9
Other Arrangements	8.9
Interest and Other Income	3.5
Total Other Resources Income	113.0

TOTAL INCOME

373.1

EXPENDITURE

REGULAR RESOURCES	
Project Expenditures	203.6
Technical Support Services	17.5
Administrative and Operational Support Services	5.1
Total Programme Expenditure	226.2

Total Other Expenditure, Including BSB*

67.5

Total Regular Expenditure

293.7

OTHER RESOURCES

Project Expenditures	115.9
Administrative and Operational Support Services	1.2
Total Programme Expenditure	117.1

Total Other Expenditure

0.1

Total Other Resources Expenditure

117.2

TOTAL EXPENDITURE

410.9

(DEFICIT) OF INCOME OVER EXPENDITURE

(37.8)

* Biennial Support Budget

TOP 20 DONORS TO UNFPA IN 2002*

DONOR	REGULAR FUNDS ¹ CONTRIBUTIONS	OTHER FUNDS ² CONTRIBUTIONS	TOTAL CONTRIBUTIONS
Netherlands	54,949,248 ³	865,136	55,814,384
Japan	39,517,000	1,029,161	40,546,161
United Kingdom	26,635,552	7,956,597	34,592,149
Norway	25,135,875	6,341,470	31,477,345
Denmark	22,672,199	1,896,183	24,568,382
Sweden	17,899,459	466,998	18,366,457
Finland	14,236,098	1,031,080	15,267,178
Germany	13,680,123	1,068,990	14,749,113
Switzerland	8,333,333	1,574,594	9,907,927
Canada	8,254,916	14,457,572	22,712,488
Belgium	4,653,099 ⁴	2,586,806	7,239,905
Italy	3,004,695	—	3,004,695
Ireland	1,589,896	—	1,589,896
Australia	1,205,405	54,964	1,260,369
Mars Trust	1,125,000	—	1,125,000
France	1,122,625	730,360	1,852,985
New Zealand	950,920	244,750	1,195,670
China	820,000	—	820,000
Spain	551,878	—	551,878
Luxembourg	535,197	802,216	1,337,413

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

¹ Contribution payments received in 2002.

² Payments received for other resources on trust funds and cost-sharing programme arrangements.

³ Includes additional year-end pledge of EUR 2.5 million.

⁴ Includes additional year-end pledge of EUR 1.7 million.

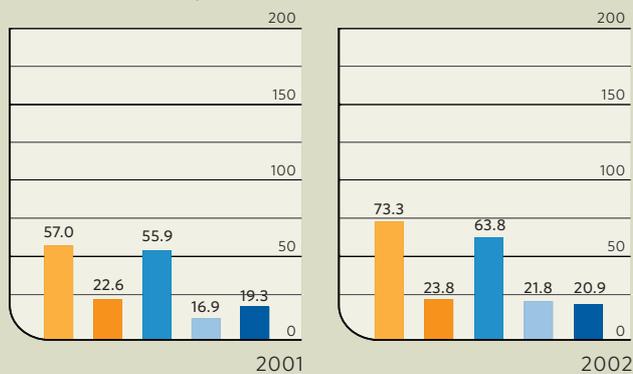
UNFPA EXPENDITURES FOR 2001 & 2002 BY REGION

(PROVISIONAL FIGURES)

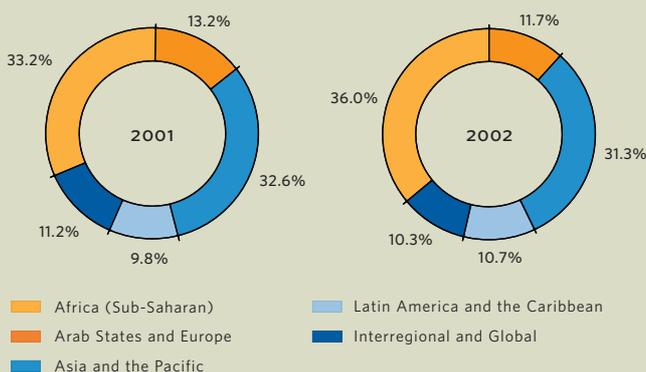
REGION	IN MILLIONS US\$		% OF TOTAL PROG.	
	2001	2002	2001	2002
AFRICA (SUB-SAHARAN)				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	40.0	43.4	70.1	59.3
Population & Development Strategies	14.3	20.4	25.1	27.8
Advocacy	2.2	5.4	3.9	7.3
Multisector	0.5	4.1	0.9	5.6
Total	57.0	73.3	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	53.3	65.8	96.3	94.8
Group B	1.7	3.4	3.1	4.9
Group C	0.2	0.2	0.4	0.2
Other Countries	0.1	0.0	0.2	0.1
Total Country Activities	55.3	69.4	100.0	100.0
Country Activities	55.3	69.4	97.0	94.7
Regional Activities	1.7	3.9	3.0	5.3
Total Region	57.0	73.3	100.0	100.0
ARAB STATES & EUROPE				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	17.3	17.3	76.5	72.5
Population & Development Strategies	3.7	4.1	16.4	17.2
Advocacy	0.9	1.1	4.0	4.8
Multisector	0.7	1.3	3.1	5.5
Total	22.6	23.8	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	7.0	6.1	32.8	27.6
Group B	6.3	6.8	29.4	30.6
Group C	1.4	2.0	6.5	8.9
Economies in Transition	6.7	7.2	31.3	32.8
Other Countries	0.0	0.0	0.0	0.1
Total Country Activities	21.4	22.1	100.0	100.0
Country Activities	21.4	22.1	94.7	92.9
Regional Activities	1.2	1.7	5.3	7.1
Total Region	22.6	23.8	100.0	100.0
ASIA AND THE PACIFIC				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	43.0	48.2	77.0	75.5
Population & Development Strategies	8.3	7.6	14.8	11.9
Advocacy	4.1	5.5	7.3	8.7
Multisector	0.5	2.5	0.9	3.9
Total	55.9	63.8	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	34.4	40.4	63.8	65.7
Group B	10.5	10.6	19.4	17.3
Group C	7.9	10.1	14.6	16.5
Other Countries	1.2	0.3	2.2	0.5
Total Country Activities	54.0	61.4	100.0	100.0
Country Activities	54.0	61.4	96.6	96.2
Regional Activities	1.9	2.4	3.4	3.8
Total Region	55.9	63.8	100.0	100.0
LATIN AMERICA AND THE CARIBBEAN				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	12.2	12.2	72.2	56.0
Population & Development Strategies	3.7	5.0	21.9	22.7
Advocacy	0.8	1.6	4.7	7.5
Multisector	0.2	3.0	1.2	13.8
Total	16.9	21.8	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	2.5	4.3	16.2	21.9
Group B	8.9	10.3	57.4	52.7
Group C	2.9	3.7	18.7	18.9
Other Countries	1.2	1.3	7.7	6.5
Total Country Activities	15.5	19.6	100.0	100.0
Country Activities	15.5	19.6	91.7	89.9
Regional Activities	1.4	2.2	8.3	10.1
Total Region	16.9	21.8	100.0	100.0
INTERREGIONAL AND GLOBAL				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	6.7	8.1	34.6	38.9
Population & Development Strategies	4.2	2.7	21.8	13.1
Advocacy	8.0	9.7	41.5	46.3
Multisector	0.4	0.4	2.1	1.7
Total	19.3	20.9	100.0	100.0

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION

IN MILLIONS OF US\$



BY PERCENTAGE



DONOR PLEDGES AND PAYMENTS FOR 2002

CONTRIBUTIONS IN US\$

GOVERNMENT/DONOR	PLEDGED [*]	PAID ^{**}	GOVERNMENT/DONOR	PLEDGED [*]	PAID ^{**}
Afghanistan	100	100	Maldives	3,000	3,000
Algeria	10,000	10,000	Mali	4,073	8,752 ²
Andorra	7,810	7,810	Malta	1,000	1,000
Angola	1,000	1,000	Marshall Islands	2,000	1,500 ⁴
Antigua and Barbuda	1,000	1,000	Mauritania	1,527	—
Australia	1,144,421 ⁵	1,205,405 ³	Mauritius	3,458	6,916 ²
Austria	445,920	445,920	Mexico	50,592	50,592
Bahamas	2,000	2,000	Micronesia, Federated States of	3,000	3,000
Bahrain	5,000	5,000	Mongolia	4,000	4,000
Bangladesh	25,000	50,000 ¹	Morocco	11,250	11,250
Barbados	3,500	3,500	Myanmar	133	—
Belgium	4,371,245 ⁵	4,021,841 ²	Namibia	1,000	2,500 ²
Benin	3,500	—	Nauru	500	—
Bhutan	7,016	11,636 ²	Nepal	4,952	—
Bolivia	4,000	—	Netherlands	56,613,985 ⁵	52,339,645 ³
Botswana	10,447	10,447	New Zealand	924,714 ⁵	950,920 ³
Bulgaria	10,000	—	Nicaragua	4,914	4,914
Burkina Faso	1,286	1,286	Niger	10,145 ⁶	10,145
Burundi	1,174	—	Nigeria	20,000	—
Cambodia	1,000	1,000	Norway	24,602,635 ⁵	25,135,875 ³
Cameroon	10,469	10,469	Pakistan	513,209	513,209 ⁴
Canada	8,216,276 ⁵	8,254,916 ³	Palau	2,000	2,000
Cape Verde	7,000	—	Panama	25,000	5,000
Central African Republic	6,582	6,582	Papua New Guinea	1,714	3,550 ²
Chile	5,000	—	Philippines	30,444	49,454 ²
China	820,000	820,000	Portugal	24,822	39,944 ²
Colombia	40,000	1,476	Qatar	30,000	30,000
Croatia	1,000	1,000	Republic of Congo	33,938	—
Cuba	5,000	5,000	Republic of Korea	130,000	—
Cyprus	1,500	1,500	Romania	10,487	—
Czech Republic	70,651 ⁵	81,691 ³	Russian Federation	150,000	150,000
Dem. People's Republic of Korea	11,689	11,689	Rwanda	500	1,500 ²
Denmark	22,672,199	22,672,199	Samoa	5,000	5,000
Djibouti	1,000	—	Sao Tome and Principe	1,468	2,131 ²
Dominica	200	—	Saudi Arabia	300,000	300,000
Dominican Republic	5,000	5,000	Senegal	16,864	—
Egypt	96,244 ⁵	88,745 ³	Seychelles	2,282 ⁵	2,482 ³
El Salvador	1,000	1,000	Sierra Leone	10,025	10,000
Equatorial Guinea	8,815	11,019 ²	Slovak Republic	1,000	—
Eritrea	1,250	1,250	South Africa	12,475	19,006 ²
Ethiopia	3,501	—	Spain	551,878	551,878
Fiji	2,232	4,464 ²	Sri Lanka	18,000	18,000
Finland	13,672,301 ⁵	14,236,098 ³	St. Kitts and Nevis	500	500
France	1,118,761 ⁵	1,122,625 ³	Suriname	500	500
Gambia	2,703	5,697 ²	Sweden	17,864,823 ⁵	17,899,458 ³
Germany	13,680,122	13,680,122	Switzerland	7,309,942 ⁵	8,333,333 ³
Ghana	12,500	—	Syria	3,261	3,261
Greece	6,000	6,000	Thailand	96,000	96,000
Guatemala	500	—	Togo	3,000	—
Guinea	10,313	10,313	Trinidad and Tobago	5,000	5,000
Haiti	5,045	5,045	Tunisia	23,753 ⁵	23,512 ³
Honduras	4,309	4,309	Turkey	108,000	108,000
Iceland	10,296	10,296	Turkmenistan	2,500	2,500
India	188,679 ⁵	184,881 ³	Tuvalu	3,500	3,500
Indonesia	22,329 ⁵	22,646 ³	Uganda	10,000	10,000
Iran	23,889	23,889	United Kingdom	26,116,071 ⁵	26,635,552 ³
Ireland	1,639,448 ⁵	1,589,896 ³	United Republic of Tanzania	6,209 ⁵	6,360 ³
Israel	25,000	25,000	United Arab Emirates	5,000	—
Italy	2,753,873 ⁵	3,004,695 ³	Vanuatu	751	—
Japan	39,517,000	39,517,000	Venezuela	5,000	—
Jordan	48,023	48,023 ⁴	Viet Nam	4,526	—
Kazakhstan	5,000	5,000	Yemen	10,000	10,000
Kenya	9,988	9,988	Zambia	6,000	7,114 ⁴
Kuwait	10,000	10,000	Zimbabwe	10,909	21,818 ⁴
Lao People's Democratic Republic	600	4,400 ²	Mars Trust	1,125,000	1,125,000
Lebanon	2,000	2,000	34 Million Friends Campaign	167,685	167,685
Lesotho	860	—			
Liechtenstein	7,194	5,952 ⁴			
Luxembourg	485,633 ⁵	535,197 ³	TOTAL	248,348,401	246,534,453
Malawi	3,094	3,094	PLUS: GAIN ON FOREIGN EXCHANGE	1,709,898	
Malaysia	15,000	15,000	TOTAL	250,058,299	246,534,453

* Official written pledges received as of 31 December 2002.

** Actual payments received as of 31 December 2002.

¹ Includes payment for 2003.

² Also includes payments for prior years.

³ Actual payments as per cash receipt vouchers received.

⁴ Payment for prior year—2001 only.

⁵ US\$ equivalent of these pledges were recorded at the UN operational rate of exchange at time of pledge.

⁶ Includes pledges for 2000, 2001 and 2002.

PROJECT EXPENDITURES IN 2002 IN US\$ (INCLUDES REGULAR AND OTHER RESOURCES)

SUB-SAHARAN AFRICA		US\$
A*	Angola	2,387,157
A	Benin	3,578,864
B	Botswana	1,227,130
A	Burkina Faso	1,944,852
A	Burundi	1,513,584
A	Cameroon	2,293,790
A	Cape Verde	705,101
A	Central African Republic	1,042,630
A	Chad	2,689,944
A	Comoros	625,847
A	Congo	707,569
A	Congo, Democratic Republic of the	1,723,688
A	Côte d'Ivoire	1,997,402
A	Equatorial Guinea	500,129
A	Eritrea	1,955,359
A	Ethiopia	3,776,140
B	Gabon	254,041
A	Gambia	544,643
A	Ghana	3,324,062
A	Guinea	485,755
A	Guinea-Bissau	696,041
A	Kenya	4,892,899
A	Lesotho	448,857
A	Liberia	526,734
A	Madagascar	1,731,375
A	Malawi	2,894,930
A	Mali	2,212,239
A	Mauritania	2,029,434
C	Mauritius	157,100
A	Mozambique	5,839,699
B	Namibia	1,169,515
A	Niger	2,842,292
A	Nigeria	6,402,290
A	Rwanda	1,708,010
A	Sao Tome and Principe	281,901
A	Senegal	2,175,566
O	Seychelles	49,797
A	Sierra Leone	1,060,654
B	South Africa	1,479,329
B	Swaziland	629,011
A	Tanzania, United Republic of	7,417,943
A	Togo	1,102,349
A	Uganda	5,280,048
A	Zambia	2,433,533
A	Zimbabwe	1,045,856
Country & Territory Projects Total		89,785,089
Regional Projects		5,181,919
Sub-Saharan Africa Total		94,967,008

ASIA AND THE PACIFIC		US\$
A	Afghanistan	8,625,120
A	Bangladesh	10,310,645
A	Bhutan	528,740
A	Cambodia	3,595,100
C	China	4,569,632
O	Cook Islands	92,876
C	Fiji	214,303
A	India	13,213,805
B	Indonesia	6,276,185
C	Iran (Islamic Republic of)	2,373,198
A	Kiribati	64,740
C	Korea, Democratic People's Republic of	1,052,854
A	Lao People's Democratic Republic	1,792,203
C	Malaysia	149,152
A	Maldives	503,450
O	Marshall Islands	52,300
O	Micronesia (Federated States of)	85,956
B	Mongolia	1,985,966
A	Myanmar	1,441,233
A	Nepal	3,194,963
C	Pacific Multi Islands	2,265,780
A	Pakistan	4,147,763
A	Papua New Guinea	774,855
B	Philippines	3,323,854
A	Samoa	31,038
A	Solomon Islands	76,530
C	Sri Lanka	1,233,445
B	Thailand	292,475
A	Timor-Leste	1,421,580
O	Tonga	83,113
A	Tuvalu	100,710
A	Vanuatu	86,485
B	Viet Nam	2,876,017
Country & Territory Projects Total		76,836,067
Regional Projects		7,940,040
Asia & the Pacific Total		84,776,107

ARAB STATES AND EUROPE		US\$
T	Albania	368,952
B	Algeria	1,257,289
T	Armenia	301,553
T	Azerbaijan	749,166
T	Belarus	180,465
T	Bosnia and Herzegovina	56,819
T	Bulgaria	159,425
T	Commonwealth of Independent States	10,481
A	Djibouti	507,252
B	Egypt	1,071,664
T	Estonia	39,950
T	Georgia	287,050
B	Iraq	364,524
C	Jordan	765,439
T	Kazakhstan	608,722
T	Kosovo	1,956,943
T	Kyrgyzstan	626,169
T	Latvia	80,275
C	Lebanon	568,280
T	Lithuania	103,538
T	Moldova	173,256
B	Morocco	930,849
O	Oman	33,850
A	Occupied Palestinian Territory	1,282,841
T	Poland	76,868
T	Romania	406,321
T	Russian Federation	636,092
O	Saudi Arabia	25,000
A	Somalia	593,116
A	Sudan	2,048,265
B	Syrian Arab Republic	3,967,752
T	Tajikistan	720,153
C	Tunisia	384,955
C	Turkey	891,231
T	Turkmenistan	635,628
T	Ukraine	586,944
O	United Arab Emirates	4,430
T	Uzbekistan	570,728
A	Yemen	2,761,428
Country & Territory Projects Total		26,793,663
Regional Projects		927,026
Regional Projects		1,523,814
Arab States & Europe Total		29,244,502

LATIN AMERICA AND THE CARIBBEAN		US\$
O	Argentina	301,458
B	Belize	65,815
B	Bolivia	3,133,829
O	Brazil	853,886
C	Chile	172,906
C	Colombia	923,155
C	Costa Rica	352,033
C	Cuba	974,251
C	Dominican Republic	1,081,546
B	Ecuador	1,462,592
B	El Salvador	1,025,438
O	English-speaking Caribbean	341,987
B	Guatemala	13,455,453
B	Guyana	192,696
A	Haiti	3,284,576
A	Honduras	2,017,281
C	Jamaica	280,620
B	Mexico	4,672,290
B	Nicaragua	2,025,233
C	Panama	483,570
B	Paraguay	616,947
B	Peru	6,393,286
B	Saint Lucia	50,880
C	Suriname	159,477
C	Trinidad and Tobago	33,087
O	Uruguay	89,800
B	Venezuela	646,782
Country & Territory Projects Total		45,090,871
Regional Projects		2,474,581
Latin America & the Caribbean Total		47,565,452

TOTAL PROJECT EXPENDITURES		US\$
Country Projects		238,505,690
Regional Projects		18,047,380
Interregional Projects		56,259,679
GRAND TOTAL		312,812,748

* Please refer to the map on pages 24-25 for Group Listings.

** Total dollar amount does not equal sum of component figures due to rounding.

The Mission of UNFPA

UNFPA, the United Nations Population Fund, extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception in 1969.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues, and to advocate for the mobilization of the resources and political will necessary to accomplish its area of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that promoting and safeguarding these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving people's quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women, and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations (NGOs) and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met.



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