

UNFPA,
Civil Society
and the
Programme of Action
ICPD

A Working Paper
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The views expressed in the working paper are not necessarily those of the UNFPA.

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Introduction

The International Conference on Population and Development (ICPD), held at Cairo in 1994, put into specific programme action the world-wide demand for improving Quality of Care and for integrating family planning into the broader context of sexual and reproductive health and rights. Non-governmental organisations (NGOs), both as participants and as part of the government delegations, played a major role in formulating the Programme of Action (PoA) of the ICPD. The PoA identifies a critical role for NGOs/Civil Society in programme formulation and implementation, in partnership with Governments and the private sector. National NGOs/Civil Society – closest to the communities in which they work – are important voices of the people. They have a keen sense of the pulse of their surroundings and their network, when functioning, can be an effective and efficient way of addressing pressing population and reproductive health issues. Despite varying country situations *vis-à-vis* relations and interactions with governments, NGOs/Civil Society are making increasing contributions to both population and development activities at all levels within countries.

There is general consensus that the ICPD marked a turning point for NGOs/Civil Society. Although NGOs were already involved in sexual and reproductive health efforts before ICPD, the Conference clearly legitimised them as full partners in the implementation of the PoA. This, in itself, meant that at country level they had access to and direct contacts with Ministries and Departments of national Governments.

This background paper has been prepared for the Round Table on Partnership with the Civil Society to Implement the Programme of Action, ICPD, held in Dhaka, Bangladesh, from 27 to 30 July 1998. The Round Table, organized by UNFPA and hosted by the Government of Bangladesh, is one of a series of round tables and technical symposia undertaken as part of the five-year review of the implementation of the ICPD PoA. This paper is an attempt to survey the progress made so far in taking forward the concept of partnership at country level between Governments, NGOs/Civil Society and the international community, and to chart the progress made in implementing the PoA at all levels.

Since ICPD, UNFPA, through numerous programme reports, case studies and specific surveys at the field level, in general kept track of progress on the implementation of the ICPD PoA, and success or otherwise of the partnership with NGOs/Civil Society.

This background paper is an attempt at bringing together synopses or at times details of the progress in its entirety to assist the discussion process. No attempt has been made to rewrite the summaries as they fulfil the primary purpose of the paper, *i.e.*, as an update on the progress made in implementing the PoA from the point of view of UNFPA. Specific case studies are highlighted as illustrative of the detailed processes followed and of the multi-organisational involvement and positive outcomes. They also point to potential obstacles in the partnership with NGOs/Civil Society for the implementation of the ICPD PoA.

This paper has two broad objectives:

- (i) *to highlight the progress made in taking forward the ICPD PoA, particularly at national levels, through the partnership of UNFPA, Governments and NGO/Civil Society; and*
- (ii) *in light of the experiences gained and lessons learned thus far from the successes and the problems/obstacles faced in taking forward the partnership for the ICPD PoA, to suggest possible approaches which might be considered to further accelerate the implementation process, share the ‘best practices’ world-wide and identify likely new challenges.*

The paper will provide a brief synopsis on issues such as “why the inclusion Civil Society” and what constitutes the “Civil Society” in the context of the ICPD PoA, so as to appreciate the rationale, strengths and potential difficulties in operationalising the partnership approach. The paper will provide a summary of information on key areas of UNFPA-Government-NGO/Civil Society programme co-operation and partnership since ICPD. The illustrations are not exhaustive and are simply indicative of the range of initiatives and the progress made. This paper is based on information from UNFPA documents, including file reports, interviews with UNFPA staff and survey responses from UNFPA country offices. No attempt has been made to provide quantitative information, except in the area of financial matters, as the available information was not standard or entirely comprehensive. The paper will touch on the emerging issues and key actions for the future to ensure that plans get translated into programmes and programmes lead to tangible and demonstrable improvements in the reproductive health and rights of all individuals.

Chapter 2

Role of Civil Society

In order to appreciate the progress made since 1994 in terms of the partnership and ICPD PoA, it is necessary to understand the dimensions of a Civil Society and its genesis. There is currently renewed faith in market forces and the private sector and a concurrent diminished confidence in government-led growth and development. Equally, there is clear recognition that one of the fundamentals for development has to be the tripartite framework consisting of the State, Civil Society and the private sector.

But why the change in focus from NGOs to Civil Society? Civil Society includes NGOs and as well as a larger number of important players of vital importance in the implementation of the PoA. There is no single agreement on the definition of the “Civil Society,” although there is general acceptance that it encompasses a wide range of private associations in addition to NGOs. Even here there are concerns that Civil Society tends to be based on northern experiences. In developing economies, the reality of Civil Society tends to be more complex and specific to each country situation. In some countries Civil Society may be organised along traditional lines, leading to tensions along ethnic, caste or religious lines. Civil Societies, unlike formal memberships of NGOs, tend to be unevenly developed among countries but their contributions when properly mobilised can be an asset to the development process.

Civil Society is seen to play a complicated and sometimes pivotal role in the way sustainable development proceeds in different regions and countries of the world. Although historically dominant, it is increasingly apparent that States, markets and their interactions will not be the only forces involved in shaping the future. In the last analysis, the informed consent of citizens – as voters, consumers, producers, activists, believers, members of social movements, etc. – will be critical in determining if changes, at all levels - from local to global - are valued and sustained. This is pertinent to UNFPA as it moves towards operationalizing the ICPD PoA.

Since its inception in 1969, UNFPA has maintained close operational relationships with NGOs at the local, regional and international levels. The Fund recognizes NGOs as major and essential partners in population and development. The NGO community played a significant and pivotal role at the ICPD and the contribution of NGOs to the ICPD process proved to be significant, both procedurally, by opening up dialogue with civil society, and substantively, by shaping a forward-looking and innovative Programme of Action.

Over the years, the UNFPA partnership has extended from NGOs *per se* to encompass the Civil Society. The belief that everyone and anyone within a society should become an advocate of Reproductive Health and Rights has a strong intuitive and common sense foundation. Even if the term “Civil Society” is not a neat concept and does not lend itself to a precise definition, the need for widening the partnership cannot be denied.

“Civil Society” is in one sense a political concept. It is also an ambiguous concept in the sense that it is so difficult to define satisfactorily that users may apply to suit their needs. Having said this, many theorists have attempted to define this concept; their attempts may be useful for identifying the basic dimensions of

Civil Society. Of particular relevance to this paper is the aspect that: “The concept of Civil Society cannot be applied outside the concept of the State.” In other words, State and Civil Society are two sides of the same coin. To understand Civil Society, one requires the understanding of the State. A critical element of the State is the ideology of the regime in power and how this ideology determines Government behaviour towards the “space” for citizens to act on their own terms.

There are three dimensions to Civil Society:

material foundation: the way in which Civil Societies sustain themselves in terms of control over their resources. (For UNFPA this has important consequences in terms of how to increase the resource base.)

organisational form: the predominant way in which the people organise their lives, express their concerns, pursue their interests, exchange information, mediate differences and create social institutions.

ideological perspective: the predominant values and aspirations which guide expectations, shape norms and behaviour and explain “power differences” and inequalities. For example, some societies tend to place great value on individual rights and obligations and the separation between public and private life, while other societies tend to place emphasis on collective responsibility and the oneness of public and private spheres.

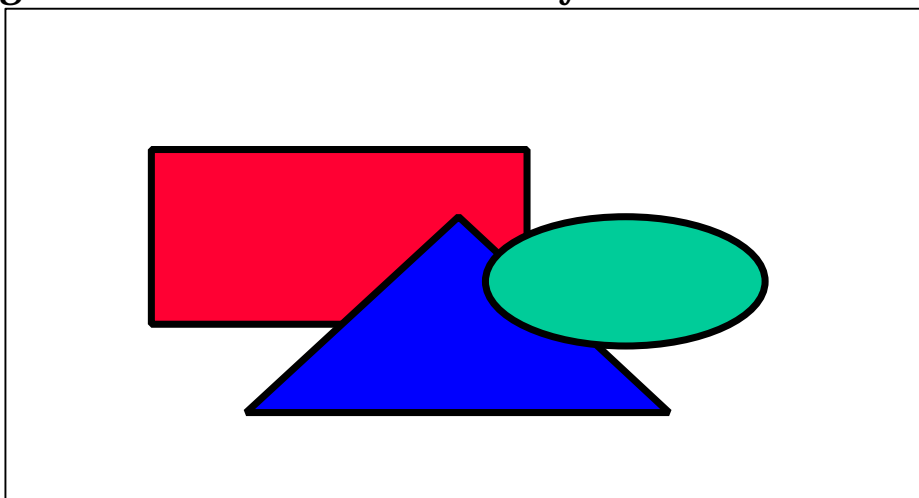
Needless to say, there are significant variations within and between the mix of these three dimensions leading to a complex matrix of Civil Society and Civil Society Organisations (CSOs) within and between countries. None of these are static – all countries face quantitative and qualitative changes in terms of Civil Society and Civil Society Organisations. Any effort to bring on board Civil Society as partners in implementing the ICPD PoA has to recognise and accommodate this diversity and complexity. Deciding on appropriate approaches requires an understanding of Civil Society in the real world of Nation-States. Starting with Civil Society from a perspective as to its actual status, rather than on the basis of a predefined theoretical and/or international structure, will be a good beginning.

Different metaphors can be used to describe Civil Society and initiatives within it. Civil Societies are organic human arrangements shaped mostly by internal forces and needs and in more recent years by external factors of a financial or ideological nature. The tasks required to develop relations between UNFPA, Government organisations and Civil Society needs innovative ways of working, which are new and yet to be mastered. It is perhaps more realistic to see the evolution of this partnership as requiring considerable nurturing and fostering by Governments and the international community, with the full recognition that they may be both collaborating and competing within themselves and other forces.

In the implementation of programmes, there is a general tendency to treat Civil Society as one of three sections that make up a nation - the other two being the public sector of Governments and the private sector of profit-seeking enterprises. In this model, each of the three sectors is allocated ‘ideal’ functions and roles. Civil Society in this model is viewed as a self-initiated voluntary sector made up of “freely and formally associating individuals pursuing non-profit purposes in religious bodies, recreational clubs, professional associations, action committees, unions, social movements and so on. Relatively little attention is paid to parallel markets, informal associations or those having undemocratic, immoral or illegal purposes, even though they can strongly condition how politics, economies and societies work and remain stable”.

The three-sector view of society can be shown diagrammatically as follows:

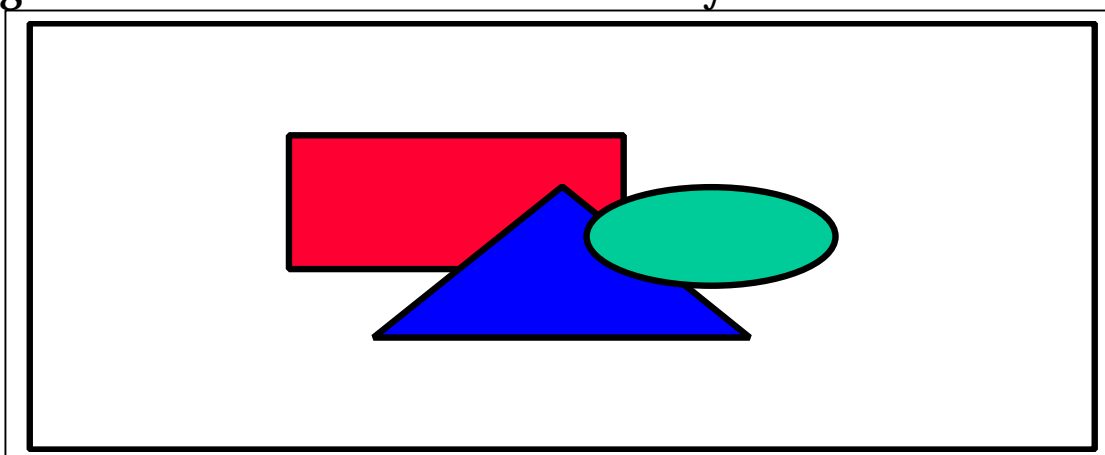
Figure 1 Three-Sector View of Society



But this representation overlooks the predominant role of politics and political structures. Even though they are areas of ‘no entry’ to international organisations, it is nevertheless important to recognise their contributions and constraints. This dimension cannot be ignored when formulating plans to take forward the concept of partnership in implementing the ICPD PoA

One way of recognising the political dimension is to keep the three-sector view intact but differentiating between public and private spheres of life. The public sector is where UNFPA is located and has traditionally the strongest links programmatically. The challenge is to recognise this situation and yet be supportive and catalytic in encouraging national Governments to bring into its planning, implementation and monitoring processes the NGOs/Civil Society and in specific instances the Private Sector. This can be a formidable challenge.

Figure 2 Revised Three Sector View of Society



The new task for UNFPA as it reviews the partnership progress so far is to also identify and work with all parts of the public and private sector that can effectively play a role in the implementation of the PoA at the national level.

Civil Society is an uneven organisational and institutional terrain. From an international development perspective, an ideal location for NGO/Civil Society would be the middle of the terrain – “one which is self-initiated, formally organised with accountable behaviour and systems of governance, demonstrates public responsibility, uses resources in a sustainable way, is sustainable self-financed which ensures autonomy in decision making, is democratic and equitable in its functioning and in the way it wants society to be, is effective and efficient in realising the goals it sets for itself, is able to position and assert itself towards or collaborate and compromise with others on the basis of well reasoned considerations, and is functioning with an acute awareness of the way society, economy and politics works around it.”

There are primarily two types of organisational arrangements of Civil Society: those set up by members for mutual support and those established to provide goods or services to others. Another distinction can be made on the basis of whether or not the organisation functions for wealth creation, private profit or personal gains or for the public good. The division here is between for- and not-for-profit organisations. However, not all aspects of civil life are formally organised in the sense of being registered with the Government as a legal body. “For example, social and economic safety nets for the poor majority in the South are commonly provided by age old sets of reciprocal obligations and ways of organising”. To varying degrees, informal links and individual leadership influences operate across all civic boundaries. We can show the range of Civil Society attributes as follows:

Table 1: Different Types of CSOs

	For Profit		Not for Profit	
	Member benefit	Third-Party Benefit	Member Benefit	Third-Party Benefit
Formal	<ul style="list-style-type: none"> • Co-operatives • Trade Unions • Pyramid schemes 	<ul style="list-style-type: none"> • Local businesses • Transnational corporations 	<ul style="list-style-type: none"> • Professional associations • Religious bodies • Recreational clubs • Political parties • Trade Unions 	<ul style="list-style-type: none"> • NGOs • Charities • Women’s movements • Political parties • Lobby Groups
Informal	<ul style="list-style-type: none"> • Micro-enterprise Self-help groups 	<ul style="list-style-type: none"> • Hawkers, petty traders 	<ul style="list-style-type: none"> • Traditional savings clubs • Clans 	<ul style="list-style-type: none"> • Local fund-raising or actions committees • Self-appointed reform groups • Social activists

Involving Civil Society in partnership should always contain two strands – one aimed at enhancing their capabilities to be themselves, able to reflect the needs and priorities of their community; and the other aimed at supporting them to undertake useful efforts. Taking forward the ICPD PoA entwines the two.

The distinctive measure of success will be UNFPA’s ability “to act as a catalyst and facilitator, bringing together various government and non-government/Civil Society actors around a variety of issues. In other words, one has to ensure that the partnership with NGOs/Civil Society has the full and genuine backing of Governments, not because partnership is advocated by the ICPD PoA, but because partnership is the most effective and efficient way forward to achieve Reproductive Health and Rights, as well as other population and development goals, in an optimal time framework.

Chapter 3

The 'Reality of Partnership' and Progress in the Implementation of the ICPD PoA

"Reality of Partnership" is the main focus of this paper. As such, it provides summary information about UNFPA experiences and progress with respect to the partnership with NGOs/Civil Society. It presents only a sample of the significant number of UNFPA international and national level programme initiatives which have encouraged partnership with NGOs/Civil Society and Governments and pushed forward the ICPD PoA. These examples are designed to serve as illustrations of possible modalities which may be utilized to make partnership a reality. These examples selected are by no means exhaustive. Details of implementation activities were derived from a variety of reports and files available at UNFPA Headquarters, from interviews with UNFPA staff and from among the many responses to enquiries sent to UNFPA country offices in 1997 and early in 1998. The information and progress reports to date are voluminous but not necessarily systematic or comprehensive.

The 1997 field inquiry was one systematic effort to gauge progress since ICPD. In 1998 a survey on NGO collaboration was undertaken; the responses from 61 of the more than 100 countries receiving UNFPA assistance have been utilized for this paper. Many of these reports describe the vigorous and fruitful links existing between UNFPA Field Offices and national NGOs/Civil Society engaged in active population-related activities. Networking arrangements supported by UNFPA have fostered productive links between NGOs and other organisations in the Civil Society, and these efforts are progressing in many countries. The responses also provided evidence that NGOs/Civil Society were being increasingly accepted by Governments. In that sense, UNFPA has been serving as a useful "bridge" between NGOs and governments.

Another important observation, in financial terms, is that UNFPA allocations for direct implementation of projects by NGOs have been increasing. In 1995, NGO direct implementation accounted for 14.9 per cent of UNFPA's programmable resources for that year. In 1996, the figure rose to 15.1 percent, and in 1997, it reached 15.25 percent. For individual countries, the figures are even higher. For example, in 1997 about 53% of country programme funds for Haiti were directly executed by NGOs/Civil Society. For South Africa and Egypt, the percentages were 40% and 32%, respectively -- to name a few other examples. Funding, however, for NGO directly executed projects was still considered by all sides to be inadequate.

Preliminary analysis of UNFPA annual expenditures for NGOs/Civil Society directly executed projects, based on an analysis of the last 10 years, clearly shows the Fund's commitment to the principles of partnership at all levels - nationally and internationally. Moreover, the financial information is an underestimate, as it does not take into account financial support for NGO executed activities which were funded indirectly through sub-contracts. Nevertheless the trend is very clear.

The total NGO expenditure in 1989 was \$20.9 million. In 1995 this rose to \$35.8 million in absolute amount. In 1997, it was \$51.8 million.. What should be of significance is the more than doubling of

expenses since 1989, and the substantial injection of some \$16 million over the last 2 to 3 years. The figures are even more noteworthy on a regional scale. In Africa, the increases in direct expenditures by NGO/Civil Society has been particularly significant, from \$7.3 million in 1989 to \$10.1 million in 1995 to \$14 million in 1997. Similar upward changes have taken place regarding direct expenditures by NGO/Civil Society-executed projects in the Arab States and Europe: from \$0.5 million some 9 years ago to \$6.7 million in 1997. This is a welcomed trend since partnership and Civil Society involvement has to be most energetically promoted at the national levels.

Initiatives in Promoting Partnership at Various Levels

Over the nearly three decades of its existence, UNFPA has made every effort to strengthen existing partnerships and enhance co-operation between NGOs/Civil Society, Governments and the International community and continues to strongly advocate on behalf of NGOs and other bodies of the Civil Society. It does so, because it considers NGOs to be essential players in population and development programmes and that their involvement is necessary for the success and sustainability of such programmes.

In 1995, UNFPA established an NGO Advisory Committee (at the international level) to advise on Policy and Programming matters and to promote a more active involvement of NGOs in the work of UNFPA, especially in its advocacy activities. The Advisory Committee has met for the past four years and consists of NGO representatives from community-based national, regional and international organisations.

UNFPA is committed to working with the NGO Advisory Committee to strengthen and improve the effectiveness of the Committee, and has acted upon suggestions of the Advisory Committee, including those regarding its own membership and selection criteria for new members.

Successful efforts were undertaken in 1997 to establish a mechanism that would bring the NGO voice into the deliberations of the UNFPA Executive Board. As a direct result of these efforts, selected representatives of the UNFPA NGO Advisory Committee may now be included, when appropriate, as observers.

Collaborative efforts with NGOs/Civil Society have increased in the past five years. In January 1998 UNFPA established four theme groups: NGO/Civil Society; Gender; Youth; and Planning. A primary purpose of the NGO/Civil Society Theme Group is to draft, recommend and, as appropriate, implement strategies, procedures and activities which will promote, strengthen and facilitate UNFPA interaction and collaboration with the Civil Society, especially NGOs. The membership of each theme group is designed so as to be able to call upon the human resources and talents both at Headquarters and the Field levels.

In terms of promoting Advocacy, an Expert Consultation of Operationalising Advocacy in Support of Population and Development Programmes at Country Level: Lessons Learned was held from 3 to 5 November 1997 at UNFPA Headquarters. Of the 18 invited experts, 17 were from the Civil Society, including NGOs. The advice and recommendations of these experts provided inputs for the UNFPA revised advocacy guidelines.

Deliberations of the United Nations Interagency Task Force on Basic Social Services for All (BSSA) were completed in 1997. The BSSA, one of three task forces established in 1995 by the Administrative Committee on Co-ordination (ACC) in an overarching effort to eradicate poverty, was chaired by the

UNFPA. Outputs of the BSSA include: a) a set of Guidelines for United National Resident Co-ordinators and all other development partners (including NGOs) on, *inter alia*, reproductive health, primary health care and basic education; b) indicators to assist in the monitoring of progress in the provision of BSSA (*i.e.*, indicating degree of access to, and availability of, basic social services in countries); c) a Report on best practices and lessons learned as to donor collaboration in Bangladesh, Kenya and Peru; and d) an Advocacy/Information card for basic social services, outlining linkages between social sectors, important details on access to social services, and actions to be taken by governments and the international community.

NGOs are providing their technical expertise during the meetings being held during the five-year review of the implementation of the ICPD Programme of Action. In April 1998, UNFPA organised an Expert Roundtable on Adolescent Reproductive Health and Rights. The meeting was hosted by the Ford Foundation and attended by 30 participants from 24 countries; the participants included experts on sex education and adolescent health from Governments and NGOs in addition to a number of young persons actively involved in advocacy work in this area. The Round Table on Ensuring Reproductive Rights and Implementing Sexual and Reproductive Health Programmes, including Women's Empowerment, Male Involvement and Human Rights, was held in Kampala, Uganda, from 22 to 25 June. The Round Table on Partnership with the Civil Society is scheduled for Dhaka, Bangladesh, from 27 to 30 July; and the Round Table on Population and Macroeconomic Linkages, is to be held in Belaggio in November. Three technical symposia – on migration, ageing and reproductive health in emergency situation – are also being held in 1998. The operational review process will culminate in the convening of the International Forum, to be held from 8-12 February 1999 in The Hague, The Netherlands. In each country delegation for the International Forum, one "seat" will be reserved for a NGO/Civil Society representative. The International Forum will be preceded by a two-day Forum for NGOs; a Parliamentary Forum and a Youth Forum will also be held in early February. The five-year review has been mandated by the United Nations General Assembly which will convene a three-day special session from 30 June to 2 July 1999.

UNFPA has recently revised its guidelines for post-ICPD collaboration with NGOs at international, regional and country level. The guidelines set out the thematic and content areas that may be supported by UNFPA and the criteria to be met for selection of NGOs/Civil Societies as executing agencies and their obligations for monitoring and evaluation and financial reporting.

A Private Sector Initiative is underway to promote UNFPA, government, private sector and NGO co-operation concerning contraceptive commodities. Draft guidelines on a possible role for profit-sector groups as executing agencies for UNFPA-funded programmes or projects are being prepared.

It is to be also noted that 132 NGOs have been accredited as potential executing agencies for UNFPA-funded interregional or regional projects. At the country level, this number is even higher. In Egypt, for example, there are now some 400 NGOs working in population and related development areas, and they are linked under an NGO Steering Committee which enjoys permanent status as the National NGOs Committee for Population and Development. To help sustain the momentum and enhance efforts to implement ICPD/PoA, UNFPA and other donors have provided assistance to this committee to boost partnership arrangements between their member NGOs and government organisations, local community groups and international bodies.

UNFPA has forged links with a broad spectrum of NGOs at all levels. These NGOs include groups which work in the areas of, *inter alia* reproductive health, including family planning and sexual health; advocacy; research; promotion of gender equality and equity and the advancement of women; youth issues; men's issues; ageing; environmental preservation; migration; human rights; parliamentary and legislative matters; religion and ethics; and economics.

At the international level, co-operative efforts have been undertaken or strengthened with a number of important partners. While selected funding is directed to international NGOs for backstopping of certain agreed initiatives – as, for example, to undertake research and advocacy efforts– UNFPA remains committed to working with the international NGOs on the commonly agreed aims of helping to develop NGO capacities at national to grassroots levels. For example, in 1997 UNFPA and WEDO co-operated at both international and country levels to promote gender equality and equity, as well as in identifying 25 national and community-based women's NGOs world-wide for disbursement of one-time capacity building grants of \$5000 each.

In 1995, UNFPA made a significant change in its Global Programme of Training in Population and Development with the start of its 10-month population and development training courses for NGO staff as well as mid-level civil servants and university students. The courses were removed from settings in Belgium and Poland to Botswana and Morocco, respectively, to bring the activity in closer proximity to the recipients of the training.

UNFPA Field Offices have been encouraged to take the initiative to organise and finance South-South activities under country programmes. Countries may benefit from South-South activities either as sending countries or providing countries and may draw on the technical resources of public institutions, private organisations and individuals. In Kenya in 1996 government representative and international and national NGOs worked together to draft a guide on South-South training opportunities in reproductive health.

In the ICPD context, two interregional initiatives were set up to promote South-South Co-operation. Centres of Excellence in the field of reproductive health were identified in order to provide a more institutional and efficient modality to demonstrate and disseminate successful experiences. UNFPA facilitated the participation of trainees from other developing countries in the programmes offered by the Centres and strengthened the Centres' substantive and logistical capacity for South-South co-operation. Four country Centres of Excellence (Indonesia, Mexico, Thailand and Tunisia) have participated in this endeavour. The Partners in Population and Development initiative was launched on the occasion of the ICPD as an intergovernmental group by ten countries: Bangladesh, Colombia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia and Zimbabwe. The number of Partners has increased since its launching. The mission of the Partners is "to expand and improve South-South collaboration in the fields of family planning and reproductive health." UNFPA has provided substantive and administrative support to the Partners since its inception and participates in an *ex officio* capacity on the Partners' Board.

Over the last four years there are increasing good national examples of action which addressed the spirit and content of partnership.

The Nigeria programme, for example, benefits from a common United Nations system approach, encouraging working relationships with NGOs that can demonstrate clear evidence of their viability and fiscal responsibility. There is an established NGO Advisory Committee, of which UNFPA is a member. A number of active projects include NGO involvement in the country; one example is the Association for

Reproductive and Family Health, which has been backstopping seven RH projects since 1994 and which has received capacity-building training and equipment. The NGOs being supported by UNFPA are focused on reproductive and sexual health as well as adolescent reproductive health; a few NGOs have been identified for work in advocacy and IEC. Good relations exist between the Government and the active NGOs, and as a result, the NGOs have been welcomed into the drafting process for programmes in a number of states.

In Zambia, the Planned Parenthood Association and the Family Life Movement maintain a long-standing relationship with UNFPA, having played an active role in gaining Government adoption of a national population policy back in 1989. Under the Third Country Programme (1994-1996), the role of NGOs in the country was further strengthened with the identification and selection of additional NGOs to execute individual projects.

In Kenya in 1996 an initiative was undertaken by UNFPA in connection with preparations for its fifth country programme. Local and international NGOs were invited to join in the programme formulation process, thus providing opportunities for establishing and/or strengthening links with them and for taking their views into account in the programme design.

been instrumental in facilitating the active participation of NGOs in national policy formulation and evaluation fora.

In Egypt, for example, there are now some 400 NGOs working in population and related development areas, and they are linked under an NGO Steering Committee which enjoys permanent status as the National NGOs Committee for Population and Development. To help sustain the momentum and enhance efforts to implement ICPD PoA, UNFPA and other donors have provided assistance to this committee to boost partnership arrangements between their member NGOs and government organisations, local community groups and international bodies. UNFPA is currently supporting the development of an Arab Support Centre for NGOs to promote networking, co-operation and co-ordination among them, and contribute to NGO capacity building.

In Morocco, UNFPA is strengthening the collaboration between the NGO AMEP (Association Maghrebine des Etudes de Population) and the Ministry of Justice through a project dealing with issues of marriage, divorce and violence against women. The project aims to strengthen the data collection system on marriage and divorce through training of judges and religious notaries, and to develop a monitoring mechanism for tracking violence against women.

In the Asia and the Pacific region, UNFPA encourages partnership committees with NGO involvement and collaboration at national and local levels. Examples of particularly effective committees are now found in Bangladesh, India, Nepal and Sri Lanka, and in Latin America in Brazil, Mexico (notably Mexico City) and Peru. The Bangladesh model is actually a National Committee on the Implementation of the ICPD PoA.; it includes a consortium of NGOs that are fully involved in programme implementation.

Concerning Europe, in Albania, NGO representatives were directly involved in the formulation of the UNFPA sub-programme in RH (1998-2000). This involvement ensured their concerns were adequately addressed and that they would be involved in the implementation of the programme.

In Latin America and the Caribbean generally, UNFPA is supportive of model NGO experiences and it brings them to the attention of governments, through reports, events, and panel presentations at important national and regional fora. Particularly effective partnership committees with NGOs are found in Latin America -- in Brazil, Mexico (notably Mexico City) and Peru. UNFPA has included leaders of NGOs in a number of PRSD teams in the region -- Suriname is mentioned as but one example.

UNFPA's Field Offices are working closely with a number of non-traditional NGOs – in this case, indigenous groups of men and women in remote areas. UNFPA programmes in some of the countries (Panama, Mexico, Ecuador, Bolivia, among others) have additionally helped to extend RH services to these remote communities and to promote indigenous women's rights, by making available support to the networks of the indigenous groups and to help them organise black and indigenous women's rights advocacy initiatives. In 1997, UNFPA worked in Peru to test a model literacy project for indigenous women which focused on reproductive health and rights and the empowerment of women; results were sufficiently positive and the model will next be replicated in Bolivia. Other initiatives with NGOs are being conducted among men's groups to promote gender equality and foster positive gender roles. In Jamaica, Guyana and Suriname, UNFPA is encouraging youth groups to participate in youth boards that will be created to monitor programme activities in these island nations.

Capacity-Building and Financial Sustainability of NGOs

One key element in promoting NGO/Civil Society partnership with the public sector has to be confidence-building initiatives. A major component in confidence building has to be capacity-building of the Civil Society/NGOs and their long-term financial stability.

UNFPA fully recognises the importance of the issue of capacity-building and financial sustainability of Civil Society institutions. Funding is a major limitation on the work of NGOs/Civil Societies and on their sustainability at national level. It is often difficult for NGOs/Civil Society to develop long-term strategies for their development. Sufficient funding is a major difficulty for these organisations that have risen to meet the post-ICPD challenges and join hands to collaborate with governments. Human resource, institutional and financial capacity building is an essential issue which is widely acknowledged and which must be met. Some of UNFPA's efforts to address these issues are provided below.

UNFPA Field Offices use several mechanisms to support NGO activities. UNFPA Headquarters encourages such efforts by its field offices. In countries where governments are more amenable to NGO direct involvement in programme implementation, projects and programmes have been directly executed by NGOs.

In Burkino Faso, until 1995, there was limited involvement of NGOs in the country programme in Burkina Faso, but following an UNFPA-supported NGO forum to discuss the ICPD PoA, a constructive and positive climate was created for future collaboration between Government and the NGOs. By 1997, the capacities of various NGOs were being reviewed to create a pool of NGOs qualified to help in the implementation of the new country programme. Signs of growing co-operation between Government and

In the Russian Federation, UNFPA has supported the NGO 'Women's Innovation Fund East-West' for its work in disseminating information on women's RH-related issues and for its training programmes benefiting sister organisations.

In the Latin America and the Caribbean area, in Bolivia, UNFPA participates in an active partnership with government, national NGOs and international NGOs and bilateral donors under a permanent Co-ordination Committee on reproductive health.

Quality of Reproductive and Sexual Health Services and Rights

Women's health, including sexual and reproductive health, is finally being acknowledged as a human right. The recognition of this right, and the growing understanding of all it implies, are amongst the most notable achievements in recent years.

Health-related discrimination against girls and women occurs throughout their life span. It includes prenatal sex selection, female infanticide, and preference for sons with respect to nutrition and medical care. Maternal mortality and morbidity due to preventable causes – including marriage and childbearing at too early an age, unsafe abortions, and gaps in health care – constitute a violation of women's right to life. Unequal power relations prevent girls and young women from refusing sex or negotiating for safer sex, compounding their vulnerability to sexually transmitted diseases and repeated pregnancies spaced too closely together. Older women experience chronic disabilities due to earlier health-related discrimination and sexual violence. These are amongst the concerns related to sexual and reproductive health which have gained increasing recognition as human rights issues in the past decade.

The ICPD Programme of Action provides a comprehensive plan for promoting women's right to health, especially reproductive health. It calls for universal access to reproductive health care, including services for family planning, safe motherhood, management of the consequences of unsafe abortion, prevention of sexually transmitted diseases and HIV/AIDS, and treatment of reproductive tract infections, and elimination of harmful traditional practices, including female genital mutilation. It also emphasises the right to marry voluntarily and to form a family, and the right to be free from coercion and sexual violence everywhere – in the home, in the community and in emergency situations.

In its country programmes, the UNFPA aims to develop comprehensive and integrated systems of RH offering a full range of services, and it encourages partnerships between governments, NGOs and the private sector to maximise coverage and quality of services.

In 1997, as part of its efforts to operationalise reproductive and sexual health and rights in all programme areas, UNFPA conducted four regional consultations, as follows: in Morocco, for the Arab States and Eastern Europe; in New Delhi, for Asia and the Pacific; in Lima, for Latin America and the Caribbean, and in Addis Ababa for Africa. Each consultation brought together individual experts and representatives from governments and NGOs in the region.

In 1996, UNFPA supported interregional initiatives with UNESCO and the Society for International Development for the conduct of socio-cultural research on how to operationalise the concept of RH. The

UNESCO effort studied factors affecting demographic behaviour and their implications for the formulation and execution of population programmes and policies. The Society for International Development conducted research on RH, the empowerment of women and population policy.

UNFPA continues to support services in emergency situations in more than 40 countries under partnership arrangements with United Nations organisations (e.g. United Nations High Commissioner for Refugees) and NGOs (e.g. The International Red Cross and Red Crescent). Support is provided for reproductive health services, psychological counselling and legal advice for women, men, adolescents and youth. For example, in Europe, UNFPA supports a Croatian NGO in Bosnia-Herzegovina for a project aimed at improving the reproductive health of displaced refugee and returnee women living in collective centres. Special care and skills are provided for women in reproductive ages and treatment of trauma is made available to women who have suffered from acts of gender-based violence. Women have been rehabilitated through self-help activities under the project.

In Africa, under the UNFPA-funded third Tanzania country programme (1992-1996), provision was made to build the institutional capacity of a national NGO to advance its guidance and counselling services to adolescents and to training the volunteer counsellors. The Institute of Development Studies, University of Dar es Salaam, is providing training of trainer courses on population, gender and development. The Programme supported the expansion of two cost-recovery clinics of the Marie Stopes Foundation; and the new country programme calls for the development of more clinics of this type. Also with respect to cost-recovery, some Nigerian NGOs are authorised to use UNFPA support in a way that would enhance their sustainability. For example, condoms given to NGOs are being sold by these organisations at reasonable and symbolic prices. Assistance is also extended to some NGOs already engaged in income-generating activities, such as operating thrift and co-operative societies. Reproductive health and income-generation/micro-credit activities are linked in many UNFPA-funded country programmes as these activities serve to enable and empower women to make decisions on important areas regarding their well-being and that of their families.

In the Arab States, UNFPA has facilitated the collaboration between the Ministries of Health and national NGOs for the provision of RH information and services to under-served and poor populations in Turkey, Jordan, Tunisia and Lebanon, among other countries.

In the Asia and Pacific area, in January 1997, the Commission of the European Communities (EC) signed a financing agreement with UNFPA for a four-year \$30 million programme in selected countries of the Asia region. The RH initiative provides for 80 per cent of support from the EC, while counterpart contributions and/or technical services equivalent to the remaining 20 per cent of programme costs are to be borne by UNFPA as well as European, regional (Asian) and national NGOs. Eight countries are now selected for assistance in addressing RH issues through NGOs, foundations, associations and institutions, and in implementing the ICPD PoA agenda; the countries are: Bangladesh, Cambodia, India, Laos, Nepal, Pakistan, Sri Lanka and Vietnam. Thematic emphasis will vary, according to country needs: in Cambodia, India, Laos and Sri Lanka, for example, adolescent RH issues will be addressed; in Nepal and Pakistan, attention will be given to providing RH through community-based organisations; and in Bangladesh, the focus will be on provision of clinical contraceptive methods.

This Reproductive Health initiative in collaboration with the EU is seen by UNFPA as an innovative programme with potential for solid accomplishments. In addition to combining regional and national

frameworks for action, this initiative also represents the first time that funds are being channelled for a large regional effort to support and mobilise the energies and expertise of NGOs. The special feature foreseen at country-level is that NGOs will be working together in establishing linkages between and among the planned activity components; it is hoped that this approach will impact positively on the roles that NGOs can play in RH efforts. After 18 months of preparation and project development activities – including meetings of concerned governments, donors, national and European NGOs in Europe and in eight countries; preparation of country strategy frameworks; launching meetings; log-frame and project development workshops – some 35 projects have been developed for a total of \$25 million

In the Philippines, UNFPA is supporting an initiative which is being implemented by NGOs in collaboration with the Department of Health; a recent CST mission report speaks of “remarkable achievements” in this connection. The project is the NGO track of a three-pronged effort to strengthen the management and field implementation of the country RH / FP programme. The project’s accomplishments include: the development of innovative strategies in addressing male reproductive health and prevention of STD/HIV/AIDS; the strengthening of linkages among the participating NGOs; an increase in the volume and range of RH / FP services through the establishment of new NGO service outlets and the initiation of out-reach efforts to high-risk groups such as commercial sex workers. To date, 800 project staff members have received training and 34 key NGO staff members have been awarded fellowships for advanced training in RH. For the future, the new thrust area for the project will be adolescent reproductive health. The CST report also refers to a Women’s Crisis Centre project, “New Haven” – an NGO partly funded by UNFPA – which provides shelter for women, and refers cases of violence and abuse of women and children to a medical facility. The Crisis Centre pursues advocacy work with policy makers and parliamentarians for changes in legislation and adoption of anti-violence laws.

In Latin America and the Caribbean, since 1996, UNFPA has supported a regional project implemented by the Latin America Women’s Health Network, which has produced benchmark monitoring reports on selected priority RH and rights issues contained in the PoA, ICPD. This initiative will continue to produce regular reports on progress every five years.

NGO collaboration with UNFPA in the immediate post-ICPD period 1994-1996 have proven to be valuable in the enhancement of NGO contributions to sexual and reproductive health and rights in Latin America. According to a 1998 report, “NGO Contributions to Sexual and Reproductive Health and Rights in Latin America” the experience resulted in a strengthening of NHO ties and a sharply increased capacity among NGOs to implement activities, thereby boosting national capabilities within the region. The report presents the conclusions drawn from the regional meeting on NGO contributions to the implementation, in Latin America, of the Cairo and Beijing recommendations in the area of sexual and reproductive health and rights. The meeting (Quito, Ecuador, June 1997) was attended by approximately 50 participants, most of whom were representatives of NGOs, particularly women’s groups. The meeting was organized by UNFPA, PAHO and the Latin American and Caribbean Women’s Health Network.

The follow-up to the Quito meeting included national replication of workshops intended to encourage improved government-NGO collaboration – especially with women’s groups – on priority RH and rights issues. In Ecuador, for example, the initial follow-up workshop launched a nation-wide campaign to have reproductive rights included in the new constitution. The campaign was ultimately successful. Similar workshops have either been held, or are being planned, in another 10 countries of the region.

Two more regional events are planned – in June and October 1998 – to focus on masculine identify and gender equality and to strengthen a regional network of people researching these issues. As part of the 1998 commemoration of the 50th anniversary of the Human Rights Declaration, UNFPA is, *inter alia*, providing support for an United Nations interagency campaign to curb violence against women.

UNFPA is assisting the Women's Health Centre, Jamaica, to operate an adolescent RH programme, with special focus on reducing teenage pregnancies; a similar project is active in Venezuela. Support has been provided to the Belize Family Life Association for improving RH among women, reducing teenage pregnancy rates, and strengthening the institutional capacity to deliver RH services and family life education (FLE). In Belize, a valuable initiative was the support of discussions with the government on population policy with active participation by national NGOs, including women's organisations; in a related effort, UNFPA obtained government agreement to involve one representative from the NGO sector in the work of the National Committee of Families and Children, which is aimed at formulating and adopting population-related policy. Financial support was co-ordinated among UNFPA, UNICEF and the Pan American Health Organisation (PAHO) for meetings with government and national NGOs, including women's groups, to prepare a national plan for implementation of the Cairo and the Beijing Programme / Platform of Action.

Empowerment of Women with respect to Reproductive and Sexual Health and Rights

Women's empowerment and gender concerns represent an important crosscutting dimension of UNFPA programmes at all levels. UNFPA emphasises the promotion of gender equality and equity and the empowerment of women as integral components of all its efforts and advocates reproductive and sexual health and rights within a human rights framework. UNFPA is fully committed to strengthening gender perspectives and mainstreaming gender concerns in its policies and programmes.

At interregional level, a significant number of national and local NGOs – particularly women NGOs – were sponsored by UNFPA to participate in the Fourth World Conference on Women (FWCW). For example, more than 250 NGO and mass media representatives from Africa were enabled to participate in the NGO Forum. Of this total, at least 60 journalists from African radio, television, newspapers and magazines were sponsored to cover the NGO and FWCW – at least one mass media representative from almost every African country.

UNFPA is assessing the extent to which gender issues and perspectives are being mainstreamed within the UNFPA-supported country programmes; assessments for 12 country programmes were conducted in late 1996 and 1997. As part of this process, discussions were held with government representatives and NGOs in the respective countries. During 1997, the UNFPA Field Offices submitted a collection of "success stories" on projects implemented by national NGOs in which gender issues and women's perspectives have been successfully integrated into population and development activities. The purpose of this effort is to share experiences in order to improve programme delivery and gender mainstreaming. A report synthesising these stories will be published in 1998.

Through its collaboration on the Interagency Committee on Women and Gender Equality, the UNAIDS Gender Sub-Group, and the Commission on Science and Technology, Sub-committee on Women, Science and Technology, UNFPA is able to strengthen networking among women and women's groups. For example, concerted action with the Sub-committee on Women, Science and Technology enabled significantly greater participation of women in the Global Knowledge '97 Conference on information technology.

A Technical Consultation on Female Genital Mutilation was organised by UNFPA in Addis Ababa in 1996. A framework for action was prepared. In 1997, a questionnaire was sent to UNFPA Field Offices to ascertain follow-up action at country-level action. Preliminary responses from the Field Offices indicate that efforts with governments are being implemented in the areas of advocacy and information and counselling. Also in 1997, UNFPA, WHO and UNICEF issued a joint statement calling for the elimination of FGM. UNFPA, UNIFEM and other United Nations organisations in supporting a major advocacy campaign in Latin America on violence against women. In 1997 UNFPA appointed two Special Goodwill Ambassadors to assist in advocacy efforts: Ms Waris Dirie, the international model, is campaigning for the eradication of FGM; and Ms Linda Grey, the well-known actress is championing reproductive rights and the promotion of gender equality.

Addressing both sexual violence against migrant women and girls, and the trafficking of children, UNFPA in 1996 signed an agreement with the International Organisation of Migration, which calls for consultations and co-operation on efforts to increase awareness of RH issues, undertake research and develop policies regarding undocumented migrants. UNFPA is supporting interregional project executed by the Reproductive Law and Policy Centre for research on and promotion of policies and codified legislation in 51 countries in order to improve women's access to reproductive health care and to advance women's reproductive and sexual health rights. Reports have been produced and regional meetings held in 1997 for Latin America and the Caribbean region and for Anglophone Africa; the study on Francophone African countries is currently in preparation.

Direct and indirect support was being made available to those NGOs which are front-line partners on issues of reproductive and sexual health and rights. For example a prototype gender, population and development training manual will be developed by 1998. The prototype manual may be adapted at country-level for the sensitisation and training of policy makers, planners, community leaders at all levels in government, Civil Society, including NGOs and the private sector. The manual will be based on training manuals produced and tested in three pilot countries – Egypt, Indonesia and Zimbabwe. The training manuals will constitute significant tools to promote and educate on, *inter alia*, reproductive and sexual health rights from a gender perspective. It is anticipated that regional strategies will emerge for renewed efforts involving NGOs at grassroots level assisted by UNFPA Country Support Teams (CSTs).

Another collaborative effort is ongoing with a number of international NGOs – the Women's Environment and Development Organisation and the International Women's Health Coalition – to strengthen the network of global, regional and national NGOs to advocate for and monitor governmental progress in implementing agreements reached at ICPD and the Fourth World Conference on Women (FWCW).

UNFPA has discussed with international financial institutions the important issue of the impact of structural adjustment programmes on reproductive health programmes in general and on women's health and rights

in particular. These discussions are continuing. In 1997 UNFPA issued a technical note on poverty reduction and population; the Note gave special focus to the gender dimension of poverty.

In December 1996, a meeting was held in Glen Cove, New York on “*Human Rights Approaches to Women’s Health, with a Focus on Reproductive and Sexual Health and Rights*” was organised by UNFPA in collaboration with the Office of the United Nations High Commissioner for Human Rights / United Nations Centre for Human Rights and the United Nations Division for the Advancement of Women. This meeting was historical in that it constituted the first time that experts from all six treaty bodies, representatives of the United Nations system entities and NGOs had met together to discuss together a substantive area. Participants examined the interpretation of human rights treaties, and explored the need for new procedures and indicators to promote and monitor reproductive and sexual health-related rights. A major outcome of the Round Table was a call for treaty bodies, UN agencies and NGOs to work together to integrate a gender-sensitive reproductive rights / human rights perspective in the respective programmes.

In Africa, in Cameroon and in the Central Africa Republic, UNFPA is directing support to women’s NGOs through grants for small credit and FLE training activities. In addition, UNFPA has enhanced support for empowerment of women through a biannual regional Meeting of Women Parliamentarians and Ministers of Sub-Saharan Africa. Three meetings have already been held; the third meeting, the focus of which was RH and reproductive rights, was held in July 1998.

In the Arab States, UNFPA has supported the Yemen National Committee for Women and the other National Population Councils in countries of the region to integrate gender dimensions of development, based on the provisions of the Cairo and Beijing programmes of action. UNFPA has also assisted the Jordan National Committee for Women to update its national strategy for women and to strengthen its capacity to advocate on behalf of its action plans. Meanwhile, UNFPA is also working with the Turkish Family Planning Association to develop a network of NGOs which will have the capacity to advocate for the implementation of ICPD and Beijing action programmes among national and local policy makers.

UNFPA has provided technical assistance to governments and NGOs in Jordan and Syria to review gender mainstreaming in national population programmes and policies. In Jordan, UNFPA is co-ordinating with the Economic and Social Commission for Western Asia (ESCWA) to disseminate and utilise the gender-specific indicators required to evaluate the progress of women’s status.

Many new country programmes of the region (for example, in Algeria, Tunisia, Jordan) are addressing the issue of reproductive rights with specific attention to domestic violence through the support of national NGOs, and building their capacities to efficiently advocate on these issues.

In Jordan, where there is strong government commitment to enhancement of the status of women, the United Nations system agencies combined their efforts in 1996 and 1997 to give priority status to gender issues. An interagency workshop on CEDAW was held to expand awareness about the provisions of the Convention and about practical methods to achieve its objectives. The workshop was attended by key members of women’s groups, NGOs, parliamentarians, relevant government ministries and the media. Jordan is a signatory to CEDAW and its ratification dates from 1992. Other important gender-related initiatives were carried out in the country in 1997 with the support and collaboration of United Nations system agencies. These efforts included initiation of a one-year study on domestic violence against

women, conducted by a Jordanian NGO – the Human Forum for Women’s Rights – and assisted by UNIFEM and WHO; UNFPA is focusing on women’s rights and access to high-quality social services; UNICEF is concentrating on the legal rights of women and children; and UNESCO is dedicating its efforts to the removal of bias and discrimination in the education system.

In Europe, UNFPA is supporting activities of the Polish Federation for Women and Family Planning in their networking activities. The effort is aimed at raising awareness about RH and reproductive rights issues among member organisations, parliamentarians, policy makers, health care providers, the media, women and youth NGOs and individuals.

In the various central Asian countries, UNFPA is enhancing support for NGO networks, linkages through income-generating activities are being developed. UNFPA has been actively encouraging its Field Offices to promote public discussion about gender equality, empowerment of women, and the roles of men and women in the area of sexual and reproductive rights. Significant progress has been reported from many countries. In Nepal, to cite but one example, female community volunteers are working through mothers’ clubs to provide training on the empowerment of women.

In Latin America and the Caribbean, several NGOs/Civil Society organisations are training providers in the concept of gender equality and in the need to provide services that respond to users’ reproductive intentions. They have also monitored abuses in family planning and demanded respect for the right to choose their contraceptive. In Mexico, for example, the Red de Salud Reproductiva-del Distrito Federal (Reproductive Health Network of Mexico City) organised a public tribunal to denounce cases of abuse in reproductive health services.

UNFPA provided support to women’s NGOs which conducted a “Situation Analysis of Ecuadorian Women”. this report may have been instrumental in the government decision to enact a Law on Violence Against Women. The government has been responsive to the gender concerns identified by women NGOs; presidential statements have indicated that the gender perspective would be incorporated in policies and economic programmes. women’

Women which was attended by about 10,000 women and included sessions on topics such as sexual and reproductive health and rights; and 4) the Centre for Population Studies, which received support for publication of a newsletter on statistics and reference information on the condition of women in Argentina.

Male Participation, Role and Responsibility

Both the Cairo and Beijing conferences placed strong emphasis on the need for gender equity and equality in all areas and for responsible reproductive health and family life behaviour by both men and women. From the RH perspective, male responsibility has two aspects: male acceptance and support for their partner's needs, choices and rights; and male reproductive and sexual behaviour.

Male reproductive health and male roles and family life issues are important components of UNFPA's Gender, Population and Development strategy. An example is the current UNFPA initiative with the Population Council, funded by the Government of Denmark, to research the social behaviour of boys in relation to their future roles in families and relationships, and the expectations, attitudes and behaviour of men in relation to male and female decision-making concerning sexuality and reproduction. The study is being undertaken in 7 countries - 4 countries on socialisation of boys (Egypt, Ghana, Kenya and Pakistan) and 4 countries on male and female decision-making about sex and reproduction (Ghana, Pakistan, Philippines and Zambia). A study which will be executed by national NGOs is currently being developed with regard to the role of men in reproductive health and rights. Plans are also under way for studies on men and gender equality, and the socialisation of bodies.

In Africa, public discussion, through focus groups and mass media, covering the broad range of population and development issues covered by the PoA have been supported in numerous African countries. For example, in Tanzania the radio soap opera drama "Go with the (modern) Times" has been broadcast twice weekly with UNFPA support and technical assistance by Population Communications International. According to independent evaluations, the drama has had a significant impact on acceptance of family planning and in changing adult and adolescent male attitudes. In fact, the drama has become very popular and has entered the public vernacular and culture - a café on the outskirts of Dar es Salaam has even taken the name of the soap opera drama. A similar project is being supported in Namibia. Also in Namibia, a project on strengthening male involvement in RH was initiated in January 1997 through the multi-bilateral assistance of the Government of Luxembourg.

With UNFPA support, a meeting to advance male involvement in reproductive health was held in Ouagadougou in April 1998 for Francophone countries in the region. There was active participation by governments, and national and international NGOs.

In the Arab States area, an UNFPA-sponsored survey on male attitudes was conducted in Syria. UNFPA is supporting local NGOs to help increase awareness about the prevalence of domestic violence and to provide necessary services within a RH and human rights framework. For example, the Culture and Freedom of Thought Association in Gaza operates a woman's centre for refugees and delivers counselling and legal advice through an integrated reproductive health and social programme.

In Asia, many countries have recognized that reproductive health and development would not be successful if men's role and support was marginalized. A number of responsible interventions for male participation in Reproductive Health were identified - including encouraging men to use contraception, supporting their partner's contraceptive use, preventing STDs/HIV, eliminating gender-based violence. In the Philippines, a new reproductive Health Centre for men is experimenting with innovative ways to involve men in reproductive health programmes. Indonesia has expanded its counselling programme to include training materials on male participation in family planning and reproductive health.

Governments in several countries in Asia, for example Papua New Guinea, have set in motion programmes to train and retrain health staff at various levels, on the subject of reproductive health and in particular the role and responsibility of men in reproductive health. Government officials from Pakistan, attended a workshop on "Men as Partners" held in Kenya, and as a follow-up, a series of workshops were organised in Pakistan on issues related to male responsibility in reproductive health.

In Latin America and the Caribbean, with UNFPA support, a Nicaraguan NGO, the Centre for Health Information and Advisory Services, has incorporated a male involvement component into an ongoing RH project in 1996. More recent information received from Nicaragua is that two conferences on male involvement and male responsibilities in RH issues are to be held: 1) in June 1998, a technical workshop on masculinity and gender equality will be organised with support from UNFPA, the Ford and MacArthur Foundations and a Latin American NGO; 2) in October 1998, a regional conference on male roles, RH and gender equality will be organised with support from UNFPA, IPPF and AVSC. The conferences, to be conducted in collaboration with men's and women's organisations, are aimed at fostering regional debate and strategy development on changing male roles to support women's empowerment and gender equality, especially in the areas of sexual and reproductive health and rights as well as gender violence. In Jamaica, UNFPA has provided support for a series of public forums on male responsibility in family planning and other aspects of RH concerns.

ILLUSTRATIVE CASE STUDY

MALE INVOLVEMENT IN REPRODUCTIVE HEALTH

OVERVIEW

There is a widely held truism that African men are not actively involved in reproductive health and family planning. It is therefore against this backdrop that a preponderance of interventions and programmes are thus inadvertently and/or deliberately directed at women. There is therefore the need to address the reproductive health needs of men in a systematic least cost manner.

Country Support Team Technical Assistance

The CST (Addis Ababa) has actively promoted male involvement in collaboration with the Organised Labour sector, involving Trade Unions, Employers Federations and Ministries of Labour. One such project, in Tanzania, involved the Organisation of Tanzania Trade Unions (OTTU) as the executing agency and reached workers in plantations, factories and workplaces. The project involved a series of preparatory activities including a multi-sectoral, multi-agency preparation of the project document; activities directed at gaining the support and consent of senior management, representatives of trade unions (shop stewards) and clinical staff at enterprise level; conduct of a baseline (KAP) survey on the participating organisations; workshops on the development of Population, Family Welfare Education (PFWE) curriculum, IEC themes and messages, and IEC materials production; training of OTTU personnel (Regional educators); training of peer educators (from participating organisations) and delivery of enterprise level population family welfare education messages (through seminars, social clubs etc., using the enter-educate methodology) and FP services at plant clinics.

LESSONS LEARNT

The following lessons learnt are based on regular missions and field visits to project sites in remote plantations (tea, coffee and sisal), villages and work sites and the comments of an independent end of project evaluation report.

- **Project formulation**
The adoption of a participatory approach to project formulation, a joint venture between UNFPA Country Office, OTTU, National Family Planning Association (UMATI) and CSTAA, was one of the major strengths of the project. The participatory strategy, involving all principal partners with eventual implementation roles, primary and secondary stakeholders, ensured full national ownership of the project. The methodology adopted for the project formulation ensured full understanding of the essence of the project and eventual ease of project implementation.
- **Institutional arrangements and Capacity Building**
For a project directed at reaching men, the choice of a trade union organisation as the executing agency was appropriate. OTTU has an extensive network that covers most public and private sector workers and therefore provides a captive audience of workers easy to reach in offices, factories and plantations. Through the project activities the capacity of trade unions to integrate population issues into their regular workers education has been enhanced.
- **Cost Sharing and Funding Modalities**
At the inception of the project, it was widely believed that 'for-profit' organisations would not be willing to bear additional costs of services related to family planning reproductive health. This assertion has been proved erroneous. In the course of project implementation, some of the participating organisations, particularly the multi-nationals and to some extent, the medium scale industries have paid for training costs, supply of equipment and contraceptives.
- **FP Service Provision**
It is clear that poor FP service delivery was one of the weakness of the project which called for the adoption of innovative, problem solving strategy to quickly correct the weakness. Since some of the participating organisations did not have functional clinics or the trained service delivery personnel, a strategy adopted to ameliorate this situation involved the twinning of contiguous plantations and factories in respect of FP services. In addition, nearby Government clinics were equipped, had their staff trained on FP service delivery and were used by staff of private sector organisations on a fee paying basis.
- **Male involvement**
Data collected from the participating companies indicate greater spousal communication on matters relating to the family. In addition men have actively supported their spouses to use modern methods of contraceptives and have increased their personal use of condom both as contraceptive and for the prevention of sexually transmitted diseases including HIV/AIDS.

Youth and Adolescents

Adolescent reproductive health is a high priority concern for UNFPA for many reasons, but especially because adolescents are at great risk from unwanted pregnancies, death in childbirth, infant morbidity and mortality, and sexually transmitted diseases (including HIV/AIDS). The challenge is extensive: adolescents now comprise more than half the population in the developing world - their numbers are estimated at 1.3 billion. Providing adolescents with access to essential reproductive health information, education and counselling services is a critical area for action and UNFPA has responded to the challenge by greatly expanding support for adolescent reproductive health in its country programming. It has also joined hands with other sister United Nations system organisations, donors and NGOs to undertake activities at international, regional and national levels.

In a major response to recommendations in the above segment, UNFPA organised a Round Table Meeting on Adolescent Reproductive Health and Rights in April 1998. It was hosted by the Ford Foundation and attended by 30 participants from 24 countries. The participants included experts from government, academic institutions, NGOs and foundations, in addition to a number of young persons actively involved in advocacy work in the area. Participants called upon governments to join hands with NGOs in helping to meet the special needs of adolescents and to establish necessary action programmes or strengthen existing ones.

In preparing for the April Roundtable, UNFPA produced a report reviewing its programme experience on reproductive and sexual health of adolescents. At interregional level, much of UNFPA support has been directed to advocacy, including documenting reproductive and sexual health problems of adolescents, campaigning for recognition of the rights of adolescents, and promoting the idea that the reproductive health needs of adolescents should be met. Assistance was largely channelled through the Adolescent Health and Development (AHD) Programme of WHO. According to the UNFPA report, these activities “played a catalytic role in the emphasis put on sexual and reproductive health rights and needs of adolescents in the ICPD Programme of Action and they continue to be vital in keeping adolescent issues on the international as well as national agendas”. More recently, the AHD programme fielded a WHO/UNFPA/UNICEF joint study group meeting on programming for adolescents, and in 1997 a “common agenda” was developed as well as a new research agenda bringing forward programme-related research in the area of adolescent sexual and reproductive health and rights (ASRHR).

The report cited above traces additional interregional support provided to formulate new strategies and approaches and to identify best practices in IEC and service delivery for adolescents, while some projects sought to meet needs of rural adolescents, adolescent girls and adolescents in refugee situations. An important early ASRHR advocacy effort was the Youth for Youth programme, an IPPF-executed project promoting ARH through NGO collaboration. A network of young people from youth organisations was formed and six countries were selected for project activities which eventually (by 1993) reached more than 15,000 people, 74 NGOs and 18 governmental organisations in five of the countries.

For numerous years, support has been provided to integrate family life education programmes into schools as a means of reaching adolescents and youth; responsible parenthood projects have been undertaken to work with parents and other adults on communicating family life and sex education to youth. While there are many examples of older IEC projects on ARH and ASRHR, a more recent project is a UNESCO-executed initiative on promoting population education at the

university level. This programme seeks to strengthen the intellectual base for population education in universities. Ongoing since 1996, the project is addressing gender disparity, RH, AIDS and adolescent fertility. Activities yet to be taken up include Internet networking between participants and the preparation of a number of strategy papers on issues critical to population education.

In February 1997, UNFPA and UNESCO conducted a CST/TSS thematic workshop on ARH in order to derive regional perspectives and identify gaps in efforts to address RH needs of adolescents. In the same year, UNFPA supported a "Generation 97" survey of views from young people from 54 developing countries on the subject of sexual and reproductive health. The survey was conducted by IPPF and published and distributed recently. A second publication based on the research findings is also anticipated with UNFPA funding.

In October 1997, UNFPA co-sponsored with UNDAW, UNICEF and the ECA an Expert Group of the Rights of Adolescent Girls. The expert group, which met in Addis Ababa, focused on three aspects of the Beijing Platform for Action as pertaining to the critical area of adolescent girl: a) the enabling environment; b) girls in distress situations; and c) health and nutrition of adolescent girls, with particular attention to reproductive health. UNFPA provided a grant to PATH to prepare the background status report on the health, including reproductive health, of adolescent girls, and supported the participation of experts to the meeting. The Expert Group Report and recommendations were submitted to the Commission on the Status of Women meeting in March 1998.

In collaboration with Governments and NGOs, UNFPA is supporting numerous activities in many countries to address the tragic problem of commercial sexual exploitation of youth. Activities include, inter alia, advocacy seminars, training workshops for youth leaders, counselling and RH services.

Based on a meeting of young women which was organised with CEDPA, an advocacy film on the needs, views and aspirations (regarding health, education, environment poverty) of young women world-wide has been produced and is available for television broadcast.

In Africa, in 1997, an Africa Youth Forum was held which reviewed the impressive results of a two-year regional UNFPA initiative which had involved youth and adolescents in designing appropriate policies and programmes for youth and adolescents in 10 countries. The project also developed advocacy and resource mobilisation activities, training programmes and appropriate management information systems incorporating youth and adolescent health dimensions. The Youth Forum set a basis for subsequent UNFPA programmes in the region, and an immediate outcome of the meeting was the adoption of an Organisation of African Unity (OAU) resolution on ARH.

Working through the Japanese Organisation for International Co-operation in Family Planning (JOICFP), UNFPA supported a project, begun in 1996, that was designed to strengthen the capacity of grassroots NGOs to plan and manage programmes in RH, with an emphasis on ARH. The project operates in Ethiopia, Gambia, Ghana, Tanzania and Zambia. To date, excellent results on RH behaviour have been observed, although evaluation of the project indicates a need for stronger capacity-building mechanisms..

Several projects organised with youth NGOs have been supported in various countries. For example in Eritrea and Namibia, multi-purpose youth centres have been established and in Uganda a special programme, PEARL, designed with the youth has been initiated.

Since ICPD, NGOs/Civil Society have increasingly addressed the reproductive health needs of adolescents. The use of the media has proved to be an effective strategy in targeting adolescents. In Nigeria, a local NGO, Youth Aid, uses private TV stations to provide counselling to adolescents. It is the first of its kind devoted solely to adolescent reproductive health.

In the Arab States area, a priority concern of UNFPA country programmes in the region is raising awareness about RH needs of young people and about removing barriers to the provision of RH information and services. In a number of initiatives, NGOs are playing an important role, notably in Egypt, where two national NGOs have provided training to 200 peer educators who in turn are training some 3,000 young men and women on RH and gender issues. Other strategies linking NGO energies to ARH outreach have been employed in Jordan, Morocco, Tunisia and Yemen, among other countries.

In Asia and the Pacific, there are many initiatives in this region that are addressing the RH needs of youth and adolescents with the help of NGOs. In India, to cite but one example, UNFPA has organised a core group of NGOs and government representatives to develop alternative strategies for dealing with ARH issues, especially those concerned with the adolescent girl.

In Europe, in Romania, UNFPA and CEDPA have combined efforts with the country's major youth NGO, Youth for Youth Foundation, to inform young people about reproductive health, including unsafe abortion and STD/HIV/AIDS, and to develop appropriate IEC materials. (As this project has implications for use in countries beyond the region, it is also referred to as an interregional initiative under the category of Advocacy in this report.) In a separate undertaking by the NGOs of the country, an outreach to youth in a major seaside holiday camp has been developed with support of the Ministry of Youth and Sports: the programme features information on RH issues.

UNFPA, in co-operation with the Government of Denmark and WHO-EURO, organised a European Regional Meeting on Youth and Reproductive Health in Copenhagen in June 1997. The

action was developed under a 1996 project oriented to youth and adolescents and designed to prevent teenage pregnancy; the initiative provides reproductive health and sex education to boys and girls, their families and to other sectors of the communities in which they reside. The model is being studied for use in other areas of the country.

In Uruguay, an NGO is implementing a project to foster the holistic development of adolescents. The project is helping the NGO to promote an understanding of healthy sexuality and to prevent early pregnancy.

Population and Development Strategies: Research, Data Collection and Analysis

The new approach to reproductive health following ICPD has posed enormous challenges in the area of research. Research and evaluation has to now encompass important issues such as: opinions of clients, the needs of women and men concerning sexuality and reproduction at different stages of their lives, as well as other aspects of the gender perspective.

UNFPA's most recent efforts in this area have focused on maintaining a balance between socio-economic development and an understanding of the dynamics of population. Its approach encompasses provision of appropriate information and analysis, influencing policy, planning and programmes and building national capacity in population programming. In 1997, UNFPA's guidelines in this area were revised to incorporate more fully the ICPD goals that focus on the people-centred concerns of development. The intention was to ensure, among other things, that the population dimensions of development strategies would take into account gender perspectives and individual needs of women, men and adolescents. UNFPA continues to provide support for NGO involvement in PDS activities, including research work and dissemination of data, at interregional and country level.

In revising its guidelines for support to activities in this area, UNFPA followed a process begun after the Cairo Conference. In 1996, UNFPA country programming exercises put into practice the new integrated approach, as, for example, in Namibia, where assistance was proposed for a project to formulate an action plan for population policy and to strengthen institutional and human-resource capacity for its implementation. In 1997, efforts continued to operationalise PDS at country level, and these focused on making policy makers aware of important linkages between population and development; integrating population dimensions into development strategies to reflect individual needs of men, women and adolescents; strengthening national data systems and capacities in this area, and promoting the empowerment of women.

In 1997, a collaborative effort was also begun with the Netherlands Interdisciplinary Demographic Institute to collect and analyse data on flows of financial resources for population programmes at international and country levels. The project has already produced a resource-flow database that represents a valuable tool for monitoring this aspect of the implementation of the ICPD PoA.

In Africa, during 1997, UNFPA continued its support for regional demographic training institutes. Increased support was provided for national-level demographic and population and development training facilities in order to help build technical capacity and develop trained personnel who could effectively respond to national needs.

Given the need for involving NGOs in obtaining gender-disaggregated data, UNFPA is supporting initiatives in selected countries - Kenya, South Africa, Swaziland, Zambia and Zimbabwe - to develop systems for obtaining the necessary data. The project was begun in 1994 and is still continuing, with work being carried out by the different statistical bureaux in collaboration with grassroots NGOs who have need for gender-disaggregated data.

In Cameroon, a new UNFPA country programme was recently formulated which, inter alia, seeks to revise and update the 1992 national population policy so that it will adhere to the plans of action of the ICPD and the Fourth World Conference on Women. The agreed strategy stresses training for a variety of organisations in the Civil Society, including NGOs, women's associations, and youth groups. One of the components of the programme includes the analysis of legal texts on

Government personnel. The training is intended to promote the collection of gender-disaggregated data and information as well as its utilisation. In Costa Rica, for example, support has been made available for demographic research at the University of Costa Rica; a joint Government-NGO group was involved in a project of the Ministry of Education for validating research findings on gender stereotypes and for recommending remedial action to promote gender equality. In Honduras, an NGO women's study centre dedicated to research and training on gender issues is being assisted to disseminate gender-related RH information to grassroots women's organisations. The centre also provides needed services, in three local shelters, to women who have been raped.

The UNFPA country programme in Ecuador places emphasis on disadvantaged women, including indigenous women, as well as on adolescents in rural areas. The emphasis extends to research and data utilisation activities that are seen as helpful for incorporating gender perspectives as permanent crosscutting considerations into future planning for basic social services in the country.

Advocacy

UNFPA views its advocacy initiatives as essential for obtaining political and public commitment and mobilising financial support for population and RH activities, and for helping to place population concerns on development agendas. Advocacy is also key to mobilising human, institutional and financial resources needed for promoting and attaining the goals of the ICPD PoA. Advocacy on reproductive health and rights, for example, has attempted to promote greater male involvement in RH programmes, focus attention on the RH needs of adolescents, advance gender equality and equity, and discourage harmful practices such as FGM. UNFPA experience has shown that NGOs/Civil Society at international, regional and national levels are valuable players in advocacy work; these relationships continue to be encouraged and to grow in the post-ICPD environment. All UNFPA-supported advocacy efforts have stressed the need to develop partnerships with the media and to build capacities in this area in view of the fact that the media are gatekeepers to policy makers and the public alike.

Out of the 482 NGOs responding to a recent questionnaire on NGO and Reproductive Health Services which was sent out by UNFPA, 52% reported undertaking advocacy activities for raising awareness on reproductive health issues and 193 (40%) reported undertaking advocacy activities to mobilise public support for reproductive rights. Most of the responding NGOs were groups which are concerned with promotion of gender equality and the empowerment of women.

UNFPA sees advocacy as both a theme area and crosscutting activity and enters much of UNFPA's work at all levels. Through its myriad activities UNFPA is always to some extent employing advocacy efforts; this would be true whether the issue is participation at international meetings and conferences, facilitating national dialogue, pursuing new areas of collaboration with NGOs, working with the media, or producing web site materials and distributing reports and publications such as the annual State of the World Population report and the magazine Populi. It would also be true to say that a good deal of advocacy and information work is involved in UNFPA's programme strategy development processes. Provision for advocacy is also included in many of the actual programme activities, training included, that extend right to grassroots level in countries around the world. Moreover, UNFPA's advocacy agenda blends well with many of the concerns of its NGO Advisory Committee, and this is doubtless attributable to the common thread woven from the ICPD PoA, the Beijing Platform for Action, the World Summit for Social Development and other recent international conferences.

It should be noted that UNFPA has already conducted a number of advocacy training courses for its Country Representatives and its senior staff in New York. In UNFPA's view, its staff should be well briefed if they are to become strong advocates - not only for such cutting-edge issues as promoting women's reproductive health and rights and forging effective partnerships with NGOs and other elements of the Civil Society, but for all the ICPD goals. As for recruiting spokespersons and allies as advocates, experience has shown that women - even prominent women - are more easily recruited to speak up on behalf of women's issues than are men on behalf of male-oriented concerns. However, a male rock star from Finland and another from Germany have recently been recruited as UNFPA ambassadors: their brief includes promoting male involvement and responsible behaviour as well as concern for women's rights as human rights.

In 1997, UNFPA funded a number of NGOs at interregional level for information dissemination activities throughout the world. Among these organisations are The Population Institute, The Guttmacher Institution, Planet 21 and the Earth Times. At the same time, CEDPA and Advocates for Youth were assisted by UNFPA in their efforts to develop training and advocacy prototype materials on such issues as education of girls and adolescent reproductive health.

UNFPA also views the media and media representatives as allies in helping to shape messages and in providing feedback from the public on issues that need to be addressed. Fortunately, reproductive health issues provide a useful news and feature-story book for the media. Taking advantage of the broad outreach capabilities of the Internet, UNFPA is currently preparing a Gender Page for its web-site, it should be operational by August 1998 and will provide information and regular updates on important gender-related issues.

In Africa, a post-ICPD UNFPA pilot project in a district of Uganda assisted the Reproductive, Educative and Community Health programme (REACH) in discouraging the practice of FGM. Its success is measured by the fact that a 36 percent decline in FGM incidences was achieved between 1994 and 1996.

Intensive advocacy efforts were reported from the field in 1997 as UNFPA directed funding to NGOs, parliamentarians and women's groups for the promotion of RH and reproductive rights, eradication of harmful practices (including FGM), removal of discriminatory laws against women, and promotion of ARH. Chad and Mauritania, for example, received support to develop family codes that take into account the revision of existing discriminatory laws against women, and assistance to Niger was made available for lessening opposition to RH programmes by religious and traditional leaders.

During a 1996 regional meeting held in Amman, Jordan, delegates from 28 NGOs and 22 governmental institutions from Arab States and Europe studied ways of enhancing the role of NGOs in population programmes. On the issue of advocacy, it was reported that NGOs working in the Europe Region represent a new type of organisation and that they must work to overcome obstacles and to make alliances with government and other structures in the society. On the other hand, in the Arab States, a number of NGOs have been able to include advocacy among their activities. An example was presented from Jordan, where the Jordan Family Planning Association had gained support of 35 members of Parliament to press for population activities and for the establishment of a parliamentary committee on population. Another example presented was Tunisia where the Family Planning Association was running a project on advocacy for RH/FP and by reinforcing co-operation with the Government.

Other UNFPA measures include the following support to both government and NGOs in Egypt for advocacy efforts to raise awareness on the harmful practice of FGM; and assistance to NGOs,

ministries of information and health education units in many countries for advocacy activities incorporating staff training in media skills and social mobilisation campaigns.

In Central and Eastern Europe, the Civil Society and NGOs in particular are highly active in advocating for RH and rights. At the same time, UNFPA continues to promote partnerships among NGOs, government and groups within the Civil Society. It must be noted that strengthening the capacity of NGOs in Central and Eastern Europe remains a priority for the international community.

In Asia and the Pacific, during 1997, advocacy and IEC efforts were broadly supported in the region to maintain the momentum initially created by ICPD. In some countries, the focus was on sensitising religious leaders to RH and FP issues, as, for example, in the study tours held for Pakistani religious leaders in Bangladesh and Indonesia. In the South Pacific, meanwhile, attention was generated on the need to promote the ICPD PoA among such target groups as media personnel, decision makers, programme implementers, and political and national leaders; while in Pakistan there were two workshops on women's empowerment in the population and development programme, and on ARH. An especially noteworthy example of advocacy at work was the initiative that helped to increase NGO involvement in providing adolescents and women with RH information and services. And, as noted elsewhere in this report, the Philippines have been very active in advocating innovative approaches for RH service delivery.

In Latin America and the Caribbean, NGOs in Uruguay are participating in a UNFPA "umbrella" project that has attempted to integrate the Cairo and Beijing programmes of action and to promote these agendas across the country in the hope of formulating a strategy for continuing follow-up.

In 1997, UNFPA, together with UNIFEM, supported a broad UN effort in the region to assist women's groups to campaign on preventing violence against women. Many local NGOs and women's group advocacy networks at national and regional levels are being assisted by UNFPA country offices to promote both public and government awareness of population and RH issues.

UNFPA is assisting the population and development network in Venezuela in its efforts to boost adolescents'

Chapter 4

Progress to date on NGO Partnership on Key Issues of the ICPD PoA

The fourth annual meeting of the NGO Advisory Committee to UNFPA met in June 1998. Immediately pursuant to the discussions and recommendations during the Committee meeting, Dr. Sadik requested UNFPA Field Offices, as a matter of urgency, to provide answers to four direct and interrelated questions at the country level to establish the reality of the “partnership” between Governmental organisations and Civil Society, and among NGOs/Civil Society in co-ordinating their efforts in implementing the PoA ICPD. It is hoped that a more comprehensive set of questions will be set in place so that UNFPA will be able to monitor and report periodically on the partnership issue, the implementation of PoA, and indeed the successes and constraints in taking forward the various initiatives. Arising from selected success stories, one should be able to develop “best practices” guidelines, case studies, intervention strategies for adaptation and use in other countries.

Four issues of immediate concern were addressed:

1. What is the current Government viewpoint and practice regarding NGO/Civil Society and their involvement/participation re the implementation of the PoA?
2. Have NGOs/Civil Society set up a co-ordinating body or group for ICPD advocacy and/or implementation?
3. To what extent are NGOs involved in meetings to formulate and assess policies and plans to implement the ICPD PoA, and
4. Do Governments allow direct funding from external sources of local NGOs/Civil Society organisation?

The responses were to be obtained from UNFPA field offices based on their understanding of the situation at the field level.

At the time of writing the paper, approximately 50 responses were received. An analysis of the responses are given below.

1. Current Government viewpoints and practices regarding NGO/Civil Society involvement/participation re the implementation of the PoA?

A majority of the countries (more than 90%) are reported to have positive collaboration or a formal mechanism for involving NGOs/Civil Society in the implementation of the PoA. Included here are countries such as India, Haiti, Syria, Thailand, Gambia, Uzbekistan, Russia, Cambodia, to name a few. While this is a welcome development, what is not clear is whether this is a partnership of equals, free and able to express and discuss opposing views and strategies, or a forum held once or twice a year for hearing plans and strategies outlined by the government. Furthermore, this

interaction is at the national level with national NGOs and it is not clear how grassroots Civil Society organisation can feel a sense of participation and involvement.

Some typical comments re Government views and practices regarding Civil Society/NGOs and their involvement re implementation of the PoA:

- *“Government/NGO partnership to implement the ICPD PoA was initially strong, particularly after the 1994 ICPD meeting and also after the 1995 Bahamas Convention/CARICOM ECLAC post-ICPD meeting, at which Caribbean Governments and*

sustainability have been discussed by the Ministry of Health and Population (MoHP) and international organisations such as UNFPA, Ford Foundation, among others.

Of the majority of countries which have reported no NGO co-ordinating body or group, a wide variety of reasons have been advanced for this inactivity.. Even in countries such as Albania, Bahrain, Romania, Vietnam, Gambia, Mauritania and Zimbabwe - practical considerations and constraints have been put forward for this situation.

- **Some typical comments on the establishment of NGO co-ordinating bodies for ICPD PoA**
- *They are facing difficulties embedded mainly in their human and financial resources. All the NGOs in Bahrain are local organisations. They depend on the voluntary work of their members and they do not have enough financial resources. (Bahrain)*
- *Government and its institutions are in charge to co-ordinate and implement the PoA and ICPD Advocacy. (Cuba)*
- *In Kyrgyzstan there were attempts by the State Commission on Family and Women Affairs to create the Federation of Women’s NGOs of Kyrgyzstan aiming at creation of the body responsible for co-ordination and co-operation of the activities of the various NGOs, including those working in the field of reproductive health/family planning, sexual health, health education, reproductive and human rights. This Federation includes about 10 women’s NGOs. However, co-ordination is a very difficult issue due to absence of centralised office, network and different level of advancement of various NGOs. Networking and co-ordination amongst NGOs is very important for capacity building, avoiding duplication of efforts. Whilst duplication is not a major problem at present, it will become a problem as more and more NGOs are set up at the local level. (Kyrgyzstan)*
- *In order to enhance information sharing between the increasing number of NGOs, a co-ordinating body, the “NGO Resource Centre” was set up a few years back. The Centre, however, primarily functions as a means to collect data on existing NGOs, their sector focus, geographical presence and details of on-going projects. No specific NGO body for ICPD advocacy and implementation exists. (Vietnam)*
- *No specific co-ordination group has been set up for ICPD Advocacy and implementation as such. However, it is worth noting that a group of NGOs have set up a network “Health, AIDS and Population” to co-ordinate their interventions in those fields. (Senegal)*

3. NGOs involvement in meetings to formulate and assess policies and plans to implement the ICPD PoA.

To the all-important question of to what extent NGOs/Civil Society are involved in formulating, assessing policies and plans and in implementing the ICPD PoA, there are natural variations in the extent and details of how far it has progressed. The responses received, show an even distribution between countries that do and those who don’t. Such divisions cover a whole shade of involvement from true ‘partnership’ to NGOs who simply carry out their assigned projects or where co-operation exists because of other interventions.

Looking at countries which claim that there is involvement, the responses are quite varied. This is one area that needs to be explored even further to separate those who are believers of the approach to those who do this because of “external pressure.”

- **Some typical comments on the question of NGO involvement in meetings to formulate, assess policies and implement plans:**
- *There is no documented evidence that the National Committee on Population and Development (NCPD) or other NGOs influence policies and plans. However, only recently UNFPA field office has involved key NGOs such as CEOSS, NCPD, and CASC in the process of sub-programme conceptualisation and development alongside MoHP. (Egypt)*
- *NGOs are involved with the Government and its institutions in ICPD process, but not in an independent form. (Cuba)*
- *NGOs which have gained recognition because of their activism and work are consulted by the specialised Commission of the Congress in areas such as reproductive health, violence against women, and health among others. (Haiti)*
- *The Iranian NGOs are closely co-operating with the government for formulation, implementation and assessment of policies and plans for ICPD PoA. (Iran)*
- *NGOs through their participation in the NPC and elaboration of the National Development Plan are being involved in issues pertaining to ICPD PoA. Moreover, UNFPA has involved concerned NGOs in all aspects related to the development of the current Country Programme. (Jordan)*
- *NGOs are asked to give their contribution in the formulation and/or implementation of programmes/projects that they partially execute. In the case of PSRD exercise and Country programme preparation, NGOs have actively participated and their contribution taken into account. (Cape Verde)*
- *NGOs are not involved in the process of formulating policies and plans for ICPD PoA ...due to lack of PHC and in particular RH policies and lack of government commitment due to other priorities which makes it difficult for NGOs and other interested parties to implement PoA.... (Albania)*

4. Government allowance of direct funding from external sources for local NGOs/Civil Society organisations:

The final question for which feedback from the field was sought, was on the question of funding. Can NGOs/Civil Society receive direct funding from external sources.

Once again because of sub-questions on bilateral funding, UN system funding, international NGO funding, etc., the responses were at times too broad to make definitive statements. This is another area which requires a more systematic and comprehensive review and study. Furthermore, it is clear certain countries appear to attract more external donor funding than others and are therefore not able to provide simple and direct responses to a complex web of financial support.

The mechanism that is followed for funding to NGOs can range from no obstacle to direct funding, to one that must be channelled through the government, to one that requires the relevant government ministry to be kept informed, to one that does not allow direct funding. Except for one out of the responses, most of the countries can receive direct funding through different procedural routes.

Some typical comments re direct funding to NGOs/Civil Society from external sources:

- *So far the Government does not have an active role in regulating/monitoring funding to NGOs in general. The Ministry of Social Affairs is currently enacting bylaws to regulate outside funding to NGOs for purposes of transparency, accountability and monitoring. (Egypt)*
- *Local NGOs have little contact with the International and Bilateral donors. All unconditional financial and technical assistance to NGOs is accepted and welcomed by both the government and NGOs. Ministry of Labour and Social Affairs should be informed accordingly. (Bahrain)*
- *Only NGOs that have been officially recognised by the government can receive funds from external donors, but clearance from the government must be obtained. (Cape Verde)*
- *Government allows international NGOs to directly fund NGO projects and this arrangement is also applicable for NGO projects funded by some bilateral donors. In the initial agreement with UNFPA for the Country programme V, the Government of India had consented for allowing UNFPA to...fund NGO projects to a tune of US\$10 million. (India)*
- *When the funding is not big (nor more than \$5,000) then no objections from the Government. If they are bigger, then it is important to have agreement from the Government. The NGOs are still influenced by the Government and all their activities have to be approved by the Government and it really doesn't matter what sources are available – UN, bi- or multi-lateral, etc. (Uzbekistan)*
- *In Central African Republic, the UN system finances NGO projects in agreement with the government. More precisely, agreement and/or collaboration between the government and NGO is necessary. But it seems that bilateral donors can intervene directly in financial activities of NGOs. In general, the government favours financing projects which activities are consistent with national political framework of the country of the subject. (Central African Republic)*
- *Government has not expressed clearly as yet its intention to allow direct funding from external sources to local NGOs. As a matter of fact, it is generally perceived that Government finds itself constrained to allow direct funding for NGOs from external sources .(Ethiopia)*

Chapter 5

Some Emerging Issues, Future Challenges and the Way Forward

What we have reviewed over the last several pages are examples of the collaborative efforts of Governments, Civil Society/NGOs and UNFPA to implement the objectives of the ICPD PoA. These illustrative descriptions of various programmes and other activities demonstrate considerable progress, success in many cases, and significant challenges for the future. In this part of the paper, an attempt will be made to identify the emerging issues as set out in various reports and documents, available in UNFPA, so that there can be an open discussion on what might be done - in a prioritised way - to address them nationally and, where appropriate, with international support.

UNFPA and, indeed, the entire UN system has undertaken a process of change by including NGOs/Civil Society as partners in the implementation of the ICPD PoA. The growing influence and involvement of NGOs/Civil Society in all aspects of national development, including the promotion of Reproductive Health and Rights, is now accepted by most, if not all, Governments. The review of progress over the last three years on the scope of collaborative efforts with Civil Society provides a basis for optimism for the building of dynamic partnerships. Yet there are also substantial indications to the contrary.

What should agencies such as the UNFPA do to build on the success stories and further accelerate the process to develop strong partnership at the national level with Civil Society - as a critical dimension in this process of change?

Clearly there can be no international prescriptions on what should be done, but one can provide a range of options and practices to consider, including a document on the global 'best practices' in implementing through partnership the ICPD PoA. In reality this will mean greater resources - human and financial to build capacity - to promote true partnership, with policy dialogue at country level, and confidence building measures for Civil Society participation. Building confidence in NGOs/Civil Society will require emphasis on training and learning, flexibility in policy and administration of programmes, whilst maintaining high standards of financial accountability and transparency.

The ICPD PoA did recognise that national Governments need to make commitments at the highest possible level to achieve the programme goals of Cairo. And to do so, Governments need to take a lead role, set the positive and supportive ambience. The experiences of the last three years seem to indicate that there are positive examples of partnership efforts in many countries, while in other countries there is a long way to go in this regard - either because of the current economic and financial realities facing the nation or because of deep-rooted bureaucratic and financial structures, or because of lack of confidence in the ability of NGOs/Civil Society, or a host of other reasons. What should be the practical measures that can be put in place to assist Governments to be more open to the partnership process as a means to give substance to their commitment in Cairo on the PoA? This may well include a review of their spending priorities with the view to giving greater priority to the implementation of the PoA. Or the provision of technical assistance to further strengthen the national capacity of NGOs/Civil Society as well as the Government. Or the

undertaking of case studies to demonstrate how partnership efforts might take some of the burden off Government for the provision of basic social services.

Reproductive Health and Rights have been accepted by most countries. There is almost universal

the world. Successful social experiments that cannot be replicated within the country or to other countries have limited use.

The task of supporting the formulation and implementation of programmes is daunting. The poorer the country, the more daunting the task, given the multitude of obstacles and problems from the availability of skilled human resources to the existence of basic infrastructural support and more urgent and conflicting national priorities. It is in this regard that NGOs/Civil Society need to be supported to develop their capacities to become more accountable, transparent and be able to formulate, implement and monitor projects.

Whilst NGOs/Civil Society are well equipped to mobilise the community for action and are often rooted and interact with groups which are poorly served and hard to reach, many suffer from an inherent weaknesses, namely dependency on external funding from donors. Thus, their focus may have to adjust or at time change due to shifting emphases of donors - risking lack of sustainability of programmes and programme focus. The change in focus does affect the competence of NGOs/Civil Society - as it makes organisational learning less relevant, and replicability remote. This programme focus swing may affect the managerial capability of NGOs/Civil Society and in turn their ability to attract qualified and experienced staff.

In most countries, reproductive health services, especially family planning services, are given free or at nominal cost. Free services have been justified, as fertility reduction would result in tangible benefits to society and individual families. Cost-free services were have been viewed as a good investment. But with the need for expansion of services to meet increased demand, universally subsidised health and family planning is not feasible. Countries do not have the necessary public finances to meet the entire cost of health care systems, especially if the goal is to extend these services to those most in need and in the countryside and remote areas. Without a large increase in finances, hard choices are inevitable. From the point of view of equity and need to expand services to the rural needy population - an alternative is to take on a targeted approach - with public funds used to support the vulnerable population and the private sector left to meet the needs of the middle class and those able to pay for the services. Market segmentation is a useful approach in this regard. How this is to be promoted without social tensions and excessive profit goals of the private sector is the challenge for the future. Lessons learnt from successful introduction of market segmentation programmes may need to be discussed, disseminated and advocated. NGOs/Civil Society organisations may have to consider the introduction or enhancement, as appropriate, of cost recovery elements - based on ability to pay for quality reproductive health services, with safety net provisions for the disadvantaged and young.

Another important challenge is the question of Quality of Care. Government will have to play an increased vital role not only as financiers of services but also as regulators of service quality, safety, standards and ethics - both in the public and private sector. Developing countries need help in this area - given the relative inexperience in regulating the private sector and ensuring standards within its own delivery system and those of NGOs/Civil Society.

An important role for agencies such as UNFPA is to stimulate dialogue in this area. Similarly, through strategic planning sessions and other fora, UN agencies can assist in forging public-private-NGO/Civil Society partnerships through appropriate measures to promote good governance.

Globalization will impact many countries, and within them groups and communities. And it is here that special attention has to be paid to particularly disadvantaged countries and groups. What can be done by NGOs/Civil Societies?

The globalization of technological development, communications and financial flows significantly change the socio-cultural milieu - affecting the ICPD PoA. Policy making is increasing globalized, leading to concentration of power in the hands of those no longer accountable to the people. Faced with these realities, NGOs/Civil Society must continue to work at the grassroots, and build strong advocacy positions nationally through network and coalitions. A possible clash of two paradigms may be taking place - corporate take-over of decision making and policies which are the bases for sustainable development at the people level.

Some thoughts centre on the need to: increase the bargaining power of marginalised groups, enhance the NGO/Civil Society role in information processing, dissemination and advocacy, strengthen alliances among NGOs/Civil Society.

One obstacle to developing programmes and policies to overcome the constraints experienced in implementing the ICPD PoA, is the shortage of skilled staff. Decentralisation of programme activities has highlighted the limited human resources available at the local level. Training of local level planners is required in order for effective implementation of the PoA.

There is widespread agreement on the importance of capacity building among NGOs/Civil Society organisations in developing countries - so that they can be reliable partners and effective implementers of the PoA. There is less accord as to which capacities are most important and how they can be effectively developed. Much of the capacity-building in the past has been conceived to train individuals rather than foster effective organisations or promote a strong NGO/Civil Society. The important role of trained, experienced and competent individuals in any organisation cannot be under-estimated. Organisations are only as good as the people who lead them and manage them. But excessive 'individualisation' of training does leave organisations, especially NGOs/Civil Society, at a serious disadvantage. What should be done to balance the risks for the future, when NGOs/Civil Society assume a larger partnership role in the planning, implementation and monitoring of Reproductive Health programmes?

In a recent study, respondents identified the following areas as the most important to build capacity:

- Leadership and staff development have high priority for Southern NGOs but not the Northern NGOs
- Gender sensitivity was of more interest to donors than to Southern NGOs (except Southern and Eastern Africa)
- Organisational capacity was of special concern to Southern NGOs (this viewpoint however varies by country). Donors and North NGOs attach less importance to this area, except for monitoring and evaluation.
- Resources was of concern to Southern NGOs. Donors are concerned about promoting local resource mobilisation.
- Capacity for external relations with Governments and other Civil Society organisations was of concern to Southern NGOs.

One issue that has a clear bearing on future efforts is: How can capacity-building be contextualised to fit local circumstances? Much of the capacity-building has been supply driven, and how can this be balanced in a North-South relationship and South-South relationship for the future? And how should capacity-building be monitored and evaluated? It cannot be based on training provided or meetings attended or conference papers produced - it has to be assessed on programme relevance and quality. The challenge of monitoring and evaluating programmes is drawing increased

attention as concerns mount regarding the extent and type of impact of programme investments. How can initiatives be assessed without focusing on easily measured outputs that are less important than the those outputs which are more difficult-to-assess?

In many countries the implementation of the ICPD PoA has been hampered by a number of factors, including inadequate political commitment, limited human and financial resources and uncertainty about the effectiveness of some of the programme strategies. The macro-economic and social context in which countries, especially in Asia, are attempting to implement the PoA recommendations has changed, giving rise to new challenges and opportunities. Two significant changes are the inter-dependence among markets and the increased role of the market in providing services. The need for governments to relegate many activities to the markets was recognised in the ICPD PoA. But the challenge to governments is how to ensure that the marginalised and disadvantaged groups in society are able to get access to quality services. Governments need to play a more pro-active role in this process, so as to anticipate and plan for the changes associated with globalization. This challenge also needs improved and increased co-operation between governments, between governments and international agencies, and between governments and NGOs/Civil Society.

SUGGESTED SCOPE FOR FUTURE ACTION
Selected Strategies from the ESCAP 54th Session
Recommendations which Pertain to NGO / Civil Society

POLICY AND INSTITUTIONAL FRAMEWORK

The process of globalization has contributed to the emergence of a number of demographic, economic and social issues that require attention. Governments are urged to adjust policies to reflect increasing levels of globalization. These actions should include, (a) co-operation on a regional basis and with NGOs and international agencies to seek policy solutions to problems arising from increased flow of migrants among countries in the region, and to protect the rights of the migrants; and, (b) promotion of activities that will strengthen the family so that it can meet the challenges of new values and roles of family members.

Governments are strongly urged to facilitate the accreditation of appropriate organisations in civil society, including non-governmental organisations, professional or ethnic group associations, religious groups, academic institutions, labour unions, political parties, community groups and the private sector.

Governments are strongly urged to provide opportunities for the active participation of civil society in all stages of policy formulation, programme implementation, resource mobilisation, and monitoring and evaluation.

Organisations of civil society are urged to exhibit greater transparency in their use of resources and demonstrate accountability in reporting.

PROGRAMME IMPLEMENTATION

Faced with the issue of providing access to RH information and services to adolescents and youth, and constrained by sensitivities associated with socio-cultural and religious considerations, governments in partnership with civil society, should develop a mechanism to bridge or narrow the gap between provision of RH information and services to adolescents and youth within a friendly and enabling environment. Advocacy and awareness campaigns should be conducted for adult opinion leaders, including parents, teachers, religious leaders, traditional leaders, officials and legislators to create understanding of adolescent and youth issues among them.

NATIONAL CAPACITY BUILDING

Governments should strengthen and support a primary health care system of community-based programmes involving families and communities. The programme should include gender responsive comprehensive health service centres to deal with all aspects of health care, including infertility, for all members of the family. Health workers and volunteers should include females and males working together.

Governments and organisations in civil society should promote awareness, particularly among women, about legal rights, and the legal, medical and social services that are available in cases of need.

Governments are strongly urged to design and support programmes of advocacy of gender equality, equity and the empowerment of women. Governments should proactively develop a critical and strategic partnership with women NGOs in identifying areas of wide gender disparity, and should also actively enjoin, encourage and support women NGOs to assist the government in advocacy and information campaigns for gender awareness, especially at the local level.

Governments, with the assistance of international agencies when appropriate, and non-governmental and inter-governmental agencies, are urged to:

- a) Capitalise on the experience contained within the region by organising collaborative South-South activities in research, training and exchange of information;
- b) Provide support for groups of countries facing similar cultural or economic contexts to meet and discuss issues of shared concern;
- c) Explore the feasibility of utilising the considerable capacity for the manufacture of contraceptives of some countries in the region.

SUGGESTED SCOPE FOR FUTURE ACTION
(continued)

RESOURCE MOBILIZATION

Governments are urged, to the extent possible, to increase the mobilisation and improve the utilisation of domestic resources as one of the high priority areas to ensure the implementation of the objectives of the ICPD PoA and the Bali Declaration. These efforts could include, among others, (a) advocacy designed to increase political commitments, (b) use of operations research to identify the most cost-effective methods of service delivery; and (c) encourage greater community participation in programmes.

Governments are strongly urged to consider new ways of mobilising resources through selective introduction of user

ANNEX

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