

Population Situation Analysis



A Conceptual and Methodological Guide

United Nations Population Fund (UNFPA)
Technical Division (TD)



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ACRONYMS AND ABBREVIATIONS

ACC/SCN	Administration Committee on Coordination Sub-Committee on Nutrition
AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANU	Australian National University
BWPI	Brooks World Poverty Institute
CARICOM	Caribbean Community
CCA	Common Country Assessment
CCI	Framework of Intermediate Co-operation
CDC	Centers for Disease Control
CELADE	Latin American and Caribbean Centre for Demography of ECLAC
CIA	Central Intelligence Agency
CIESIN	Center for International Earth Science Information Network of Columbia University
CO	Country Office (UNFPA)
CPI	Corruption Perceptions Index
CPS	Contraceptive Prevalence Survey
CSA	Country Social Analysis
CSO	Central Statistical Office
CSPs	Country Strategy Papers
CST	Country Support Team
DHS	Demographic and Health Surveys
DMPAP	Demographic Module for Population Analysis and Projection
DNSCRIP	National Poverty Reduction and Growth Strategy Paper
DRC	Democratic Republic of the Congo
EBRD	European Bank for Reconstruction and Development
ECLAC	Economic Commission for Latin America and the Caribbean
EmOC	Emergency Obstetric Care
ESCR	Economic, social and cultural rights
FAO	Food and Agriculture Organization of the United Nations
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation / Cutting
FODA Analysis	Analysis of Strengths and Opportunities
FP	Family Planning
GBV	Gender-Based Violence
GDI	Gender-Related Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GGI	Gender Gap Index
GID	Gender, Institutions and Development

GIS	Geographic Information System
GNP+	Global Network of People Living with HIV
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Society for Technical Cooperation)
HIV	Human Immunodeficiency Virus
HNP	Health, Nutrition and Population by the World Bank
HRBA	Human Rights-Based Approach
IADB	Inter-American Development Bank
IASC	Interagency Standing Committee
IAWG	Interagency Working Group
ICPD	International Conference on Population and Development
ICRW	International Center for Research on Women
ICW	International Community of Women Living with HIV/AIDS
IDP	Internally displaced persons
IHSI	Haitian Institute of Statistics and Information
IIASA	Institute for Applied Systems Analysis
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration International
IPCC	Intergovernmental Panel on Climate Change
IPEA	Institute for Applied Economic Research (Instituto de Pesquisa Econômica Aplicada)
IPPF	International Planned Parenthood Federation
IPUMS	Integrated Public Use Microdata Series
IRHS	International Reproductive Health Surveys
LDCs	least developed countries
LSMS	Living Standards Measurement Survey (World Bank)
LSS	Life Saving Skills
MCT	Mother to Child Transmission
MDG	Millennium Development Goals
MEASURE DHS	Organization responsible for the Demographic and Health Surveys
MEF	Ministry of Economy and Finances
MICS	Multiple Indicator Cluster Survey (UNICEF)
MMR	Maternal Mortality Ratio MPAD Major Political-Administrative Division
MPCE	Ministry of Planning and External Co-operation
MSPP	Ministry of Public Health and Population
NDP	National Development Plan
NGO	Non-Governmental Organization

NSO	National Statistical Office
NTA	National Transfer Accounts
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OECD/DAC	OECD's Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights
PAHO	Pan American Health Organization
PAI	Population Action International
PAPFAM	Pan Arab Project for Family Health
PDB	Population and Development Branch (UNFPA)
PHC	Population and Housing Censuses
PPM	Policies and Procedures Manual (UNFPA)
PRB	Population Reference Bureau
Project RLA5P201	Regional support to Population and Development in the implementation of the MDGs in the LAC Region
PRSP	Poverty Reduction Strategy Paper
PSA	Population Situation Analysis
PSA-LAC	Population Situation Analysis Latin America and the Caribbean
PSIA	Poverty and Social Impact Analysis
RAMOS	Reproductive Age Mortality Surveys
REDATAM	REtrieval of DATA for small Areas by Microcomputer
RO	Regional Office (UNFPA)
SAGE	Study on global AGEing and adult health
SHARE	Survey of Health, Ageing and Retirement in Europe
SID	Social Institutions Indicator
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
SRO	Sub-Regional Office (UNFPA)
STIs	Sexually Transmitted Infections
SVRI	Sexual Violence Research initiative
SWOP	State of the World Population (UNFPA)
T21	Threshold 21
TD	Technical Division (UNFPA)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNCTAD	United Nations Conference on Trade and Development
UNDAF	United Nations Development Assistance Frameworks
UNDESA	United Nations Department of Economic and Social Affairs
UNDG	UN Development Group
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNECLAC	Economic Commission for Latin America and the Caribbean
UNGASS	United Nations General Assembly Special Session

UNICEF	United Nations Children’s Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UNPD	United Nations Population Division
UNPFII	UN Permanent Forum on Indigenous Issues
UNSD	United Nations Statistical Division
UNU/WIDER	United Nations University World Institute for Development Economics Research
USAID	United States Agency for International Development
USP	University of the South Pacific
UWI	University of the West Indies
VID	Vienna Insitute for Demography
WB	World Bank
WHO	World Health Organization
WTO	World Trade Organization

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The origins of this document go back to the former Guide to the Population Situation Analysis, which was developed jointly by the Country Support Team (CST) of the United Nations Population Fund (UNFPA), the UNFPA Technical Division (TD), as well as the Latin American and Caribbean Centre for Demography (CELADE) of the Economic Commission for Latin America and the Caribbean (ECLAC). In the process of revising this guide to adapt it for use in other regions than Latin America and the Caribbean, many new themes were included.

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Director, Technical Division, United Nations Population Fund

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FOREWORD

UNFPA's activities call for an increased strategic focus, based on the needs, priorities, and national development strategies of countries. The Population Situation Analysis (PSA) presented in this document expresses the commitment of the Fund to mainstream population dynamics, reproductive health and gender issues into National Development Strategies, explicitly adopting a human rights, culture and gender perspective. It responds to the demand by countries that international cooperation should promote national capacity-building and recognize national ownership and leadership as prerequisites for development, in accordance with the principles agreed at the International Conference on Population and Development (ICPD) and the Millennium Declaration.

At the country level, the manual provides the basis for an integrated appraisal of the population and reproductive health dynamics and their linkages and impacts on poverty, inequality and development. Furthermore, by integrating a micro and macro analytical approach, the PSA makes the interactions between individual behaviour and demographic dynamics explicit.

The PSA contributes to more efficient evidence-based programming to achieve the outcomes of UNFPA's Strategic Plan for 2011 and beyond, whose effectiveness depends on the increase in capacity for data generation, the establishment of data bases, the consolidation of available evidence and the promotion of the use of such evidence. The knowledge generated through the process will provide UNFPA country offices with the factual knowledge needed to integrate population dynamics and their inter-linkages with gender equality, sexual and reproductive health, and HIV/AIDS into policy-making and to mainstream UNFPA's mandate into policy dialogue with governments and other UN agencies.

In order to ensure national ownership of the PSA, it is of utmost importance to ensure that the PSA is a country-driven exercise, with national priorities at its starting point. Its flexible framework provides several options in order to tailor the PSA to national realities. Therefore, every outcome document of the PSA will be different and country-specific, yet unified by a common methodology and substantive vision.

In the context of the reform of the United Nations System and the changes in the architecture and the objectives of development cooperation, the PSA reflects the principles underlying the reform – enhancing its relevance and effectiveness for the world's people in the 21st century – and serves as a catalyst for analytical processes that can play an important role in joint programme exercises.

It is essential for UNFPA to participate in inter-agency processes, such as the Common Country Assessment (CCA) with reliable data and strong arguments. In this process, the PSA will serve as the analytical contribution from the population perspective, thus constituting a key resource in the process of the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) in order to better harmonize the support provided to countries by UNFPA and the United Nations System at large. The similarity between the principles of the PSA and the CCA will provide UNFPA with the adequate basis for evidence-based policy dialogue.

The present format of the Guide is the result of a long consultation process that was started several years ago by the Latin American and Caribbean region. The Guide that was produced in that process was applied to prepare PSAs for several Latin American countries. However, in order to have an institutional document that could be applied in all of UNFPA's regions, substantial modifications had to be introduced. After extensive consultations with all of the regions, as well as the different Branches of the Technical Division and the Programme Division, the document as it now stands, incorporating the different suggestions for change that were received, was formulated.

We trust the Population Situation Analysis to become a tool that will enable the United Nations Population Fund to contribute, in close collaboration with our national partners, to place the Programme of Action (PoA) as adopted at the International Conference on Population and Development (ICPD) in Cairo in 1994 even more effectively at the forefront of decision-making processes with respect to public policies regarding population and development issues, and thus ultimately support the well-being of present and future generations.

WERNER HAUG,

Director, Technical Division,
United Nations Population Fund

FIRST PART

OBJECTIVES, CONTENT AND RATIONALE OF THE POPULATION SITUATION ANALYSIS (PSA) PROCESS

1. INTRODUCTION: PURPOSE AND PRINCIPLES

As part of the regular programming process in the United Nations Population Fund (UNFPA), in the past national population analyses have been prepared in order to provide the context and situational evidence about the most salient features of country situations with regard to sexual and reproductive health (SRH), gender, population and development. At present, the guidelines for this process, which are currently under review, are those described in Section B of the Country Programming Guide of the PPM, of June 26, 2003, entitled *Population and Reproductive Health Analysis*. These reports have been used mainly as frames of reference for taking action in the areas concerned. Despite the important role that they have played in the programming process, it is felt that they do not go into sufficient depth and do not take advantage of the potential suggested by the evidence, with regard to the correlation between population phenomena, economic growth and sustainable development, as well as their links to poverty and inequalities. Nor is the human rights approach sufficiently comprehensive. And finally, to the extent that the relevant actors are not incorporated into a participatory process of political dialogue, the necessary national ownership has been lacking.

Furthermore, in the context of the reform process of the United Nations System and the changes in the architecture and the objectives of co-operation (Millennium Development Goals, Paris Declaration on Aid Effectiveness), UNFPA's activities at the regional and country level call for efforts with an increasingly strategic focus, based on needs, priorities, and national development strategies, by means of extensive consultation processes. In this respect, the process of the institutional regionalization of UNFPA, linked to the United Nations reform, goes beyond the search for a greater logistical and operational efficiency and can also be interpreted as a strategic opportunity for putting UNFPA's mandate into practice, in conformity with the priorities of the regional and national agendas. The existing guidelines assume that a sufficiently specific and detailed population and reproductive health analysis can be executed within the framework of the Common Country Assessment (CCA). In practice, this is not the ideal context for such an analysis, if it is to go into any depth, even with the establishment of an inter-agency population and reproductive health working group, as suggested by the guidelines. Rather, it is felt that UNFPA should come to the CCA (or any other inter-agency process that may replace it in the future) with a basis of evidence that has already been collected and analyzed previously. This analysis (PSA), which UNFPA can bring to the table as an analytical contribution from the population perspective, will constitute a key resource in the process of the Common Country Assessment/United Nations Development Assistance

Framework (CCA/UNDAF), to better harmonize the support provided to countries by UNFPA and the United Nations System at large.¹

Therefore, the present document should not be seen as replacing the existing PPM format, but rather as a tool for providing the contextual and situational evidence required in the process of evidence-based programme planning, i.e. as a complement to the existing guidelines. It provides much greater analytical detail on the particular kinds of analysis that UNFPA may generate for its own internal purposes and that it may bring to the table as part of the CCA process, including some of the aspects referred to above that are insufficiently addressed in the current guidelines.

To this end, this document will present a detailed working guide for elaborating a Population Situation Analysis (PSA) that equips users with an instrument for assessment and advocacy. The PSA, as proposed here, is designed to take place within the context of an extensive process of dialogue with national actors, which implies working together in order to analyze and demonstrate the relevance of population issues in each country's development strategy, and the practical implications for public policies.

But there is more to the PSA than that. The PSA should contribute to greater efficiency and strategic impact of technical assistance in the field of population and development for public policy formulation and implementation and especially for the elaboration of national development strategies based on the Millennium Development Goals (MDGs). To this end, its content and the language used should result in a document that will be attractive for various national actors in government, civil society, and the private sector, as well as cooperation agencies.

The PSA needs to be understood as a flexible conceptual framework, able to consider transitions, long term and new emerging trends, for example regarding the character of the national economy and employment. The legal framework in which individual behaviour is formed needs to be considered. The PSA itself should be considered an evolving process, culminating in the actual publication of the national PSA document, which serves as an evidence base.

The PSA process includes the following mechanisms and components:

- a) National participation;
- b) Participatory approach;

¹ The 2005/10 Report on joint programming: "emphasizes the importance that the Executive Board attaches to the use of joint programming as a tool for supporting the implementation of national development plans, including poverty reduction strategies where they exist, through a more concerted approach under the Common Country Assessment and United Nations Development Assistance framework, towards achieving the internationally agreed development goals, including those contained in the Millennium Declaration."

- c) Creating ownership;
- d) Need for a strong advocacy strategy;
- e) Tool for capacity building (through the application of the PSA itself).

2. THE VITAL IMPORTANCE OF POLITICAL-STRATEGIC DIALOGUE AND ADVOCACY STRATEGY

In order for the PSA to be regarded as a national benchmark instrument, it should be formulated through a process involving high levels of participation of national actors, to achieve more effective identification of the needs and proposals for action, while building ownership and enhancing national capacities. The PSA is a process that should help UNFPA to be perceived as a discussion partner by national actors and the United Nations System in strategic decision-making fora on public policies – especially in the elaboration of national development strategies based on the MDGs and human rights commitments – while mainstreaming the agenda of the International Conference on Population and Development (ICPD).

There are critical moments at which political-strategic dialogue can generate its best results, e.g. when development plans are at the design stage or when efforts are being made to reform legal and institutional frameworks. These situations are generally associated with changes of government. These opportunities should be seized by the United Nations Country Teams (UNCT) for elaborating their own situation analysis (CCA) and framework of development assistance (UNDAF). We therefore recommend that the PSA process should be undertaken anticipating or making use of the opportunities generated by moments of political change and/or strategic planning of the United Nations System, to play into the predisposition of actors to rethink their country's situation.²

An interest group/stakeholder analysis needs to be conducted to identify the groups and individuals who should be a part of the overall causality analysis of the PSA. A stakeholder is an individual, a community, a group or organization with an interest in the outcome of an intervention, either as a result of being affected by it positively or negatively, or by being able to influence the intervention in a positive or negative way. Potential proponents, opponents and neutral parties (from government, parliament, civil society, etc.) on issues emanating from the PSA need to be identified. "Stakeholders will have different levels of interest, different motivations and different levels of power and influence. Stakeholders will be drawn from within government, civil society and the private sector. The aim of Stakeholder Analysis is to identify stakeholder characteristics, their interests, and the nature and degree of their influence on existing or future policies, reforms, or interventions."³ The analysis should identify the level, scope and circles of influence of each group on the acceptability and adoption of the PSA's findings and recommendations by various stakeholders. It should review the skills, commitment, resources and authority of those responsible for addressing key problems. Analysts can then identify major capacity gaps from families to communities to the national level,

2 Some countries have already developed their own instruments to this end. In Ethiopia, for example, the inclusion of population factors into the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) led the Government and UNFPA to formulate a Guide to Integrate Population Issues in Development Planning (IPDP). This Guide has some elements in common with the PSA Guide, but it also contains a didactic section on basic population concepts and it encourages users to formulate a vision and to set Goals, Objectives and Targets, accompanied by the appropriate strategies. On the other hand, the situation analysis proposed in this document is much more limited than what is being proposed in the PSA.

3 UK Department for International Development (DFID) and Social Development, The World Bank (2005). *Tools for Institutional, Political and Social Analysis (TIPS). A Sourcebook for Poverty and Social Impact Analysis (PSIA)*.

and ensure that future development assistance will help close those gaps. For example, an analysis of gaps in capacity at various levels to address the problem of maternal mortality could uncover needs to convince key community and family members about the importance of skilled attendance at deliveries and to organize emergency transportation for the evacuation and referral of complicated deliveries. Such an analysis could also highlight that advocacy is needed to compel local and national policy and decision makers to make resources available from adequate emergency obstetric care services and referral mechanisms. The analysis should also highlight that the health care administration requires knowledge and competency in how to manage such services.⁴

The stakeholder analysis recognizes that outcomes of decision making are a function of the political-economic and ideological interests of major policy stakeholders. The aim of this analysis is the identification of the characteristics, interests, and the nature and degree of the influence on existing or future policies, reforms, or interventions of various stakeholders. One of the major challenges in the assessment of the institutional and political landscape is the variety of stakeholders, with shifting and evolving interests and interactions over time. The main types of stakeholder include:

- Key stakeholders, who significantly influence or are relevant to the success of an intervention;
- Primary stakeholders, who are either positively or adversely affected by an intervention; and
- Secondary stakeholders, all other individuals or groups with a stake, interest or intermediary role in the activity.

In addition to identifying stakeholders, the PSA process should be accompanied by a well thought-out advocacy strategy. This plan should dovetail with different national actors from the government, civil society, and the private sector, as well as cooperation agencies. We suggest identifying ideas that reflect a number of key challenges for the conduct of the country's development and major policies that have a particular resonance and priority for the country. The communications strategy can be part of the advocacy plan or can be designed independently. The advocacy strategy should include the following elements:

- Identification and delineation of issues, priorities and challenges which are associated with the PSA and need to be addressed;
- Specific and clear statement(s) of outputs reflecting the expected results of advocacy efforts; activities that are geared to achieve each output; responsible party(ies) to implement the activities and achieve each set of result; benchmark indicators which should be SMART (simple, measurable, achievable, realistic and time bound), time frame to implement activities and realize each output; and risks and assumptions based on analysis of the environment;
- Strategies to address each group of the above in a way to allow for achievement of the desired outputs of the PSA. Particular emphasis should be placed on building alliances, lobbying and networking with proponents, including potential ones, as well as winning over neutral parties or those who remain undecided on issues emanating from the PSA;
- A communication strategy including elements such as: a) target audiences or individuals and groups that the advocacy strategy aims to influence, b) themes, messages which should be articulated and packaged should reflect arguments and counter arguments. Messages should be disseminated to each of the targeted audience(s), taking into ac-

4 Paragraph B.20 of the Policies and Procedures Manual (PPM) on population and reproductive health analysis.

count political and socio-cultural issues and sensitivities, c) sources or people who are best suited to deliver such messages and themes of the PSA. Such people, groups and lobbies should be carefully defined based on their credibility and likely impact on the targeted audiences. UNFPA may need to build or strengthen coalitions with such lobbies, institutions and individuals and strengthen their advocacy capacity, d) channels of communication through which messages are delivered. These could include media (press, radio, TV, internet, etc.) or interpersonal and public communication channels, and e) follow up and feedback on the impact of communication efforts which would allow UNFPA to adapt its messages, channels and sources, etc. to realize the desired impact;

- Other elements: there is a need to mobilize financial, technical and human resources to implement similar advocacy strategy. There is also a need to regularly monitor and evaluate the strategy based on benchmark indicators mentioned above.

The objective of national ownership of the PSA entails extensive dialogue, interaction and search for consensus with and between key national actors. To the extent feasible, the PSA should be developed by, or at least with, these various actors. This is where the mapping exercise of the key actors proves its usefulness. The results of this mapping exercise guide the selection and respective roles of the key actors in the PSA development process. These key actors should include, but are not limited to, the following:

- Government decision makers – typically at Ministries of Planning, Health, Social Affairs, and Finance;
- National Statistical Offices (NSOs);
- Academia and other research institutions;
- Civil society organizations;
- Community of donors and I/NGOs.

The advocacy strategy for implementing the PSA should seek active participation of each of these key actors. Depending on the strength and availability of national capacities, different levels of participation must be considered. Where sufficient national capacities are available and a favourable political climate exists, the PSA would be largely carried out by national actors, possibly through a task force that is headed by a high-level government official and comprised of members drawn from various government agencies and civil society organizations. Technical assistance and quality assurance would be provided through UNFPA and its sister agencies. Alternative configurations and arrangements may need to be considered in countries where fewer capacities are available. At the end of this spectrum we may find some of the least developed countries and small island states where national capacities may be lacking altogether. In these situations, the PSA may need to be carried out by regional actors, such as regional development institutions or regional research agencies or academia. For instance, in the Pacific region one might seek participation of the Secretariat of the Pacific Community (SPC) or the University of the South Pacific (USP), possibly in association with the Australian National University (ANU). In the Caribbean, one might also draw on regional academic structures such as the University of the West Indies (UWI) and agencies of cooperation such as CARICOM. But regardless of the actors implementing the PSA, the implementation and prioritization of topics to be covered by the PSA will need to be done in close consultation with the national government, in order to achieve a sense of national ownership.

In order to carry out a comprehensive identification of national priorities, one must analyze national policies and generate a dialogue with national actors. Decisions as to how this process of dialogue will take place, as well as the preparation of an exhaustive mapping of national actors that can contrib-

ute to this process, are fundamental and represent one of the first steps that should be taken at the beginning of the PSA. It is also important to identify the public institutions that can lead the process together with UNFPA. Given the range of information that will be analyzed in the PSA, we suggest considering two possible strategies, either a) choosing the information that will be particularly novel for the country and of greatest relevance for public policies, or b) segmenting the information and developing a strategy of sectoral or territorial political-technical dialogue in accordance with the analysis of the context and opportunities.

To embark upon this dialogue, we suggest beginning with the preparation of a small diagram that features the relevant policies and population issues in the respective country. Display whether they are considered or not and if they are, explain how. This first analysis would need to display which policy implications could identify the main policy dialogue. It should be remembered that policies tend to be government policies, rather than state policies—and their conceptual underpinnings, emphasis (including their objectives), contents and “*modi operandi*” can change with changes of the government (or even within the same administration, in some cases). Therefore, it is necessary to extract from these policies those aspects that are most essential, sustainable and based on broad consensus, as this allows for maximum coordination between population behaviours and trends and the agenda for national economic and social development.

The PSA should subsequently be tailored around these challenges to address country priorities. Regardless of the strategy of political dialogue, advocacy and alliances pursued in the country, we recommend preparing an initial document containing a body of evidence about the demographic transition process, sexual and reproductive health (SRH), and gender equality in the country and specific relationships between population dynamics (population growth, age structure, mobility). Despite the national driven character of the PSA, reflecting the occurring realities, the reflection should occur through the prism of the MDGs and ICPD. This document, presented in a suitable format from a communications perspective, can help to initiate dialogue and show the capacity that exists within UNFPA to support the analysis of these kinds of relationships.

It will furthermore serve to facilitate dialogue between UNFPA Country Offices (CO) and the national governments. Since it lies in the responsibility and pro-activity of the CO to initiate dialogue with the government and subsequently collaborate with them, they need to appropriate themselves of the PSA. The process that follows consists in the formulation of the Manual as such and its ongoing compilation and interaction with different national actors. All work should be developed in collaboration with the national government, so that eventually the government itself takes ownership of the PSA. Once the analysis had been finalized, key messages should be presented at the end of the PSA process.

Thus, the PSA represents a result as well as a democratic process that constitutes an opportunity to help UNFPA to establish political, economic, and social dialogue based on the applied research processes whose findings in turn generate new political dialogue. Ideally speaking, we are seeking the participation of a growing number of actors: decision-makers, intellectuals and social leaders, among others, build or strengthen consensuses regarding the priorities of the population, and display how policies can respond in a more efficient and equitable manner to the needs of current and future generations.

As a result, when formulating the PSA we promote increased dialogue, interaction and the search for consensus among decision-makers, professionals, researchers, civil society organizations, and the community of donors. These efforts seek to contribute to a change in thinking and practice among key actors, so that challenges of policy and governability, human rights, concerns over equity and

technical questions and policies with regard to population and development, SRH, and gender can increasingly come to be perceived as inextricably interrelated elements.

In as far as is possible, the final document should reflect national realities and guarantee consensus among the greatest number of actors. At the same time, it is worth remembering that it is in our best interests to use dialogue to foster political and economic commitments by the state, increase the interest of donors in the areas addressed, but also, if possible, necessary investments to generate data and information about the country's situation. It is important to document the process of political dialogue and to include it in the report, with a special emphasis on the results that are being achieved.

For example, the formulation of the PSA in Venezuela was closely connected to an extensive process of technical and political dialogue. In fact, the process unfolded as a set of concentric circles of technical analysis and political dialogue, beginning with an initial set of evidence disaggregated by social strata and geographic areas, which was broadened through the increasing participation of actors from the public sector and Venezuelan academia.

The objective is not only to present a body of quantitative evidence, but also to take into account qualitative research, as well as evidence emerging from the process of dialogue itself, that allows to better understand the issues raised and to reflect the human dimension of the problems being addressed.

3. THE ELABORATION PROCESS OF THE PSA

Starting points of this exercise are national development priorities and strategies. While these can be explicit in some instances, in many cases the national priorities that relate to population matters might not be completely visible or do not occupy a prominent place in the public agenda. These priorities are reflected—or at least ought to be reflected—in one or several national policies or programmes that are fundamental in pursuing vital objectives of poverty reduction, diminishing inequality (social, economic, regional, ethnic, gender, generational, etc.), raising standards of health in general and SRH in particular, social protection and social cohesion, strengthening of gender equity, investment in human and social capital, *inter alia*. These policies are influenced by and, at the same time, influence population behaviours (fertility, mortality, SRH, internal and international migration). In the preparation of the PSA one should identify these public policies and programmes, specifying the importance of population trends and their implications in this respect. It is important to highlight that not all of the aforementioned policies are always in place (or explicit), so that the key focus in a particular country may well be just one policy or programme, for example a National Poverty Reduction Strategy, which exists in many countries.

The PSA should be considered as a flexible framework that can be tailored to national realities. The manual should be treated as a standardized body of methodologies and procedures for obtaining comparable results and deriving common messages. Their use should be governed, on the one hand, by criteria of feasibility, availability of information and capacities; and on the other hand they should be tailored to national priorities and the process of political dialogue. Because of this, it is possible that countries will not carry out all the analyses recommended in the Manual and incorporate other priorities for the country, or shift the emphasis. The development of this new PSA cycle by the countries with the help of UNFPA will facilitate medium-term efforts to share the lessons learned and to build a shared pool of practices to illustrate and quantify and, ideally, project the interrelationships of population behaviour, reproductive and productive dynamics, inequalities (social, territorial, gender, ethnic, generational, etc.) and poverty.

In order to do this, the Manual does not present a mandatory list of tasks to be carried out, but rather a set of suggestions that can be modified in accordance with national priorities. However, despite the adaptability of the Manual, the PSA should systematically take basic elements such as inequalities and inequities into account. In this respect, the PSA should include a discussion of different kinds of disparities, collating data and information that is available on disparities between ethnic, racial, or religious groups, as well as data on young people, and the elderly, always including a gender and generation perspective.

As was stated earlier, a second principle is to bear in mind the commitment of the United Nations System to achieving the Millennium Development Goals. This entails relating the analysis to poverty reduction and inequality, and to perceive its relationship with the other seven MDGs. To the extent that this is possible, an analysis of the indicators established to monitor the attainment of the MDGs should be included. UNFPA and its ICPD mandate should be positioned at the stage of the design of the PRSPs in order to influence (PRSP - CCA - CPD). For this, it is relevant to develop the knowledge base among UNFPA COs to be able to consider UNFPA issues in the PRSPs. The similarity between the PSA's principles and the principles of the CCA provides UNFPA with an adequate basis for policy dialogue.

4. RATIONALE AND STRUCTURE OF THE PROPOSED CONTENT

As will be described in further detail later, the contents of the Manual are conceived as a cumulative process of gathering evidence, arguments and messages aimed at action, from the general to the specific. It starts from an analysis of the more aggregate changes at the level of population issues and SRH, where it identifies the most relevant challenges or problems. It then moves on to a more detailed analysis of the demographic or SRH-related manifestations of social inequality, making it possible to identify the social gaps that are caused by unequal exercise of rights. The analytical part culminates in the analysis of the relationships and impacts between population dynamics and social and economic phenomena and operational conclusions, from which implications for public policies are deduced. Based on these analyses, framed in the economic, socio-cultural, political and institutional context of every country, it finally shows the challenges, opportunities and priorities faced by the country in the field of population and development, SRH, gender, and human rights.

The Manual encourages countries to structure the PSA as a compact but comprehensive document, with executive summary and brief appendices. The body of the PSA document is divided into an introduction (Chapter I), which offers a general overview of the objectives of the document and a conceptual framework which underpins it, followed by five chapters. The first of these chapters (numbered as II) contains a review of population dynamics and the potentialities or constraints imposed by the national context. As such, it includes a global analysis of the country with regard to the most important aggregate characteristics of the demographic transition, as well as the economic, socio-cultural, political, and institutional context. Additionally, it shows where the country stands with respect to its international commitments, with an emphasis on the MDGs and the ICPD. This chapter serves as a background for the more detailed analysis of demographic trends and SRH that follows.

Chapter III identifies more specifically the main characteristics of the population processes and the main challenges or problems confronted by the country in these areas. This considers all population behaviours. However, the emphasis placed on each category of behaviour will be determined by the importance that it has in the country, according to the stage of the demographic, epidemiological, and urban transition, as well as the availability of information.

Chapter IV shows the relevance of socio-demographic manifestations of inequalities and poverty (including those that should be characterized as inequities) and the fact that these persist despite advances in the demographic transition. Given that the aggregate indicators at the national level are not necessarily representative of conditions experienced by the different social groups within the countries, one should provide a detailed overview of inequality by socio-economic, territorial, age-related, ethnic, and gender groups, that demonstrate existing diversity. The objective is to amass evidence based on disaggregated indicators that make it possible to show inequalities related to population dynamics (reproduction, survival, sex, age, and habitat) and SRH, as an important component of overall social inequalities.

Chapter V studies the relationships between the components of population dynamics, reproduction, and gender, and their implications for public policies, from a perspective that highlights the need to reduce poverty and inequality and to extend capacities and protection of the rights of the most disadvantaged or marginalized groups of the population, as basic requirements for overcoming poverty.

Based on the aforementioned considerations, one should focus on those contributions which can be made from the perspective of the population and SRH so as to achieve goals for reducing inequality, poverty, the growth of human capital and other issues relevant to the development agenda. For this purpose, it is necessary to present evidence of pertinent explanatory factors, both to analyze the problems and to identify possible policy responses, and that findings are presented in such a way that they are considered relevant for the actors responsible for the social and economic development agenda and not only for those partners that are involved in sectoral issues.

Chapter VI presents the challenges that the country must face, in the light of the results of the study, while at the same time it shows the opportunities presented by this scenario. This is done in the context of the MDG agenda, in particular by showing the connections between the central targets of UNFPA's mandate, such as MDGs 3 and 5.B, and the more general development objectives reflected in MDGs 1, 2, and 7. In addition to a summary and conclusions with the main findings (conceptual and empirical evidence), Chapter VI includes scenarios with recommendations for public policies directed at tackling key priorities with regard to population, SRH, and gender in the country, which try to show the benefits of timely action and the risks and costs of inaction or delayed responses. Finally, appendices may be included, to the extent that are considered relevant.

5. THE USE OF DATA IN THE PSA

Indicators and statistics are an integral part of the process of undertaking the PSA and have a prominent role in achieving a quality Population Situation Analysis and monitoring the progress towards the goals to set. The PSA is a data intensive process and attention should be paid to the capacity of the national statistical system to deliver the appropriate data. It requires a comprehensive approach, requiring data and information production and analysis at macro level, at the level of key individual sectors, including both productive and social sectors as well as at the household or individual level.

The availability of data for analysis is one of the aspects where the practical feasibility of executing a complete PSA may vary greatly from one country to the next. This is due to two distinct reasons. On the one hand, the level of development of the statistical system in individual countries may be different. Some developing countries have reliable civil registration systems; others have long series of Demographic and Health Surveys (DHS), going as far back as the 1980s; still others have neither the

former nor the latter. Obviously, this may impose major limitations on the types of analyses that can be performed. The other distinction has to do with the degree to which national statistical authorities provide public access to the data they collect. Some countries, such as Brazil, nowadays have very liberal data policies that make it possible for any legitimate user to carry out his/her own analysis on micro-data. In other parts of the world, such as some countries in Central and Eastern Asia, this access can be much more problematic, to the point where in practice the NSOs are the only entity that can generate analyses based on national data. Even though the situation is improving, census data in many parts of the world are still treated as a national security issue. Under such circumstances, the role of UNFPA or even the UN system as a whole in the process of applying the PSA may be limited to compiling existing data and research and using the process of the PSA to advocate for further data analysis on the part of the government and greater public access to data.

In selecting indicators, one should consider the two main categories of indicators: intermediate and final indicators. Final, outcome or impact indicators measure the outcome or impact of interventions on individuals' well being, e.g. individuals' freedom from hunger, literacy, good health, security, etc. They capture behaviour change, the use of services, and satisfaction with public services, such as use of health clinics. Intermediate or process indicators measure the factors that determine an outcome or contribute to the process of achieving it. They are also called "input" or "output" indicators, depending on the stage of the process. For example, many inputs may be needed to raise literacy levels of the population: more schools and teachers, better textbooks, etc. While measures of public expenditures on classrooms and teachers would be an input indicator, measures of classrooms built in compliance with the rules and well trained teachers performing would be output indicators. Outputs are the final direct deliveries of a project or specific intervention differing from outcomes which requires contribution more than the exclusive control of the given intervention. While the number of schools built in compliance with the rule is an output, the number of children who would attend the schools is an outcome, because it depends on the behaviour of children and their families.

Although in practice it may not always be possible to consider both indicator categories, the PSA should attempt to consider at least those indicators that are likely to be used in the next Common Country Assessment (CCA). This will guarantee consistency with the current Policies and Procedures Manual (PPM) guidelines. In situations where the PSA is carried out well before the CCA, there may be some uncertainty about precisely what these indicators will be. Previous CCAs and recent CCAs from neighbouring countries may provide some guidance on what to expect and, of course, UNFPA is always free to promote the use of new indicators within the CCA process.

Although indicators are important, especially for programmatic purposes, care should be taken not to reduce the analysis of social issues to the mere construction of indicators. Indicators can be misleading if they are applied outside the context for which they were constructed. For example, the female labour force participation rate is the percentage of women that declare having some kind of economic activity. It cannot be used to measure the proportion of the number of hours spent on economic activities by women in comparison to men, the percentage of the GDP produced by women or the percentage of household incomes generated by women. Nor is it true that equal participation rates between men and women imply that inequalities in the labour market have been eradicated. In addition, the value of indicators may change for different reasons which point at different policy implications and the indicator itself may not offer any clues as to how this change should be interpreted. For example, female labour force participation may decline as a consequence of increased discrimination against women in the labour market, but, depending on the circumstances, it may also decline because of legislation to raise the wages of domestic servants, thereby making it less attractive for middle class women to

work outside the home. It may even be because of a general increase of wages, which makes it less necessary for women in menial occupations to continue complementing the family income. Which of these possible causes is at work is something that the indicator by itself does not reveal and that requires more detailed research.

To the extent feasible, the PSA needs to strike a balance between quantitative and qualitative data. Qualitative data collection methods include:

- Beneficiary assessments: Participant observation and more systematic data collection methods like structured interviews over a limited time span;
- Ethnographic investigations: Anthropological research techniques, especially direct observation, to analyze the influence of ethnicity, gender and village stratification on the household and group well-being and behaviour;
- Longitudinal village studies: Wide variety of methods ranging from direct observation and recording (tabulation), periodic semistructured interviews with key informants (e.g. health center staff) and village population, to survey interviews in several different observation periods;
- Participatory assessments: Ranking, mapping, diagramming and scoring methods are prominent, together with open interviews and participant observation, usually over a relatively short time span. These methods build on local populations describing and analyzing their own reality surrounding poverty and wellbeing.

Qualitative methods provide information that can be analyzed on both ordinal and nominal scales. Examples include: focus group discussions, in-depth interviews, and clients exit satisfaction interviews using open-ended questions. These are useful for seeking opinions. However, the methods are generally not representative and therefore do not allow generalizations and are susceptible to biases introduced by the interviewers, observers and informants. While these kinds of data are rarely considered to be part of a formal statistical system, nevertheless the information they provide is of the utmost importance for the development of a comprehensive PSA.

Any quantitative data and indicators that are presented need to be accompanied by meta-data underpinning the interpretation of the levels and trends implied by the quantitative data. This becomes especially important in the face of apparent inconsistencies in values of indicators between different data sources. In such situations, the qualitative information may help understanding the nature of discrepancies between indicators and in some cases may help identifying which estimates are the more likely. When facing such inconsistencies, consideration must also be given to alternative indicators that are known to be highly correlated with the one for which inconsistencies are observed. The estimation of maternal mortality may serve as an appropriate example in this regard. For many countries there will be at least three different estimates of the Maternal Mortality Ratio (MMR). One or more that are derived from national surveys, census or vital registration, another from modeled estimates prepared by WHO / UNICEF / UNFPA / World Bank (prepared every five years), and yet another from a comprehensive study by Hogan et al. published in *The Lancet* in April of 2010. Each of these estimates is based on different methodologies, and they are likely to indicate different levels and different trends. The PSA needs to report each of these estimates and discuss them in the light of what country information was considered in the external estimates and based on actual developments in the maternity/obstetric care delivery system in the country. In doing so, it may have to rely on qualitative information (has there been notably improved training of health personnel, improvements in physical infrastructure, etc. ?) as well as quantitative data (levels and trends in deliveries attended

by skilled personnel, numbers of basic and comprehensive obstetric care facilities, etc.). Thus, the PSA could arrive at an educated guess as to the real situation with regard to inconsistent indicators.

The substantive chapters in the second part of this manual contain more systematic references to data sources on particular subjects. These are broken down by primary sources and secondary sources. Although this is not always the case, the first tend to be national data, whereas the second tend to be data that have already undergone some processing and that are being used for inter-country comparisons by international agencies. Most of international organizations such as the United Nations departments and the specialized UN agencies generate global and country statistics that could be used when no reliable national indicators or information are not available. Sometimes, using international based indicators may generate contest from the partner governments. As in the case of maternal mortality referred to in the previous paragraph, the secondary data frequently do not agree with the primary sources. The main potential reasons for such inconsistencies are:

- a) Countries are using more recent data that have not yet found their way to the international agencies;
- b) Even though the international agencies have most recent data, they prefer not to use them before their quality has been assessed;
- c) Rather than using most recent data, the international agencies prefer to use a trend line, based on several recent data points;
- d) Data sources between countries are not comparable and the international agencies are applying adjustments to improve comparability;
- e) Due to the poor quality of national data, the international agencies are ignoring any national data that may exist and inferring values based on some sort of model;
- f) National data are based on incomplete geographical coverage, so that in international data compilations they have either been ignored or adjusted to the national level.

While specific international data sources will be referenced in the substantive chapters, it may be appropriate to refer here to a particularly comprehensive collection of UN data that was recently created by the UN Statistics Division, namely the UNdata site (<http://data.un.org>), which brings together a wide variety of economic, social, health, and demographic statistics. For more comprehensive demographic data, the *Demographic Yearbook*, also published by the UN Statistics Division, continues to be an important data source. Another important data source is the Integrated Public Use Microdata Series (IPUMS) at the University of Minnesota, which maintains the original micro-data from a large number of censuses from around the world, so that these will be available for secondary data analysis.

The objective of national ownership might be understood to imply that priority needs to be given to national data, over data that is internationally compiled. This is not always the case. It must be considered, however, that only a fraction of all national data makes its way into international databases and that a thorough (re)analysis of available national data sources is often likely to yield richer information as to the population situation and its differentials, trends, and correlates. Yet, caution must be exercised with regard to comparability of data: national data may suffer to a greater or lesser extent from incompatibilities due to different methodologies and definitions. Quality of data may vary by source and over time. No simple solution exists in resolving or circumventing such data problems. The PSA needs to document such issues and could possibly include their very existence in further dialogues with data producers and incorporate proposals for strengthening national statistical systems in ensuing policy recommendations. When using international data, it is important that any deviations from national values, due to different definitions or adjustments, are appropriately footnoted.

Similar considerations apply to situations where data gaps are encountered. The PSA would note such gaps and, in the appropriate section of the PSA, formulate recommendations on ways to overcome these. In the meantime the PSA would investigate any available information that pertains to the subject matter on which missing data is encountered in order to arrive at a reasonable assessment of the situation that the missing data would have measured. Sometimes the lack of exact quantitative indicators can be remedied by providing less precise qualitative characterizations of the situations, which are more likely to be correct, e.g. “high but declining” or “unlikely to be less than 100”.

In most countries, the national statistical institute is responsible for the large scale and regular data collection processes. These will include population and housing censuses (PHC), censuses of agriculture and businesses, and sample surveys, especially households based enumeration and other kinds of data collection, such as price collections. However, even in fairly centralized systems different central government ministries and departments will also collect data. In some cases these agencies may carry out specialized data collections such as a school census, or a survey of small businesses. A substantial amount of information could also be collected during the course of regular administrative processes on a routine basis. For example, where people using a public service are required to make some payment, such as applying for a driving license, some information is collected on individuals that could be processed to produce information.

For the purposes of the PSA some important management information systems will include: i) school records, which will provide information on the education system including indicators on issues such as enrolment, academic outcomes and progress through the educational system; ii) population registers, providing information on births, deaths, as well as registration notifications of foreigners and notifications of move; iii) health records, providing information on access to and use of health facilities, morbidity and mortality data for important diseases, the use of preventative health services and important outcomes such as the nutritional status of children; iv) social security records, providing information on changes in employment and labor market. However, information derived from the records from service delivery systems such as clinics or schools will only cover the specific people and households that make use of the given services.

Although the substantive sections will make more specific suggestions about the use of data, the following overview, which was adapted from the *Resource Guide for Youth and Poverty Reduction* (UNFPA, 2011), provides a general mapping of the most relevant sources of information.

DATA	AGENCY	SOURCE	FREQUENCY
<i>National level</i>			
National accounts, GDP, consumption, investment, exports, imports, etc.	NSO, Central Bank	System of National Accounts, trade statistics	Monthly or quarterly where possible - trade statistics, example, at least yearly
Public finance data: revenues, spending by sector/category	Ministry of Finance, sectoral ministries	Budgets and actuals	Monthly or quarterly where possible
Consumer and producer prices	NSO, Central Bank	Price surveys	Monthly; consumer price index basket updated at least every 5 years

DATA	AGENCY	SOURCE	FREQUENCY
Migrant remittances	Central Bank	System of National Accounts	At least yearly
Entries/exits into/from the country	Ministry of the Interior	Border control statistics	Monthly, quarterly or annually
Social Indicators	Management information systems of sectoral ministries	Administrative systems	Yearly where possible
<i>Local level data</i>			
Consumer and producer prices, climatic data, national accounts at regional level	NSO, Central Bank	Price surveys, System of National Accounts	Monthly; consumer price index basket updated at least every 5 years
Availability of services	Local administration, sectoral ministries	Administrative data systems	Yearly
Use of services	Local service providers	Rapid monitoring and satisfaction surveys	Yearly
Enrollment, schools	NSO, Ministry of Education	Administrative data, School census	Annual
Employment	NSO, Ministry of Labour	Employment surveys	Trimestral, semestral, annual
Births and deaths by cause	Ministry of Justice Ministry of Health	Civil registration data Administrative health data	Monthly
Economic infra-structure, firms, production units	NSO	Economic censuses	Usually every 10 years
<i>Individual and household level data</i>			
Availability of services	NSO	Multi-topic household surveys; qualitative studies	Semestral or yearly
Household consumption and income, living conditions, social indicators	NSO, Ministry of Labour, Central Bank	Household budget expenditure, income surveys, multitopic household surveys, DHS, LSMS, MICS	Every 3-5 years
Population characteristics, access to services, literacy, housing, domestic infra structure, migration	NSO	Population and Housing Census	Usually every 10 years
Household priorities, perceptions of wellbeing, user satisfaction	NSO, sectoral ministries	Qualitative studies; rapid monitoring surveys	Every 3-5 years
Migration	NSO	Migration surveys	Episodic
Time use	NSO	Time use surveys	Episodic

The Demographic and Health Surveys (DHS) – and similar surveys such as the reproductive health surveys fielded by the Centers for Disease Control (CDC) and the Pan Arab Project for Family Health (PAPFAM) – continue to be one of the main sources of data on SRH. Their main limitation is that they do not provide a lot of contextual socio-economic information, although this situation has been remedied to some extent by the construction of the wealth quintiles, which provide a reasonable proxy for more specific poverty indicators in many cases. These quintiles are constructed on the basis of up to 30 household attributes, including type of flooring and/or roof, source of water, availability of electricity, ownership of various consumer durables, etc. An interesting point made by the *Resource Guide for Youth and Poverty Reduction* (UNFPA, 2011) is that the DHS data on literacy are to be preferred over census data because they actually call for the respondent to read a simple sentence, based on their everyday life.

For the analysis and dissemination of various demographic and socioeconomic indicators, two software instruments may be useful: REDATAM and DevInfo.

REDATAM (REtrieval of DATA for small Areas by Microcomputer) is a software developed in 1985 by the the Population Division of the UN Economic Commission for Latin America and the Caribbean (ECLAC) for data processing, dissemination and analysis. It allows the analysis of micro-data, particularly from censuses, in order to construct new indicators. It allows users to get the most of population information either in a standalone version (CD) or through direct on-line processing through the web. Since the late 1980's REDATAM has been extensively used for processing census micro data, both to request results from whole censuses, taking advantage of the friendly interface, high data compression, data processing velocity, data confidentiality, data disaggregation into geographical subareas, and the capability to read only the data in the selected geographical areas which could be represented in tables graphs and maps.

The REDATAM family provides three options for disseminating census data: 1) The R+Process module of the REDATAM+SP software, the data dictionary and the census database together with all relevant census documentation can be placed on a compact disk (CD) to allow users full data access, at a given level of protection, through the REDATAM software and its programming language; 2) The R+xPlan module of the REDATAM+SP software can be used to create applications -customized database interfaces plus pre-defined indicators, that can be placed on a CD to provide a simple way for end-users to obtain pre-defined indicators with some user specification for any geographical areas from the census and other data without knowing how to use the REDATAM programming language; 3) The R+WebServer, via the Internet or an intranet, can provide end-users with direct on-line data processing. One of the main advantages of REDATAM in this regard is that all three ways of accessing the data provide data security and restrictions for the data using encrypted data compression, passwords and deletion of sensible variables. The micro-data are organized in a way that makes it impossible for users to access data on individual persons or households, thereby protecting the confidentiality of the census data, which is one of the main obstacles to the distribution of census micro-data to the public. With REDATAM, there is really no justification for National Statistical Offices not to disseminate their census micro-data.

The desired level of access can always be set in a given application by each NSO or database owner. An additional advantage of the R+xPlan and the R+WebServer options is that they allow the design of tailored applications for specific users and can more easily be written in the local language—as has been done by the NSO of Mongolia— since they have a much smaller number of screens than the entire REDATAM+SP software, itself.

REDATAM facilitates the analysis of census (and other data) particularly because of its user friendly character and the high speed of data processing. The mapping facilities of the software are frequently used to highlight the spatial distribution of poverty related indicators, access to facilities such as sanitation, or characteristics of special groups (disabled, elderly, indigenous groups, migrants etc.). Finally, the REDATAM family also counts with stand alone applications to estimate indirectly infant and child mortality and fertility.⁵

DevInfo is a database system used to monitor human development. It has been endorsed by the UN Development Group (UNDG) to support countries in monitoring progress toward the MDGs. DevInfo is compliant with international statistical standards to support open access and widespread data exchange. It operates as a tool for organizing, storing and presenting data in a uniform way to facilitate data sharing at the country level, as well as with UN agencies and development partners. It generates tables, graphs and maps for inclusion in reports, presentations and advocacy materials. Data can be analyzed at different geographical levels, from the country level down to the community district level. The software supports both standard indicators (e.g. 48 MDG indicators) and user-defined indicators, but it does not provide a framework for the creation of these indicators. Database administrators can add their own national datasets, and regional and local indicators.⁶

DevInfo is being used to monitor comprehensive plans for sustainable development, including poverty reduction strategies, health and nutrition plans, environmental plans and education plans. UN Country Teams use DevInfo to support the CCA process. The system is also used to set up and monitor key indicators of the UN Development Assistance Framework (UNDAF). Specific applications have been developed for the tracking of census data (CensusInfo) and gender data (GenderInfo). Within UNFPA, the system has been customized to monitor key performance indicators of the MDG 5b (MDG 5b+ Info). UNFPA has been collaborating with UNICEF and DHS to ensure availability of information for monitoring MDG 5b on universal access to reproductive health and other population and development related indicators and has developed the respective indicator framework. MDG5b+ Info contains data on sexual and reproductive health indicators and other MDG indicators at the global, national and sub-national levels, where available. See www.devinfo.info/mdg5b for UNFPA's online database.

The Training Manual on integration of population issues in African Development Bank programmes and projects, developed by the African Development Bank and UNFPA, includes one module on Population data (including gender statistics) in a multi-sectoral database for planning, monitoring and evaluation which teaches the user how to explain the need for good data for population and development plans and projects, make best of use of such data and understand how and where to look for required statistics in various contexts, especially with respect to monitoring and evaluation.

Tools:

- UNFPA. *Census Portal and Data Tracking Tool*; <http://www.unfpa.org/public/op/edit/home/sitemap/pid/6734>;
- UNFPA. *MDG 5b+ Info*. Available at: www.devinfo.info/mdg5b;
- REDATAM. Available at: <http://www.eclac.org/cgi-bin/getProd.asp?xml=/redatam/noticias/paginas/2/8102/P8102.xml&xsl=/redatam/tpl/p18f.xsl&base=/redatam/tpl-i/top-bottom.xsl>;

⁵ See <http://www.eclac.cl/celade/ingles/redatam/> for more information on REDATAM and its accessory application ZonPlan.

⁶ For more detailed information, see <http://www.devinfo.org>.

- *DevInfo*. Available for Download at: <http://www.devinfo.org/>;
- African Development Bank and UNFPA (2005): *Training Manual on integration of population issues in African Development Bank programmes and projects*. Module 4 on Population Data (including gender statistics) in a multi-sectoral database for planning, monitoring and evaluation;
- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST.

6. POPULATION AND INDIVIDUAL RIGHTS IN THE PSA⁷

Population behaviours have direct links with the fundamental rights and freedoms established in international instruments governing human rights. These links have their roots in the capacity of individuals to act freely and judiciously with regard to particularly critical issues such as reproduction, survival and mobility; and on the other hand, in the way that the state, through public policies, addresses the intersections between population and development. Another way to look at human rights issues is from the perspective of social inequality. While some forms of social inequality are acceptable and may even have positive effects on individual behaviours, others are unjust and/or violate basic human rights. The distinction between the two is usually expressed as *inequalities* versus *inequities*. Care should be taken not to assume that these are the same as the first is a statistical concept, whereas the second calls for an analysis in terms of human rights. Nor should human rights be confused with particular rights derived from existing national legislation or with any public policy goal that is simply considered desirable. For example, while it is certainly desirable for the health system of a country to be designed in such a way that patients can be cared for as close as possible to their usual residences, this is ultimately an issue that has to be decided on the basis of the rationality of the use of resources, rather than a human rights issue. When in doubt, it is best to explicitly identify the appropriate human rights instruments.

In order to achieve a common approach to the incorporation of human rights into programming, the UN System has developed the so-called *UN Common Understanding* of the human rights-based approach to programming, which is based on the following principles:

- a) All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments;
- b) Human rights standards contained in, and principles derived from the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all stages of the programming process;
- c) Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.

To this, UNFPA adds further key elements of *cultural sensitivity and gender-responsiveness* when operationalizing this definition of a human rights-based approach (HRBA).

⁷ For more information about the importance of the rights focus for public policy see Appendix 1.

When working from a human-rights based approach, the following practical guidelines apply to the analysis:

- Safeguarding human dignity;
- Paying attention to the most vulnerable populations;
- Ensuring that services are accessible, especially for the most vulnerable populations;
- Using a gender perspective;
- Ensuring equity and freedom from discrimination in the design;
- Disaggregating data to identify inequalities and inequities;
- Guaranteeing the equality and integrity of all legitimate rights claims.

Further principles apply to the design of interventions, such as ensuring an optimal balance between public outcomes and the protection of human rights.

The human rights approach applied to population and development should ensure that the measures implemented consider the specific situation of individuals and groups that are vulnerable, marginal, at a disadvantage or socially excluded.⁸ This emphasis seeks to transcend the reliance on conceptual and normative frameworks that underlie certain public policies in which the specificities of groups on focus, such as women, indigenous peoples, the disabled or older people, for example, have tended to be overlooked, thus creating or exacerbating inequities. The rights-based approach extends the entitlement to human rights to all groups of the population and helps to achieve that those who were formerly excluded are now being treated on the basis of equality and with due regard for human dignity, in the interests of social cohesion.⁹ This, in turn, leads to the adoption of specific conventions with regard to particular groups of rights, so as to reaffirm those rights already recognized in general in other international instruments, such as the Convention on the Elimination of all Forms of Discrimination against Women (1979), the Convention of the Rights of the Child (1989), and the Convention on the Rights of Persons with Disabilities (2006).

Usually, when constructing a political dialogue on population and development issues, one of the topics that need to be addressed is the relationship between social cohesion and poverty, inequality and states of vulnerability. Unprecedented demographic changes call for a fresh approach toward the formulation of public policies and their implementation. For example, it is important to highlight the concept of a *society for all ages* which originates from the Action Programme adopted by the World Summit for Social Development held in Copenhagen in 1995. At this Summit, the Member States declared that the main objective of social integration is the creation of a “society for all” in which “each person, with his or her own rights and responsibilities, has an active role to play”.¹⁰

8 OHCHR (2004). *Human rights and poverty reduction. A conceptual framework*. Office of the High Commissioner for Human Rights, the United Nations, New York and Geneva, 2004. ECLAC (2006). *Social Panorama 2006*. Santiago, LC/G.2326-P/E, especially the chapters on population and health/reproductive rights.

9 See United Nations (1995). *World Summit Report on Social Development, Copenhagen, 6th to 12th of March 1995*. A/CF166/9, 19th of April.

10 See Economic and Social Council: Follow-up to the World Summit: emerging issues, trends and new approaches, and programme activities of the Secretariat and the regional commissions relating to social development, including the situation of specific groups. Report of the Secretary-General, E/CN.5/1997/5, 16 January 1997.

Many international human rights instruments¹¹ relate to reproductive rights, such as decisions concerning the number and the timing at which to have children, or the right of women to a life free of discrimination and gender-based violence. At the same time, this relationship is implicit in a civil right set forth in the Universal Declaration of Human Rights that directly refers to internal migration (the right to freedom of movement throughout the national territory) and more recently to the rights of migrant workers and their families as contained in the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families.

Moreover, social participation and exercise of political power are affected by a number of conditioning factors related to international migration, age and sex, which entail the violation or limitation of rights. Population behaviours are also involved, in practical terms, in certain rights, such as access to employment, due to the difficulties entailed by the inability to combine reproduction and employment; to education, as the result of discriminatory treatment and the objective obstacles faced by adolescent mothers seeking to continue their studies; and health, given the complications resulting from the lack of knowledge or inability to regulate fertility, in accordance with preferences regarding the number and spacing of births desired.

Finally, population trends also have an impact on compliance with rights, either because the location of individuals is an obstacle in terms of their access to services, or because the growth of the population or specific sub-groups generates pressures that are hard to attend, for increased resources for social programmes or for services that affect environmental sustainability. Both population behaviours and aggregate population trends are important in reducing poverty and inequality and for the exercise of fundamental rights and liberties. As a consequence, they constitute an important condition to be taken into account in order to advance in the achievement of the goals and targets agreed on by the international community, enshrined in the Millennium Development Goals.

Whenever possible, the human rights implications of behaviours and policies relating to population and reproductive health should not only be identified in abstract terms, but the actual policy and budgetary choices that they entail should be made explicit. It is not sufficient to point out that existing public policies with respect to, for instance, the prevention of maternal mortality are characterized by certain inequities, without indicating what alternatives for redressing these inequities are available, how they would alter the distribution of resources and how they would affect the overall efficiency of the respective public policies. After all, clearly describing policy choices and their implications is what makes the analysis useful to national governments.

Tools:

- United Nations. *The Human Rights-Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies*. Available at: www.hreoc.gov.au/social_justice/conference/engaging_communities/un_common_understanding_rba.pdf. For more information on this history, see Action 2 Learning Draft Resource Guide, pp. 51-52;

¹¹ The most important international legal instruments providing support are the following: Universal Declaration of Human Rights (1948); International Pact of Civil and Political Rights (1966); International Pact of Economic, Social and Cultural Rights (1976); International Convention for the Elimination of all forms of Discrimination against Women (1981); Convention on the Rights of the Child (1990); Declaration and Action Programme of the World Conference of Human Rights, Vienna (1993); Action Programme of the International Conference on Population and Development, Cairo (1994), Action Programme of the World Conference on Women, Beijing (1995).

- UNFPA and Harvard School of Public Health (2010). *A Human Rights-Based Approach to Programming. Practical Information and Training Materials*. New York, UNFPA.

SECOND PART:

CONTENTS OF THE POPULATION SITUATION ANALYSIS (PSA) IN THE COUNTRY

I. INTRODUCTION: OBJECTIVES, BACKGROUND AND GUIDING PRINCIPLES OF THE COUNTRY DOCUMENT

JUSTIFICATION

This introductory chapter is the point of access to the PSA and consequently it should provide an overview that includes the objectives of the PSA and their incorporation into the conceptual framework, the guiding principles, a brief description of the process followed and finally, a description of the rationale and contents of the document. At the same time, it is important for the presentation to reflect the process of political dialogue carried out in successive versions of the PSA, with a special emphasis on the commitments made and results achieved.

CONTENTS

In the objectives, the rationale of the PSA exercise should be pointed out, i.e. that it postulates the main challenges faced and priorities set forth by the country through an assessment demonstrating the importance of population dynamics, their relationship with social, economic, political and cultural processes and their short and medium-term repercussions, thus serving as a bench-mark for the country and for national and international organizations, particularly the United Nations. At the same time, one should point out the guiding principles of this analysis, such as the principles of inequality and the exercise of rights, pursuant to international agreements and goals. The ways in which social, gender, age-related and ethnic differences and their demographic repercussions feed back upon each other through various pathways and mechanisms should be underscored. These inequalities have a natural and direct link with the exercise of rights inasmuch as they are symptomatic of the difficulties and constraints involved when people and groups living under disadvantaged conditions seek to exercise their rights. In the same manner, it is necessary to underline the innovative nature of the PSA as a collaborative exercise with the country: the analysis is conducted through a dynamic political dialogue with national actors (government, civil society and possibly with the private sector) that is not a consultation after the fact, but as an integral part of the document's preparation. Last but not least, one should mention the contents of the document and the principles underlying the way it is articulated; for this purpose one should focus on the factors contained in the first part of this Manual.

METHODOLOGY AND SOURCES

In elaborating this chapter, contributions from the first part of this manual shall be used. The other contents are specific to each country and will be determined on the basis of the procedures used in each context.

II. COMPREHENSIVE OVERVIEW OF THE SITUATION OF THE COUNTRY AND ITS PROGRESS IN COMPLYING WITH INTERNATIONAL AGREEMENTS AND GOALS

JUSTIFICATION

This chapter includes a comprehensive analysis of the country's situation, both with regard to the main aggregate characteristics of its demographic trends and the progress of the country's economy, their social, political and institutional dimensions, as well as all issues pertaining to the analysis of social expenditure, in an effort to assess the effectiveness of investments carried out in social policy areas, especially in education and health. In addition, this process reveals where the country stands in terms of its compliance with its international commitments, with emphasis on the MDGs. The intention is to give the reader a broad view of national realities with regard to population, progress made and possibilities or constraints imposed by the economic, social and political context. In other words, this should be a concise chapter.

In order to analyze the economic, socio-cultural and political and institutional context of a country the inherited and evolving mix of political, economic, social and cultural variables that impact the policy agendas and social change need to be investigated.

Issues:

1. The Economic Context
2. The Socio-cultural Context
3. The Political and Institutional Context
4. Social Expenditures, with an Emphasis on Education and Health
5. Progress in Complying with International Agreements and Goals ICPD/MDGs and other International Summits and Conferences Development

1. THE ECONOMIC CONTEXT

Facts/messages: Labour markets represent the most direct and important link between population dynamics and economic and social development. For countries with high fertility and a rapidly growing youthful population to seize the potential demographic bonus, they must create sufficient and sufficiently productive and remunerative employment opportunities for their labour force; for countries with low fertility and a rapidly ageing population to cope with increasing dependency ratios, they must focus on discouraging a labour market shortage and lifting labour productivity. Therefore, while the challenges associated with a youthful population are different from those associated with an ageing

population, both ultimately require similar policy responses, namely i) efforts to promote employment (which requires employment-oriented economic growth) as well as ii) efforts to strengthen the employability of people (which requires human capital investment). To strengthen employability, investment in health is equally important as investment in education. Both must go beyond investment in basic services. Efforts to ensure universal primary education, for example, must be complemented by efforts to promote secondary and tertiary education and better educational standards. MDG 2 has been criticized for over-emphasizing the former, at the cost of the latter. Furthermore, there need to be appropriate investments in basic and applied research and development, technical and vocational training. The analysis of these issues should be the point of departure for any analysis of economic context, from a population perspective.

To combat poverty, countries may provide social transfers or social protection, including unemployment benefits and welfare payments, and/or they may seek to promote employment to raise incomes. Social protection is an important but ultimately unsustainable option, especially for the poorest countries, which suffer from a lack of financial resources and from high incidence of poverty. In the long run, a substantial and sustainable reduction of poverty therefore crucially depends on employment generation and a high percentage of economic activity.

Economic growth significantly contributed to poverty reduction in countries with low income,¹² but it also shows that this strong and positive relationship is weakening as countries benefit from growing income. This is because in low-income countries, economic growth tends to be based on labour-intensive production and to generate a relatively large number of employment opportunities, whereas in middle-income and high-income countries, economic growth is increasingly based on capital-intensive production which tends to generate fewer employment opportunities. Hence, an increasing number of more advanced countries suffer from jobless economic growth. There are however important differences amongst developing countries, and the positive relationship between economic growth and poverty reduction does not hold true in all low-income countries alike. The low-income countries that have witnessed high and sustained rates of economic growth without a concomitant reduction in poverty largely specialize in extractive industries, including mining and the exploitation of oil. Extractive industries are typically capital-intensive industries, which create few employment opportunities, and often have weak linkages with the rest of the economy. Characterizing the nature of the economy and how this affects its employment generation capacity is a second element of the economic context.

Ideally, economic growth should be inclusive, creating sufficient and sufficiently productive and remunerative employment opportunities for all; fortunately, in many low-income countries this is the case. However, in countries where economic growth is not inclusive and therefore fails to reduce poverty, it is essential that growth-oriented policies be complemented by specific anti-poverty policies, including various social transfer programmes.¹³ While economic growth which fails to create employment and reduce poverty is not ideal, it is better than no or low economic growth, which would effectively limit the financing of social transfer programmes. Other factors that limit the impact of economic growth on poverty reduction include inflation, population growth, and environmental destruction. The evalu-

12 UNCTAD (2002). *The Least Developed Countries Report 2002: Escaping the Poverty Trap*. Geneva and New York. UNCTAD (2008). *The Least Developed Countries Report 2008: Growth, Poverty and the Terms of Development Partnership*. Geneva and New York.

13 In Latin American, for example, high levels of income inequality make poverty relatively insensitive to growth of the GDP. See the 2002 study by ECLAC/UNDP/Instituto de Pesquisa Econômica Aplicada (IPEA) which attempted precisely to quantify the potential effect of growth and reduction of income inequality on poverty.

ation of the inclusiveness and sustainability of economic growth is a third important element in the analysis of the economic context.

The capacity of economies to boost economic growth is often attributed to the investment climate, which must be understood broadly. It does not only include the transparency, accountability and the rule of law, and it cannot only be gauged by the ease of doing business. Most fundamentally, an appropriate investment climate requires – as was highlighted by the global economic and financial crisis – a stable and functioning financial system. Financial systems must promote productive rather than speculative investment, supported by growth-oriented macroeconomic policies. Monetary policies determine two of the most important prices in economies – interest rates and exchange rates – and strongly influence the national and international competitiveness of companies. Other policies with a strong influence on investment include fiscal, trade, industrial, infrastructure and labour-market policies. External demand (dependent on access to foreign markets) and internal demand (dependent on rising labour income) are other important determinants of growth. Economic policies are considered unsuccessful if they fail to promote capital accumulation and technological progress, and successful if they promote these processes and thereby encourage a favourable structural change, i.e. a shift from low to high technology, from low to high value added and from low productivity to high productivity sectors. The analysis of the economic context should assess to what extent this is happening.

Countries at different stages of economic development will need to pursue different types of economic policies. Countries at an early stage of economic development may not yet be able to seize the opportunities provided by free trade, whereas countries that already have a well developed and competitive economic sector may derive considerable benefits from free trade, for example. Because of this, it is not possible to provide a generic description of appropriate economic policies that are equally applicable to all countries.

Methodology: The capacity of an economy to cope with changes in population size and age structures is most directly influenced by the growth of the economy and the rate of employment creation. Economic growth and employment creation, as well as economic diversification and upgrading, crucially depend on capital accumulation, technological progress, and structural change. The examination of these variables is therefore of greatest importance. It is also important to examine whether economic growth is high enough to compensate for inflation, population growth and environmental degradation, and whether economic growth contributes to employment, higher household incomes and poverty reduction. If it does not, because it is not inclusive, it should be high enough to enrich an economy and thereby open up opportunities for social transfer and protection programmes. Key variables for this evaluation include, but are not limited, to the following:

Real Gross Domestic Product (GDP) per capita, corrected for inflation and ideally, to account for environmental degradation, adjusted for genuine national savings. Genuine national savings are not an ideal measure for environmental degradation, as they largely focus on the loss of forests, but at present they are the best available proxy. In accordance, the gross domestic savings rate should be replaced by the genuine national savings rate to derive at the national income.

Dependency ratio: The dependency ratio most commonly used is the number of people in working ages (typically 15-64) in relation to the number who are not in working ages (demographic dependency ratio). But in developed countries a working age of 25-64 may be more appropriate, as people enter the labour force relatively late, and in the least developed countries 15-80 may be more appropriate, as many people never really leave the labour force. An increase in these dependency ratios however

says nothing about a potential shortage in labour markets, and about the capacity of economies to cope with the challenges of age structural transformations. A more appropriate measure is therefore the number of people who have productive jobs relative to those that do not (economic dependency ratio). To account for the fact that a large number of people who have low productivity and low income jobs cannot support a large number of dependents, it is desirable to adjust this ratio for labour productivity and labour income. Where labour income is significantly below labour productivity, the dependency ratio can be reduced through higher wages and salaries; where it closely matches labour productivity, the dependency ratio is essentially at its lowest possible level.¹⁴ When making adjustments for labour income, it would also be desirable, to facilitate the international comparability of this dependency burden, to adjust for purchasing power parities.

Labour productivity, approximated by the value generated by the economy (or by sector), relative to the number of people employed. Given that the promotion of full employment is one of the main economic policy objectives and an MDG target, it is outright scandalous that many countries, especially the poorest, have no adequate employment data. In countries that do not have these data, labour productivity may be approximated by dividing value added by the active labour force (which leads to an underestimation as it includes people who are not employed), or even by dividing value added by the number of people of working age.

Labour shortage: Particular demographic changes, e.g. population ageing, may lead to a labour shortage. In order to evaluate whether this is actually the case, one should carefully evaluate the labour market effects, to establish whether i) a larger number of older people has already translated into a smaller working age population; ii) whether a shrinking of the working age population has translated into a decline in the active labour force; iii) whether a decline in the active labour force has translated into a decline in long-term unemployment or underemployment, the latter being the only meaningful measure for a labour market shortage. Finally, to design appropriate policy responses, one must evaluate whether there is a generalized shortage or only a shortage of specific kinds of workers. The former type of shortage can be addressed through rather crude measures, such as a general increase in immigration or a general postponement of the retirement age, the latter requires more specific measures, e.g. recruitment of specific retirees or targeted immigration.¹⁵

Poverty: Poverty is not a strictly economic concept, although it is usually measured in economic terms. In the context of the MDGs, one may distinguish between poverty in the wider sense, which is addressed by the MDG Agenda as a whole, and poverty in the strict sense of MDG 1. While there is agreement that, even for the latter purpose, the focus on household income or consumption is too limited, the money metric remains the predominant poverty measure today because other, more comprehensive descriptions of poverty are difficult to implement in practice while maintaining analytical rigour. A more complex poverty measure would make it even more difficult to collect international comparable data on poverty and would make it nearly impossible to evaluate whether a given set of policies is reducing poverty. Although the World Bank is officially responsible for this MDG indicator, the most comprehensive and robust estimates of the number of people who live in poverty – both with \$1 per day and \$2 per day in purchasing power parities – is actually provided by UNCTAD.

14 Herrmann, Michael (2010). "Population ageing and the generational economy: policy implications". *UNFPA Economic Angle*, October 2010.

15 Herrmann, Michael (2010). "Population ageing and the generational economy: policy implications". *UNFPA Economic Angle*, October 2010.

Productive investment: Productive investment is investment in assets, including infrastructure and machinery. It is best approximated by gross fixed capital formation. But productive investment also arguably includes investment in human capital, and consumption expenditures on health and education may therefore be added to it. International investment flows to countries often result in productive investment, but they can also be mere portfolio investments, which are highly liquid and often disassociated from economic activities in the real economy.

Technological progress: The most advanced countries may acquire new technologies by developing them themselves (possible indicator: the number of patents that the country files). A less advanced country may acquire new technologies by copying blueprints (possible indicator: the number of licenses that a country acquires). The least advanced countries may acquire new technologies by purchasing machinery (possible indicator: resources spent on capital goods imports).

Structural change: An important, but crude indicator for structural change is the shift of an economy from agriculture to manufacturing, which can be gauged by changes in the value added in each sector. Economic theory places a strong emphasis on this shift, as manufacturing tends to contribute more strongly to economic growth than other sectors. This is because productivity in manufacturing tends to grow faster and employment to be more remunerative, but also because demand conditions for manufactured products tend to be more favourable. Within the manufacturing sector, the benefits from specialization in low-tech manufactures (e.g. garments) are usually lower than the benefits from specialization in high-tech manufactures (e.g. medical instruments). The same is true within the agricultural sector. Therefore, it is not only important whether an economy shifts from agriculture to manufacturing, but also whether it shifts from low-tech to high-tech, and low value added to high value added activities. Furthermore, in recent years the international prices of many low-tech manufactures have fallen considerably whereas the prices of many primary commodities have risen, thereby changing the terms of trade. Eventually, it is diversification that matters most. Horizontal diversification (from one activity to another at the same level of sophistication) can broaden the production and export baskets of economies and make them less vulnerable to economic shocks (such as a price decline in a single commodity). Vertical diversification (from one activity to another, at a higher level of sophistication) increases the returns from production and exports. The extent to which an economy is upgrading and diversifying its activities is best evaluated by using comprehensive industrial statistics or, in the absence of these, trade data.

Trade: Trade data can be used to examine the integration of economies in global value chains, and the extent of their diversification. Economic diversification, horizontally, but especially vertically, can be influenced by trade barriers. Import restrictions may help local companies to develop some of these products themselves, particularly at the initial stages of product cycles, when companies are just beginning to develop new products. Export subsidies (or trade preferences by trading partners) may help companies to sell new products internationally, particularly at the second stage of product cycles, when companies are just beginning to launch a new product. Such types of trade policies, however, have a mixed record of success. On balance, it appears that they are most successful in countries where the governments have strong analytical and administrative capacities. Eventually, companies must face international competition and protective measures must be phased out.

Primary Source:

- Economic statistics from National Statistical Offices and Central Banks.

Secondary Sources:

In general, data coverage and quality is best for the most developed countries (i.e., OECD), and worst for the world's least developed countries (LDCs). Data on poverty, household income and consumption, as well as employment, unemployment and underemployment are particularly difficult to get for developing countries.

- UN Statistical Division, UNDESA, UNCTAD, IMF, and World Bank: *Economic growth and national accounts*. In some cases, there are considerable differences in these basic economic estimates for countries;
- IMF: *Interest rates, exchange rates*;
- IMF, World Bank: *Government finances*;
- IMF, UN Statistical Division, UNCTAD: *Balance of payments*;
- UNCTAD: *Foreign direct investment*;
- UNCTAD, IMF: *Portfolio investment*;
- UNCTAD, WTO, IMF and International Trade Centre: *Trade flows, structures, barriers*;
- UNCTAD, IMF, Bloomberg, Thomson Reuters Datastream: *Commodity prices*;
- OECD: *Development assistance*;
- World Bank: *Development finance*;
- UNCTAD: *Industrial structures*;
- FAO: *Agriculture*;
- World Bank: *Ease of doing business (has a very narrow focus)*;
- UN Population Division: *Working-age population*;
- ILO: *Labour force, employment, underemployment and unemployment*. The availability of data on employment and unemployment, and in particular on underemployment, is limited for the majority of developing countries;
- ILO, UN Statistical Division: *Labour productivity*: Best derived or approximated using data on employment provided by the ILO and output provided by the UN Statistical Division;
- UNCTAD: *Poverty*: Millennium Development Goals indicators are largely based on data collected by the World Bank; the most reliable and comprehensive dataset on poverty, which covers the largest number of least developed countries.

Tool:

- African Development Bank and UNFPA (2005). *Training Module on integration of population issues into African Development Banks programmes and projects*. Module 1 on the Conceptual Framework of Population and Poverty.

2. THE SOCIO-CULTURAL CONTEXT

Facts/messages: This analysis should examine the socio-cultural systems and phenomena over time and across cultures within the country. The social analysis shall look at human behaviour in social contexts through a cross-cultural and historical perspective, including 1) the description of ethical issues and the analysis of social relationships governing interaction at different organizational levels, including households, communities and social groups, and 2) the effects of behaviour associated with relevant public and private roles, such as community member, family member, consumer and producer. This analysis should enhance the understanding of the role of social and cultural norms in governing

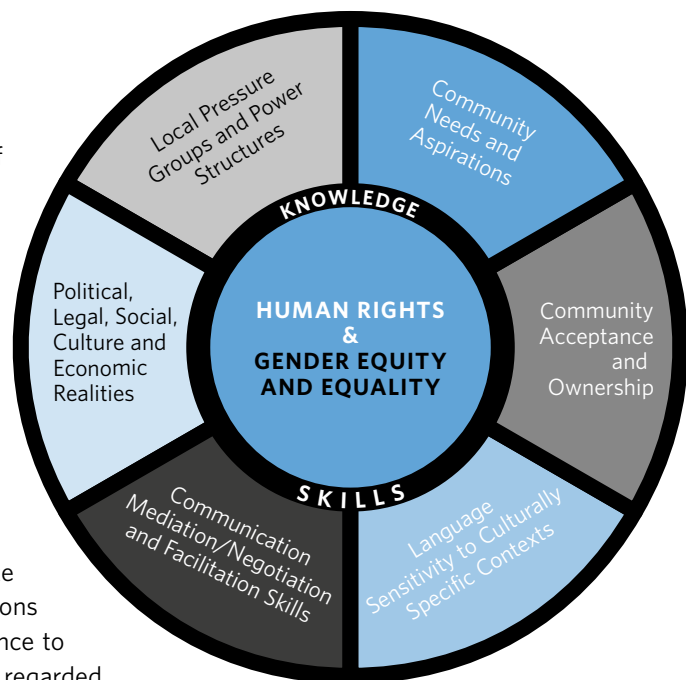
relationships within and among groups of social actors and its implications for the degree of inclusion and empowerment of certain social groups.¹⁶ Achievements and setbacks in the development process should be highlighted, paying particular attention to structural inequalities. Gender aspects related to inequalities in education, health, the labour market, and the reconciliation between the productive and reproductive spheres shall be considered and progress achieved and constraints encountered in education, considering issues such as coverage, quality and performance shall be highlighted. In the cultural sphere, it is important to stress key determinants of cultural wealth and diversity.

Methodology: Develop a comprehensive vision of different aspects that constitute culture, using a culture lens. As part of the tools of the Guidance Note on Integrating Gender, Human Rights and Culture in UNFPA Programmes (PPM, May 5, 2010), the culture lens was designed to identify, understand and utilize positive cultural values, assets and structures in their planning and programming, so as to reduce resistance to the ICPD Programme of Action, strengthen programming effectiveness and create conditions for community ownership and sustainability of UNFPA programmes.

DIAGRAM OF THE CULTURE LENS¹⁷

A culture lens clarifies:

- The realities and socio-cultural assets of societies in which programmes are delivered;
- The influential local power structures and pressure groups that can be potential allies or adversaries to development programming;
- The internal cultural tensions and aspirations of the various sub-cultures.¹⁸



It is an interdisciplinary tool, aimed at strengthening cultural diversity and to analyze and evaluate whether visions, practices, policies and programmes incorporate and promote the principles enshrined in the declarations and conventions with respect to culture. Make reference to cultural indicators, reaffirming that "culture should be regarded as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs".¹⁹ Tools that can guide socio-cultural analysis include the Country Social Analysis (CSA), a macro-level analytical approach, developed by the World Bank to improve the understanding of a country's political and social context, by integrating social, economic, political and institutional indicators, and to establish

16 Department for International Development (DFID) and Social Development and The World Bank (2005). *Tools for Institutional, Political and Social Analysis (TIPS) A Sourcebook Poverty and Social Impact Analysis (PSIA)*. Available at: <http://siteresources.worldbank.org/INTTOPPISOU/Resources/Volume201Tools-Sourcebook.pdf>.

17 UNFPA (2008). Training Manual on Culturally Sensitive Approaches to Development Programming.

18 UNFPA. The Culture Lens. Available at: <http://www.unfpa.org/culture/culture.htm>.

19 UNESCO (2001). Universal Declaration on Cultural Diversity. Paris: UNESCO.

linkages between socio-economic development dynamics and the social and political structures that shape development outcomes.²⁰

Another tool for evaluating poverty and social impacts of reforms and development assistance programmes is the Poverty and Social Impact Analysis (PSIA). This is the analysis of the distributional impact on the well-being or welfare of different stakeholder groups, with a particular focus on the poor and vulnerable. The PSIA aims at both making operations and policy advice more sensitive to poverty and social impacts and building capacity in partner countries to develop poverty reduction strategies on the basis of sound analytical work.²¹

Primary Sources:

- Central Statistical Offices (CSOs), reports and specific processing of data from household, demographic and other surveys;
- Population and housing censuses, administrative registers;
- Specific qualitative studies.

Secondary Sources:

- ECLAC: *Social Panorama*. Available at www.eclac.cl/dd;
- ECLAC: *Social indicators database*. Available at: <http://websie.eclac.cl/sisgen/ConsultaIntegrada.asp?idAplicacion=1>;
- ESCAP. *Economic and Social Survey of Asia and the Pacific*. Available at: <http://www.unescap.org/survey2010/download/survey2010.pdf>;
- UNESCO (2009). *Framework on Cultural Statistics (FCS)*. Available at: <http://unstats.un.org/unsd/statcom/doc10/BG-FCS-E.pdf>.

Tools:

- UNFPA. Training Manual on Integrating Human Rights, Culture and Gender in Programming: Culture Lens;
- World Bank. Country Social Analysis (CSA);
- World Bank. *Poverty and Social Impact Analysis (PSIA)*.

3. THE POLITICAL AND INSTITUTIONAL CONTEXT

Facts/messages: The institutional analysis should describe national governing rules of group behaviour and interaction within the political, economic and social spheres of life. This analysis assumes that these rules, whether they are formally constructed or informally embedded in cultural practices, mediate and distort the expected impacts of policy reform. The political analysis should look at the structure of power relations and the interests of the various stakeholders affecting decision-making and thus policies and programmes. This analysis must recognize the political interests that underpin the various areas of policy debate and economic reform, hence challenging assumptions about the

20 <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEV/0,,contentMDK:21154469-pagePK:64168445-piPK:64168309-theSitePK:3177395,00.html>.

21 Website of The World Bank. Last accessed: 12 August 2010. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEV/0,,contentMDK:21185535-menuPK:3291419-pagePK:64168445-piPK:64168309-theSitePK:3177395,00.html>.

nature of policy-making.²² Looking at the various political areas helps to provide a detailed picture of a specific situation: the relationship between state and society, the political system and culture, including agents of change and development paradigms, politics and gender, economic policy and the political framework of markets, as well as international integration.²³

Highlight the governance environment within the country as a determining factor of sustainable human development and address such issues as legality (formal regulations); legitimacy and representativity; efficacy, efficiency and transparency of public functions and the promotion of citizen participation, within a rights-based framework. If possible, underscore the existence of mechanisms for building consensus and the degree of citizen participation in relevant areas. It is important at this point to bring in a discussion about the existence of universal and/or targeted policies and their connections with the exercise of rights, as well as current decentralization policies that may exist in the country and the framework within which they operate. Here it is also necessary to demonstrate the existing legal and institutional framework, such as the existence of a population policy, as well as specific laws in areas that relate to SRH, gender, ageing, etc. A further goal is to highlight the existence and performance of institutions and specialized organizations that oversee the application of the population policy and those policies related with other relevant areas such as the observance of the rights of citizens and the existence of an Ombudsman and other forums for the enforcement of rights. Also address the existence of institutions in the country that deal with the various issues mentioned above.

Methodology: Textual analysis of relevant documents. Use of governance indicators that measure single or multiple elements of governance, studies on existing laws, national policies and the relationship between these and international agreements. For governance indicators see: United Nations Development Programme (UNDP) *Governance Indicators: a User's Guide*, the World Bank, and others. Indicators should be pro-poor and gender sensitive. Indicators²⁴ include: petitions to international human rights organizations. The Development Centre of the Organization for Economic Co-operation and Development (OECD) provides in its publication *Uses and Abuses of Governance Indicators*²⁵ a guide through the multitude of indicators.

Public opinion studies help to shed light on the political and institutional context, allowing the user to monitor the evolution of public opinion in countries, and providing material for the preparation of texts, decision-making and evaluation. Several of the sites listed below allow the user to browse variable indexes, look into the wording of questions, and generate frequencies, cross-tabulations and graphs of each question by country or by variable.

Interest Group Analysis (IGA) is a method for collecting information to improve policy and programme implementation and results-based management. It is intended to compliment the stakeholder analysis by addressing questions about why progress on certain indicators has been so slow, who is influencing issues in a positive or negative direction and how more support can be leveraged for achieving desired results. As a form of political analysis, it guides the identification and analysis of key players (organizations, groups, and individuals) with a variety of positions and a range of influences on vari-

22 UK Department for International Development (DFID) and Social Development, The World Bank (2005). *Tools for Institutional, Political and Social Analysis (TIPS) A Sourcebook Poverty and Social Impact Analysis (PSIA)*.

23 Website of GTZ. Last accessed 12 August 2010. <http://www.gtz.de/governance/>

24 Using these indicators in the UNDAFs, CCAs and other national planning and development co-operation documents would be in line with the principles of enhancing local ownership and fostering national stakeholder consensus.

25 Christiane Arndt, Charles Oman (2006). *Uses and abuses of governance indicators*. Paris, OECD Development Centre.

ous development issues. It prioritizes critical players at different levels and helps develop political strategies for engaging with them. These strategies are aimed at leveraging support of key interest groups for improving policy implementation and achieving programme results.

Another example is the Governance Questionnaire (GQ) by the Deutsche Gesellschaft für Technische Zusammenarbeit (German Society for Technical Cooperation) or GTZ that has been developed to enable development practitioners and decision makers to systematically analyse the political and institutional framework of a given country, as well as the actors and processes of a governance system.²⁶ With this analysis tool key obstacles in a political reform process can be identified, thus allowing targeting of specific entry points for the improvement of governance.

Primary Source:

- Specialized questionnaires and surveys available in the country.

Secondary Sources: Public opinion studies available from:

- <http://www.latinobarometro.org/>;
- <https://www.asiabarometer.org/>;
- <http://www.afrobarometer.org/>;
- <http://www.arabbarometer.org/>;
- http://ec.europa.eu/public_opinion/index_en.htm;
- <http://www.worldvaluessurvey.org/> provides survey data for 57 countries (in the last round, 2005-2008) which the user can analyze online;
- UNDP. *Human Development Report*, Regional Human Development Reports;
- World Bank: Country Policy and Institutions Assessment (CPIAs);
- World Bank Institute: Kaufmann, Kraay and Zoido-Lobaton (KKZ) indicators;
- ECLAC: *Social Panorama*;
- Freedom House's ratings of political rights and civil liberties;
- Transparency International's Corruption Perceptions Index (CPI).

Tools:

- UN System Staff College / UNFPA. Interest Group Analysis (IGA): *Thinking Politically*. Available at: <http://www.unssc.org/web/programmes/DC/index.asp?p=/web/programmes/DC/iga.asp>;
- GTZ. *Governance Questionnaire (GQ)*;
- International Planned Parenthood Federation (IPPF). *Handbook for Political Analysis and Mapping*.

4. SOCIAL EXPENDITURE, WITH AN EMPHASIS ON EDUCATION AND HEALTH

Facts/messages: Public expenditure in education and health as a percentage of the GDP is information that is available on official government web pages and is a useful macro-economic indicator for

²⁶ Website of GTZ. Last accessed 12 August 2010. <http://www.gtz.de/governance/>.

proxying the degree of commitment of governments in these areas and assessing their determination to build the capacities of individuals. Expenditure on education and investment in the capacities of future generations should be analyzed, whereas expenditure on health reflects the government's commitment to guaranteeing the wellbeing of all generations. An ideal course of action would be to encourage governments to itemize the cost of SRH, as well as their gender budgets.

Public expenditure on population activities, including family planning, SRH, STI/HIV/AIDS and basic research, data and population and development policy analysis is an important indicator of a country's progress in implementing the ICPD Programme of Action and should be monitored annually. Reliable and timely expenditure data are essential to inform policy. Given limited financial resources and competing priorities, it is becoming all the more important to accurately monitor the funds going to population activities. There are increasing demands for timely data on population expenditures for policy and planning as well as for advocacy purposes to mobilize the required resources to finance population programmes in developing countries and to plan for an effective response to the AIDS pandemic. Reliable and timely data will address the new aid environment call for increased attention to issues of accountability, minimizing duplication, and efficient use of resources. It will also help to improve coordination of donor policies and identification of funding gaps. With the current global financial crisis, the importance of timely and accurate tracking of resource flows is even more crucial.

It is important to encourage countries to make every effort to systematically monitor financial resources that go to population activities. This is especially important in the case of domestic expenditures. Sometimes there are difficulties in disaggregating the population component in integrated social and health projects and sector-wide approaches. There are also difficulties in disaggregating the four categories of the ICPD costed population package. Countries with decentralized accounting systems may not be readily able to provide data at lower administrative levels. Best available estimates should be provided in cases where more exact information is not available.

UNFPA regularly collects data and reports on flows of international financial assistance to population activities. The Fund's annual reports *Financial Resource Flows for Population Activities* focuses on the flow of funds from donors through bilateral, multilateral and non-governmental channels for population assistance to developing countries and countries with economies in transition. Also included are grants and loans from development banks for population activities in developing countries. The report is "intended to be a tool for donor and developing country Governments, multilateral organizations and agencies, private foundations and non-governmental organizations (NGOs) to monitor progress in achieving the financial resource targets agreed to at the ICPD. Development cooperation officers and policy makers in developing countries can use the report to identify the domestically generated resources and complementary resources from donors needed to finance population and reproductive health programmes."

Besides being useful for planning purposes at national level, expenditure data are necessary for UNFPA to comply with General Assembly resolutions 49/128 and 50/124 which called for the preparation of periodic reports on the financial resource flows to assist in the implementation of the ICPD Programme of Action. It also responds to a request made at the 28th Session of the Commission on Population and Development for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development.

Methodology: Indicators that reflect investments in health and education as the percentage of the GDP. Data on donor assistance for population activities are regularly gathered by UNFPA with the use of a detailed questionnaire²⁷, complemented by telephone interviews, as required, from 99 key actors in the field of population and AIDS which account for most population assistance. These include donor countries that are part of the OECD/DAC and the European Union, multilateral organizations and agencies, major private foundations and other international NGOs that provide substantial population assistance. Increasingly, information for donor countries is obtained from the OECD/DAC database. For the international population assistance component, the data collection is structured in such a way as to eliminate double counting. All respondents, except primary donors, are asked to provide a breakdown of income by source, to obtain an unduplicated count of total primary funds for population assistance and check for consistency of responses. All respondents, including donor countries, are also asked to break down expenditures by recipient. Information on domestic resource flows is based on estimates of global domestic expenditures for population activities using a methodology that incorporated reporting on actual and intended expenditures, secondary sources on national spending and, in the absence of such information, estimates are based on national income.²⁸ For more information consult the report on Financial Resource Flows for Population Activities.²⁹

Primary Sources:

- UNFPA. *Financial Resource Flows for Population Activities*. Available at: <http://www.resourceflows.org/index.php/articles/c87/>;
- OECD. Development Database on Aid from DAC Members: DAC online. Available at: http://www.oecd.org/document/33/0,2340,en_2649_34447_36661793_1_1_1_1,00.html.

Secondary Sources:

- UNDP. *Human Development Report*;
- Inter American Development Bank;
- Asian Development Bank;
- African Development Bank;
- European Bank for Reconstruction and Development (EBRD) and national institutions.

5. PROGRESS IN COMPLYING WITH INTERNATIONAL AGREEMENTS AND GOALS: ICPD/MDGS AND OTHER INTERNATIONAL SUMMITS AND CONFERENCES

Facts/messages: Together with other countries in the world, the country has signed the MDGs and action plans at other international summits and conferences (Cairo, Beijing, Madrid and others), as well as the binding international human rights agreements which the country has agreed to implement through policies, programmes, and actions.

27 http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/resource_flows_2007.pdf.

28 UNFPA (2009). *Financial Resource Flows for Population Activities 2007*. New York, UNFPA.

29 The report is available online at:

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/resource_flows_2007.pdf

These internationally agreed development goals represent human needs and basic rights that every individual should be able to enjoy. Countries are moving forward demonstrating that setting collective goals for development can yield results. However, unmet commitments, insufficient resources, lack of focus and accountability, as well as insufficient dedication to sustainable development have created deficits in some areas. The global food and economic and financial crisis aggravated some of these shortfalls. Though progress has been made, it is uneven. Without a major push forward as well as continued and renewed commitment, several of the development targets may be missed in some regions. Resources to advance the development agenda need to be spent in the most efficient manner.

Highlight a) the extent to which these summits, conferences and agreements lay the foundations for efforts to achieve equality, increased capacities, the protection of rights and social inclusion and b) the extent to which the country is making progress in complying with these goals and the main challenges still ahead.

Methodology: Conduct a textual analysis of the national documents of the Millennium Summit, Cairo, Beijing and Madrid, as well as reports to the international human rights authorities (official and shadow reports). Most countries have prepared at least one progress reports on the implementation of the MDGs, in which they provide information about the progress they have made and the constraints they face in complying with the MDGs. In this chapter, one should attempt to grasp the key elements of these reports, with their respective updates, because they reflect the government's concerns in these matters and identify the challenges that countries perceive in this area. Highlight the relevance of the components of population change.

If national information is lacking, consult the MDG indicators website, which presents official data, definitions, methodologies and sources for more than 60 indicators to measure progress towards the MDGs, showing how countries are progressing in their efforts to achieve the MDGs. With the 2015 target date fast approaching, it is more important than ever to understand where the goals are on track, and where additional efforts and support are needed, both globally and at the country level. The UN Statistics Division published metadata on the indicators of the MDGs on its website.

The African Development Bank (ADB) and UNFPA Training Module on Integration of Population Issues into ADB programmes and projects includes a session on population issues in Millennium Development Goals, teaching users how to appreciate population issues in the achievements of MDGs, PRSPs and other development goals.

Primary Sources:

- National registration systems and censuses;
- DHS and MICS surveys, employment and welfare surveys, income and expenditure surveys, integrated living conditions surveys, labour force surveys, contraceptive prevalence surveys, maternal health services and Reproductive Age Mortality Surveys (RAMOS), Living Standards Measurement Surveys (LSMS), and other specialized surveys.

Secondary Sources:

- United Nations. *Millennium Development Progress Report*. Available at: http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG_Report_2010_En.pdf;

- UN Statistics Division. Metadata. Available at: <http://unstats.un.org/unsd/mdg/Metadata.aspx>;
- United Nations. *Millennium Development Goals: Progress Chart*;
- United Nations. *MDG Monitor*. Available at: <http://www.mdgmonitor.org/>;
- United Nations. UNdata. Available at: <http://data.un.org/>;
- MDG Info: Available at: <http://www.devinfo.info/mdginfo2009/>;
- OECD: DAC database. Available at: www.oecd.org/dac/stats/idsonline;
- OECD: *Producer and Consumer Support Estimates*, OECD Database. Available at: http://www.oecd.org/document/59/0,3343,en_2649_33797_39551355_1_1_1_1,00.html;
- UNFPA: <http://www.unfpa.org/public/icpd>;
- ICPD and Beijing: follow-up indicators: www.eclac.cl/celade/indicadores/default.htm;
- Madrid: <http://www.un.org/esa/socdev/ageing/>;
- ECLAC. Millennium Development Goals: Available at: <http://www.eclac.cl/mdg/default.asp?idioma=IN>;
- ECLAC Country Reports. Available at: www.eclac.cl/mdg/countryrep.asp;
- UN Millennium Project: www.unmillenniumproject.org;
- ECLAC Ageing and Development: <http://www.eclac.cl/celade/envejecimiento/>;
- Guttmacher Institute. Available at: <http://www.guttmacher.org>;
- Population Reference Bureau. Available at: www.prb.org.

Tool:

- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Module 1 Session 2 on Population Issues in Millennium Development Goals.

III. POPULATION DYNAMICS AND SEXUAL AND REPRODUCTIVE HEALTH IN THE CONTEXT OF ECONOMIC AND SOCIAL PROCESSES

JUSTIFICATION

The size, growth, age-sex structure, and location of the population—i.e. aggregate population characteristics and trends—have various effects that are relevant for public policies and decisions. In particular, they exercise a decisive influence on the trajectory of the workforce, given that they determine the size of the potentially available active population and some factors that affect the participation of women. Furthermore, population trends determine the evolution of the target age groups of the main social sectors (education, health, including sexual and reproductive health, social security, housing, sanitation, etc.), as well as their profiles by age, sex, and location, which are of key importance for estimating sectoral requirements and their geographical location. They also have an impact, through a variety of mechanisms, on fundamental aggregate economic parameters such as investment, savings, consumption, and productivity. Although these effects are complex, the essence of the theory, as well as the evidence, suggests that rapid rates of population growth and patterns of high levels of dependence, especially infant mortality, tend to erode the economic performance of countries.

On account of all these relationships, population trends have many interesting facets for decision-makers. As a result, it is neither strange nor questionable that governments should wish to exercise influence on these trends, through public policies that impact on determinants of the behaviour of the population.

This section will consider all components of population dynamics (including internal and international migration) and the main components of sexual and reproductive health (SRH). However, not all of these issues need to be treated with the same depth. The criteria for establishing the particular importance of each subject will be based on: the contextualized Millenium Development Goals (MDGs), priority public policies, the situation of the demographic and urban transition and the availability of information in the respective country. The emphasis and priorities of UNFPA at the global, regional and national level also need to be taken into account.

In the course of this chapter, a number of tools will be introduced that may facilitate the intended analyses. The *Training Module on integration of population issues into the African Development Bank's programmes and projects* includes one module on the conceptual framework of population and poverty in which basic concepts of population and the component of population dynamics, as well as development are explained. Further, most common measures and indicators of population, development and poverty are explained in this module. It also includes a session on levels and trends in population size, fertility, mortality and migration. A *Population Decomposition Model* recently developed by John Bongaarts, of the Population Council, separates the different components of projected population growth (according to the UN Population Division's Medium Variant) into wanted fertility, unwanted fertility, population inertia, mortality, and international migration. The UNFPA action guide on *Contributing to National Poverty Reduction Strategies* provides suggestions on how UNFPA country offices can play a constructive role in the formulation of national Poverty Reduction Strategies (PRS), drawing from the experience of selected country offices.

Issues:

1. Trajectory and Growth of the Population in the Context of the Demographic Transition

2. Changes in the Situation of Sexual and Reproductive Health, with an Emphasis on Fertility
3. Sexual and Reproductive Health: Health Systems and Service Delivery
 - 3.1. Health Systems and Service Delivery
 - 3.2. Emergency Obstetric Care
 - 3.3. Unmet Need
4. Obstetric Fistula
5. Changes in Overall, Infant, Child, and Maternal Mortality
6. Morbidity, Mortality and the Epidemiological Transition
7. Situation and Trends with Respect to HIV/AIDS and Sexually Transmitted Infections (STIs)
8. Low Fertility and Population Decline
9. Changes in the Age Structure, with Special Reference to Ageing
10. Adolescents and Youth and their Emergence as a Priority Group
11. Marriage and Family Patterns
12. Settlement Patterns and Population Mobility
 - 12.1. Urbanization and Changes in Regional Population Distribution
 - 12.2. Internal Migration
 - 12.3. Emergency Situations: Natural Disasters, Armed Conflicts, Displacement
13. International Migration
14. Trafficking and Cross-Border Movement
15. Socio-demographic Information as an Instrument of Analysis, Policies and Empowerment

1. TRAJECTORY AND GROWTH OF THE POPULATION IN THE CONTEXT OF THE DEMOGRAPHIC TRANSITION

Facts/messages: Populations are in constant change as people enter (by birth or in-migration) and exit (by death or out-migration). The number of persons in a specific place can decrease, remain constant, or increase as a consequence of the conjunction of these processes. The study of population dynamics allows an understanding of the relationships among these processes and an assessment of their levels and impact on the characteristics of the population. Even slight changes in fertility and mortality trends can produce large changes in the size of the population. The processes inherent to the demographic transition can have the greatest impact on population growth.

Fertility is defined as a population's reproductive performance, generally referring to the average number of births or children per woman. Four factors account for the most of the differences across fertility levels: nuptiality, contraceptive use, induced abortion, and duration of breastfeeding³⁰. Since the 1970s fertility levels fell worldwide at unprecedented rates and to unprecedented levels. For the first time, since the beginning of the new millennium, the United Nations Population Division projected that future fertility levels in most developing countries will probably fall below 2.1 children per woman the level needed to ensure the long-term replacement of the population in low mortality populations, at some point in the 21st century. The stage in which below-replacement fertility is attained and maintained, considered as the "second demographic transition", is associated with several other important changes in family-building and social behaviour. Transition to very low fertility levels has major implications, not only for the overall population size, which is expected to decrease, but with respect to population ageing, which accelerates the longer fertility remains at very low levels.

³⁰ Bongaarts, John (1978). "A framework for analyzing the proximate determinants of fertility". *Population and Development Review* 4 (1).

Globally, according to current projections, the number of older persons (60 years or over) will nearly quadruple by 2050.³¹

In most countries, mortality is the main exit component of demographic change. There are important mortality differences across age, sex, social classes, cultural groups, countries and regions observed not only in overall mortality, but also in its composition by causes of death.

Spatial or geographic mobility refers to the quantitative aspects of movements made by individuals in geographic space. The study of migration focuses on a change in usual place of residence across an administrative boundary. The reasons underlying these movements can be economic, educational, political, social and/or recreational. However, not all population movements between geographical areas can be defined as migration.

Methodology: Show the advances of the national demographic transition and compare it with other countries in the region, showing their particular features, disparities by population strata (poor and non-poor) and territorial units, as well as their links with structural economic and social changes. Display population trends in absolute terms, population multiplier, and growth rates. The trajectories may be compared with past population projections or with scenarios of constant fertility and mortality starting from 1950 or 1975. A useful instrument for showing the impacts of the various components of population growth (fertility, divided into desired and undesired, mortality, and migration, plus demographic inertia) on the country's population in 2050 is the population decomposition model recently developed by John Bongaarts of the Population Council, for UNFPA.

Primary Sources:

- National censuses;
- National estimates and projections from Central Statistical Offices (CSOs). Be aware of the fact that censuses usually contain a certain percentage of undercount and that earlier population estimates often have to be readjusted in the light of more recent censuses. In some countries in Eastern Europe and Asia, it is possible to estimate population trends based on population registers.

Secondary Sources:

- ECLAC: *Estimates and Projections*. Available at: http://www.eclac.cl/celade/proyecciones/basedatos_bd.htm;
- UN Population Division: *World Population prospects*. Available at: <http://esa.un.org/unpp/index.asp>;
- ECLAC. *Statistical Yearbook* and the *CEPALSTAT* database. Available at: <http://websie.eclac.cl/sisgen/ConsultaIntegrada.asp>;
- ESCWA. *Statistical Abstract of the ESCWA Region*. (Population) Available at: <http://www.escwa.un.org/divisions/scu/statABS27/details.asp?chapterID=1>;
- UN Population Division: *Population Information Network (POPIN)* A guide to population information on UN system web sites;
- Global Data available at: <http://www.un.org/popin/data.html#Global%20Data>;
- Regional Data available at: <http://www.un.org/popin/data.html#Regional%20Data>.

31 United Nations Population Division (2010). *World Fertility Report 2007*.

Tools:

- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects. Module 2, Session 1 on Levels and trends in Population Size, Fertility, Mortality and Migration*;
- *Population projection decomposition model* developed by John Bongaarts, of the Population Council;
- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: sections on Population Size, Distribution and Structure and Population Projections for the Country (25-50 Years).

2. CHANGES IN THE SITUATION OF SEXUAL AND REPRODUCTIVE HEALTH, WITH AN EMPHASIS ON FERTILITY

Facts/messages: Highlight key aspects of SRH, other than those directly involved in population growth, such as those associated with motherhood (childbirth services, quality of care etc.), the onset of sexuality and other SRH factors. One of the main demographic changes occurring in the world is the decline of fertility. However, to a considerable extent this decline has occurred on account of the reduction of higher order births, to older women; adolescent fertility is declining slowly or even rising in some countries. This results in an increasing proportion of births to adolescent mothers. Early sexuality is a critical concern. Many societies disapprove of premarital sex and consider reproductive health care for young people inappropriate. As a result, parents, educators and health care providers are often unwilling to give young people the information and services needed. Only by receiving reproductive health information and care will adolescents be enabled to make responsible decisions to protect themselves from unwanted pregnancy, sexually transmitted infections (STIs) and HIV/AIDS, maternal mortality and morbidity, sexual violence and rape.

A substantial proportion of fertility continues to be undesired and associated with shorter-than-desired birth spacing intervals. Family planning services, enabling couples and individuals to plan the number and spacing of their children, have been expanded in the last decades, further accelerating the decline in fertility rates. Despite an increased use of modern and traditional methods of contraception, as well as implantable and injectable contraception, the female condom and emergency contraceptives, there are still barriers with regard to access and availability of modern methods.

There are a number of costing models that exist which reflect the dynamics between investments in family planning and the resulting impacts on fertility including the SPECTRUM tools (Futures Institute), Reproductive Health (RH) Costing Tool by UNFPA, Marginal Budgeting for Bottlenecks (MBB) by the UNICEF and Unified Health Model by the Inter-Agency Working Group on Costing (IAWG Costing). All of these tools make use of Bongaart's formula³² to predict age-specific fertility rates based on inputs such as the method mix and contraceptive prevalence rates. This consistency in methodology was driven by efforts of the IAWG Costing. More generally, costing tools are being harmonized through the work of this working group in its development of the Unified Health Model, a tool for costing, budgeting, financing and strategic planning which pulls together the strengths of each of the different costing methods in one single, user-friendly tool.

32 Bongaarts, J. (1978). "A framework for analyzing the proximate determinants of fertility". *Population and Development Review* 4(1): 105-132.

Methodology: The following indicators are proposed: percentage of contraceptive use by type, unmet need for contraception, patterns of sexual behaviour measured by the age of first sexual intercourse, sexually protected relationships, etc., Total Fertility Rate, age-specific fertility rates (with the indicator for adolescent motherhood in censuses—assign zero fertility or no response), percentage of adolescent mothers, distribution of birth-spacing intervals, unwanted fertility by age group. To compute the latter, different criteria can be combined. The Bongaarts method,³³ which is the most rigorous, can only be applied at the level of the total population. In the disaggregations by age, one can combine the criterion of preferred family size with the criterion of the extent to which children born during the past 3 or 5 years were wanted or not. Emphasize the gap between actual and desired fertility as a key indicator of the exercise of reproductive rights.

Primary Sources:

- For adolescent motherhood, unwanted fertility and unmet need for contraception, use Demographic and Health Surveys (DHS) (www.measuredhs.com, percentage of adolescents that are mothers or pregnant for the first time, broken down by simple age);
- Censuses (online processing of data for some countries through REDATAM. Available at: <http://www.eclac.cl/>);
- Fertility and Family Surveys (FFS);
- Vital statistics, administrative registers, MICS.

Secondary Sources:

- UNFPA (2010). *How Universal is Access to Reproductive Health? A Review of Evidence*;
- UNECE. *Common programme documents on Fertility and Family Surveys (FFS)*. Available at: <http://www.unece.org/pau/ffs/ffs.htm>;
- ESCAP. *Handbook on Reproductive Health Indicators*. Available at: <http://www.unescap.org/esid/psis/publications/handbookhealth/intro.asp>;
- ESCWA. *Statistical Abstract of the ESCWA region (Health)*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/details.asp?chapterID=3>;
- At present, the Technical Division is preparing a comprehensive Situation Analysis on UNFPA's role and activities in family planning in all or a sizeable number of countries.

Tools:

- UNFPA (2010). *A Guide to Tools for Assessments in Sexual and Reproductive Health*;
- UNFPA (2009). *Rapid Assessment Tool for Sexual & Reproductive Health and HIV*;
- UNFPA. *Reproductive Health (RH) Costing Tool*;
- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Section 2 on Status of Population Dynamics and Socioeconomic Development in Regional Member Countries (RMCs) and Session 1 on Levels and trends in Population Size, Fertility, Mortality and Migration;
- Futures Institute: *SPECTRUM* tools: <http://www.futuresinstitute.org/Pages/Spectrum.aspx>;
- UNICEF. *Marginal Budgeting for Bottlenecks (MBB)*;

33 Bongaarts, John. 1990. "The measurement of wanted fertility." *Population and Development Review* 16(3): 487-506.

- InterAgency Working Group on Costing (IAWG Costing). *Unified Health Model (UHM)*; http://www.who.int/pmnch/topics/economics/costing_tools/en/index4.html;
- A general review of costing tools is available at: http://www.who.int/pmnch/topics/economics/costing_tools/en/index.html, which includes descriptions of each tool and how to access them. Included in this link is a review of the costing tools by an external group;
- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: section on Analysis of Fertility and Nuptiality.

3. SEXUAL AND REPRODUCTIVE HEALTH: HEALTH SYSTEMS AND SERVICE DELIVERY

3.1. HEALTH SYSTEMS AND SERVICE DELIVERY

Facts/messages: In this section, the focus changes from fertility, its variations and its direct determinants to specific service interventions that affect both fertility and broader SRH issues. One of the most important agreements of the World Summit of 2005 was the inclusion of a target to achieve “universal access to reproductive health” by 2015, in accordance with the Plan of Action of the International Conference on Population and Development (ICPD). This new target complemented strategies aimed at achieving the development goals that had been internationally agreed in the Millennium Declaration: reducing maternal mortality, improving maternal health, reducing infant mortality, promoting gender equality, combating HIV/AIDS, and eradicating poverty (paragraph 57, g). The latter can be considered as recognition of the crucial role played by UNFPA in supporting countries to attain the MDGs.³⁴

Both men and women need access to information and appropriate health services throughout their lives. Such services need to be gender sensitive and allow: 1) All individuals to make informed choices about sexuality and reproduction, and to have a safe and satisfying sexual life, free of violence and coercion; 2) Women to go safely through pregnancy and childbirth; 3) Couples to have the best chance of having a healthy infant; 4) Women to avoid unwanted pregnancy and to address the consequences of unsafe abortion; 5) Access to prevention, treatment and care for sexually transmitted infections, including HIV.

A full sexual and reproductive health package includes:

- Family planning/birth spacing services;
- Antenatal care, skilled attendance at delivery, and postnatal care;
- Management of obstetric and neonatal complications and emergencies;
- Prevention of abortion and management of complications resulting from unsafe abortion;
- Prevention and treatment of reproductive tract infections and sexually transmitted infections including HIV/AIDS;
- Early diagnosis and treatment for breast and cervical cancer;
- Promotion, education and support for exclusive breast feeding;
- Prevention and appropriate treatment of sub-fertility and infertility;
- Active discouragement of harmful practices such as female genital cutting;
- Adolescent sexual and reproductive health;
- Prevention and management of gender-based violence.

34 UNFPA (2010). *How Universal is Access to Reproductive Health? A Review of Evidence*. New York, UNFPA.

The quality of care encompasses various dimensions, such as 1) Access to services; 2) Adequate supplies and equipment; 3) Application of evidence-based clinical protocols; 4) Technical, managerial and interpersonal skills of health staff.

Methodology: The following tools have been developed to assess information on the capacities, availability and distribution of health services.

The Service Provision Assessment (SPA) survey is a nation-wide survey intended to measure the capacity of health facilities to deliver quality services in the areas of maternal and child health and HIV/AIDS. The survey collects information on preventive, diagnostic and treatment services in the major topic areas listed above.

The Service Availability Mapping (SAM) is intended to collect and present basic information on the availability and distribution of health services. It is used at the sub-national or district level in conjunction with WHO's Health Mapper application.³⁵ SAM collects statistics on the following areas: availability of health services and resources and the mapping of facility distribution in a given area. Health Services include infrastructure, infection control procedures, staffing, laboratory facilities, essential medicines, supplies and treatment guidelines, to determine the distribution and nature of existing service delivery points.

It includes two components. The first is a key informant survey, an interview given to health personnel at the district level to ascertain service availability, human resources, medicines, supplies and coverage of national programmes. The second is the facility census, a questionnaire applied to all formal public and private health facilities in the community to complement and validate information collected from the interviews. The key output is a national database of health facilities, equipment and services offered. It should be noted that this tool is intended to retrieve information on all key public health interventions. It does not include information beyond the facility and does not directly assess the quality of services provided at each facility. It may be difficult to identify all health facilities in a country. Small clinics and private facilities are often un-registered, making them difficult to identify.

The Service Provision Assessment (SPA) survey uses the following four instruments to gather a comprehensive picture at each health facility: 1) Facility inventories; 2) Clinical observation checklists to measure provider performance; 3) Health worker interviews; and 4) Client exit interviews. The information gathered from this process provides valuable baseline data and is very useful for long-term planning.

Primary Sources:

- DHS;
- Specialized surveys;
- Facility censuses.

Secondary Sources:

- Country Reports available at: http://www.measuredhs.com/pubs/search/search_results.cfm?Type=21&srchTp=type&newSrch=1;
- National reports. Available at:

³⁵ WHO's Health Mapper application. Available at: http://www.who.int/health_mapping/tools/healthmapper/en/

- <http://www.who.int/healthinfo/systems/samdocs/en/index.html>;
- WHO: Detailed report on SAM. Available at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/srh_guide/index.html.

Tools:

- UNFPA. *Sexual and Reproductive Health Assessment Tools for Situation Analysis*;
- UNFPA. A Guide to Tools for Assessment of Sexual and Reproductive Health. Available at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/srh_guide/index.html;
- Service Provision Assessment (SPA). Available at: <http://www.measuredhs.com/aboutsurveys/spa/start.cfm>;
- Service Availability Mapping (SAM): Available at: <http://www.who.int/healthinfo/systems/serviceavailabilitymapping/en/index.html>.

3.2. EMERGENCY OBSTETRIC CARE

Facts/messages: To achieve the Millennium Development Goal of a 75% reduction in the maternal mortality ratio between 1990 and 2015, countries throughout the world are investing more energy and resources into providing equitable, adequate maternal health services. One way of reducing maternal mortality is by improving the availability, accessibility, quality and use of services for the treatment of complications that arise during pregnancy and childbirth. These services are collectively known as Emergency Obstetric Care (EmOC). Access to EmOC in high-income countries has helped to ensure that pregnancy and childbirth are no longer major threats to the lives of women and newborns. But in most low- and middle-income countries, where 99% of all maternal deaths occur, this is not the case. Their health systems still fail to provide widespread access to this life-saving solution.

Basic emergency obstetric and newborn care includes the capabilities for 1) Administration of anti-biotics, oxytocics, and anticonvulsants; 2) Manual removal of the placenta; 3) Removal of retained products following miscarriage or abortion; 4) Assisted vaginal delivery, preferably with vacuum extractor; 5) Newborn care.

Methodology: The handbook on *Monitoring Emergency Obstetric Care* (WHO/UNFPA/UNICEF/ AMDD) assesses the availability, use and quality of obstetric services. The Handbook is often used as a resource for conducting Needs Assessments of Emergency Obstetric and Neonatal Care (EmONC). The indicators described in this handbook can be used to measure progress in a programmatic continuum. The indicators address the following areas: availability, use, and quality of emergency obstetric and newborn care services in a given facility, area or country.

The Needs Assessments of Emergency Obstetric and Newborn Care (EmONC) toolkit provides detailed guidance and tools for conducting an EmONC Needs Assessment along the programmatic continuum from the availability of and access to services to the use and quality of services. The toolkit is comprised of modules (data collection tools) and accompanying guides for assessment facilitators, data collector trainers, data collectors, and data analysts. Major areas covered within this toolkit are: availability, use, and quality of EmONC services in a given area or country.

The handbook describes the process of collecting data from health facility registers and with check-lists, calculating the EmOC Indicators and interpreting results at the facility, sub-national and national

levels. EmOC Indicators are essential for monitoring trends in obstetric care by facility staff, and to programme planners and managers for measuring the availability, utilization and quality of EmOC services which are critical to reducing maternal and neonatal mortality. EmOC Indicators are: 1) Availability of emergency obstetric care: basic and comprehensive care facilities; 2) Geographical distribution of emergency obstetric care facilities; 3) Proportion of all births in emergency obstetric care facilities; 4) Meeting the need for emergency obstetric care: proportion of women with major direct obstetric complications who are treated in such facilities; 5) Caesarean sections as a proportion of all births (estimated proportion of births by caesarean section in the population is not less than 5% or more than 15%); 6) Direct obstetric case fatality rate; 7) Intrapartum and very early neonatal death rate; and 8) Proportion of maternal deaths due to indirect causes in emergency obstetric care facilities.

The Needs Assessments of Emergency Obstetric and Newborn Care (EmONC) toolkit is a facility-based, cross-sectional study that collects data from medical registers, observation, and provider interviews using a set of modules that are adapted to local context. Collect data from every health facility in the area or country, including all hospitals, while selecting from lower-level health facilities. EmOC is emergency treatment for the direct obstetric causes of maternal and newborn mortality. There are different interventions, such as providing antibiotics, cesarean sections, and blood transfusions that make up EmOC. Depending on the methodology for facility selection, results may contain limitations. If facilities are selected deliberately or through restricted census, results cannot be extrapolated to the entire country, while if a random sample of facilities is selected, results may be of limited use for district-level planning. Establish baseline data for a carefully selected group of EmOC Indicators to adequately measure availability, utilization and quality of EmONC services, at national and sub-national levels. The Indicators focus on actual, rather than theoretical, functioning.

Primary Sources:

- Ministries of Health;
- Health facility registers;
- Medical registers.

Secondary Source:

- Doctors of the World. *West Pokot facility needs assessment—maternal and newborn care*. Unpublished data. Nairobi, 2007.

Tools:

- AMDD, Columbia University. (2010). *Needs Assessment of Emergency Obstetric and Newborn Care: Data Collection Modules. Needs Assessments of Emergency Obstetric and Newborn Care (EmONC)*. Available at: <http://www.amddprogram.org/d/content/national-needs-assessments-emergency-obstetric-and-newborn-care>;
- WHO / UNFPA / UNICEF / AMDD (2009). *Monitoring emergency obstetric care: a handbook*. Available at: <http://www.unfpa.org/public/publications/pid/3073>;
- UNICEF / WHO / UNFPA (1997). *Guidelines for monitoring the availability and use of obstetric services*;
- AMDD, Columbia University. (2003). *Using the UN process indicators of emergency obstetric services: questions and answers*;

- UNFPA and AMDD (2002). *Reducing maternal deaths: selecting priorities, tracking progress. Distance learning courses on population issues.*
Module 1: Understanding the Causes of Maternal Deaths;
Module 2: Using Indicators to Assess Progress in Reducing Maternal Deaths;
Module 3: Targeting Maternal Deaths through Policies and Programs.

3.3. UNMET NEED

Facts/messages: Unmet need refers to women and couples who do not want another birth within the next two years, or ever, but do not use a method of contraception.³⁶ Unmet need results from growing demand, service delivery constraints, lack of support from communities and spouses, misinformation, financial costs and transportation restrictions. As the desired family size shrinks, the unmet need tends to grow until service capacity catches up with the expressed need for fewer births and longer birth intervals. Hereafter, gains in service accessibility successively reduce unmet need.

Despite the increase in contraceptive prevalence there is still an unmet need for contraception, especially modern methods. In developing countries, total fertility regularly exceeds wanted fertility; on average the difference was around 0.8 children by the early 2000s.³⁷ Overall, 29 % of women in developing countries have an unmet need for modern contraception. The highest proportion, several times the level of current use, is in sub-Saharan Africa where 46 % of women at risk of unintended pregnancy are using no method.³⁸

Methodology: Estimate the proportion of women not using contraception, who either want to stop further childbearing (unmet need for limiting) or who want to postpone birth of their next child by at least two or more years (unmet need for spacing). DHS's measures are based on married women only, although a separate measure is used to gauge the needs of unmarried women. The measure focuses on the use of all methods of contraception, with an additional measure estimating the unmet need for modern methods.

Following standard DHS methodology for estimates of unmet need, divide all women into those using and those not using contraceptive methods. Divide the nonusers into currently pregnant or amenorrheic women and who are in neither category. Classify the pregnant or amenorrheic women by whether pregnancy or birth was intended, mistimed, or not wanted. Pregnancies and births classified as mistimed or unwanted will be regarded as one component of unmet need. The other component consists of non-users who are not pregnant or amenorrheic. First, divide the women into fecund or infecund women, with the fecund women then subdivided by their reproductive preferences. Women who desire another child soon will be excluded from the unmet need estimate, while women who wish to wait or who wish no more children are included into the category of unmet need.³⁹

36 Calculations, and a discussion on reliability, validity and implications of the concept can be found in: Casterline, J. B. and S. W. Sinding (2000). "Unmet need for family planning in developing countries and implications for population policy." *Population and Development Review* 26(4): 691-723. Note that "unmet need" is not synonymous to "effective demand", which also involves the ability to pay. In addition, "effective demand" has an element of strength of preference, which is absent from the notion of "unmet need", as some economists have pointed out. Finally, the "unmet need" concept does not consider the other side of the issue of fertility preferences, namely wanted births that do not materialize.

37 Reports of total and wanted fertility in most recent surveys obtained from: Demographic and Health Surveys' StatCompiler. Web site: www.orcmacro.org, accessed 8 March 2004.

38 ORC MACRO, International, Demographic and Health Surveys.

39 USAID (2006): New Estimates of Unmet Need and the Demand for Family Planning. DHS Comparative Reports 14. Chapter 1.1. The Concept and Measurement of Unmet Need. See also: UNSD (2011). *Indicators for Monitoring the Millennium*

The manual on *Introducing Systematic Screening to Reduce Unmet Health Needs* outlines a technique for integrating regular and systematic screening of the availability and quality of reproductive health services at the facility level to determine unmet need and assist developing strategies in increasing the use of existing services. It includes a tool for collecting screening data on the services women and men have come to seek at a particular facility as well as other services they may be interested in benefiting from and whether or not those services are available (met and unmet need). The manual includes guidance on how to select facilities, train screeners, gather, analyze and use data to inform programming.

Tools:

- R. Vernon; J. R. Foreit and E. Ottolenghi (2008). *Introducing Systematic Screening to Reduce Unmet Health Needs: a Manager's Manual*. Population Council / USAID. Available at: http://www.popcouncil.org/Frontiers/projects_pubs/topics/SLR/SystematicScreeningManual.html.

4. OBSTETRIC FISTULA

Facts/messages: Obstetric fistula is a hole in the birth canal caused by prolonged labour without prompt medical intervention, usually a Caesarean section. The woman is left with chronic incontinence and, in most cases, a stillborn baby. Left untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage in the legs.

At least 2 million women in Africa, Asia and the Arab region are living with this condition, and some 50,000 to 100,000 new cases develop each year.⁴⁰ The persistence of fistula is a stark example of continued poor maternal and reproductive health services and an indication of high levels of maternal death and disability.⁴¹ Obstetric fistula occurs disproportionately among poor girls and women, especially those living far from medical services.

Methodology: In 2003, a Mapping Exercise on Obstetric Fistula⁴² was developed by EngenderHealth to provide an insight on how clinical services for fistula clients are organized. It looks at fistula from the viewpoint of the clients who seek services, the professional staff who provide surgical repairs and care for the women as they recover from surgery and the ministry of health, stakeholders and partners who collaborate in fistula programmes. The questionnaire is intended to rapidly capture the obstetric fistula situation at one specific moment in time in order to flag issues for further investigation and plan and/or improve obstetric fistula services.

The method involves a series of rapid assessments using a simple nine-question survey instrument combined with observation of clinical facilities and interviews with Ministries of Health (MoH) and local policy-makers. Interview administrators and professional staff (physicians, nurses and midwives), as well as fistula clients whenever possible. Include fistula clients who a) Are awaiting repair surgery;

Development Goals: Definitions, Rationale, Concepts and Sources (Updated Version). At present, attempts are underway to come up with a simpler concept of unmet need, that does not require so much information. This simplified concept will replace the current standard definition, but the change may not yet be reflected in the updated MDG indicator manual.

40 For more information see: <http://www.endfistula.org>.

41 Report of the Secretary-General (2010). *Supporting efforts to end obstetric fistula*. A/65/268.

42 This tool has been used extensively in various different countries by UNFPA and Engender Health. Report of Findings is available at: http://www.fistulanetwork.org/FistulaNetwork/index.php?option=com_content&task=view&id=292.

b) Are immediately post-surgery and recovering in the post-operative ward; c) Are significantly (> 6 months) post-surgery and d) Have carried a pregnancy post-surgery and delivered by C-section. Visit and observe clinical facilities and wards, waiting areas and operating theatres, whenever possible. If feasible, review logbooks.⁴³ Information from the women receiving services allows for a deeper and more accurate evaluation of the quality of services provided. This tool allows adding relevant questions on maternal and newborn health services, HIV/STI and prevention of mother-to-child transmission (PMTCT).

The Obstetric Fistula Working Group developed a framework for monitoring and evaluation of fistula elimination programmes at the national level, including indicators on prevention, treatment and reintegration.⁴⁴

To improve data availability, the Geneva Foundation for Medical Education and Research and the WHO developed a tool for centralized data entry, analysis and comparison across sites. A compendium of indicators assists countries in reinforcing health information systems and to contribute to national household surveys in addressing the issue of obstetric fistula. Also, a standardized fistula module for inclusion in country demographic health surveys and national health maternal information systems has been developed and used in the DHS.⁴⁵

Primary Sources:

- Ministries of Health;
- DHS.

Secondary Sources:

- UNFPA. *Evaluation synthesis report*. Available at: www.endfistula.org/publications.htm;
- UNFPA. *Needs Assessment Report. Findings from Nine African Countries*. Available at: <http://www.fistulanetwork.org/FistulaNetwork/user/admin/Nine%20Country%20Needs%20Assessment.pdf>.

Tool:

- UNFPA/EngenderHealth (2003). *Questionnaire/Mapping Exercise on Obstetric Fistula*.

5. CHANGES IN OVERALL, INFANT, CHILD, AND MATERNAL MORTALITY

Facts/messages: In most countries of the world, there has been a major decrease in mortality, which represents significant progress in regard to human wellbeing and an impact on population growth. There are still important challenges with respect to infant and child mortality, as indicated in the global and regional MDG reports. The recent estimation exercises by both the Health 4 (WHO, UNICEF, UNFPA, World Bank) and the Institute for Health Metrics and Evaluation (IHME) show that the global maternal mortality ratio has fallen by about a third since 1990, although this is not enough to reach MDG 5.A, the reduction of the maternal mortality ratio by three quarters between 1990 and 2015.

43 UNFPA (2003). Needs Assessment Report. Chapter on Methodology. Page 9.

44 UNFPA (2005): Meeting Report. Chapter III.c. Measurement: Development of Indicators.

45 http://www.measuredhs.com/aboutsurveys/search/listmodules_main.cfm.

Methodology: Use indicators of national life tables or based on population projections as well as indicators of infant and child mortality in the censuses, and estimates of maternal mortality according to different sources (surveys, administrative registers, indirect estimates). Avoid the use of crude death rates, unless it is to demonstrate the impact of the reduction of mortality on demographic growth. It is also useful to make comparisons with other countries in the region. The demographic and social factors influencing infant, child and maternal mortality should be highlighted. In some countries it may be worthwhile to look more deeply into mortality associated with violence and accidents, for example in South Africa and Papua New Guinea. There may also be interest in addressing femicide as an indicator of violence against women. Use indicators of morbidity (if available) and death rates due to accidents and violence. When using the maternal mortality estimates prepared by the UN or IHME, it is important to be aware of the methodology underlying them. For instance, while the levels of maternal mortality estimated with the UN methodology in countries that do not have reliable vital registration depend directly on the number and the level of national estimates available, the trends depend primarily on the evolution of the explanatory variables and may well contradict trends based on national data.

The SPECTRUM software package, developed by the Future Institute, contains a maternal mortality module, although the focus of this module is not on the social and economic consequences of maternal mortality, but rather on prevention strategies. It estimates the impact of various scores from the Maternal-Neonatal Program Index (MNPI), which is an index of 81 indicators for national efforts to improve maternal and neonatal health services, on a country's maternal mortality ratio. The model helps managers to gain a better understanding of the impacts of policies, budgets, and service delivery improvements on maternal health outcomes.

Primary Sources:

- Vital statistics (where these are complete or satisfactorily corrected);
- Administrative registers;
- DHS and MICS surveys;
- National Population Projections. For corrected and projected mortality data, one may want to refer to the life tables underlying national population projections.

Secondary Sources:

- The UN Statistical Yearbook provides most of these country data, with an assessment of their reliability;
- The Human Mortality Data Base (<http://www.mortality.org>) is a collaborative project of the University of California at Berkeley and the Max Planck Institute in Rostock, Germany, with detailed mortality data for 37 developed countries;
- UN Population Division and World Health Organization (WHO). Life tables for all countries of the world, to support their population projections;
- For the maternal mortality methodology, refer to the IHME article in *The Lancet* (April, 2010), the official UN publication *Trends in Maternal Mortality: 1990 to 2008* (Sept., 2010) and the technical note entitled *Questions and answers on the estimation of maternal mortality: an updated technical note*. The international estimates of both maternal and child mortality are controversial, so it is recommended to take a close look at all sides of the argument before adopting any of them;
- WHO: Regional databases on health status and coverage indicators.

Tools:

- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Module 2, Session 1 on Levels and trends in Population Size, Fertility, Mortality and Migration;
- SPECTRUM: <http://www.futuresinstitute.org/Pages/Spectrum.aspx>;
- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: section on Analysis of Mortality Levels and Differentials.

6. MORBIDITY, MORTALITY AND THE EPIDEMIOLOGICAL TRANSITION

Facts/messages: The demographic transition is accompanied by an epidemiological transition which goes hand-in-hand with the emergence of chronic-degenerative diseases that mainly affect adults and older adults, groups that are increasingly numerous in the population while it advances in the demographic transition. These diseases are related to new life styles that are a reflection of modern life, as well as deaths and disabilities caused by violence that primarily affect men and young adults, especially the poor and, in some countries, certain ethnic or cultural groups. In countries at intermediate levels of development, these chronic-degenerative diseases should be added to the infectious-contagious diseases that predominated in the past and that have not been adequately controlled, so that on the whole they are characterized by a mixed health pattern.

Methodology: Display death rates by causes and rates of incidence and/or prevalence of the most common illnesses in the population. Make use of indicators on the use of health services. Show the evolution of the country's epidemiological situation, with particular reference to the evolution of infectious-contagious versus degenerative diseases. Depending on the situation in the country, it may be appropriate to pay special attention to violence and accidents and to self-inflicted morbidity (e.g. associated with alcoholism) and mortality. In countries with peculiar mortality patterns by sex (e.g. excess female mortality in South-Central Asia and excess male mortality in Eastern Europe), one may either choose to comment on these patterns here or postpone this discussion to Chapter IV.

For projection purposes, one may use projections for the incidence of morbidity due to different causes in each sex and age group and combine these with population projections to derive projections of the global incidence of different pathologies. The Disability Adjusted Life Years (DALY) methodology used by WHO can be useful in this context, although one should be careful in interpreting these indicators, which have been criticized on the grounds that they attach insufficient importance to the social cost of pathologies associated with sexual and reproductive health.

Primary Sources:

- Health ministry web pages and publications;
- National epidemiological surveillance systems;
- Censuses;
- Health surveys.

Secondary Sources:

- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/index.asp>;
- WHO: Regional *databases on health status and coverage indicators*, for example for the Western Pacific region (WPRO – <http://www.wpro.who.int/hdb/Default.aspx>), European Mortality Database (<http://data.euro.who.int/hfamdb/>) and European Detailed Mortality Database (<http://data.euro.who.int/dmdb/>), and the **Regional Core Health Data and Country Profile** (http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=1775&Itemid=1866) by the Pan American Health Organization);
- UN Population Division: *World Population prospects*. Available at: <http://esa.un.org/unpp/index.asp>.

Tool:

- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Module 2, Session 1 on Levels and trends in Population Size, Fertility, Mortality and Migration.

7. SITUATION AND TRENDS WITH RESPECT TO HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIS)

Facts/messages: The AIDS epidemic is one of the world's most significant current public health and development crises. In less than three decades, nearly 60 million people have been infected with HIV and more than 25 million have died of AIDS. The UNAIDS *Outlook Report 2010* estimates that 2.4 – 3.0 million people were newly infected in 2008, bringing the number of people currently living with HIV to 31.1 – 35.8 million. Sub-Saharan Africa, the region most affected, is home to 67 % of all people living with HIV worldwide and 91% of all new infections among children. In this region, the epidemic has orphaned more than 14 million children.⁴⁶ While access to treatment has increased considerably⁴⁷ and Mother-to-Child Transmission (MCT) may be almost eliminated by 2015, 1.7 – 2.4 million AIDS-related deaths occurred in 2008. Global coverage of treatment remains low. In 2008, only 42 % of those in need of treatment had access to it, compared to 35 % in 2007. HIV-prevention programmes still fail to reach many people at risk of acquiring HIV, including sex workers, men who have sex with men and injecting drug users.

Countries are usually considered to have a generalized, rather than a concentrated AIDS epidemic if the overall prevalence rate exceeds 1 %, as is currently the case in most of Sub-Saharan Africa (except Madagascar) and the Caribbean (except Cuba), in Belize, Guyana and Suriname, some countries of Eastern Europe (Russian Federation, Ukraine and Estonia), in Sudan, Cambodia and Thailand. However, even in these countries prevalence rates can be much higher in some social groups. In Eastern Europe, for example, 62% of new infections occur among injectable drug users. In Belize, Guatemala and Honduras, prevalence is much higher among the Garifuna minority than among the general population. According to the Ugandan Ministry of Health, even though prevalence is still about 5 %,

46 UNAIDS (2010). *Global facts and figures*. Geneva, UNAIDS.

47 More than 4 million people in low- and middle-income countries had access to HIV treatment at the end of 2008, up from 3 million at the end of 2007. This represents an increase of 36 % in one year and a 10-fold increase over five years.

the AIDS epidemic in the country is now largely concentrated among adults, particularly those aged 35-44. These issues have to be considered in preparing the PSA.

Based on UNAIDS data, women make up 50 % of all adults living with HIV globally since the mid 1990s. In sub-Saharan Africa, the percentage has stabilized at 60 %, and in Asia, Latin America, Eastern Europe and Central Asia at around 30 %. Only in the Caribbean it is still growing; in several countries HIV is spreading faster among younger women than among younger men.⁴⁸ One of the driving forces in the feminization of the HIV epidemic is the overlap of injecting drug use and sex work, as many women injecting drugs are also involved in sex work. This makes them more vulnerable to HIV infection because they are far more likely to share both drugs and injecting equipment. A compounding social and economic factor is women's greater biological susceptibility to HIV infection, estimated to be almost twice as high as that of men during unprotected heterosexual intercourse.

Since 2001, there has been an extraordinary expansion of HIV programmes and funding that is beginning to bear fruit. According to the *Outlook Report 2010*, the HIV epidemic is stabilizing globally, although at high levels; in a number of countries in Asia, Latin America and Africa the number of new infections has fallen; and globally access to treatment has expanded significantly. These include countries where the prevalence was previously very high, such as Rwanda, Uganda and Zimbabwe, or moderate, such as Cambodia, India, Thailand and the Dominican Republic. On the other hand, prevalence is still increasing in the countries of Eastern Europe and Central Asia, in Senegal, Vietnam, Indonesia, Papua New Guinea and – to a lesser extent – in some North African and Latin American countries.

The gains are being threatened by the global economic crisis, which is likely to reduce revenues from taxes and/or donor assistance. To offset the deficit, governments may cut prevention services, especially for high risk populations, as providing prevention services for these groups often does not have much political support. This could lead to interruption of treatment and continued denial of treatment to those who need but are not yet on treatment, which would, in turn, lead to increased HIV-related mortality and morbidity. Most people who stop and do not restart antiretroviral treatment will die within one to two years. It might also cause an increase in HIV drug resistance. Finally, it would result in reduced prevention of HIV transmission.

Migration plays a key role in the spread of HIV in several parts of the world. Higher incidence of HIV correlates with good transport infrastructure and considerable internal and cross-border migration. While migration is not necessarily a health risk in itself, the conditions under which it takes place expose migrants to health risks and vulnerabilities. Migration can lead to possible risky sexual behaviour due to the disruption of former stable networks and social norms that would otherwise regulate sexual behaviour. Separation from their kin may drive migrants to engage in unsafe, casual or commercial sex, thus increasing the risk of HIV. This is particularly evident in situations of involuntary migration. Risk factors can often be linked to the legal status of migrants, which determines the conditions they face, including their level of access to health and social services. Female migrants are particularly vulnerable as they can become victims of discrimination, violence, sexual exploitation and trafficking.⁴⁹

48 UNAIDS (2008). *UNAIDS Report on the global AIDS epidemic*.

49 Global Migration Group (GMG) (2010). *Mainstreaming Migration into Development Planning: A Handbook for Policy-Makers and Practitioners*.

Other than HIV, sexually transmitted infections (STIs) involve more than 30 different sexually transmissible bacteria, viruses and parasites. Several, especially syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. Common bacterial infections include gonorrhoea, chlamydia, syphilis and chancroids. Viral infections include genital herpes, the human papillomavirus (HPV), hepatitis B, and the cytomegalovirus. According to 2007 WHO estimates, 340 million new cases of curable STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) occur annually throughout the world in adults aged 15-49 years. In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care. Infection with STIs can lead to acute symptoms, chronic infection and serious delayed consequences. Between 10% and 40% of women with untreated chlamydial infection develop symptomatic pelvic inflammatory disease. Post-infection tubal damage is responsible for 30% to 40% of cases of female infertility. Furthermore, women who have had pelvic inflammatory disease are 6-10 times more likely to develop an ectopic (tubal) pregnancy, and 40-50% of ectopic pregnancies can be attributed to previous pelvic inflammatory disease. Infection with certain types of the human papillomavirus can lead to the development of genital cancers, particularly cervical cancer in women.

Untreated sexually transmitted infections are associated with congenital and perinatal infections in neonates, particularly in the areas where rates of infection remain high. In pregnant women with untreated early syphilis, 25% of pregnancies result in stillbirth and 14% in neonatal death – an overall perinatal mortality of about 40%. Syphilis prevalence in pregnant women in Africa, for example, ranges from 4% to 15%. Up to 35% of pregnancies among women with untreated gonococcal infection result in spontaneous abortions and premature deliveries, and up to 10% in perinatal deaths. In the absence of prophylaxis, 30% to 50% of infants born to mothers with untreated gonorrhoea and up to 30% of infants born to mothers with untreated chlamydial infection will develop a serious eye infection which can lead to blindness if not treated early. The presence of an untreated infection increases the risk of both acquisition and transmission of HIV by a factor of up to 10.

Methodology: For the impacts of AIDS, the SPECTRUM software package contains two modules that facilitate the analysis, namely AIM and PMTCT. The former projects the consequences of the HIV epidemic, including the number of people living with HIV, new infections, and AIDS deaths by age and sex; as well as the new cases of tuberculosis and AIDS orphans. AIM is used by UNAIDS to make the national and regional estimates it releases every two years. The latter evaluates the costs and benefits of intervention programs to reduce transmission of HIV from mother to child through three kinds of interventions: drug treatment (seven possible options); type of delivery (vaginal or Caesarean section); and type of infant feeding (formula, breastfeeding, or mixed). Outputs include a benefit-cost ratio as well as cost-effectiveness measures such as cost per HIV infection averted. A third module explores the impact of potential HIV vaccines on the epidemic.

HIV prevalence is used to assess epidemic patterns and trends. However, due to changes in the survival period from infection to death as a result of the increased provision of antiretroviral therapy, it is becoming increasingly difficult to analyze HIV prevalence data. The incidence of HIV infection and the new infection rates over a defined time period provide a more sensitive measure of the current state of the epidemic and of programme impacts. However, while estimates of HIV prevalence are widely available from sentinel surveillance or cross-sectional studies, estimates of HIV incidence are more difficult and more costly to obtain.

In the methodology recommended by UNAIDS/WHO⁵⁰ to obtain national HIV and AIDS estimates, the Estimation and Projection Package (EPP) (developed by the Future's Group for UNAIDS), which has separate variants for generalized and concentrated epidemics, can be used to fit an epidemiological model to observed HIV prevalence data collected over time. EPP finds the best fitting curve that describes the evolution of adult HIV prevalence over time, and calibrates that curve based on prevalence found in any national surveys. Based on this curve, SPECTRUM uses demographic data, information on adult and child treatment coverage and assumptions about the epidemiology of HIV to generate estimates of national (adult and child) HIV prevalence, incidence, mortality and treatment needs⁵¹, allowing for the effect of anti-retroviral therapy.

For countries with very little available prevalence data (less than three consistent surveillance sites) a point prevalence estimate and projection is made using spreadsheet models (the Workbook Method). The resulting point prevalence estimates for several years are entered into EPP to find the best fitting curve that describes the evolution of adult HIV prevalence over time. Incidence is then calculated from the prevalence over time, allowing for the effect of ART. Use these estimates prepared by the United Nations Joint Programme on HIV/AIDS (UNAIDS) and/or national estimates for the incidence of HIV/AIDS and the estimates by the United Nations Population Division for forecasting the future impact. UNAIDS provides online an expanded list of references on how to estimate HIV incidence.⁵²

For wider indicators on the progress of countries in the combat of HIV/AIDS, it is recommended to use one or more of the modified UNGASS indicators contained in the 2008 UNAIDS Report:

- AIDS spending, by financing source;
- National Composite Policy Index;
- Percentage of donated blood units screened for HIV in a quality-assured manner;
- Percentage of adults and children with advanced HIV infection receiving antiretroviral combination therapy;
- Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission;
- Percentage of estimated HIV-positive incident Tuberculosis cases that received treatment for Tuberculosis and HIV;
- Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results;
- Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results;
- Percentage of most-at-risk populations reached with HIV prevention programmes;
- Percentage of orphaned and vulnerable children whose households received free basic external support in caring for the child;
- Percentage of schools that provided life skills-based HIV education within the last academic year;
- Current school attendance among orphans and non-orphans aged 10–14;
- Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission;

50 UNAIDS (2010). Methods for estimating HIV incidence. Expanded list of references. Available at: http://data.unaids.org/pub/BaseDocument/2010/epi_alert_1stqtr2010_listref_expanded_en.pdf.

51 UNAIDS (2010) *EPI ALERT Introduction. UNAIDS quarterly update on HIV epidemiology / 1Q 2010*.

52 UNAIDS (2010) *Methods for Estimating HIV Incidence. Expanded List of References*. Available at: http://data.unaids.org/pub/BaseDocument/2010/epi_alert_1stqtr2010_listref_expanded_en.pdf

- Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission;
- Percentage of young women and men aged 15–24 who have had sex before the age of 15;
- Percentage of women and men aged 15–49 who have had more than one sexual partner in the past 12 months who report;
- Use of a condom during their last sexual intercourse;
- Percentage of female and male sex workers reporting the use of a condom with their most recent client;
- Percentage of men reporting the use of a condom the last time they had anal sex with a male partner;
- Percentage of injecting drug users who report using a condom the last time they had sex;
- Percentage of injecting drug users who report using sterile injecting equipment the last time they injected;
- Percentage of young women and men aged 15–24 who are HIV infected;
- Percentage of most-at-risk populations who are HIV infected;
- Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ARV;
- Percentage of infants born to HIV-infected mothers.

Also try to obtain epidemiological data on the status of other STIs in the country.

The UNFPA *Rapid Needs Assessment Tool for Condom Programming* was developed in collaboration with the Population Council to design and test a rapid needs assessment and data-gathering tool to improve country level condom programming for HIV prevention of which condom distribution, promotion and use are important elements.

Primary Sources:

- Health Ministries. Statistics on the number of detected cases, the number of deaths and estimated prevalence, by sex;
- National reports for follow-up and evaluation issued by the United Nations General Assembly Special Session (UNGASS);
- National surveillance systems.

Secondary Sources:

- UNAIDS. Number of detected cases, the number of deaths and estimated prevalence, by sex. <http://www.unaids.org/en/regions%5fcountries/countries/>;
- ECLAC. *CEPALSTAT*. Regional statistics on HIV prevalence in Latin America and the Caribbean; <http://websie.eclac.cl/sisgen/ConsultaIntegrada.asp?idAplicacion=23&idTema=271&idioma=> ;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/index.asp>;
- WHO. *WHO regional database*, including the centralized information system for infectious diseases (CISID <http://data.euro.who.int/cisid/>), HIV surveillance in Caribbean subsection (http://ais.paho.org/phis/viz/AIDS_surveillance_caribbean_subregion.asp);
- UNAIDS (2008). *Country Situation Fact Sheets*.

Tools:

- IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives. *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*. Available at: <https://www.unfpa.org/public/home/publications/pid/1350>. For a more detailed review of this tool by one of the main developers, see: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/srh_guide/index.html;
- UNFPA / EngenderHealth. *HIV Prevention in Maternal Health Services: Programming Guide*. Available at: <https://www.unfpa.org/public/home/publications/pid/2031>;
- UNFPA (2003). *Rapid Needs Assessment Tool for Condom Programming*;
- UNAIDS (2010). *Methods for estimating HIV incidence*;
- UNAIDS (2005). *Operational Guide on Gender and HIV/AIDS. A Rights-Based Approach*;
- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Module 2, Session 2 on Socio-economic impact of HIV/AIDS;
- UNAIDS (2009). *Estimation and Projection Package (EPP)*;
- UNICEF / WHO. *Guidelines of Joint Review of PMTCT Programmes*;
- SPECTRUM: <http://www.futuresinstitute.org/Pages/Spectrum.aspx>;
- FHI and UNAIDS (1998): *Meeting the Behavioral Data Collection Needs of National HIV/AIDS and STD Programs*.

8. LOW FERTILITY AND POPULATION DECLINE

Facts/messages: Although the prospect of negative population growth is still far into the future for most African countries, there is a growing number of countries in Latin America, the Caribbean, and Asia, in addition to Europe, that are either already experiencing population decline or negative intrinsic growth rates which in the long run will also lead to population decline. The situation is particularly dramatic in Eastern Europe, where countries such as Georgia, Moldova Bulgaria, Latvia, Estonia, Lithuania and Ukraine have lost more than 10% of their populations in recent years. Countries with negative intrinsic growth rates now include Brazil, Chile, China, Costa Rica, Iran, Mongolia, Thailand and Vietnam. At present, these countries only maintain positive population growth because they have substantial immigration or (more commonly) because they have large proportions of women of reproductive age. In the world as a whole, the percentage of women of reproductive age is currently at a maximum and 70% of total world population growth is due to population inertia (i.e. an age distribution conducive to growth), rather than to intrinsic growth (i.e. a positive long-term balance of fertility and mortality).

Population decline and ageing, that typically accompanies it, are thought to have several undesirable consequences such as deflationary pressures, labour shortages, high social security costs, and loss of competitiveness due to lack of innovation. It is worthwhile to spend some time analyzing these potential implications and the degree to which they are actually reflected in the current country situation. Also, government efforts to influence demographic behaviour should be discussed in this section. For example, Spain instituted the “baby bonus” of 2500 Euros in 2007, which may be responsible for the slight increase of the total fertility rate in 2008. Estonia instituted a maternity leave of 455 days with full income compensation in 2004, which was followed by a major fertility increase. Russia started subsidizing second births in 2007, which apparently raised fertility in 2008. On the other hand, Japan has attempted several measures of this kind in the 1990s, without any noticeable

effect; whereas Ukraine had a fertility increase similar to Russia's in 2008 without having instituted any explicit policy measures.

In recent years, there has been a lot of publicity given to the apparent partial restoration of birth rates in countries with extremely low fertility. About half of this apparent increase has to do with the fact that there has been a shift towards later childbearing which during the 1980s and 1990s depressed period fertility rates to levels which were unrealistic in terms of the completed fertility of actual cohorts. Thus in Denmark the total fertility rate for the period dropped to 1.38 in 1983 and then rose sharply again, even though the completed fertility of actual cohorts of women never fell below 1.8 and has only increased by about 0.1 in recent years. But there also seems to be some real recovery of fertility in several countries, particularly in Central-Eastern Europe. Research suggests that declining unemployment may be partly responsible for the trend, with a fall of unemployment from 10 to 5% accounting for an increase of 0.09 in the total fertility rate. An interesting finding of recent research is that while greater gender equality in high fertility countries is generally associated with fertility reduction, the tendency in countries with extremely low fertility is for greater gender equality to be associated with *higher* fertility. This suggests that the stereotype of raising fertility by making women return to their traditional role as homemakers is not correct.

Methodology: This analysis is irrelevant in countries that have Net Reproduction Rates larger than 1, unless they have massive emigration. For those countries where population decline is a relevant issue, the starting point should be a detailed study of natural and migratory growth, where the natural growth component should be divided into intrinsic growth and demographic inertia. Different growth scenarios should be analyzed, based not only on raising fertility rates, but also on changes in the timing of fertility, changes in mortality, and changes in international migration. Some of the countries in Eastern Europe that face depopulation also have high mortality of middle-aged and older men. The potential effects of bringing down this mortality should be analyzed. In some countries, fertility differentials between different population groups (e.g. immigrants) may be relevant. On the other hand, different policy options should be considered with respect to such issues as greater incentives for immigration or return migration, more generous provisions for maternity and paternity leave, subsidized housing for larger families, child care for working mothers, etc.

Primary Sources:

- Fertility, mortality and international migration data by age and sex, preferably from civil registration systems;
- National population projections;
- The Human Fertility Data Base (<http://www.fertility.org>) is a collaborative project of the Vienna Demographic Institute and the Max Planck Institute in Rostock, Germany with (at present) detailed mortality data for 10 developed countries.

Secondary Sources:

- United Nations (2005). *The New Demographic Regime: Population Challenges and Policy Responses*. New York / Geneva, United Nations;
- UN Population Division. National population projections;
- Joshua R. Goldstein, Tomás Sobotka and Aiva Jasilioniene (2009). "The end of "lowest-low" fertility?" *Population and Development Review* 35 (4): 663-699;

- Studies on the economic implications of population trends and the demographic effects of specific policy interventions if they exist in the country or for neighbouring countries.

9. CHANGES IN THE AGE STRUCTURE, WITH SPECIAL REFERENCE TO AGEING

Facts/messages: Age structures are changing as countries undergo the demographic transition, the shift from higher to lower levels of fertility and mortality. More than half of the world's population now lives in countries where total fertility is 2.3 or less.⁵³ However, even with fertility decline to replacement levels or below, the population will still continue to grow due to the momentum of its age structure.⁵⁴ As was stated in the previous section, the latter now accounts for 75% of world population growth. Nevertheless, momentum effects and age structure are often ignored in observations of population change. To better understand the implications of changes in age structure for social and economic policy, the issue needs to be analyzed in some detail.

The demographic transition is taking place at a much faster pace in developing countries than has historically been the case in the now developed countries, and consequently population ageing is occurring at a more rapid rate in those countries. Developing countries not only have less time to adjust to their growing elderly populations, but they are at much lower levels of economic development than developed countries were when faced with population ageing. Two thirds of all older persons live in developing countries and their numbers and proportions are growing. These are countries least able to cope with the increasing numbers of elderly.

The rate of population ageing is furthermore modulated by migration. While immigration can slow down the pace of population ageing, because immigrants tend to arrive at younger ages, emigration of adults in their working age accelerates population ageing. Immigration of elderly retirees and return migration of former migrants can furthermore accelerate population ageing. The impact of migration on population ageing is usually stronger in countries with smaller populations due to the higher relative weight of migrants in these populations.

The changing age structure of populations has significant social and economic implications at the individual, household, community and societal levels. It also has important implications for a country's development. The challenge is to distribute limited resources to ensure that the needs and rights of both young and old are adequately met, especially education and health for young people, and social, medical and financial support for the elderly. This will mean changes in approaches to education, employment, and health care. It will also mean changes in the relationships between generations.

A number of issues need to be considered when addressing the challenges of population ageing, including: gender aspects of ageing; changing family composition and family support systems; lifelong health and active ageing; contributions of older persons to family, community; poverty of older persons; pensions and social protection schemes; access to basic social and health services; discrimination, violence and abuse of elderly; human rights of older persons; impact of urbanization and migration on the elderly; older persons in emergency situations and creating an enabling environment for older persons. Reliable and timely data disaggregated by age, sex and rural/urban residence are essential

53 United Nations Population Division (2009). *World Population Prospects: the 2008 Revision*. New York.

54 Keyfitz, Nathan (1971). "On momentum of population growth". *Demography* 8(1):71-80.

for policy formulation and programme planning, as well as for monitoring and evaluation purposes, including monitoring of progress towards implementation of the Madrid International Plan of Action on Ageing.

Older persons also require special attention since many of them are victims of discrimination, violence and abuse, including violations of their human rights. The experience of HelpAge International worldwide is that older persons are routinely denied both protection and recognition of their rights. Neglect, abuse and violence against older persons can take many forms, including physical, psychological, emotional and financial. Much of it is rooted in the fact that most elderly persons are no longer economically active. Some depend on others to assist them in daily tasks. Exclusion generates and deepens inequality. Some harmful traditional practices result in abuse and violence against older women, often exacerbated by poverty and lack of access to legal protection. The elderly poor are particularly vulnerable. Lack of power and status makes it harder for older persons to claim services, find out and negotiate what is due to them, respond to abuse, violence and neglect, demand information, and protest age and gender-related discrimination.

Methodology: Various indicators can be used to depict changes in age structure and shed a light on the situation of elderly in a population. For instance, use the relationships between generations (percentages of three large groups: 0-14 years; 15-64 years; 65 years and over), age pyramids, and/or trends in the index of demographic and functional dependency (able-bodied individuals that do not participate in the economy and dependent unemployed persons); life expectancy. The ageing index refers to the number of people over 65 years per 100 youths under the age 15 years. Another indicator of the age structure of a given population is the median age of the population. For a more dynamic view, use the growth rate (or absolute increase) by age groups. Use indicators of health and functional capacity of older persons and correlate with the age structure.

Primary Sources:

- National censuses. Household, health, labour force, poverty surveys;
- Specialized surveys of older persons (e.g. the SABE survey of PAHO), including on living arrangements;
- Poverty or Living Standard Measurement Surveys (LSMS).

Secondary Sources:

- UN Population Division. *National estimates and projections*. Available at: <http://esa.un.org/unpp/index.asp>;
- UNECE. Population Division. *Standard tabulations*: Available at: http://www.unece.org/pau/age/prevacts_MicCen_tabul.htm;
- ECLAC. *Estimates and Projections*. Available at: http://www.cepal.org/celade/proyecciones/basedatos_BD.htm;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/index.asp>;
- United Nations (2008). *Regional Dimensions of the Ageing Situation*;
- United Nations (2007). *World Economic and Social Survey 2007, Development in an Ageing World*;
- ESCAP. *Promoting a Society for All Ages in Asia and the Pacific*. Available at: <http://www.unescap.org/publications/detail.asp?id=303>.

Tools:

- United Nations (2008). *Guide to the National Implementation of the Madrid International Plan of Action on Ageing*. Includes publications on ageing produced within the UN system and directory of ageing resources on the Internet;
- United Nations (2006). *Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing*;
- HelpAge International (2002). *Participatory Research with Older People: A Sourcebook*;
- Research Agenda on Ageing for the 21st Century (2007 Update);
- Directory of Ageing Resources on the Internet:
http://www.un.org/esa/socdev/ageing/documents/Web_Links/directoryJune09.pdf.

Regional Implementation Strategies:

- UNECA. *African Union Framework and Plan of Action on Ageing*:
<http://www.un.org/esa/socdev/ageing/documents/implementation/AUFrameworkBook.pdf>;
- UNECE. *Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002* http://www.monitoringris.org/documents/norm_reg/unece-ris.pdf;
- ECLAC. *Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing*:
<http://www.eclac.cl/celade/noticias/paginas/1/13611/FINAL-DSC-1-Ingles.pdf>;
- ESCAP. *Shanghai Implementation Strategy*:
<http://www.un.org/esa/socdev/ageing/Shanghai.html>;
- ESCWA. *Arab Plan of Action on Ageing to the Year 2012*
<http://www.escwa.un.org/information/publications/edit/upload/sd-02-01.pdf>.

10. ADOLESCENTS AND YOUTH AND THEIR EMERGENCE AS A PRIORITY GROUP

Facts/messages: Adolescence is a period of many critical transitions: physical, psychological, economic, and social. While adolescents are those in the age range of 10 to 19 years, youth refers to the age range of 15 to 24 years. Young people make up a very heterogeneous group. The needs of a 12 year-old girl are very different from those of a 24 year-old male. Transition to adulthood is diversified by age, sex, marital status, schooling levels, residence, living arrangements, migration, and socio-economic status. Although young people are all in transition, their experiences are by no means the same. Young people represent an enormous potential resource for most developing countries. Their educational achievement, the skills they develop and the decisions they make about sexual behaviour and child-bearing have profound effects, not only on their own lives, but on the lives of generations to come.

The “youth bulge”, which is often blamed for the difficulties in reaping benefits from the demographic bonus, is more appropriately interpreted as a “childhood trough”. Its real policy significance consists not in that young people are increasing as a proportion of the potential labour force, but in that they are increasing relative to the group under age 15. Thus societal resources previously targeted to young children increasingly need to be redirected to adolescents and young adults. When computed as a percentage of the 15-64 bracket, the 15-24 age group in most countries is declining. Its problems call for a more detailed inspection nonetheless. Taking advantage of the next 15 years in order to invest in

young people may be one of the crucial decisions deriving from current demographic trends in many countries, particularly those where the demographic transition is in an intermediate or advanced stage.

It is appropriate to point out the characteristics of this population in terms of working conditions, education and access to services, as well as their participation as citizens, taking into consideration gender and socio-economic inequalities etc., while paying particular attention to the special needs of this group with respect to education and SRH services. Among the many barriers to SRH services for young people are: legal and policy constraints related to age and marital status; fear of being seen, due to a lack of privacy and confidentiality; fear that they will be treated badly; cultural taboos about young people's sexuality; inconvenient hours and locations of facilities; and high costs. In addition, many young people have a poor understanding of their own needs, know little about available services, or are deterred by shame or embarrassment. Many countries have laws prohibiting people below age 18 to access to SRH services without parental consent.

Adolescent pregnancy is correlated with low education levels for girls. When adolescent pregnancies lead to abortions, they are often unsafe. Compared to adults, adolescents are more likely to delay abortion, resort to unskilled persons to perform it, use dangerous methods and present themselves late when complications arise. The highest rates of sexually transmitted infections (STIs) worldwide are among young people aged 15 to 24 years. The HIV/AIDS pandemic is affecting today's adolescents in ways in which it didn't affect their parents. Most young people do not have access to acceptable STI services. Without treatment, these infections can have serious implications, especially for women and their children. Young girls are at higher risk from STIs than boys because they reach puberty earlier, have older partners more often, and are physiologically more vulnerable to infection.

When young people are equipped with accurate and relevant information and education, skills in decision-making and communication, and have access to counseling and services they are better able to 1) Take advantage of educational and other opportunities that will affect their lifelong well-being; 2) avoid unwanted pregnancies and unsafe abortion; 3) Protect themselves against STIs including HIV; and 4) Improve their reproductive and sexual health, self-esteem and social participation.

Young people account for the majority of rural-urban migrants. Cities offer better jobs, housing, education, health care, and governance opportunities than rural areas. School attendance rates are higher in urban than in rural areas and cities offer greater opportunities for the empowerment of women and girls than rural areas. Many young women leave their villages to get away from traditional practices, such as child marriage, or in search of better economic opportunities and autonomy. The availability of safe havens for adolescent girls and young women can turn urban life into a beneficial experience through which they may find autonomy, access to resources, and control over their lives. On the other hand, lack of opportunities or marginalization perpetuates poverty and is associated with high levels of crime and the rise of political extremism. Close proximity and frequent interactions of young people in urban areas and greater access to mass media has facilitated the creation, adaptation, and dissemination of an urban youth culture, serving as a reference point for young people developing their identities, while these often challenge their roles at home, school, and work. Information and communication technologies are a predominantly urban phenomenon generating more and easier connections among young people. These technologies have changed the way young people relate to each other and have expanded globalized patterns of consumption.

UNFPA's *Framework for Action on Adolescents and Youth* articulates the organization's multisectoral strategy to promote the comprehensive development of young people worldwide. It also calls for

upholding the rights of young people, and especially for marginalized groups and adolescent girls. Its four pillars include:

- Addressing population, youth, and poverty issues at the policy level;
- Expanding access to gender-sensitive, life skills-based sexual and reproductive health including HIV education in schools and community settings;
- Promoting a core package of health and sexual and reproductive health/HIV services;
- Encouraging young people's leadership and participation within the context of sector-wide approaches, poverty reduction strategies and health sector reforms.

Methodology: Collecting and using a standard set of data on young people from censuses and nationally representative surveys is useful for evaluation change over time within a country as well as assessing a country's performance. Analyze the size and growth of the young population. Data should be disaggregated by sex and age (in useful subgroups such as 10-14, 15-19, and 20-24 years), and when possible by educational level or school attendance, marital status, place of residence, and living arrangements. For instance, identify the age at which girls leave school, mean age of marriage, disaggregated by other variables (including household wealth and geographic location) to provide information for targeted intervention.

Make use of censuses and employment surveys for information on economic participation and unemployment, etc. Quantitative survey data may need to be complemented by qualitative methods to generate a complete picture of young people. Also, incorporate indicators for access to education and SRH services. Identify key indicators relevant to young people from DHS and Living Standard Measurement Studies (LSMS). DHS data can be separated into wealth quintiles, providing an important source of information on young people living in poverty and on key issues such as educational levels. When computing the mean or median age at first intercourse, make sure to do this correctly (recognizing the censored nature of the data) as simply computing it on the basis of those who have already had the experience will yield biased results. SHR data can further be manipulated to map geographically the most vulnerable of youth based on the understanding that young people are not a homogeneous group and illustrate visually where they live. DHS data can also give insight into national and regional variations and differences across social and economic strata. Furthermore, identify key indicators from MICS.⁵⁵

The Adolescent Data Guides series *Adolescent Experience In-Depth* by UNFPA and the Population Council draws principally on data from the DHS and aims to provide decision makers at all levels with data on the situation of adolescent girls and boys and young women. The age range covered is 10-24 and the data are presented in graphs, tables, and maps (where applicable).

The guidance document and toolkit by the UNFPA and Population Council *Investing When it Counts* addresses the lack of research on young people by compiling new data-gathering approaches, tools, and methodologies. The methodologies described in the guide are useful primarily for discovering which very young adolescents are most vulnerable, what their needs are, and whether they are being reached by existing programmes.

UNFPA's *Youth Participation Guide* understands the inclusion of young people as meaningful partners in programmes targeting them with information and services that can improve their effectiveness. The

55 UNFPA (2011). *Resource Guide for Youth and Poverty Reduction*. Step Two: Poverty Diagnostics and Youth.

resource seeks to increase the level of meaningful youth participation in programming at an institutional and programmatic level. Components include, 1) A conceptual overview on youth participation; 2) An institutional assessment and planning tool; 3) A youth-adult partnership training curriculum; and 4) Background handouts and more.

Specialized questionnaires, developed to monitor progress of youth participation, could address changes in attitudes towards youth staff and youth and adult experiences within the organizations that young people interact with. Basic qualitative and quantitative information can be collected to monitor the impact of youth participation at different levels and serve as the basis for evaluation.⁵⁶ For a listing of qualitative and quantitative indicators consult UNFPA's *Youth Participation Guide*.

Primary Sources:

- National censuses;
- DHS and Living Standard Measurement Study (LSMS);
- National estimates and projections;
- Multiple Indicator Cluster Surveys (MICS).

Secondary Sources:

- UN Population Division. *National Projections and Estimates*
Available at: <http://esa.un.org/unpp/index.asp>;
- UNFPA (2010) MDG 5b + Database. Available at: www.devinfo.info/mdg5b;
- ECLAC. *Estimates and projections*.
Available at: http://www.eclac.cl/celade/proyecciones/basedatos_bd.htm;
- ESCAP. *Combating Commercial Sexual Exploitation of Children and Youth in Asia: Directory of Organizations*. Available at: <http://www.unescap.org/publications/detail.asp?id=790>;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at:
<http://www.escwa.un.org/divisions/scu/statABS27/details.asp?chapterID=1>;
- Population Council (for the Adolescent and Youth Programme of UNFPA). *Adolescent Fact Books* (based on the analysis of country data from DHS). UNFPA (2009). *The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People. Data, Tables, Graphs and Maps Based on the Demographic and Health Survey*.

Tools:

- UNFPA (2011). *Resource Guide for Youth and Poverty Reduction*;
- UNFPA and Population Council (2006): *Investing when it counts: Generating the evidence base for policies and programmes for very young adolescents. Guide and tool kit*;
- UNFPA (2008). *Putting Young People into National Poverty Reduction Strategies. A Guide to Statistics on Young People in Poverty*;
- UNFPA (2008). *Youth Participation Guide: Assessment, Planning, and Implementation*;
- Cynthia B. Lloyd (ed.) (2005). *Growing Up Global: the Changing Transitions to Adulthood in Developing Countries. Panel on Transitions to Adulthood in Developing Countries*. Washington DC, Committee on Population and Board on Children, Youth and Families, National Academies Press;

⁵⁶ UNFPA (2008). *Youth Participation Guide*.

- World Bank (2006). *World Development Report 2007* contains an overview of youth interventions, with an evaluation of their effectiveness, broken down by area: Learning for work and life, Going to work, Growing up healthy, Forming families, Exercising citizenship, and Moving and communicating across borders;
- Through the Youth Development Indicators Experts Group, the UN has developed a minimum series of indicators on youth, which can be found at <http://www.un.org/esa/socdev/unyin/youthindicators.htm>;
- A manual for the analysis of census data on youth is currently under development.

11. MARRIAGE AND FAMILY PATTERNS

Facts/messages: The issue of family relations merits attention for several reasons. In some countries, particularly in Latin America, there has been a tendency to create a false dichotomy between an individualized world view, supposedly held by UNFPA and other international agencies, and a native culture based on family values, as defended by the conservative forces opposed to the ICPD. It is important to correct the perception that UNFPA is somehow contrary to the family as an institution and the best way to go about this is to invest some time and effort in the analysis of actual issues related to the structure of families. Some of the issues relevant in this context are:

- Nuclear versus extended family structures and the degree of cohabitation between generations;
- Two-parent compared to one-parent households;
- Polygamous family relationships;
- Formal compared to consensual unions in traditional, as well as modern settings; and
- Early marriage and/or large differences between the ages of spouses.

Although there is a general trend towards nuclear families, extended families are still an important part of the way of life in many parts of the world. In the 1990s, extended families still made up 19.5% of Egyptian households, 13% of South African households and 31% of the households in Riyadh, Saudi Arabia. There is a general tendency for richer households to be composed of nuclear families, but in 1999 as many as 28% of urban households of the richest quintile in Venezuela, 27% in Paraguay and 26% in Ecuador consisted of extended families. In some countries of Latin America, there has even been an increase in extended families in the past decade. In Sub-Saharan Africa, the persistence of extended family structures is reinforced by the AIDS epidemic, which often requires grandparents to take over the role of parents.

The process of demographic transition leads to smaller families (average number of family members), with a smaller burden of child-care obligations (fewer children at home) and a higher percentage of active members. Other components of this change of structure include the increase of the complexity and diversity of family structures as manifested by the increase in the number of single-person households, one-parent families, female headship, the increase in the number of separations and divorces, changes in the transition process toward marriage/unions, changes in the number of children who live only with their mother or father etc. On the other hand, there are also changes in the number of children older than 15 or 20 years old that continue to live with their parents, even after being married and having children of their own. There is a fair amount of literature showing that children from one-parent households are generally at a disadvantage compared to children from two-parent households. The latter would seem to confirm some of the positions of conservative groups advocat-

ing in favour of traditional family structures. It should be noted, however, that most of these studies do not control for pre-existing factors such as the fact that the incidence of one-parent households is higher among the poor.

Matrimonial relations and family formation patterns have important implications for the society, status of women, their health and fertility. In most societies, marriage usually marked the beginning of childbearing and procreation. Nonetheless, this pattern is changing. In many Western and Eastern European countries, the number of births outside marriage is increasing even if both parents live together and consider their union a family. The median age of marriage tends to go up, and in many European countries there is an increasing proportion of population that does not marry nor plans to have children. At the same time, in other parts of the world, early marriages are still common, especially for women, which exposes them to the risks of early childbearing and may hamper improvements in their educational attainment and economic and social status.⁵⁷ Polygamy or more specifically, polygyny is still a common practice in much of Africa, the Middle East and Southern Asia. Murdock's *Ethnographic Atlas* shows that 588 out of the 1231 societies included had frequent and 453 occasional polygyny.⁵⁸ It is legal in the entire Arab States region, with the exception of Tunisia, and in Southern and Western Asia, Myanmar, Singapore, and Indonesia. In Africa, it is either a recognized form of civil union or permitted by common law in most countries, although with some exceptions such as Angola, Benin, Burundi, Côte d'Ivoire, the DRC, Ethiopia, Ghana, Mauritius, and Rwanda. Even in the latter countries, the practice, although illegal, still exists. In some countries, such as Nigeria and India, the practice is only allowed among certain population groups. Incidence varies widely. In Lebanon, for instance, polygamous unions, while legal, are rare. In Senegal, on the other hand, it is estimated that as many as 47% of the unions are multiple.

Forced or arranged marriage of children or adolescents deprives them of freedom, opportunities for personal development, and rights such as health and well-being, education, and participation in civic life. Child marriage refers to both formal marriages and informal unions in which a girl lives with a partner as if married before the age of 18 years. Forced marriage happens without the free or valid consent of one or both of the partners. The concept of early marriage relates to forced marriage since minors are considered incapable of giving informed consent. Despite numerous legal instruments at international, national and local levels condemning the practice of forced marriage, only a limited number of countries criminalize this practice.

Despite a lack of widespread recognition in most countries, the increasing display of sexual orientation implies the emergence and recognition of same-sex couples, with or without children, representing a new form of family. Same-sex marriage has been a controversial debate with several regions and countries prohibiting the legal recognition of same-sex marriage, sometimes also barring any form of recognition. Since the issue of granting marriage to same-sex couples is controversial in many jurisdictions, many governments tend to opt for creating a civil union or unregistered cohabitation for same-sex couples. Same-sex marriage is currently carried out only in few countries in the world, for example, Argentina, Belgium, Canada, Iceland, the Netherlands, Norway, Portugal, South Africa, Spain, Sweden, some U.S. states, as well as Mexico City, allowing equal economic benefits, legal rights and social status as families, however, in some countries still discriminating for parenthood. Other countries and regions grant same sex bonds without the provision of same-sex marriage, oftentimes however including most or all rights that marriage entail.

57 Bruce K. Caldwell (2005). "Factors affecting female age at marriage in South Asia". *Asian Population Studies* 1(3): 283 - 301.

58 For more details see the data base available at <http://eclectic.ss.uci.edu/~drwhite/worldcul/atlas.htm>.

Demographic consequences of changing matrimonial arrangements until recently have been of minor importance as proximate determinants of fertility outcomes. These are still of lesser relevance in countries with high fertility where early and universal marriage for women reflects, and may contribute to their close identification with family roles. However, the massive changes that are currently taking place in Western societies, and a somewhat parallel change that is taking place in East and Southeast Asia, are, for good or ill, transforming the position of women by loosening the automatic assumption of this identification and hence their reproductive choices. Changes in marriage patterns affected by accelerated economic development, urbanization, human capital formation, changing gender roles and family arrangements correlate with increased sense of individualization, more economic opportunities, particularly for women, and new concepts of the purpose of marriage.

Social scientists studying various societies often reiterate that polygyny leads to the oppression, threatening or disempowerment of women. There is some evidence that children born out of polygamous unions are at greater risk of experiencing marital conflict, family violence and family disruptions, marital distress, particularly that related to high levels of unhappiness of women in polygamous unions, absence of the father and financial stress. Moreover, according to a 1992 recommendation by the UN Committee that monitors CEDAW, polygamous marriage contravenes a woman's right to equality with men, and can have such serious emotional consequences for her and her dependants that such marriages ought to be discouraged and prohibited. Allowing such marriages violates the constitutional rights of women and breaches the provisions of Article 5(a) of the CEDAW.

Polygyny also tends to be associated with large average age differences between spouses, especially between husbands and their youngest spouses. However, large age differences between spouses also occur in settings that are essentially monogamous. The largest differences (around 10 years, on average) are found in the Sahel region of Africa, with slightly smaller averages in Western Africa (around 7 years) and Eastern and Southern Africa (around 6 years). It is generally believed that large age differences reinforce the inequality in power relations between men and women. In particular, it has been found that contraceptive prevalence rates are lower in unions with large age differences, as women in these unions have less autonomy in decision-making.

All too often, the imposition of a marriage partner upon a child or adolescent means that the child's time of childhood is reduced and compromises his/her fundamental right to exercise that choice as established in international human rights instruments. Early marriage has a severe impact on the physical, intellectual, psychological and emotional well-being of children and adolescents. In addition, for girls this will almost certainly imply premature pregnancy and childbearing. Girls are also more susceptible to sexually transmitted infections (STIs), including HIV, than mature women are, as a result of biological and social factors, including power relations between men and women that make it difficult for girls and young women to negotiate safe sex. One of the major factors behind early marriage is poverty. In countries with high levels of poverty, marrying young girls becomes often a family survival strategy, and may be considered as in the child's interest. Forced marriage deprives girls, boys and women of basic human rights.

In some countries, particularly in East Asia⁵⁹, it is difficult for some men to find a spouse in their home country. Women are becoming more educated and economically active. However, relations between the sexes and the division of household responsibilities have hardly changed. Furthermore, measures

59 B elanger, Dani ele (2010). "Marriages with foreign women in East Asia: bride trafficking or voluntary migration?" *Population and Societies* No. 469.

to support economically active mothers are insufficient. Therefore, women are obliged to choose between work and marriage and motherhood, and increasing number of women are thus refusing to accept their traditional role. In addition, women often have to assume the role of caretakers for their parents, which also tends to remove them from the marriage market. As a response, an increasing number of brides are brought in from outside the country. In recent years, this form of immigration has developed rapidly, particularly in East Asian countries.

Methodology: Based on census data, calculate the percentage of nuclear and extended families and analyze the degree of cohabitation between generations. Also look at non-family living arrangements, such as single-person households. Compute the average number of members and children (less than 5 years old and less than 15 years old), headship rates by age and sex, distribution of the population by sex, age and marital status, percentage of children who live with both parents, only the father, only the mother, or neither of the two. Another important indicator refers to the situation of young and adolescent mothers by situation within the family: head of household, spouse, daughter of head of household or other situations. If at all possible, the trends in these indicators over time should be shown. Use nuptiality indicators as age of first union, the percentage of consensual unions and the difference in age between spouses (if this is available). Calculate the population distribution by age (in five-year age groups) and marital status, currently married women and men, ever married women or men, and fertility ratios.⁶⁰ Correlate economic development with the age at marriage.

In countries where reliable civil registration data on marriages exist, these serve as a basis for the computation of a number of indicators such as the annual number of marriages, crude marriage rate, average age at marriage, average age difference between spouses at first marriage, annual numbers of divorces, and crude divorce rates. In some cases it may even be possible to compute the average duration of marriages. In other countries, that do not have reliable civil registration systems, the census or surveys of different kinds may provide retrospective information on the age at first marriage of women and more rarely of men. By analyzing this information for women aged 15-24, an approximate image of recent marriage patterns and ages at first marriage can be obtained. Note that this may require advanced statistical techniques (censored data analysis) in the case of women (or men) who are not yet married and not yet 25 years old. In countries where no retrospective marriage data exist, it may still be possible to compute the so-called singulate mean age at marriage, i.e. the mean age at marriage computed based on proportions of never married individuals at different ages.⁶¹ This works best if data are available by single ages, but care needs to be taken with distortions in the age structure due to digit preference.

The censuses of several countries (e.g. Egypt, Iraq, Guinea, Kenya, Mali, Rwanda, Senegal, South Africa, Uganda, Nepal) allow the measurement of the extent of polygamous unions. In practice, however, these data are often heavily under-reported. Women in particular often do not acknowledge that they live in such unions, either because they resist the idea or because they are unaware of their husbands' other partners.

Assessing the extent of early marriage prevalence is very challenging since many go unregistered and unofficial and therefore are not counted in standard data collection systems. Very little data exist on marriages under age 15. Furthermore, early marriage is often concentrated in some regions and among some sub-populations. Plenty of marriage data exist for those aged 15-19, mostly in relation to reproduction or schooling. DHS data allow for some analysis of the proportion of women currently

60 Indicators from the UN Population Division.

61 For more details, see John Hajnal (1953). "Age at marriage and proportions marrying". *Population Studies* 11 (2): 111-136.

married who married below age 18. Existing demographic data need to be disaggregated and used to examine the prevalence of early marriage. However, further studies are needed to examine trends.⁶²

UNICEF and partners base their analysis on household survey data primarily from the DHS and the MICS. This analysis focuses on five indicators related to child marriage, including i) Percentage of women first married/in union by age 18 by age group; ii) Percentage of girls 15-19 years of age currently married/in union; iii) Age difference between spouses; iv) Percentage of women in a polygynous union by age groups; and v) Percentage of ever-married women who were directly involved in the choice of their first husband or partner.

Primary Sources:

- Civil registration data on marriages, where these exist;
- Household surveys and censuses. In some cases it may be necessary to ask for special tabulations from the Central Statistical Offices (CSOs);
- Contraceptive Prevalence Survey (CPS);
- DHS;
- MICS;
- National Censuses;
- National Legislation;
- World Fertility Survey;
- National surveys on traditional practices.

Secondary Sources:

- UN Programme on the Family (2003). *Family Indicators*. UNDESA, Division for Social Policy and Development;
- UN Population Division (2009). *World Marriage Data 2008* (POP/DB/Marr/Rev2008);
- UNICEF *Estimates of Child Marriage*;
- UNICEF: *Childinfo*. Available at: <http://www.childinfo.org/>;
- ECLAC. *Social Panorama*. The chapter on policies geared towards families has useful information, even though it focuses more on policies. See also the part on social cohesion;
- ESCAP. *Statistical Yearbook for Asia and the Pacific*;
- ESCAP. Online database. Available at: <http://www.unescap.org/stat/data/swweb/DataExplorer.aspx>;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/details.asp?chapterID=1>.

12. SETTLEMENT PATTERNS AND POPULATION MOBILITY

12.1. URBANIZATION AND CHANGES IN REGIONAL POPULATION DISTRIBUTION

Facts/messages: Taking a proactive view towards inevitable and massive urban growth is crucial. History has demonstrated the futility of policies aimed at preventing rural-urban migration or retarding urban growth. Policymakers need to be convinced of this and of the need to plan ahead for it. The positive relation between urbanization and social, economic and ecological processes should be

62 UNICEF Innocenti Research Centre (2001). "Early marriage child spouses". *Digest* No. 7.

highlighted in policy dialogue. Two issues stand out: promoting the sustainable use of space in planning the territorial expansion of the city and planning for the land and housing needs of the largest social category – the poor. Population studies can make important contributions in both domains, as explained in UNFPA's 2007 SWOP.

Urbanization will be one of the main demographic processes of the coming decades, particularly in those regions that are still largely rural. In 2008, the world passed the 50% urbanization mark. From 2018 on, urban population growth in the world as a whole will exceed total population growth, as rural areas will start losing population in absolute terms. In Sub-Saharan Africa, the urban population will increase from 324 million in 2010 to 730 million in 2035. During the same period, China's degree of urbanization is expected to increase from 45% to 64%. Analyze advances in the urbanization process and compare it with other countries in the region. Highlight its relationship with economic and social progress. Show moreover that behind the urban percentage exists a texture for the urban system that is comparatively extensive, with various nodes, or a large capital city and a number of small towns, i.e. illustrate the density of the urban system. Finally, describe the distribution of the population throughout the national territory, and in particular regional reallocations resulting from migration, and their relationships with policies and productive transformations. If possible, describe the country's policies with respect to urban growth and population distribution.

Methodology: Use indicators such as land area, urban settlements, urban and rural population in total and as a percentage of the total population, urban and rural annual growth rates and the absolute increase (or decrease) of the urban and rural populations in a recent period (last 10 years), density, the percentage (of the total and urban population) in cities with 20 thousand inhabitants or more, percentage (of the total and urban population) in cities of 1 million or more inhabitants, percentage (of the total and urban population) in cities of intermediate size (in principle between 100 thousand and 1 million inhabitants, but this can be modified according to the country), primacy index of the urban system (out of 3 and out of 11 cities), relative distribution of the population by major political and administrative divisions (MPAD) (consider map-based presentation). In this chapter, include studies on social capital, social networks, etc.

Primary Sources:

- National population and housing censuses;
- Estimates and projections from national sources.

Secondary Sources:

- UN Population Division. *World Population Prospects*. Available at: <http://esa.un.org/unpd/wpp2008/index.htm>;
- UN Population Division. *World Urbanization Prospects*. Available at: <http://esa.un.org/unpd/wup/index.htm>;
- UN Population Division. *Urban and Rural Population, Development and the Environment*. Wall Charts;
- FAO, FAOSTAT database. Available at: <http://www.fao.org/>;
- Center for International Earth Science Information Network (CIESIN) of the Earth Institute at Columbia University. Global Rural-Urban Mapping Project (GRUMP). Available at: <http://sedac.ciesin.columbia.edu/gpw/>;
- United Nations Human Settlements Programme (UN-Habitat), Global Urban Observatory calculations. Available at: <http://ww2.unhabitat.org/programmes/guo/statistics.asp>;

- ECLAC. *Estimates and projections*. Available at: http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm;
- ECLAC. *EPUALC database (Distribución Espacial de la Población y Urbanización en América Latina y el Caribe)* in Boletín Demográfico No. 75. Available at: <http://www.eclac.org/cgi-bin/getProd.asp?xml=%20/publicaciones/xml/6/21806/P21806.xml&xsl=/celade/tpl/p9f.xsl%20&base=/celade/tpl/top-bottom.xsl>;
- ESCAP. *Statistical Yearbook for Asia and the Pacific*;
- ESCAP. *Online database*. Available at: <http://www.unescap.org/stat/data/swweb/DataExplorer.aspx>;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/details.asp?chapterID=1>.

Tools:

- ESCAP. *ESCAP-UNDP Guidelines for Participatory Planning of Rural Infrastructure*. Available at: <http://www.unescap.org/publications/detail.asp?id=557>;
- ESCAP. *Managing the Transition from the Village to the City in the South Pacific*. Available at: <http://www.unescap.org/publications/detail.asp?id=500>.

12.2. INTERNAL MIGRATION

Facts/messages: UNDP⁶³ estimates that in 2009 globally 740 million people (one in eight) were living within their home country but outside their region of birth. Historically, population mobility, internal and international migration tended to be (unless they were forced) one of the strategies used by individuals and families to escape from poverty, armed conflicts, or the consequences of natural disasters and to look for new opportunities for employment, salaries, training, education and even marriage chances.

Yet, migration can also undermine the process of personal development, either because those who move are responsible for it (e.g. emigration of parents), because settlement at the destination is unsuccessful, or because those individuals who stay behind must contend with a loss of (often skilled) human resources.

The dynamics of internal mobility are linked to several public policies, regarding regional distribution, urban and rural development, housing, transportation, and infrastructure, productive transformations and specific programmes aimed at influencing both migration intensity and patterns.

Show the profile of internal migrants, those that have specific characteristics in terms of sex, age, education, social strata, etc. Here it is important to highlight the particular features of the process in the country and to challenge myths with regard to the identity of internal migrants. There are some widespread differences in the intensity of migration and in the ages at which it occurs, with Asia generally displaying lower mobility and sharp peaks at early ages, whereas Latin America and the developed countries display higher mobility and a flatter age profile with a peak at older ages. High mobility is commonly offset by corresponding counter-flows but redistribution through internal migration is substantial in some countries, especially when computed as a lifetime measure. Time series comparisons show five-year migration intensities falling in most countries (China being a notable exception), although lifetime data show more widespread rises due to age-structure effects.

63 UNDP (2009). *Human Development Research Paper.2009/30 Cross-National Comparisons of Internal Migration*.

One should also analyze the origins and destinations of migrants: rural-rural migration, urban-urban, rural-urban migration, towards small cities or metropoli, towards major development projects, return migration, etc.

Methodology: Very limited data exist with respect to internal migration due to the difficulty to measure and to conceptualize. Consider matrices of origin and destination, as well as indicators on migration flows. Censuses usually allow the computation of these matrices in terms of MPADs, but more rarely in terms of minor geographical divisions (e.g. municipalities) and rural/urban areas of residence. Consider classical indicators such as flows, stocks and rates to exploit the matrices of origin and destination. If the latter do not exist (e.g. for urban and rural areas of residence), use residual methods in order to compute at least net migration measures. Create multivariate tabulations to estimate the selectivity and the conditional probabilities of being a migrant.⁶⁴ Indicators regarding the volume of migration by type (urban-rural), migration balance and net migration by MPAD; if necessary, migratory exchanges between cities or between different surrounding areas and the main city (consider the use of map-based presentations). For internal migrants, use indicators such as: averages of age and education, distribution by sex (compared with non-migrants), average years of education by age and sex (compared with non-migrants).

Primary Source:

- National censuses. For country-city migration direct estimates of censuses and surveys when they ask the question, otherwise use indirect estimates with census data.

Secondary Sources:

- ECLAC. *Database for migration between Major Political-Administrative Divisions (MPADs) or migration between cities, Migración Interna en América Latina y el Caribe database (MIALC)*; Available at: <http://www.eclac.cl/migracion/migracion%5Finterna/>;
- ESCAP. *Online database*. Available at: <http://www.unescap.org/stat/data/swweb/DataExplorer.aspx>.

12.3. EMERGENCY SITUATIONS: NATURAL DISASTERS, ARMED CONFLICTS, DISPLACEMENT

Facts/messages: A state of emergency exists when there is a threat to the life and the well-being of a considerable number of inhabitants. This definition includes both natural crises and armed conflicts. In many cases these situations result in humanitarian crises which have implications for population-related issues. For example, forced migration resulting from civil conflicts affects major population groups. Although men participate more often in these kinds of conflicts, the participation of women and children has increased. At the same time, in many places in the world that suffer from these kinds of situations, it is women and children that form the bulk of displaced groups. When they experience conflict situations and men leave their homes, the surviving women and the victims of displacements find themselves in greater difficulties because they are not only experiencing displacement, but also especially traumatic upheavals and drastic changes in domestic family life, social roles

⁶⁴ Methodology for indirect estimates ECLAC / CELADE. Rodríguez, Jorge. (2004). *Migración interna en América Latina y el Caribe: estudio regional del período 1980-2000*, II N° 50 (LC/L.2059-P), Santiago de Chile. Publicación de las Naciones Unidas, N° de venta: S.04.II.G.3. Rodríguez, Jorge. (2004). *Explotando el módulo sobre migración interna de los censos de población y vivienda de América Latina*, REDATAM informa, N° 10 (LC/ L.2261), Santiago de Chile.

and in gender relationships, with an increase in the number of abandoned children and of child and female-headed households, as well as in all other social dimensions. In general, states of emergency tend to increase the participation of women in the labour market and the workload of female-headed families. Older persons are also vulnerable in emergency situations, such as natural disasters and other humanitarian emergencies, because they may be isolated from family and friends, less able to move quickly, and less able to find food and shelter.

Highlight the consequences of emergency situations for the population, mainly in terms of migration, shifts in family structure, the labour market and gender dynamics. Other issues that should be pointed out in relation to situations of this kind have to do with the proliferation of informal settlements, reduction in life expectancy, especially for men; mortality levels due to violence and its differential by sex; and changes in nuptiality, such as the interruption of marriages. A state of emergency also takes its toll on the SRH of the population, especially women. Sexual violence, especially, its use as a weapon of war and intimidation, STIs and HIV-AIDS, and maternal mortality are problems that are exacerbated during a crisis situation. With the disruption of health programmes, destruction of health facilities and flight or death of health personnel, there is reduced access to health care at a time when it is most needed. Highlight the incidence levels of these problems in these kinds of contexts and the extent to which they have increased due to the situation, whether of armed conflict or natural disaster.

Methodology: In appropriate cases, to the extent possible, one should obtain indicators that offer information and a general analysis of the state of emergency, as well as its impact on population and SRH issues. For this, conduct a desk review of surveys, study, and a rapid needs assessment and/or enumeration and profiling to determine the scale of the crisis.⁶⁵ Estimate the number of displaced persons and refugees, and determine their socio-demographic profile and situation with regard to matters of SRH. For this purpose, data for gender and vulnerability analysis is necessary. Provide information about SRH care services in this population, as well as their location, housing and living conditions, immediate needs, aspirations, fears, duration of displacement etc. Basic demographic information is useful during emergencies to determine how to reach the affected population and how to satisfy their most urgent needs. These include initial needs assessments, sectoral surveys, rapid surveys, IDP profiling and adapted versions of conventional surveys and censuses. However, emergency situations often lead to a redistribution of the population and to a change in their structure and composition and hence render existing databases obsolete. Registration, routine service data collection and other administrative sources are also crucial. Describe the main causes of the crisis and opportunities for humanitarian help.

Primary Sources:

- Surveys analyzed at the sub-national level in the conflict areas and areas that have displaced persons. Surveys cover domains such as household consumption, household living conditions and poverty (LSMS, CWIQ, MICS, etc.), agriculture and food production, nutrition (DHS), fertility behavior and other RH dimensions (DHS, MICS, CWIQ), migration, labor force, employment and time allocation, informal sector activities, gender, infant mortality, etc.⁶⁶;

65 UNFPA (2010). *Guidelines on Data Issues in Humanitarian Crisis Situations*.

66 Ibidem.

- Specific studies on these issues or national information systems taking account of displacement at various geographical levels, for instance the National Secretariat of Social Pastoral Care in Colombia;
- Population censuses and projections for determining population size and spatial distribution by administrative unit and locality, Age-sex structure of the population for identification of various categories, especially the vulnerable groups etc.;
- Use census mapping and administrative sources for the identification of location and other details on the basic social infrastructure;
- The GIS is a means of capturing, managing, analyzing, and displaying all forms of geographically referenced information;
- Population projections provide an estimate of the expected population at various periods in the future (and the past);
- Administrative sources provide information on educational statistics, information on staff, civil status registration, health management information systems, passenger and other transportation data, etc. Information may also relate to infrastructure details, such as roads and other communication lines, community centers, schools, health facilities, storage facilities, etc.

Secondary Sources:

- UNHCR. *Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*;
- For regional statistics visit regional web site, such as <http://www.unhcr.org/americas/>.

Tools:

- UNFPA (2010). *Guidelines on Data Issues in Humanitarian Crisis Situations*;
- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects. Module 2, Session 3 on Emergency Situations*;
- Division of Reproductive Health, Centers for Disease Control and Prevention (CDC). *Reproductive Health Assessment Toolkit for Conflict-Affected Women*. Available at: <http://www.cdc.gov/ReproductiveHealth/Refugee/ToolkitDownload.htm>. This toolkit can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between the ages of 15 and 49 years old. It provides data to inform programme planning, monitoring, evaluation and advocacy.

13. INTERNATIONAL MIGRATION

Facts/messages: International migration (immigration and emigration) involves movement of people across national borders. It is often distinguished by purpose and duration. People move for different reasons, such as seeking employment, reunifying families, taking up study, seeking asylum from persecution, etc. The condition of being a migrant, particularly an international migrant, has historically had implications for social participation and the distribution of power. While for migrants, especially in conditions of global asymmetries, getting established at their place of destination frequently comes with deprivations, vulnerability and loss of connections with the place of origin. For the host societies,

immigration fosters diversity, bringing about challenges of adaptation that sometimes receive the highest political priority.

Short-term migrants are those who change their country of residence for less than one year; long-term migration involves changes of one's country of residence for one year or more. A third key distinction is between migration flows and migrant stocks. Flows refer to the number of people that cross an international border during a period, normally a year. Migrant stocks refer to the number of foreign-born or foreign citizens at a particular moment in time. International migration flow data are often generated by administrative sources (the number of visa issued, population registers), while the population census is the most common data source for the migrant stock.

The analysis should include international migration data (levels, trends, characteristics), but also give due attention to key variables that affect the integration of migrants, including their legal status, country of origin, reasons for migrating, duration of stay, period of arrival, etc. International migrants, in particular those in transit and those in an irregular situation, may have trouble accessing medical care, including SRH services. The analysis should highlight the limitations migrants and refugees have in accessing such care and how such access compares to that of citizens. In preparing national migration profiles, the native-born or national population living abroad should also be included, highlighting the linkages of the expatriate population to their home countries through remittances, trade, foreign direct investment, etc. International migration is a major component of population dynamics that affect health status. Highlight the limitations to access to health services in general, and access to reproductive health services by migrants and/or refugees.

Methodology: Data on international migration is relatively scarce. For many countries the population census is the only suitable data source that can yield information on the volume and characteristics of international migrants, i.e. persons who were born a country different from where they were enumerated (the foreign-born) or those who are citizens of a country different from the one in which they were enumerated (foreign citizens). In some countries, the census provides information on the number of immigrants who arrived during the last one, five or ten years, which allows for analysis of recent immigration. Data on the number of emigrants are notoriously unreliable, due to the inherent difficulties in enumerating absent people (stock) and deregistering people who leave (outflows). To estimate emigration, it is therefore recommended to peruse data sources in countries of destination, which provide information on the country of origin of international migrants. In Latin America, the IMILA data base was set up in this manner. Besides the census, migration data can sometimes be obtained from administrative sources and, increasingly, household surveys.

Analyze the relative distribution of origin (immigrants) and destination (emigrants) and identify the five most common origins and destinations and the rest. Use information on country of citizenship, country of birth, and country of previous residence. Make use of cross-tabulations of this information by age and sex. If possible, exploit administrative data sources, data from Labour Force Surveys and specialized surveys.

Analyze the reasons for migration by determining the push and pull factors of migration in the country. Push factors at origin may include political, social or environmental factors, conflict, lack of employment, etc. Pull factors at destination include better education, differentials in salaries, career opportunities etc. Use OECD data to analyze emigration by level of education (skills). Consider indicators such as: average age and education, distribution by sex (compared with non-migrants), average number of years of education by age and sex (compared with non-migrants).

Primary Sources:

- Population censuses and population registers, national administrative sources, data from Labour Force Surveys and specialized surveys. Various household surveys of the LSMS type (poverty and social indicator monitoring) contain information about remittances at the level of the households, by characteristics of the recipients (sex, age, etc.);
- IOM. Special migration surveys. These surveys are very rare, but some do exist (for example, Guatemala, 2003; Colombia 2005);
- Censuses and surveys for disaggregated figures.

Secondary Sources:

- UN Population Division (2009). *International Migration, 2009 Wallchart*;
- UN Population Division (2009). *Trends in International Migrant Stock: The 2008 Revision*. Available at: http://www.un.org/esa/population/publications/migration/UN_MigStock_2008.pdf;
- UN Population Division (2009). *International Migration Flows To and From Selected Countries: The 2008 Revision* to analyze migration flows between pairs of countries. Available online <http://esa.un.org/migration/>;
- UN Population Division. *United Nations Global Migration Database* to analyze the distribution by country of origin (for immigrants) and by country of destination (for emigrants) and to identify the five most common countries of origin and destination. Use information on country of citizenship and country of birth. Prepare cross-tabulations of by age and sex. Available at: <http://esa.un.org/unmigration/>;
- University of Sussex. Development Research Center on Migration, Globalization and Poverty: *Global Migrant Origin Database*;
- IOM. Migration Profiles as Information Tools for Strategic Policy Planning. Profiles are available for over 30 countries in the world at: <http://www.iom.int/jahia/Jahia/complete-forthcoming-migration-profiles/>;
- ESCAP. *Online database*. Available at: <http://www.unescap.org/stat/data/swweb/DataExplorer.aspx>;
- EUROSTAT. *Regional Migration Statistics*: http://epp.eurostat.ec.europa.eu/portal/page/portal/region_cities/regional_statistics/data/database;
- EUROSTAT. *International Migration Flows*: <http://epp.eurostat.ec.europa.eu/portal/page/portal/population/data/database>;
- ECLAC / CELADE. *International Migration in Latin America - IMILA*. Available at: <http://www.eclac.cl/migracion/imila/>;
- African Development Bank (AfDB) and the World Bank. *Africa Migration Project* <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21681739-pagePK:64165401-piPK:64165026-theSitePK:476883,00.html>
<http://econ.worldbank.org/external/default/main?pagePK=64165401&theSitePK=476883&contentMDK=22617025&noSURL=Y&piPK=64165026>.

14. TRAFFICKING AND CROSS BORDER MOVEMENTS

Facts/messages: Forced migration is that which results from coercion, violence, compelling political or environmental reasons, or other forms of duress, rather than from a voluntary action. It often puts

migrants in considerable jeopardy. Although the population of forced migrants is small in comparison to labour migrants, it is made up of some of the most vulnerable and marginalized groups. The best-known and most-measured group within the forced migration category is that of “refugees”: people who flee countries hit by war, violence, and chaos, and who are unable or unwilling to return to their home countries because they lack effective protection. Asylum-seekers are individuals who apply for recognition of their refugee status in another country or through an embassy, and who usually must wait pending a decision from an appropriate body. Asylum-seekers are facing increased scrutiny owing to concerns that non-refugee migrants are misusing the asylum system in order to gain regular admission.

Trafficking in human beings is the third most lucrative illicit business in the world, after arms and drug trafficking. While there is often overlap between human trafficking and smuggling, the key difference is the element of exploitation with respect to trafficking. The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children defines human trafficking under Article 3 (a) as follows: “Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”⁶⁷ Many trafficking victims typically apply for advertised jobs with acquaintances, friends and relatives acting as recruiters.⁶⁸ Criminal networks, often in collaboration with customs officials, process travel documents and seize victims’ passports upon arrival. Not only do trafficking victims have to deal with the depression that often ensues, but also social stigma, especially in cases of sexual exploitation.⁶⁹

Smuggling of migrants refers to assisting a person who is not a national or permanent resident of a certain country to enter and remain in a state without complying with the necessary requirements for legally entering and remaining in the state. In addition to smuggling per se, the Smuggling of Migrants Protocol also covers the offense of enabling illegal residence. The intention in establishing this offense is to include cases where the entry of migrants is through legal means, such as visitors’ permits or visas, but the stay is through resorting to illegal means. In response to improved border control measures, the number of irregular migrants who turn to the services of smugglers to migrate has risen significantly.

Smuggling of migrants is always transnational in nature. The UN Protocol on the Smuggling of Migrants by Land, Sea and Air defines migrant smuggling under Article 3 (a) as follows: “Smuggling of migrants shall mean the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.”⁷⁰

Methodology: Due to its underground nature, trafficking data is rough and hard to gauge. Obtain criminal justice data to provide a first insight and independent sources of information on the sources

67 Article 3 (a). Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000).

68 According to research, 64 % of recruiters are acquaintances.

69 UNFPA (2006). *State of the World Population 2006. A Passage to Hope. Women and International Migration.*

70 Article 3 (a). Protocol against the Smuggling of Migrants by Land, Sea and Air (2000).

of victims and their destinations. Internationally standardized data are still not available, a limitation that hampers the sharing of information between and among states. Aggregated statistics cannot be put together, neither at geographic nor thematic levels.

Indicators that a person may have been trafficked are general in nature and may not all apply in every case of trafficking. Thus, these indicators should be used with caution to create a profile specific to your local context. If no information/intelligence on trafficking in persons is available, some of these indicators may help identify a new or emerging trafficking problem. Be particularly aware of circumstances where there are a number of indicators present, but they don't fit into a known pattern. This should trigger further research in order to establish a possible new problem. General indicators include: age, sex, location of origin, documentation, last location, transport, circumstances of referral, evidence of abuse, assessment of referring agency. Person-specific human trafficking indicators include, inter alia, 1) Work against free will; 2) Inability to leave the work environment; 3) Controlled movements; 4) Signs of fear or anxiety; 5) Subject to violence or threats of violence against themselves or against their family members and loved ones, etc. It must be mentioned, that the presence or absence of any of these indicators neither proves nor disproves if human trafficking is happening. However, finding these indicators should lead to further investigation.

Primary Source:

- Ministries of Foreign Affairs, Trade, Labour, Social Affairs or Immigration.

Secondary Source:

- UNODC (2009). *Global Report on Trafficking In Persons*. UNODC collected data from 155 countries, from a variety of sources, primarily national Ministries of Foreign Affairs, Trade, Labour, Social Affairs or Immigration.

15. SOCIO-DEMOGRAPHIC INFORMATION AS AN INSTRUMENT OF ANALYSIS, POLICIES AND EMPOWERMENT

Facts/messages: A functional statistical system is a key asset for the rational administration of public policies, including public policies in the area of population, reproductive health and gender. Assessing the quality of the national statistical system provides an opportunity to systematize the statistical information in the country, which facilitates the work to be done in other sections of the PSA. This includes systematizing the information collected through several surveys, including the DHS and MICS, but also other kinds of surveys that the UNFPA country office may be less familiar with. Some countries have integrated demographic and socio-economic databases that are available online. If the country has such a database, this is an opportunity to analyze how complete it is and what use is being made of it. The importance of issues related to statistical – especially socio-demographic – information should be highlighted, in order to analyze the state of the national supply (coverage, currentness, consistency and level of disaggregation) of available data in relation to the demand in research and decision-making. By illustrating shortfalls and the most conspicuous weaknesses priority corrective measures can be recommended. In some countries, the statistical system is highly centralized in a National Statistical Office. In others, important parts of the information are controlled by line Ministries, Central Banks or other government agencies that may not share a unified set of technical criteria and data policies. This situation and its consequences for the availability of high quality data need to be

assessed. The role of socio-demographic information in a democratic society, not only for research and decision-making, but also for ensuring public transparency, citizen participation and social accountability at all government levels should be underscored. Also, evaluate the use that is made of available information: in many countries data are available but no analysis is carried out, either for academic purposes or in support of decision-making. This would be an excellent opportunity to position statistical information as a public good.

Methodology: Design a table with deficiencies in information, indicators, and sources, highlighting data quality, access to information, as well as public transparency. Indicate the degree of completeness of the vital registration system and of the latest census. Discuss the use of REDATAM and DevInfo in the country, in case national applications have been developed. If possible, try to estimate the public and private costs associated with the lack of data in critical sectors. Or, conversely, point out crucial benefits in the recent history of the country that can be attributed to the availability of appropriate data. Evaluate if existing protection mechanisms against the violation of confidentiality are sufficient. Illustrate the differences in population registration versus administrative data and elaborate their advantages and disadvantages. Evaluate the quality and the use that has been made of the data from the most recent census. Elicit the shortfalls of data collection in some areas of interest for analysis, for example limited migration data with respect to internal migration, international migrants flows and stock. If there are any recent evaluations of the national statistical system (e.g. in the context of Paris 21), indicate the results. Try to assess to what extent the national statistical system has improved in recent years.

Primary Sources:

- Internal evaluations of the national statistical authorities;
- National census;
- Survey reports;
- Evaluations of the administrative databases in the country.

Secondary Sources:

- World Bank (2001). *Strengthening statistical systems for poverty reduction strategies (PRSP Source Book)*;
- Paris 21 evaluations of the national statistical system, if they exist. Some information about the overall improvement of national statistical systems since 1999 can be found in Paris 21 (2009). *Paris 21 at Ten. Improvements in statistical capacity since 1999*. Paris, OECD;
- UN Statistical Division. *Demographic Yearbook* and other resources that qualify the quality of data in the country;
- The World Bank. Web page on LSMS surveys with a detailed categorization of the subjects investigated: <http://iresearch.worldbank.org/lsmssurveyFinder.htm>;
- MEASURE DHS. The MEASURE DHS web page contains detailed information about DHS surveys carried out in the country: <http://measuredhs.com/>;
- UNICEF. *ChildInfo* provides detailed information on its MICS surveys. Available at: <http://www.childinfo.org/mics.html>.

Tool:

- UNFPA. *Census Portal and Data Tracking Tool*: <http://www.unfpa.org/public/op/edit/home/sitemap/pid/6734>.

IV. INEQUALITIES AND THE EXERCISE OF RIGHTS

JUSTIFICATION

Although different, poverty and income inequality are intimately connected; in fact, a very important fraction of the high poverty rates encountered in some countries (particularly in Latin America, South Africa, Angola, DRC, Sierra Leone, Zambia) are attributable to acute levels of economic inequality. Therefore national trends and especially aggregate indicators at the country level are often not representative of the conditions that the different social groups experience inside the countries. For the same reason, inequality and poverty are central themes in the PSA because they have an impact on the nation's perspective on population dynamics. The following chapter presents a detailed overview of inequalities according to socio-economic, territorial, ethnic and gender groups demonstrating the contrasting situations that characterize these different groups in the country. One challenge for the PSA consists in illustrating not only manifestations of inequality/poverty but also the extent to which this inequality persists despite advances in the demographic transition. Moreover, this chapter is the appropriate place for describing to what extent inequalities have been reduced through the application of a rights-based perspective, and put into practice by universal or targeted rights favouring the most socially vulnerable groups. Effects in the opposite direction (from demographic inequality to poverty and social inequality) are analyzed in Chapter V.

Issues

1. Population Inequalities by Poverty
 - 1.1. Inequality in Population Behaviours and Trends
 - 1.2. Trends in Reproductive Inequality
 - 1.3. Inequalities in Mortality and Morbidity
2. Generational Inequality: Adolescents and Older Adults
3. Gender Inequalities
 - 3.1. The Gender Gap Index (GGI)
 - 3.2. Gender-based Violence
 - 3.3. Harmful Cultural Practices
 - 3.3.1. Honour Crimes
 - 3.3.2. Female Genital Mutilation/Cutting (FGM/C)
 - 3.3.3. Sex Selection
 - 3.4. Mortality differentials by sex
4. Inequalities by Racial, Ethnic, Religious and Other Cultural Characteristics
5. Inequalities related to the Habitat
6. Groups in Vulnerable Situations
7. Application of Rights and its Impact on Different Kinds of Inequality

The African Development Bank (ADB) and UNFPA *Training Module on Integration of Population Issues into ADB programmes and projects* includes a session on linkages between population, poverty and development. The sessions aims at exposing the user to debates theories and perspectives on the relationship between population, means of subsistence, economic growth, poverty and development, development of international consensus on population and development and main recommendations.

1. POPULATION INEQUALITIES BY POVERTY

Inequalities in population behaviour and trends refer to three aspects of demographic change, namely i) risk of early mortality (the lower the socio-economic level of individuals and communities, the higher early mortality), ii) final fertility intensity, i.e. the number of children women have (higher fertility at lower socio-economic levels) and iii) timing of fertility (high fertility at younger ages at lower socio-economic levels). These three types of disparity reflect the systemic pattern inherent in the population dynamics of poverty and as such require special attention. Since they tend to worsen or put pressure on the situation of lower socio-economic groups, they feed back into the pattern, and thus exacerbate existing social inequalities.

1.1. INEQUALITY IN POPULATION BEHAVIOURS AND TRENDS

Facts/messages: Poverty is often associated with population behaviours and trends whose main features are: avoidable mortality, unintended pregnancies and adolescent births, early marriage and reproduction and as a result an age structure (at the group and household level) that is burdened by heavier child-rearing responsibilities and more rapid growth as a group. This pattern does not necessarily reflect the desires of poor people, suggesting that there may be underlying phenomena of social exclusion and constraints on the exercise of human rights. The structure of the disadvantage generated by social inequality limits demographic convergence.⁷¹

Individual behaviours and practices have implications at the aggregate level, on population size and growth, the composition of a population by age and sex, and its spatial distribution. Education plays an important role in this context. Aggregate population dynamics reflect the changes in individual demographic processes. Slight changes in fertility and mortality can produce large changes in the size of the total population, e.g. low fertility levels have major implications for the overall population size, where a decrease is expected. Population ageing accelerates as fertility levels remain low.

Methodology: National population and housing censuses provide information that allows indirect estimates of mortality and fertility by using standardized demographic procedures. Indicators include the Total Fertility Rate, the infant mortality rate, the percentage of mothers (and those pregnant for the first time, if available) among adolescents, the dependency ratio, and the average number of children per household by poverty status (extreme poverty, poor and not poor). The DHS surveys allow direct estimation of fertility and infant and child mortality. In addition, the Household Wealth Index allows a stratification of the population into five strata (quintiles), using the standard DHS criterion.⁷² Although this stratification does not allow the identification of poverty as such, it provides at least a reasonable measure of the relative socio-economic position of population groups, such as women, with respect to each other. An alternative is to use completed years of education, which can be done with census as well as DHS data. DHS surveys are crucial for analyzing aspects that are not covered in the census, in particular those regarding intermediate variables of fertility and mortality and issues such as reproductive ideals, which cannot be investigated based on census information. If household surveys of the Living Standards Measurement Study (LSMS) type are available that contain a demographic module that allows the calculation of demographic indicators, these can be classified by poverty strata,

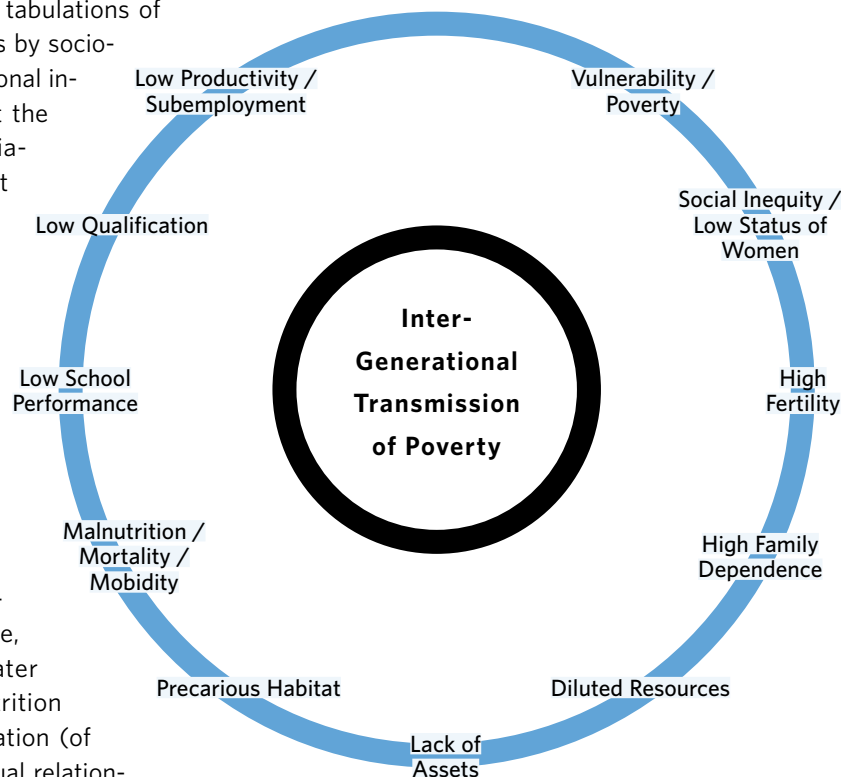
71 The mechanisms whereby these dynamics feed back into the reproduction of poverty will be formally presented, conceptualized and illustrated with ad-hoc indicators and procedures in Chapter V (e.g. in the absence of social and geographic mobility the greater natural population growth among poor people implies that their weight within the total population will gradually expand).

72 If it is not possible to have access to the databases, the online processing of DHS STATCOMPILER can be used.

in the strict sense of the word. If only censuses are available, the index of socio-economic stratification can be calculated and the percentages of poverty in the most recent survey can be used to define the extremely poor, the poor and the non-poor. Vital statistics can be used to compare and validate indirect estimates of fertility and infant mortality with census data, but the irregular quality of vital statistics and their limited socio-economic information make it difficult to use them in a systematic fashion to calculate demographic rates.⁷³

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Generate demographic tabulations of persons and households by socio-economic strata. Additional indicators are the age at the first union, sexual initiation (taking into account adolescents that have not yet initiated sexual activities), percentage of the use of modern contraceptives, desired fertility (West-off or Bongaarts variant), number of children at the onset of contraceptive use, percentage of individuals who received professional antenatal care, access to drinking water and sanitation, malnutrition (of children), immunization (of children), high-risk sexual relationships and the prevalence of HIV, also by socio-economic strata.



Primary Sources:

- Household surveys of the Living Standards Measurement Study (LSMS) type;
- DHS and other specialized surveys household surveys;
- International Reproductive Health Surveys (IRHS);
- Population censuses;
- Vital statistics.

73 ECLAC (2005). *Social Panorama*. Chapter 3. Demographic Inequalities and Social Inequalities.

Secondary Sources:

- DHS. *STATCOMPILER*;
- IADB. *Website with MDG indicators disaggregated by social groups*;
- ECLAC. *Social Panorama*. Chapter 3: “Demographic Inequalities and Social Inequality. Recent Trends, Associated Factors, and Policy Lessons”;
- ELDIS website on poverty and PRSPs: <http://www.eldis.org/poverty/prsp.htm>;
- World Bank Poverty Net site: <http://www.worldbank.org/prsp>.

Tools:

- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: sections on Housing and Living Conditions and Analysis of Non-Monetary Poverty;
- *The Resource Guide for Youth and Poverty Reduction* (UNFPA, 2011) contains an example of the analysis of PRS and other social programmes, in terms of their benefits to poor people, specifically for the case of Honduras (Case Example 36).

1.2. TRENDS IN REPRODUCTIVE INEQUALITY

Facts/messages: Reproductive inequalities persist despite the fact that the demographic transition is proceeding across-the-board and affects all social groups and regions (depending on the country concerned). Inequities are as relevant as mere inequalities, because they operate in the same direction, punishing people labouring under unfavourable socio-economic conditions. In addition to the statistical analysis carried out in the previous section, it is important to analyze how inequalities / inequities have developed over time.

Methodology: The indicators for reproductive inequality are the same as those used to examine population dynamics and SRH in the previous section (with the exception of those that relate to the natural and total growth of the population). Censuses, household surveys of the Living Standards Measurement Study (LSMS) type and specialized surveys (DHS and others) can be processed directly. In principle, the three sources are useful for quantifying regional and ethnic inequalities, although they provide different options based on the number of indicators for “inequality”.

Census data offer the possibility to control for the distortions in composition that can occur in survey-based convergence analysis. Distortion in composition arises, for instance, from using socio-economic groups whose representation changes over time, which can have quantitative and substantive implications. This limitation can be controlled by using socio-economic groups that maintain their relative representation over time, such as socio-economic quantiles that are specific to urban and rural areas, e.g. autonomous urban and rural quintiles. Assign an equal weight to the two dimensions considered, in order to obtain the socio-economic index from the simple average of the two sub-indices. Note that the procedure should be applied to rural and urban areas separately, so that the weighting factors are used specific to each area. By doing so the different quantiles are particular to urban and rural areas. Construct this initial segmentation to allow for inter-temporal monitoring exercises, controlling for compositional effects.

Inequality can be measured using various procedures and measures, from comparisons between extreme groups to heterogeneity measures (coefficient of variation) and synthetic indicators such

as the index of concentration. In general, the measures of heterogeneity are preferable with regard to territorial inequalities while composite indices are appropriate when assessing socio-economic inequalities. Unlike inequality, inequity is not a strictly statistical concept. In the case of health, it is defined as disparities in health that are a result of *systemic, avoidable* and *unjust* social and economic policies and practices that create barriers to opportunity. Note that this calls for an operational definition of what is considered systemic, avoidable and unjust. This is not always obvious. One may argue, for instance, that inequality in the distance to the nearest service facility is inequitable if it is due to the fact that such facilities tend to be constructed in better-off neighborhoods, thus making them less accessible to the poor. But if it is due to low demographic density, it can be justified on operational grounds. Finally, it may be purely random: even in the most equitable health system, some families will live closer to the nearest facility than others.

When dealing with aspects such as, i) intermediate variables of fertility and mortality, ii) micro-modeling and iii) unwanted fertility surveys have advantages over censuses and are therefore to be preferred. When using household surveys in the case of socio-economic segmentation, quintiles should be constructed with the income variable (the same used for estimating poverty).

Primary Sources:

- Household surveys of the Living Standards Measurement Study (LSMS) type;
- DHS and other specialized surveys, household surveys;
- International Reproductive Health Surveys (IRHS);
- Population censuses;
- Vital statistics.

Secondary Source:

- ECLAC. *Social Panorama*. Chapter 3: "Demographic Inequalities and Social Inequality. Recent Trends, Associated Factors, and Policy Lessons".

1.3. INEQUALITIES IN MORTALITY AND MORBIDITY

Facts/messages: Early mortality has declined strongly in recent decades in most countries of the world. As a result, there have been significant gains in life expectancy. This progress was not halted on account of economic recessions or political crises, but there are still marked disparities between and within countries. In fact, an overall downtrend co-exists with growing heterogeneity. Compliance with the MDGs will only be possible if the future reduction in infant mortality is concentrated in the most disadvantaged groups.

Public policies should be focused on reducing these inequalities in survival, between population strata, ethnic groups and geographic areas. In the case of infant survival, it is of utmost importance to dismantle the disadvantage structures associated with high fertility. Further, the intermediate determinants of infant mortality are related to some characteristics of mothers (extreme age, high parity, pre and post natal controls, immunization and nutrition) as well as exposure to pathogenic factors associated with the habitat, as confirmed by DHS surveys.

These linkages make it technically possible to achieve a decrease in demographic inequalities (reproductive and survival), which is to some extent disconnected from the reduction of socio-economic

inequalities. One should also take into account differentials in specific mortality with regard to age and sex (young people and older adults) and, to the extent possible, differentials in morbidity, measured in terms of Disability Adjusted Life Years (DALYs), among different social strata. Differential morbidity due to HIV/AIDS should be taken into account.

Methodology: For the purposes of this chapter, demographic inequality refers to the risk of early mortality that is larger at lower socio-economic level of individuals and communities. The measurement of the inequalities in survival can be structured into three groups of indicators: i) absolute and relative differences in infant mortality rates; ii) measures of disparities among population groups and geographic areas (convergence or divergence); and iii) measures of the effect or impact of socio-economic conditions on the level of mortality and regarding access to health, in order to determine the degree of concentration of inequality (differences between extreme quintiles). For morbidity differentials, one depends to a considerable extent on a number of studies based on household surveys; there are not many studies that have estimated the burden of disease in terms of DALYs by socio-economic stratum.

Primary Sources:

- Population censuses;
- DHS.

Secondary Sources:

- United Nations General Assembly Special Session (UNGASS): National reports on the situation of the HIV/AIDS epidemic;
- World Bank: *Health, Nutrition and Population (HNP)* reports;
- ECLAC: *Social Panorama*. Chapter 3: "Demographic Inequalities and Social Inequality. Recent Trends, Associated Factors, and Policy Lessons".

2. **GENERATIONAL INEQUALITY: ADOLESCENTS AND OLDER ADULTS**

Facts/messages: In order to avoid repeating the analyses carried out in Chapter III, this section should be carefully focused. The focus chosen here has to do primarily with the poverty status of young people and older adults, compared to other population groups, and with the transfers between generations.

Adolescents and young people are faced with a range of inequalities and social, political and cultural exclusion, as manifested by the high levels of youth unemployment and underemployment, educational marginalization, lack of access to health, especially SRH services, and the absence of mechanisms for citizen participation. Poverty among youth is closely tied to their unemployment and underemployment. Policies to address youth poverty must therefore focus, as a matter of priority, on eliminating barriers to youth employment. With regard to their labour situation, current cohorts of adolescents and young people may be at a disadvantage with respect to those that come behind them because their numbers are still relatively large in comparison to the smaller birth cohorts that will enter the labour market in years to come. Moreover, the opportunities created by the demographic bonus within society as a whole will only be converted into meaningful benefits to the extent that countries make decisive investments in the formation of human capital in this population group. Adolescents and young people require special attention, as many of them are exposed to violations of their human

rights, including reproductive rights. Yet Poverty Reduction Strategies may not view youth issues as a priority or even fail to make reference to the issue of the demographic bonus. Young women need to be an important focus for policy interventions to achieve MDG 6 as they are 2-6 times more likely to be HIV positive as men of the same age. Young people are not a homogeneous group inasmuch as they display not only inequities compared to other age groups, but also within the group of young people itself.

Social transfers, together with family and kin transfers and support are the most important sources of support mechanisms for most of the elderly. In countries that have a pension system with high coverage, poverty rates among the elderly tend to be lower than among the general population. Other sources include assets, wages and private pensions. But in countries that do not have functional pension systems, poverty levels for the elderly may be higher than those for younger people. Increased prevalence of cohabitation with children can be related to the scale of other flows, with the exact direction of causality often unclear. If poverty levels of the elderly are measured at the household level, as they usually are, poverty will tend to be underestimated, since the elderly are considered within the household of the entire family.⁷⁴

In some societies, inter-generational violence arises from poverty situations, which is a major threat to the well-being of the elderly. It is often aggravated by low literacy, poor health and malnutrition as well as a lack of awareness, access to information and participation in political decision-making. Access to basic social services, including health care and adequate shelter, is limited for many of the world's older poor. Poor women are especially affected, particularly if they are widowed or childless. In many traditional societies, women are dependent on fathers, husbands and sons, and find themselves with no support when they are alone. Elderly men usually face better economic conditions, but may be more vulnerable to social isolation, which can translate into poverty in situations where most of the support of the elderly is provided by younger family members.

Methodology: A common strategy for the analysis of special population groups is to separate data on these groups from those describing the general population and then to use these data for a detailed description of the group in question, whether it be adolescents, young people, older adults or any other particular group. This strategy can provide useful information, particularly on base lines for interventions that target the particular group. Following this practice, it is recommended to use quantitative data regarding the situation of young people in each of the areas analyzed with regard to SRH. The indicators to be used are the same as those used previously, with an emphasis on those relating to SRH. The relevant age group should be specified. UNFPA, in accordance with inter-agency agreements, is considering as adolescents those aged 10-19 years; as youth those aged 15-24, and as young people the 10-24 year old age group as a whole. One typically overlooked group in urgent need of preventive outreach efforts is the group aged 10-14 years, although unfortunately the information available for this group is usually scarce. In addition, use qualitative data that has been collected or that one decides to collect specifically for this exercise. Note that some forms of survey data may not adequately capture relevant or sufficient information about the types of poverty experienced by young people.

It should be emphasized, however, that analyses purely based on the description of group characteristics from data that refer only to the particular group have major limitations and can be rather

74 Alberto Palloni (2002). *Living Arrangements of Older Persons*. Madison WI, Center for Demography and Ecology, University of Wisconsin.

meaningless, particularly if they mechanically repeat the analyses that one would carry out for the population as a whole. For instance, in the population as a whole one will normally find that the level of access to services is better in the higher than in the lower socio-economic strata. Repeating this same analysis for adolescents adds relatively little relevant information, unless the objective is to define and estimate the size of a particular intervention group or if the pattern of inequality among adolescents is markedly different from that in the general population and therefore requires different explanations and different intervention strategies. But in order to verify the latter, it is necessary to compare adolescents to other population groups. If the objective is to demonstrate the relative disadvantage of adolescents, which is the objective of this section, comparison with other groups is even more indispensable. In general, analyses with respect to particular population groups usually gain much in relevance and depth if they are not limited to a description of the group in question, but analyze this group relative to others.

Use poverty surveys that provide age-specific data to highlight the incidence of poverty among elderly, using the income of individual household members. As in the case of adolescents, the analysis gains much in depth and relevance if it is carried out comparatively to other population groups. Rather than just using household income, try to identify the income of individual household members, to avoid the problem referred to above. In order to evaluate how generational transfers affect older adults, National Transfer Accounts (NTA) may be used, in countries where this information is available. At present, this project is being implemented in Argentina, Australia, Austria, Brazil, Chile, China, Costa Rica, Finland, Germany, Hungary, India, Indonesia, Japan, Kenya, Mexico, Mozambique, Nigeria, Philippines, Senegal, Slovenia, South Africa, South Korea, Spain, Sweden, Taiwan, Thailand, Uruguay, UK, USA. The empirical basis of the model is the disaggregation of national account data by population age and sex groups. Its purpose is to measure at the aggregate level the reallocations of shift of economic resources from one age group to another. These reallocations occur because at some ages, individuals consume more than they produce, while at other ages they produce more than they consume. The NTA system documents the means by which the young and the old, those with lifecycle deficits, draw on the lifecycle surplus generated during the prime working ages. In countries that are not part of the project, setting up a transfer accounting system from the beginning is probably too time-consuming for the purposes of the PSA.

Another possibility for analysis is to break down overall income inequality by major age groups and possibly by sex, to see how much of it is due to inequality between age groups and within age groups. In the case of youth, for instance, inequality within the group is usually relatively low, but the group as a whole has much lower income than the 25-64 year age group. As a by-product, this kind of analysis may shed light on how over-all income inequality is likely to change as a consequence of changing age structures.⁷⁵

Primary Sources:

- Household surveys of the Living Standards Measurement Study (LSMS) type;
- DHS and other specialized surveys;
- Population censuses;
- Qualitative studies to analyze issues that have been less often studied.

⁷⁵ This kind of analysis was pioneered by Morley, S. (1981). "The effects of changes in the population on several measures of income distribution." *The American Economic Review* 71 (3): 285-94.

Secondary Sources:

- UN Population Division. *National estimates and projections*. Available at: <http://esa.un.org/unpp/index.asp>;
- UNECE Population Division. *Standard tabulations*: Available at: http://www.unece.org/pau/age/prevacts_MicCen_tabul.htm;
- ECLAC. *Estimates and Projections*. Available at: http://www.cepal.org/celade/proyecciones/basedatos_BD.htm;
- ESCWA. *Statistical Abstract of the ESCWA region*. Available at: <http://www.escwa.un.org/divisions/scu/statABS27/index.asp>;
- United Nations (2008). *Regional Dimensions of the Ageing Situation*;
- Population Council (for the Adolescent and Youth Programme of UNFPA). *Adolescent Fact Books* (based on the analysis of country data from DHS).

Tool:

- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: sections on the Situation of Children, Adolescents and Youth and on the Situation of Elderly Persons.

3. GENDER INEQUALITIES

Facts/messages: Historically, gender relationships have usually been based on the subordination of women in various social spheres. Some of the mechanisms that tend to perpetuate poverty are connected with gender inequalities. For cultural and institutional reasons, often reinforced by public policies that lack a gender focus, the child-rearing burden is not distributed equally in the family and tends to fall disproportionately on women. This bias is one of the factors that reinforce the subordinate role of women and, consequently, gender inequality. According to much recent empirical research, one of the factors that most protects two-parent families against poverty is that the two members of the couple work. The greater and largely unwanted fertility of the poor is one of the obstacles of a gender system that tends to perpetuate the traditional roles of women and, at the same time, inhibits one of the main mechanisms for fighting poverty—the participation of women in the workforce.

These inequalities, as well as those relating to sexuality or questions of autonomy, citizenship, and power, must become visible in the PSA. Moreover, violence towards women should be highlighted and its root causes identified. It is not sufficient to denounce the treatment of women. If the final goal is gender equity, the effective involvement of men is also necessary. For example, the so-called “conciliatory” policies between motherhood and employment can be far removed from actual gender equity if they are based on the assumption that women alone should be concerned with raising children. On the other hand, it is important to recognize progress with regard to gender equity: some indicators that have traditionally been used to measure such inequity (for example, enrolment ratios under the MDGs) no longer apply in some parts of the world, such as Latin America, the Caribbean, parts of Asia and even some Arab countries, while they still apply in much of Africa and in South Asia. This makes it necessary for the PSAs to go beyond the standard MDGs indicators if they are to accurately capture gender inequalities. The notion that female-headed households are poorer than male-headed households has not been uniformly confirmed. The situation varies from country to country, according to the criterion of poverty (general or extreme), the method of calculation (income

or consumption), by age of the head of household, household composition, and migratory status of the family members.

Methodology: Among indicators that continue to show clear gender inequities in every region one finds: labour participation, labour income, time dedicated to domestic activities, child-rearing and care of the sick and elderly, etc. With regard to the analysis of poverty of households according to whether these are male or female-headed, it is advisable to go beyond simple dichotomies, disaggregating the situation by the age of the household head and other characteristics of the household structure, such as the dependency ratio or the number of active or inactive people in the home, marital status of the head of household and whether missing spouses are living abroad, and particularly the number of children of dependent age. For example, one can analyze the economic activity or average income of women in a specific age group (e.g. 30-39 years old) as a function of the number of children of dependent age and the presence or absence of other adults, apart from the spouse, in the household. The variation of this indicator by different population groups can provide invaluable clues for targeting conciliatory policies. The Demographic Module for Population Analysis and Projection (DMPAP), which will be referred to in greater detail in Chapter V, also analyzes poverty in a disaggregated way, by sex of the head of household and other household characteristics. In cases where information is available, it is important to cite studies that document inequality in the patterns of individual remuneration between men and women, not in the aggregate, but in comparable occupations and by hours worked.

Primary Sources:

- Censuses;
- Surveys of the Living Standards Measurement Study (LSMS) type or income and expenditure surveys of another kind are the best option for indicators of gender equity connected with work, income and education;
- Specialized surveys for indicators of the use of time.

Secondary Sources:

- UNECE: *Gender Statistics Database*: Available at: <http://w3.unece.org/pxweb/DATABASE/STAT/Gender.stat.asp>;
- UNSD (2010). *The World's Women 2010: Trends and Statistics*;
- ECLAC. *Indicators tracking compliance with the MDGs from a gender perspective*.

Tools:

- Interagency Working Group (IAWG, 2009) *Manual on integration of gender in SRH services*. Includes topics on assessment, strategic planning, design, monitoring, and evaluation;
- WHO. *Gender Analysis in Health*, available at: www.who.int/gender/documents/en/Gender.analysis.pdf. Tools for addressing Situation Analysis are listed in a Table on page 7;
- UNSD (1997). *Handbook for producing national statistical reports on women and men*;
- UNFPA (2007). *Demographic Model for Poverty Analysis and Projections (DMPAP)*;
- Lamlenn B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: section on the Situation of Women.

3.1. THE GENDER GAPS

Facts/messages: Gender inequality affects the spheres of culture, religion, home, work, income groups, politics, sexuality, power, and violence. Yet there are differences in the way gender disparities manifest themselves and how they have evolved over time. The magnitude of these disparities must be captured in order to design effective measures for reducing them.

Economic discrimination with respect to wages can be attributed, *inter alia*, to occupational segregation/segmentation, which means that people are distributed across occupations based on their characteristics, in this case, their sex. In order to understand gender inequalities in labour markets, the distinction between horizontal and vertical modes of occupational sex segregation needs to be recognized. Horizontal segregation exists when an individual is valued on the basis of the perceived average characteristics of his or her group and not on the basis of his or her own characteristics. For example, horizontal segregation limits career choices of women and keeps them in low-paid occupational sectors due to gender stereotypes that determine the sectors in which they can work. Women tend to be employed in the health and education sector and are generally excluded from sectors considered as being male, including mining and construction. To measure horizontal segregation, indicators such as educational achievements, skills and distribution of women and men across occupations should be used. Vertical segregation is associated with stratification according to the power, authority, income, and prestige of the occupation. For instance, vertical segregation limits the participation of women in economic policy- and decision-making in the public sector and in reaching managerial and decision-making positions in the private sector. The absence of policies, such as parental leave and flexible work schedules, limits labour force opportunities for women and makes them carry a maternal burden.⁷⁶

Methodology: Four measures of gender-based inequality will be described here:

1. The *Gender-Related Development Index (GDI)* calculates female and male results separately for the following variables, i) Life expectancy at birth, to capture health; ii) Adult literacy and combined primary, secondary and tertiary enrolment rates, to capture education; and iii) Estimated earned income, to capture income (note that these are the same as in the Human Development Index). For the final score these indices are combined. The GDI goes up either as the three components improve for both men and women or as disparities between men and women decrease.

2. The *Gender Empowerment Measure (GEM)* is based on three concepts to measure the relative empowerment of men and women. These three concepts include i) Women's participation in political decision-making (e.g. women's share of parliamentary seats); ii) Women's access to professional opportunities (e.g. weighted average of women's share among legislators, senior officials and managers and their proportion among professional and technical workers); and iii) Women's relative earning power (e.g. women's share of estimated earned income).⁷⁷

3. The *OECD Database on Gender, Institutions and Development (GID)* combines information on social and legal institutions, usually ignored in traditional quantitative data. The GID provides information on norms, laws, customs and traditions, which exercise a relevant impact on gender disparities. The Social Institutions Indicator (SID) comprises four categories, including i) Family code; ii) Physical

76 UNDP (2008). *Innovative Approaches to promoting Women's Economic Empowerment*.

77 World Economic Forum: (2007). *Global Gender Gap Report 2007*.

integrity; iii) Civil liberties; and iv) Property rights. These categories include a wide range of factors, such as early marriage, polygamy, parental authority, inheritance, freedom of movement and the existence of legislation punishing acts of violence against women.

4. With the *Gender Gap Index (GGI)*, the magnitude of the gap between women and men can be captured in four areas: i) Economic participation and opportunity; ii) Political empowerment; iii) Educational attainment; and iv) Health and survival. With visible skill shortages in the labour markets, it is becoming more and more important to close the gaps between gender and leverage the skills of both women and men. The GGI ranks countries on how well resources and opportunities are divided among the male and female population, regardless of the overall level of resources and opportunities. It can be used as a tool to mainstream dialogue and partnerships in order to address the global gender gap. Data and messages contained in the *Global Gender Gap Report* serve as a comprehensible framework for assessing and comparing global gender gaps and by revealing countries that can serve with best practices in dividing resources equitably between women and men.⁷⁸

Primary Sources:

- Population censuses;
- DHS, Labour Force Survey and Income, poverty, time use and other specialized surveys;
- IPUMS International.

Secondary Sources:

- International Labour Organization. *Key Indicators of the Labour Market*;
- World Economic Forum. *Executive Opinion Survey*;
- World Economic Forum. *Global Gender Gap Report 2007*;
- World Economic Forum. *Country Highlights and Profiles*;
- UNDP. *Human Development Report*;
- ILO. *LABORSTA Internet, online database*;
- ILO. *Occupational data*;
- UNECE: *Gender Statistics Database*:
Available at: <http://w3.unece.org/pxweb/DATABASE/STAT/Gender.stat.asp>
- UNESCO Statistics Division. *Education Indicators*;
- CIA. *World Factbook estimates*;
- World Bank. *World Development Indicators Online*;
- WHO. *World Health Statistics and The World Health Report*;
- US Bureau of the Census. *International Data Base (IDB)*.

3.2. GENDER-BASED VIOLENCE

Facts/messages: Gender-based violence (GBV) is the most extreme manifestation of gender inequality, defined as any act of violence based on gender that results from or in physical, sexual or psychological damage or suffering for women. This kind of violence is mainly perpetrated against women precisely because they are women by domestic and intimate partners; by non-partners such as teachers, rela-

⁷⁸ For more information on the construction of the various indicators, see the World Economic Forum (2007). *Global Gender Gap Report 2007, Measuring the Global Gender Gap*.

tives, other acquaintances or strangers; in harmful traditional practices; in conflict situations; or for commercial purposes, such as in trafficking.

The high levels of GBV in most societies and its serious health and socio-economic consequences make it a priority problem on the human rights and public health agendas. Highlight the extent of GBV, physical, psychological and sexual, broken down by the relationship with the aggressor. Of particular interest are the various manifestations of sexual violence, such as forced sexual initiation, sexual harassment in the workplace, sexual abuse of female migrants, sexual abuse against sex workers, and forced prostitution. Women who experience violence are at higher risk for HIV infection. However, violence may also follow HIV infection, as women are blamed for bringing HIV into the relationship. Domestic violence can also affect men, taking the form of physical and emotional abuse.

Violence during pregnancy and its consequences are important issues to address. Older women are vulnerable to discrimination, exploitation, violence and abuse. Little data exist, however, on the extent of abuse against older persons. In some countries, older women are victims of street crime, disrespectful treatment, family violence, social discrimination or intergenerational conflicts. Elderly women may also be victims of witchcraft accusations which can lead to physical attacks and killings.

One should highlight the most important demographic and social determinants related to violence against women, as well as the consequences, especially with regard to SRH. Violence against women in armed conflicts should be underscored if the context warrants it.

Sexual violation and torture of civilian women and girls during armed conflicts and conflict situations is largely based on traditional views of women as property and sexual objects. Deliberately impregnating women is a further assault on cultural mores and family integrity. For these reasons, sexual violence is a potent weapon of war and terror. The victims of modern armed conflict are far more likely to be civilians than soldiers, especially women and children. Women and girls fleeing conflict zones risk sexual violence from combatants, bandits, border guards, traffickers and other refugees, who may demand sex in return for safety or food. Displaced women and girls living in refugee camps risk sexual violence from other refugees, guards and peacekeepers, or when they leave the camp for necessities such as food, fuel and water.

Methodology: Due to the diversity of gender-based violence, a broad definition of violence against women should be applied, incorporating both a criminal justice and public health perspective. Ideally, it should also adopt a human rights perspective. It is important to include indicators such as the prevalence of physical, psychological and/or sexual violence. If possible, it is important to disaggregate information by frequency and severity of the violence exercised, as well as by possible injury to women, mainly in the field of SRH. In addition, obtain indicators that reflect the consequences of this kind of violence. For example, in the field of health it is crucial to focus on the nutritional status of women who have suffered violence, gynecological problems and to assess the relationship between violence and sexually transmitted infections (STIs) and HIV/AIDS.

It is also important to highlight other kinds of costs, e.g. economic costs. There are several studies that point out the annual medical cost of treating victims of violence. Indicators on whether the woman looked for help and whether she received medical attention can also be included. If possible, obtain data on all types of perpetrators. Women and men often suffer a significant proportion of their victimization through their partners. However, they also become victims to other types of offenders, including family members, acquaintances, and strangers.

Primary Sources:

- Specialized surveys for example, the Multi-Country Study carried out by WHO;
- Specialized national surveys on violence against women at home;
- DHS and Center for Disease Control (CDC) surveys;
- MICS;
- WHO. *Multi-country Study on Women's Health and Domestic Violence Against Women*.

Secondary Sources:

- UNFPA. *2000 State of the World Population*. Chapter 3: "Ending Violence against Women";
- UNIFEM. *Fact and Figures on Violence against Women*.

Tools:

- Interagency Standing Committee (IASC). *Women, Girls, Boys and Men Different Needs – Equal Opportunities*. Part of the Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Resources for assessment are on pages 78-82;
- Sexual Violence Research Initiative (SVRI). *How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault*, available at: <http://www.svri.org/analysis.htm>. Includes two questionnaires for Situation Analysis of Health Services for Survivors of sexual assault. One is for health care providers: <http://www.svri.org/healthcare.pdf>;
- The second is a facility checklist: <http://www.svri.org/facility.pdf>.

3.3. HARMFUL CULTURAL PRACTICES

Certain forms of sexual violence have been perpetrated against women in some places for so long that they are accepted cultural norms. They lead to death, disability, physical and psychological harm for millions of women every year. Female genital mutilation/cutting (FGM/C) has been inflicted as a coming-of-age ritual on girls and women, mainly in Africa and the Middle East. Child marriage forces girls in many countries into sexual relations before their bodies are mature, jeopardizing their health and raising their risk for obstetric fistula, HIV infection, and dropping out of school. 'Bride money' may induce poor families to marry off their daughters as young as six or seven.

3.3.1. HONOUR CRIMES

Facts/messages: Honour crimes are a form of gender-based violence and exact a heavy toll on women's mental and physical health. Human Rights Watch defines honour crimes as "acts of violence, usually murder, committed by male family members against female family members, who are held to have brought dishonour upon the family clan, or community". Such crimes single out women for engaging in what their families regard as immoral behaviour, which could entail anything from extra-marital sex, mixing with men from outside the family circle, to merely utilizing dress codes unacceptable to the family or community. Honour crimes are prevalent mostly in Muslim societies, but also common in South Asian countries. Punishment for women could be as severe as death, especially if the prohibited act results in pregnancy. It even encompasses punishing the woman for being a victim of rape.

Methodology: Honour crimes are often included within the category of gender-based violence, or even as an indicator of gender-based violence. Little methodology exists on honour crimes as such. People perceive honour as affected by age, background, education, residence (rural or urban) and social

relations, women's status and sexuality. Obtain data that will provide information on these crimes, including age, marital status, socio-economic status, education level, etc for both the victim and the perpetrator. The characterization of the victims can display the level of economic and educational empowerment of the women. Their marital status indicates their dependency on relatives for their livelihood. This lack of empowerment is a strong indicator of vulnerability. It would also be useful to have information on the motive of crime, as well as laws in place.

Primary Sources:

- Security Department Records;
- National Crime Victimization Survey;
- DHS surveys;
- Surveys on violence against women, youth, and women;
- MICS surveys.

Secondary Sources:

- UNFPA. *2000 State of the World Population*. Chapter 3: Ending Violence against Women;
- UNDP. *Human Development Report*;
- UNDP. *Regional Human Development Reports*;
- UNDP. *Arab Human Development Report*.

Tool:

- IPPF (2004): *Improving the Health Sector Response to Gender-Based Violence. A resource manual for health care professionals in developing countries*, available at: http://www.ippfwhr.org/files/GBV_Guide_EN.pdf.
This manual includes a management checklist on pages 43-47, for comprehensive planning for the integration of GBV into SRH services. There are also several assessment tools in the annexes, including a provider survey, a clinic observation guide, and a record review protocol.

3.3.2. FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

Facts/messages: Female genital mutilation/cutting (FGM/C) is defined as “the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons”.⁷⁹ Today, it is estimated that more than 130 million girls and women have undergone FGM/C, primarily in Africa and, to a lesser extent, in countries in the Middle East. In-depth analysis is important to improve the understanding of issues relating to FGM/C in the wider framework of gender equality and social change, because FGM/C is an expression of structural inequity and violates human-rights principles of non-discrimination.

Methodology: Analysis of FGM/C can be conducted based on household survey data from DHS and MICS. They provide data on the occurrence of FGM/C practice at national and regional levels. Focus will be on women aged 15-49 years. Determine the distribution of FGM/C within countries and the

79 WHO, UNICEF and UNFPA (1997). *Female Genital Mutilation. A joint WHO/UNICEF/UNFPA Statement*.

circumstances surrounding the practice. Attitudes towards female genital mutilation and support for the discontinuation of FGM/C can give insight into the possible space for programmatic intervention.

Surveys should be used to correlate prevalence with ethnicity, religion or other background variables; to indicate how the practice is distributed; to help identify girls at risk; and enable monitoring trends over time. Two types of prevalence indicators are collected through DHS and MICS: 1) Proportion of women aged 15–49 years who have undergone FGM/C; and 2) Proportion of women aged 15–49 years with at least one daughter who has undergone genital mutilation or cutting. By comparing the two prevalence rates, one can estimate the generational change in FGM/C prevalence. The FGM/C distribution by age cohorts reflects changes in practice.

Further variables that should be considered are: 1) Education; 2) Residence; 3) Religion; 4) Ethnicity; and 5) the DHS Household Wealth Index. DHS and MICS data allow the presentation of FGM/C prevalence among women according to their educational attainment. However, FGM/C can take place before education is completed or before it begins. Therefore, the relationship between a woman's FGM/C status and her educational level can be misleading. Mothers' level of educational attainment can be used to classify the FGM/C status of daughters.

An analysis of the type of FGM/C practitioner provides important insights into the context and circumstances surrounding the practice. Important insights into FGM/C and the medical complications can be obtained by focusing on the type of FGM/C practiced. Data on the type of FGM/C performed on daughters tend to be most accurate because the information is obtained directly from the mother. However, it is often difficult to construct estimates on the type of circumcision in different places, as classifications may not correspond to local concepts or terminology. Moreover, since FGM/C occurs primarily during the first years of childhood, young girls may not remember details on the procedure.

Primary Sources:

- Household survey data from DHS and MICS;
- Pan Arab Project for Family Health (PAPFAM).

Secondary Sources:

- Center for Reproductive Rights: *Female Genital Mutilation (FGM)*;
- Population Reference Bureau: *Female genital Mutilation/Cutting: Data and Trends*;
- UNICEF: *Female Genital Mutilation/Cutting: a statistical exploration*;
- Women's United Nations Report Network: *FGM Legislation for 25 African Countries—Female Genital Mutilation*;
- WHO: *Female Genital Mutilation, Fact Sheet No. 241*.

3.3.3. SEX SELECTION

Facts/messages: Sex Selection is a major issue for UNFPA in several Asian countries, especially in South Asia, China and Vietnam. Pre-natal sex selection refers to deliberate and consistent actions with the intention of eliminating one sex, in particular of girls and women, through abortion, infanticide and neglect, resulting in long-lasting and major demographic imbalances. The number of missing women in some parts of the world is high and, in the case of South Asia, further aggravated by the fact that, until about 1990, female mortality was higher than male mortality. The ICPD discussed sex selection as a problem of son prefer-

ence and discrimination of girls since the early stages of their lives and which has been compounded by new technologies that assist in the determination of fetal sex and abortion of female fetuses.⁸⁰

Pre-natal sex selection results in skewed sex ratios already at birth, reaching levels of 115 or more (compared to a 'normal' level of around 105) in a growing number of countries. In addition, the sex ratio normally does not vary markedly according to birth order (first, second, third child). Any variation from this is therefore particularly indicative of sex selection. Sex selection and skewed sex ratios are seen both as symptoms of gender inequality and as leading to further aggravation of inequality. The demographic imbalance between men and women in any society has far-reaching social and economic impacts, some of them even to the disadvantage of men.⁸¹

Sex selection is due to a combination of three factors, including i) Son preference; ii) Rapidly declining fertility, i.e. families have to accommodate their wish for sons within a smaller family size; and iii) Accessibility of sex determination technology, especially since 1980. The concept of son preference needs to be broken down since some preference for sons may exist in many cultures without manifesting itself in prenatal or post-natal elimination of females. Son preference can have an economic component, such as the perception of parents that they can only remain on their land after retirement if they have a son who can inherit the land, or the practice of providing dowry for daughters. This results in girls being seen as an economic burden. Other components of son preference may be related to the tradition of sons performing funeral rites, for carrying on the family name, or for taking care of ageing parents, and therefore fulfilling filial piety roles.

However, imbalanced sex ratios of a population can also be the result of other factors. One such factor is the gendered nature of migration. For example, in some countries in the Gulf Region, 60-80% of all migrant workers are male. A second factor is violent conflict and natural disaster, affecting usually the sex ratio through higher mortality rates of males or females. In addition, there are a number of biological factors that have an impact on the sex ratio through differential mortality – such as malnutrition, stress, hormone levels or prevalence of Hepatitis B. For mortality differentials by sex, read the next section.

Methodology: Data quality to measure prenatal sex selection is a problematic issue. For instance, in some countries children are born at home and may not be registered or parents may not register all children to avoid fees. However, sex selection patterns and trends can be established, and are based combining data from censuses, surveys and civil registration sources. Look at sex disaggregated data on sex ratios at birth (SRB) and infant mortality. The SRB is usually expressed as the number of boys born per 100 girls and in most populations the ratio is in the range of 104-106. The sex ratio should not vary markedly according to birth order. Look out for any variation from this range.

Primary Sources:

- Population census;
- Civil registration data;
- DHS;
- Stand-alone qualitative and quantitative studies.

80 UNFPA (2009): Recent Change in the Sex Ratio at Birth in Vietnam: A review of evidence.

Guilmoto, Christophe (2007): Sex Ratio Imbalance in Asia: Trends, Consequences and Policy responses, 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights.

81 For example, the fact that many men in China are unable to form families and will age in a situation of social isolation and likely poverty.

Secondary Sources:

- UN Population Division. *World Population Prospects*;
- UNFPA. Guidance Note on Prenatal Sex Selection;
- UNFPA. *Recent change in the sex ratio at birth in Vietnam: A review of evidence*.

3.4. MORTALITY DIFFERENTIALS BY SEX

Facts/messages: The issue of mortality differentials by sex is rather different from the preceding ones, not in least because by and large mortality differentials between men and women tend to be favourable to women. Generally speaking, female life expectancies at birth tend to be 4 to 5 years higher than male life expectancies: less so in high mortality populations and more so in low mortality populations. This difference cannot be explained away simply as a biological regularity, especially because it can vary considerably between social contexts. In India, Pakistan, Nepal and – to a slightly lesser extent – Bangladesh, life expectancies for women until about 1990 were *lower* than male life expectancies. This difference has been reversed since then, but the gap continues to be much smaller than in other countries with the same overall mortality level. Explanations have generally focused on the particularly low status of women and the relative neglect of young girls in these countries. The other extreme is that of the countries that made up the former Soviet Union. Male mortality in these countries had been particularly high since the 1970s and in the wake of the collapse of socialism it increased even further, to the point where the sex differential in life expectancy in Russia in the early 1990s widened to more than 10 years. Chronic alcoholism, suicide and stress related to economic difficulties have been cited as problems that affected (older) men more strongly than women during these years.

Methodology: In countries with reliable vital registration data, obtaining the base information is relatively easy and involves the same sources listed under Section 3 of Chapter III. In countries that do not have reliable vital statistics, adult mortality is normally not measured very precisely. Therefore, it is often imputed on the basis of models which may not accurately reflect sex differentials in the country. In such cases it is better not to use the life expectancy as a criterion, but rather to focus on sex differentials in infant and child mortality, which are measured more reliably from census or survey data. Using the sex ratio as an analytical instrument for mortality differentials by sex is not recommended because the sex ratio is also affected by other factors and at higher ages it reflects the accumulated effects of a long time period that may no longer accurately represent the current situation. To the extent that mortality differentials by sex in the country are unusual, it is recommended to try to locate specific studies to explain them.

Primary Source:

- National Population Censuses;
- Vital registration data, if available.

Secondary Sources:

- UN Population Division. National population projections;
- International Mortality Data Base. Available at: <http://imdb-dmo.econ.msu.ru/DA2.php>.

Tool:

- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: section on Analysis of Mortality Levels and Differentials.

4. INEQUALITIES BY RACIAL, ETHNIC, RELIGIOUS AND OTHER CULTURAL CHARACTERISTICS

Facts/messages: Cultural diversity and its implications for inequality are a difficult issue to address, for several reasons. To begin with, the underlying differences may vary between: racial (e.g. Afro-descendant populations in Latin America or white minorities in Africa), ethnic (e.g. distinct ethnic groups in many African countries, Roma in several Eastern European countries), religious (e.g. Christian minorities in the Middle East, Muslim minorities in the Philippines or the North-South divide in Nigeria), linguistic characteristics (e.g. linguistic division in Canada), or those based on citizenship (e.g. Rumanian citizens in Moldova). In India, there is the added dimension of castes. In some cases, the situation may be characterized in terms of minorities within more homogeneous majority population (e.g. religious minorities, Amerindian populations in Latin America, Montagnards in Vietnam, white minorities in some African countries, Indians in some countries of the Pacific). In other cases, the country is made up of distinct groups of comparable magnitude, which may be few (e.g. Hutus and Tutsis in Rwanda) or many (e.g. multiple ethnic groups in Papua New Guinea). These groups may or may not exhibit major disparities, inequities and/or conflict. This range of possibilities makes it difficult to provide general guidelines on how to analyse inequalities between groups. In addition, many countries do not collect information that would allow for the identification of such inequalities – exactly to avoid inflaming latent conflicts between groups – so that insisting on this kind of analysis in the PSA may raise sensitivities with the government. The analysis of minorities may be perceived as polarizing if these minorities are over-privileged, rather than under-privileged. In other cases, such as the indigenous populations in Latin America, the dividing lines between groups are blurred, making it difficult to analyze differentials, whereas in some countries indigenous populations live predominantly in conflict zones. Data collection on nomadic and semi-nomadic groups of the population also poses particular challenges. Given all of these challenges, UNFPA Country Offices need to exercise their own judgment to decide to what extent such analyses are politically convenient and feasible.

As a rule, the PSA should ask the following questions:

- Is the population of the country heterogeneous in racial, ethnic, religious or linguistic characteristics or in terms of nationality?
- If so, does this heterogeneity translate into systematic inequalities, inequities or discrimination against certain groups, either by the state or by dominant economic or political groups?
- If so, does the latter display characteristics of systematic discrimination or marginalization of certain minority groups, of social and economic disparities between two or three major socio-cultural groups, or of a complex pattern of inequalities between a multiplicity of groups?
- Does the government recognize these disparities and can they be discussed?
- Depending on these characteristics, what is the best way to analyze the inequalities and what data are available to this end?

Whenever possible, draw attention to the existence of these groups and outline their demographic, economic, political, and cultural specificities and requirements, as well as the political and legal contexts they are part of, in so far as these factors impede their access to health and education. The use of the culture lens (see Chapter II.2) in this analysis will allow an appreciation of the interconnected realities. Outline the access and exercise of rights, and highlight strategic allies in the programming work that are needed to address the identified gap in gender equality and / or rights.

Methodology: Obtain population and sexual and reproductive health (SRH) indicators from censuses and specialized surveys (DHS, poverty surveys and others), complementing the analysis with qualitative studies, to the extent that these are available, and that show the dimensions and characteristics of discrimination or disparity in those areas directly related with issues of population, gender and SRH. This also means to identify gaps of interventions and to generate appropriate indicators to promote cultural diversity. Analyze the extent of community mobilization and participation of different sectors in national development plans. To the extent possible, analyze indicators on the incidence of poverty and poverty gap, Gini index, political empowerment, educational attainment and health and survival. If censuses or surveys do not identify the relevant socio-cultural groups, it may be possible to use proxies, e.g. by using language as a criterion (if this information is available) or by using a geographic approximation, in those cases where particular groups are concentrated in a few easily identified districts. The variation in the *definitions of "indigenous"* could pose a problem in collecting data. Within the context of the Declaration on the Rights of Indigenous Peoples, it was decided not to adopt any formal definition of the term, and self-identification had been stressed. Collecting statistics based on *indigenous languages* was considered useful, but languages do not give a complete picture of the indigenous population, especially as languages are lost following urbanization, discrimination and other factors. Another problem may be that the surveys containing the ethnic identification are not the same as the ones that contain the variables whose inequality one would like to assess (e.g. access to SRH).

According to a review⁸² of census questions regarding ethnic and cultural groups in the 2000 census round, about two thirds of the 147 census questionnaires reviewed had at least one such question, with "ethnic group" being the most common category and "ancestry", "tribe", "caste" or "religion" the least common. Africa and Europe had the lowest frequency of these kinds of questions, whereas they were most common in Oceania and the Americas. Ethnic inequality studies have been carried out on survey data in some countries, e.g. the 2004 Vietnam Household Living Standards Survey⁸³ and the 2002 National Socioeconomic Survey of Indonesia (Susenas).⁸⁴ DHS surveys have been used to study premarital fertility differentials among a wide variety of ethnic groups in Africa.⁸⁵

Primary Sources:

- National Population Censuses;
- Household and poverty surveys;
- DHS surveys and qualitative studies.

82 UNSD (2003). *Ethnicity: a review of data collection and dissemination*. New York, UNSD.

83 Katsushi Imai and Raghav Gaiha (2007). *Poverty, Inequality and Ethnic Minorities in Vietnam*. Manchester, Brooks World Poverty Institute, University of Manchester, BWPI Working Paper 10.

84 Daniel Suryadarma et al. (2006). *From access to income: regional and ethnic inequality in Indonesia*. Jakarta, SMERU Research Institute Working Paper.

85 Michel Garenne and Julien Zwang (2006). *Premarital Fertility and Ethnicity in Africa*. Calverton MD, Macro International, DHS Comparative Reports No. 13.

Secondary Sources:

- ECLAC. *Social Panorama*. Social Panorama 2006 has a chapter on this issue and potentially useful information about social cohesion;
- Minority Rights Group International. *State of the World's Minorities and Indigenous Peoples*. Available at: <http://www.minorityrights.org>;
- Following a recommendation of the UN Permanent Forum on Indigenous Issues (UNPFII), an International Expert Workshop on Data Collection and Disaggregation for Indigenous Peoples was convened from 19-21 January 2004, in New York, with 36 experts from the UN system and other intergovernmental organizations, Governments, indigenous organizations and academia attended. The discussions and recommendations of this workshop may be useful for the analysis of data on indigenous people.

5. INEQUALITIES RELATED TO THE HABITAT

Facts/messages: Social and ethnic groups tend to be distributed in territorially distinct patterns, and it is also common for them to have distinct patterns of migration and mobility. When these settlement and mobility patterns “penalize” disadvantaged socio-economic and ethnic groups, they become additional inequities that tend to compound the initial ones. This occurs in the case of isolated location (which implies difficulties in access to services), settlement in depressed, risky, or polluted areas (which expose people to economic crisis, natural catastrophes and environmental risks), settlement in areas that lack basic services (which adversely affects quality of life and exposes people to health risks), and residency in ghettos, especially on the outskirts of the metropoli (which promotes the reproduction of poverty and urban inequalities and undermines governance and citizenship in the metropoli). These habitat-related conditions also manifest themselves in the form of adverse mobility, such as forced migration (on account of natural catastrophes and local economic crises and even as a result of direct state intervention in the case of “urban cleansing” aimed at eradicating the poor segment of the population from high income areas which were very common in the 1970s and 1980s in Latin America) and the high expenditure of time and money in daily commutes. Moreover, decisions about the location of essential services are often guided by political criteria extraneous to the needs of the local population, and this can exacerbate their geographical disadvantages.

Methodology: Indicators should focus on showing the specificities of location of disadvantaged groups and the extent to which these factors overlap with adverse habitat conditions, whether these involve lack of services, exposure to environmental risks, distance from places of work or schools, and shortages of housing and infrastructure. For the first of these considerations, poverty maps can be used (percentage of the poor up to the level of the minor administrative division). Poverty maps seek to enhance understanding of the distribution of poverty and the geographic and biophysical conditions of where the poor live. In doing so, they help in designing interventions to reduce poverty. In recent years, econometric techniques have been developed and refined, notably by economists at The World Bank, that allow the estimation of poverty rates at much higher spatial resolution than generally available before. Many countries now prepare poverty maps as a standard output of their census operations, usually based not on the income concept of poverty, but on the Unsatisfied Basic Needs concept. There are also a number of international initiatives in this area, such as the Poverty Mapping Project of the Center for International Earth Science Information Network (CIESIN). Composite indices such as dissimilarity measures (segregation of the poor) and other more sophisticated ones (see REDATAM Report no. 10) can be constructed for the case of metropolitan areas. For the second condition,

it is possible to use indicators linked with the MDGs, related to sanitation, maps of environmental vulnerability, food security, estimates of housing shortages and cost indicators (in time and money) of daily commutes of disadvantaged groups (the poor, in particular). Access to markets and schools can also be analyzed, based on map distances.

Primary Sources:

- Household surveys;
- Population Censuses, School censuses, Censuses or surveys of health establishments, and transportation surveys;
- Surveys of origin-destination, where available. The poverty maps are made in almost all countries using standardized procedures and with the support of the World Bank.

Secondary Sources:

- CIESIN and the World Bank. Websites offer many resources for poverty mapping;
- Bigman, D. and H. Fofack (2000). *Geographic targeting for poverty alleviation: methodology and applications*. Washington DC, World Bank Regional and Sectoral Studies;
- Bedi, T.; A. Coudouel and K. Simler (2007). *More than a pretty picture: using poverty maps to better design policies and interventions*. Washington DC, World Bank;
- The World Food Programme has promoted the preparation of vulnerability maps for food security purposes;
- DevInfo and REDATAM. For more information see section 5 of Part 1;
- UNU/WIDER: Ravi Kanbur and Anthony Venables (2004). *Spatial Inequality and Development*. UNU/WIDER Studies in Development Economics. The issue of spatial inequality was the object of this project at the United Nations University in Helsinki (UNU/WIDER).

6. GROUPS IN VULNERABLE SITUATIONS

Facts/messages: The concept of groups in vulnerable situations has been frequently used in social analysis and public policies to identify a set of individuals who share a common attribute that implies a critical disadvantage with regard to cultural, political, socio-economic, physiological, or life-cycle related processes. In particular, demographic vulnerability, which derives from disadvantages associated to particular demographic behaviours, is associated with the social disadvantages of poor and excluded population groups, which limit the accumulation of abilities and resources (including human capital) and hamper the management of assets by households to attain their goals or to cope with external changes. In practice, these disadvantages tend to feed back on each other. The “vicious circle of poverty” has some critical links related to the vulnerability of the poor caused by unequal conditions of reproduction, survival, gender, and habitat that ultimately hamper the capacities of individuals and the exercise of their rights for full insertion into the economy. The same “vicious circle of poverty” causes poor families, and especially women, to carry a greater child-rearing burden, even though they are in the most unfavourable material conditions to cope with the challenges that this implies. In summary, this vulnerability of the poor prevents them from developing their capacities and using the available opportunities, while exposing them to risks and difficulties that erode their possibilities of escaping from poverty.

Vulnerable groups which the PSA should consider in particular include internally displaced people, refugees and stateless people, disabled people, homeless people, sex workers, and slum dwellers.

Others, such as women, the elderly, youth and adolescents, adolescent mothers, and migrants are dealt with in specific sections in the PSA. However, within these groups there are subsets that are especially vulnerable, such as young unemployed people or out-of-school street children, female- and adolescent-headed households,⁸⁶ especially if they are responsible for bringing up children, ethnic and indigenous groups that have been traditionally marginalized, and the elderly, especially elderly widows, who do not have social security or income of some kind, etc. These groups tend to be most at risk for poverty and have the most tenuous livelihoods. Other groups that may be considered vulnerable include international migrants, internally displaced persons, farm workers with little or no land, people with serious or chronic illnesses (such as AIDS), and people facing stigma due to HIV or other health problems. The message that should emanate from the PSA is that population factors are relevant for the conditions of vulnerability of these groups, so that policies directed towards them should consider these factors.

Methodology: Given the large number of groups in vulnerable situations, only a few should be addressed in the PSA. A first criterion for selection will be the link between their vulnerability and a population-related factor. In a few instances it is sufficient for this factor to be present in order to generate vulnerability (internal displacements, refugee status, statelessness, youth in poverty, adolescents exposed to sexually transmitted infections (STIs), HIV/AIDS or pregnancy, adolescent mothers). In many other cases it is a prerequisite but requires a convergence of other variables (such as poverty, discrimination, marginalization or a lack of protection) to generate vulnerability (poor female and adolescent-headed households, internal and international migrants who are discriminated against, young people excluded from the labour market, adolescent girls from marginalized backgrounds who are out of school and married at an early age, older adults who are unprotected, population located in high-risk areas), while in others population-related factors are merely intervening factors (unemployed people, landless farm-workers, homeless people living in the streets, etc.), and in others still the population-related factors have a remote link, if any, with vulnerability (small producers threatened by globalization, industrial workers displaced by technology, outsourced workers, informal workers, etc.). The indicators should focus on showing the size, location, and growth rate of the selected vulnerable groups and identify the population factors associated with their vulnerability through comparisons with other groups. In this case, there is no one-size-fits-all approach because both the contrast groups and the relevant indicators are specific to each vulnerable group. In the case of female-headed households with children, for example, the contrast groups can be the male-headed household with children at home or female-headed household without children to care for; relevant indicators can range from poverty at the household level to the availability of free time of the (female) household head. In the case of internally displaced persons and refugees, the contrast groups could be non-displaced or voluntary migrants and indicators of vulnerability may be those related to living and conditions and their legal status. In the case of adolescent mothers, the contrast group consists of adolescents who have never given birth and the indicators of vulnerability are those related with continued school attendance, the use of time, and levels of poverty.

86 The *Resource Guide for Youth and Poverty Reduction* (UNFPA, 2011) specifies the following list of vulnerable groups of young people: out-of-school youth, adolescent married girls, teenage mothers, adolescent girls at risk of HIV infection, adolescent girls at risk of unsafe work, indigenous youth, youth from different ethnic groups, youth in conflict with the law, disabled youth, young people without parents, young people living in the streets, sexually abused youth, young people living in emergency humanitarian situations, internally displaced youth or young refugees, young people living with diseases, including HIV/AIDS, migrant youth, and young people living in rural areas that are hard to reach. The same Guide also makes the point that current youth policies in many countries have often failed to direct their resources to specific sub-sets and therefore the benefits have been captured by the better off and groups such as urban, older, male, unmarried, and school-going populations that may not necessarily be at the highest risk.

Primary Sources:

- DHS surveys;
- National censuses (population, housing, agricultural);
- Multipurpose surveys;
- Surveys of living conditions, poverty and employment;
- Refugee registration systems and national asylum application systems;
- Time use surveys.

Secondary Source:

- UNHCR. *Statistical Online Population Database*. Available at: <http://www.unhcr.org/pages/4a013eb06.html>.

Tool:

- Lamle B. Samson (2008). *Guidance note for the in-depth analysis of data from a Population and Housing Census*. Dakar, CST: section on the Situation of Handicapped Persons.

7. APPLICATION OF RIGHTS AND ITS IMPACT ON DIFFERENT KINDS OF INEQUALITY

Facts/messages: "Health is the human right that in practice brings racial, social, and economic differences most sharply to the fore front"⁸⁷. The rights-based perspective is incompatible with the existence of inequalities of such magnitude that they result in functionings that fall below minimum standards in some groups (in the terminology of Amartya Sen). While capabilities to function represent the real opportunities a person has or the positive freedom of choice between different life-styles, functionings are described as what people may value being and doing. Functionings include basic functions such as literacy and avoidance of preventable diseases, as well as community participation and self-respect. With regard to sexual and reproductive health (SRH), for example, a rights-based perspective can accept differences in secondary conditions for child delivery care (individual hospital bedroom or public ward, telephone or TV in room, etc.), but cannot accept differences in the probability of death during delivery in a hospital by social class. The latter are not mere inequalities, but inequities. "It is important to distinguish between inequality and inequity in health. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair. The resulting health inequalities may also lead to inequity in health."⁸⁸

As efforts advance to guarantee these rights, it is expected that inequities and hence the corresponding inequalities will be reduced. However, the extent to which this happens may depend on various

87 Booker and Minter (2001). *Global Apartheid*. In: The Nation, July 9, 2001, New York.

88 WHO. Webpage on *Health Impact Assessment*: <http://www.who.int/hia/about/glos/en/index1.html> (accessed last on 1 Oct. 2010).

factors. In this context, it may be important to differentiate between the extension of rights by means of targeted care or by means of universal policies. Although the extension of rights through targeted care may have a more immediate effect on the reduction of some inequalities, universal policies are preferred from the viewpoint of guaranteeing rights in the long term. One should also take into account that results may vary according to the sensitivity of political processes and interventions. For example, in countries in which almost all childbirths take place in hospitals, the responsibility of the state in guaranteeing minimal quality of care is immediate; however, if many of the childbirths take place at home, in isolated places, the processes necessary to guarantee the equality of results are more complex. The key issue in this section is to show the government's response to the challenge of resolving inequality and whether or not it is thought that these actions are moving in the right direction. An example would be to allocate, train, skill midwives with Life Saving Skills (LSS) and link them to Emergency Obstetric Care.

A human rights-based approach to programming must ensure that processes of data collection and use are in line with human rights principles, and requires taking into account the extent to which existing services are available, accessible, acceptable and of high quality to the population. Here, the principles of participation and inclusion are critical to all population and development activities. The principle of accountability is crucial: through data collection, an evidence base is created for use in shaping development policies and programmes. Principles of universality and inalienability, indivisibility, interdependence and interrelatedness can strengthen population and development programmes by emphasizing intersections between human rights. Principles of equality and non-discrimination can contribute to increasing equity and to improving effectiveness of poverty reduction strategies in the long term. In order to determine a population's needs with regard to services, assess the extent to which existing services are available, accessible, and acceptable and of high quality. The participation of a wide range of stakeholders is critical to all population and development activities, and it is important to recognize that partners and other stakeholders might require capacity-building in order to engage in such processes. The concept of accountability, and especially government accountability, is crucial in the whole area of population and development, especially with respect to data confidentiality.

Methodology: Analyze, on the one hand, the progress in extension of rights through the analysis of legal frameworks and policies and programmes and their implementation. In this context, it is necessary to characterize the kinds of measures (targeted, universal), the areas of intervention, and to estimate their potential impact in terms of the population that will potentially benefit from them. It is also important to identify those population segments that are unlikely to benefit and the reasons for their exclusion.

With respect to human rights-based programming UNFPA developed a manual on Human Rights-Based Approach to Programming – Practical Information and Training Materials. This Manual, produced through collaboration between UNFPA and the Harvard School of Public Health, provides step-by-step guidance on how to apply a culturally sensitive, gender-responsive, human rights-based approach to programming in each of UNFPA's core areas of work, including population and development. The manual emphasizes that the work on population and development must pay special attention to culture and that there is a clear need for improved appreciation of linkages between population and poverty, requiring sensitivity to the cultural context. Culture, religion and tradition can have major impacts on individual reproductive choices, and thus on broader population and development matters.

Primary Sources:

- Legislation and the country's policy frameworks;
- Moreover, the same sources cited under the previous sections, but analyzed from the perspective of the evaluation of legal and programmatic measures, to see, for example, if the main improvements correspond to the population segments that benefit most from these measures.

Secondary Source:

- UNFPA and Harvard School of Public Health (2010): *A Human Rights-Based Approach to Programming Practical Information and Training Materials*. Available at: <http://www.unfpa.org/public/publications/pid/4919>.

V. RELATIONSHIPS AND IMPACTS: RELEVANCE FOR PUBLIC POLICIES

JUSTIFICATION

This chapter analyzes the most important connections between the various components of population dynamics, reproduction, and gender and their actual or potential implications for public policies, from a viewpoint that highlights the need to reduce poverty and inequalities and guarantee human rights. These connections can be instrumental (e.g. contributing to environmental sustainability through measures that affect population distribution) or contextual (e.g. the need to consider the ageing process in policies to reduce poverty). In both cases, the relationships between interventions and processes, on the one hand, and key aspects of development will be studied, giving precedence to the contributions that can be made from the population and SRH perspective to the reduction of economic and social inequality, poverty, gender inequality, and the enhancement of human capital, as well as addressing other major issues on the national and international development agenda.

A complementary perspective might have been to analyze the impact of economic and social factors on the issues that make up the area of population, SRH, and gender. This Manual will not pursue this approach in any depth, insofar as it does not offer any clues to interventions that can be supported within the programmatic vision of UNFPA. But there may be exceptions. For example, one could think of studying educational interventions that go beyond traditional sex education programmes, such as educational programmes geared toward meaningful employment for women, as a way to encourage adolescents to pursue their education, rather than dropping out of school to start a family. Each UNFPA country office should decide to what extent it wishes to invest in this kind of complementary analysis.

For both purposes, it is necessary to provide evidence for the explanatory elements that each perspective contributes, both in the analysis of problems and towards possible policy responses. In many cases, this evidence may not be readily available at the country level, even though there are international studies or studies carried out in other countries that demonstrate the existence of the relevant relationships. In these cases, it is important not only to reaffirm the existence of the relationships, but to try to quantify the impacts based on national data, so that they can be compared with others, within a context of the costs and benefits of public policies. One must also ensure that these findings are discussed in terms that are meaningful to actors associated with central issues of the development agenda, and not only for counterparts with specific sectoral interests. As a first step, a conceptual framework should be presented, to show how the various components of population dynamics are linked with key public policy issues.

From the analytical viewpoint, this chapter may appear to be the most difficult in the sequence which moves from levels and trends (Chapter III), through inequalities (Chapter IV), to relationships and impacts. In part this difficulty is due to the fact that, in this phase of the analysis, it is necessary to think in terms of cause-and-effect relationships—and not only correlations—between various phenomena. The variety and complexity of the issues discussed in this chapter may well exceed the response capacity of many UNFPA country offices. Consequently, country offices should decide which of the challenges presented here could realistically be taken on. The list of issues presented below is an inventory of possibilities and it is not expected that each country will investigate each issue in detail. The options of each country depend on the availability of suitable data, on the priority of each topic within the public policy agenda, on the existence of previous studies and on the availability of local expertise to do original research on the respective subject. On average, it is to be hoped that countries manage to pursue a detailed analysis of maybe two thirds of the suggestions indicated below.

Some issues can be difficult to analyze in many countries, due to lack of information. Given that these are issues of considerable substantive importance, they are pointed out as opportunities for analysis to be researched to the extent possible. In some cases, it may be possible to promote a generation of more data so that these issues can be dealt with in more detail. In other cases, they can only be addressed to the extent that previous studies have been carried out in the country, as starting from scratch would be too onerous. In other cases still, it may be possible to support initiatives of a multi-centric, sub-regional, or national character.

Some standard methodologies are available to facilitate efforts to address the challenges involved in working with cause-and-effect relationships and the quantitative measurement of impacts. Some have been developed under the Project RLA5P201 (Regional support to Population and Development in the implementation of the MDGs in the region of Latin America and the Caribbean) in Brazil and have been disseminated as guides and working documents by that project. Others are derived from the general literature. They will be referred to in the methodology sub-sections of the upcoming sections.

The following list of issues generally follows the structure of the Millennium Development Agenda. The PSA tries to establish how population and SRH issues impact on the wider MDG agenda, beyond the targets in which UNFPA is most directly involved. In addition, countries may wish to incorporate other issues, e.g. public security, social protection or governability. In the following overview, the relationships and impacts have been divided between those that operate at the individual or household (micro) level and those that operate at the societal (macro) level. This distinction follows the same logic that was developed in *Impacts of Population Dynamics, Reproductive Health and Gender on Poverty* (PDB/TD, 2010), where these relationships are analysed specifically from the perspective of the impacts on MDG 1.

Issues

1. Linkages at the Micro Level
 - 1.1. How Women's Empowerment is Linked to Poverty Reduction and to MDGs 2 and 4
 - 1.2. How Reproductive Health and Reducing Unwanted Births Contribute to Poverty Reduction
 - 1.3. How HIV/AIDS is Linked to Other MDG Outcomes
 - 1.4. How the Better Use of Household Resources and Better Birth Spacing are Linked to Poverty and Malnutrition
 - 1.5. How Population Factors at the Household Level are Linked to the Formation of Human Resources (MDG 2)
 - 1.6. How Reproductive Health is Linked to the Other Health MDGs
2. Linkages at the Macro Level
 - 2.1. How Population Growth is Linked to Development and Poverty Reduction at the Macro Level
 - 2.2. How Changes in Age Structures and Ageing are Linked to Poverty Reduction and Development, including Health Costs
 - 2.3. On the Needs for Social Protection Linked to the Change of the Age Structure, especially Ageing
 - 2.4. The Links of Migration and Spatial Distribution with Poverty
 - 2.5. The Links between Population Dynamics and the Labour Market (MDG 1.B)
 - 2.6. The Links between Population, Climate Change and Environment

1. LINKAGES AT THE MICRO LEVEL

1.1. HOW WOMEN'S EMPOWERMENT IS LINKED TO POVERTY REDUCTION AND TO MDGS 2 AND 4

Facts/messages: Gender issues are relevant to poverty reduction in several ways. At the macro level, faster reduction of gender inequality would increase economic growth, as has been argued for the case of South Asia, for example. At the micro level, the participation of women in the labour force of low-income countries is often undermined by the vital roles they play at home, including the collection of fire woods and fetching drinking water, particularly in rural areas. While family structure and household composition do not have a significant impact on male participation in the labour force, they certainly do in the case of women, inasmuch as women without children earn more than those with children. The domestic functions of women, especially women with children, are vital, yet they are undervalued and unpaid and they effectively confine women to the household and to informal economic activities, rather than participating in the formal labour market where they could earn a wage. When policies are in place to attend to these issues, women participate more fully in the labour market and operate under better conditions. A specific area of intervention at the micro level which could yield important dividends for poverty reduction is the promotion of "reconciliatory policies", to allow women to reconcile their productive and reproductive roles, thereby increasing the total income of poor households. In developed and middle income countries there is considerable evidence that providing affordable and reliable child care is crucial to women's labour force participation, particularly in the formal sector.

Population behaviours are also linked to social participation. Traditionally, the reproductive and domestic role assigned to women has militated against their involvement in public life. As a result, an increase of women's capacity to achieve their full decision-making potential in this field increases their autonomy in individual and social terms. Yet this increase is not sufficient in and of itself, as there is also a need for meaningful opportunities and real instruments to make these decisions a reality, as well as measures that give incentives to men to play their part in reproductive and domestic activities.

With regard to MDGs 2 and 4, it has been shown that households where women have a larger say in the redistribution of resources tend to allocate a larger share of resources to health and education.⁸⁹ Hence, efforts to empower women help to ensure that a larger share of the social transfers is used to support the most vulnerable household members and thus has a stronger poverty reducing effect. This is the reason why most poverty reduction programmes based on conditional transfers make the cash transfers available to the oldest woman in the household, rather than to the household head per se. More specifically, there are many studies showing that female education (which may be a proxy for women's influence on the distribution of resources) is the best predictor for the survival probability of newborns and children under age 5. In countries where female enrollment rates are substantially lower than male enrollment rates, it may be worthwhile to invest some time in analyzing the implications of eliminating these differences for future labour force participation rates, productivity, and ultimately for poverty.

In countries where sons are strongly preferred over daughters, poverty may also increase as a consequence of the tendency to have more children than are actually desired, just to attain the minimum

89 See, for example, Doss, C. (1996). "Testing among models of intrahousehold resource allocation." *World Development* 24(10):1597-609; Thomas, D. (1990). "Intra-household allocation: an inferential approach." *Journal of Human Resources* 25(4):635-64; A.R. Quisumbing, ed. (2003). *Household decisions, gender, and development: a synthesis of recent research*. Washington, D.C.: International Food Policy Research Institute.

desired number of sons. In contexts where women are more empowered, this is less likely to happen. Finally, in several countries, studies exist to evaluate the economic costs of gender violence, although mostly at the aggregate level, without a focus on poverty implications, in the strict sense. If such studies exist in the country, they should be referred to and, if possible, an attempt should be made to gauge the poverty effects of the aggregate economic costs identified in these studies.

Methodology: Analyze labour force participation rates by age and sex. If there are micro-data on poverty and household structure, it may be possible to perform more detailed analyses. The argument as to whether lower fertility contributes to the higher labour force participation of women and thereby to poverty reduction is quite intricate because of the ambiguity of the causal relationship. Unless previous studies exist in the country that attempt to untangle this relationship through econometric techniques, it may be better not to invest in its analysis. Another area that needs to be treated with caution is the relationship between female household headship and poverty as international evaluations in recent years suggest that this relationship is not as straightforward as was once thought. Rather than looking only at female headship, it is better to consider the entire structure of the household and its relationship to poverty, i.e. to compare households with similar compositions where the only major difference is the sex of the head of household. Although there are various methodologies for evaluating the economic costs of violence against women, applying them for the costing of violence against women from the ground up may be time-consuming, so building on pre-existing studies, if at all available, may be the only viable strategy. The analysis of conciliatory policies or of various kinds of discrimination or non-enforcement of rights can normally be carried out only in a qualitative manner, but if research is available dealing with productivity losses or gains among women and men based on these factors, it should be taken advantage of. UNFPA is conducting research on this subject in several countries. Analyzing the impact of raising female enrollment rates on future productivity and poverty requires fairly detailed information on female labour force participation rates by educational level at the macro level and at the household level, where the number of children and other determinants of female labour force participation have to be considered. Secondary effects, such as the effect of higher female education on marriage rates or on fertility behaviour may also have to be considered, inasmuch as they may have an effect on incomes and poverty. In some countries, studies may exist (or they may be prepared), based on DHS or other survey data, to assess the fertility-enhancing effect of son preference, which may then be used to estimate the effect on poverty at the household level.

Primary Sources:

- National censuses or household or labour surveys for labour force participation rates by age and sex;
- LSMS and other specialized surveys, including time use surveys. Analyses of the composition of households (including the sex of the head of household) are best based on LSMS or other surveys that contain both poverty data and information on household composition.

Secondary Sources:

- Caldwell (1979). "Education as a factor in mortality decline: an examination of Nigerian data". *Population Studies* 33:395-419. This is the standard reference on the effects of maternal education on child survival. It was later followed up by several other studies in different countries. Basu, A.M. (1994). "Maternal education, fertility and child mortality: disentangling verbal relationships." *Health Transition Review* 4:207-15, for example, enters more into the interpretation of the observed relationship;

- ICRW/UNFPA (2009). *Intimate partner violence: high cost to households and communities*, for the methodology of costing of violence against women;
- Review of the national literature, legislation and public policies;
- Specialized surveys about issues of violence or female employment in the country;
- Day, McKenna and Bowlus (2005). *The economic costs of violence against women: an evaluation of the literature*. New York, United Nations;
- Specific country studies on the economic costs of intimate partner violence in countries like Chile and Nicaragua.

1.2. HOW REPRODUCTIVE HEALTH AND REDUCING UNWANTED BIRTHS CONTRIBUTE TO POVERTY REDUCTION

Facts/messages: The number or the proportion of unwanted births is higher among the poor. More important is that unwanted births actually *increase* poverty, in several ways. Fewer (unwanted) children in the household imply a lower dependency ratio, i.e. fewer mouths to feed with the income earned by the same number of adults. In addition, fewer dependent children to care for make it easier for women to generate income by finding employment outside the home, even though it should be borne in mind that the relationship between fertility and female labour force participation is complex and controversial (see the previous section). For example, the combination of both effects has been estimated for the cases of Honduras and Colombia, suggesting that the effect of eliminating all unwanted fertility on poverty would be equivalent to raising the incomes of the poor by 10-20 %.

There is also evidence that households with fewer children have higher intra-generational mobility rates. For example, urban Nicaraguan families with little education and 4 or more children living in extreme poverty in 1998 had a 57 % chance to continue living in this situation in 2001, but those who had fewer than 4 children had only a 36 % chance to continue in extreme poverty. More recently, higher socio-economic upward mobility of families with fewer children was also found in a study of Nairobi slum areas.⁹⁰

The benefits of family planning (FP) and sexual and reproductive health (SRH) programmes resulting from their effect on fertility have historically been the most publicized, but there is growing evidence that they also improve women's health, productivity and economic prosperity in other ways. Some researchers have found statistically significant associations between FP interventions and improved economic security for families, without detailing the specific pathways through which the relationship operates.⁹¹ Poor health and nutrition due to poverty during their own childhood and adolescence, compounded by early childbearing, mean that pregnant women have higher risks of maternal and child morbidity and mortality. One should analyze whether policies promoting access to SRH in the country have had direct repercussions for the budgets of (poor) families, reducing expenditures on services associated with SRH or improving the quantity and quality of these services for the same expenditure. Access of the population to medication, especially those drugs that play an important role in SRH, such as contraceptives, antibiotics, antiretrovirals etc., and the differential impact of such access on the budgets of households may also be of interest.

90 Andersen (2004). *Proyecciones de población y pobreza para Nicaragua 1995-2015*. Mexico City, CST/UNFPA. Ousmane Faye (2009). Poverty dynamics in Nairobi's slums, testing for state dependence and heterogeneity. Paper presented at the IUSSP Conference in Marrakesh.

91 For example, Joshi and Schultz (2007). Family planning as an investment in development. Evaluation of a program's consequences in Matlab, Bangladesh. New Haven CT, Yale University Economic Growth Center Working Paper.

The financial mechanisms in the previous paragraph have to do with routine expenses and how saving on them may increase real income. A different financial mechanism that can push a household into poverty is a major episode of illness, particularly of one of its active members, resulting in so-called “catastrophic health expenditures”. An important element of the analysis, therefore, is how households cover their expenditure on SRH: out-of-pocket disbursements, private insurance schemes, or through services supported with public funds. A high share of out-of-pocket health expenditure can be a major obstacle to achieving poverty reduction and the MDGs. Moving to the establishment of prepayment schemes (e.g. social health insurance) and pooling risk across individuals while putting in place incentives to promote the efficient and responsive provision of care should go a long way in curbing this kind of poverty determinant. To the extent possible, this analysis should not only address health services, but also actions to promote health, prevention and health care assistance, even when in these cases the relationships can be more difficult to quantify. Less evidence is available on the costs associated with insufficient SRH care than on other health issues, including HIV/AIDS (see next section), but one should try to make the best of whatever evidence can be obtained, bearing in mind that unintended pregnancies, for example, also imply short-term costs to households. Another issue deserving consideration is maternal mortality and the economic cost, which it can have for families.

In general, one of the most important pathways of interaction between health and poverty passes through the increase in the average productivity of individuals due to the decline of their morbidity. This connection may be more difficult to establish, especially from a quantitative perspective, in the case of reproductive health issues than that of major debilitating diseases. Nevertheless, one should analyze the morbidity trends in the country and especially morbidity associated with reproductive issues, establishing the way in which it impacts on productivity and thereby on poverty in households.

Methodology: The problem of estimating the effect of unwanted fertility on poverty is that these pieces of information are available from different sources: DHS or other reproductive health surveys in the former case and LSMS or other household surveys in the latter. The estimation methodology consists in using the former surveys to develop a regression model for the expected number of unwanted children under 15 as a function of the total number of children, the age of the woman and some socio-economic stratification variable(s). This model is then applied to the latter kind of survey to estimate how many unwanted children there are in each household and by how much per capita income would increase if they were not part of the household.⁹² In addition to assessing the effect on poverty, one may also want to quantify the effect on the inequality of per capita incomes. In Section 1.1 of Chapter IV, an assessment has probably been made of how unwanted fertility varies by income strata or at least by wealth quintiles, with the likely conclusion that unwanted fertility is much higher in the lower income strata than among the rich. Considering that the reduction of unwanted fertility raises income per capita, it should be possible to make an approximate assessment of how much income or consumption inequality will be reduced by specific changes in the percentage of unwanted births by income or consumption level.

The intra-generational mobility study is more difficult to carry out because, strictly speaking, it requires knowing the poverty status of the same households at two different points in time. Sometimes this information is available if a poverty survey has been carried out in panel format, as in Nicaragua and Peru. If only the number of households by poverty status and number of children is known at two dif-

⁹² An alternative strategy is to do the opposite, i.e. try to estimate income or consumption (and not merely wealth quintiles) from the data available in the DHS or other reproductive health surveys.

ferent points in time, without information on the transition of households between poverty statuses, it is still possible to estimate approximate transition possibilities or to apply direct standardization methods, but the number of assumptions that one has to make increases.

Analyze the expenditures at the household level associated with different health interventions, such as antenatal checkups, childbirth, routine gynecological exams, emergency obstetric care, hospitalization due to cancers of the reproductive system, prevalence of breast cancer, number of pap smears carried out, vaccinations given to women and children, purchase of contraceptives etc. and also the costs of different kinds of essential drugs. In all these cases, the goal is to analyze not only the frequency of curative or preventive actions, but also mechanisms through which the population has access to such services (e.g. contraceptives that are freely distributed by the Ministry of Health or bought in pharmacies). Indicators for quality of care include the number of antenatal checkups, the frequency of routine gynecological examinations, the level of training of birth attendants, and available information concerning the quality of health-care centres. What should be attempted here is to establish links between these expenses and broader poverty issues, and not simply to evaluate the situation or overall cost of SRH in the country. Neither is this the place to review how access to SRH varies by social strata, since this issue should have been addressed in Chapter IV, although it is appropriate to evaluate the differential impact of SRH interventions on different social strata, in order to see how they would contribute to the reduction of social inequality. When assessing repercussions on poverty, it is important to consider the share of treatment costs that are paid out of pocket by the patient and his/her family. The World Health Organization (WHO) has developed methodologies for estimating the incidence of catastrophic health expenditures in general, but estimates for specific costs associated with SRH are lacking.

Rarely, it is possible to analyze the trajectory of individual households with respect to morbidity and poverty over time. The use of Disability Adjusted Life Years (DALYs) for quantifying the impact of morbidity on poverty is not recommended, given that this is a macro indicator that was developed for other purposes and does not have a clear interpretation when measuring impacts on poverty, especially at the household level.

Primary Sources:

- Statistics of the Ministries of Health, health care authorities and social security institutes;
- DHS surveys and other surveys of SRH (evaluation of emergency obstetric care needs)
- Household surveys;
- Living Standards Measurement Study (LSMS) type or income and expenditure surveys of another type;
- Qualitative studies and interviews with key informants to complete the information.

Secondary Sources:

- WHO. (2003): Studies on catastrophic health expenditures, such as Xu et al. "Household catastrophic health expenditure: a multicountry analysis". *The Lancet* 362: 111-117;
- UNFPA. (2010) Reproductive Health Costing Tool;
- Project RLA5P201. The effect of avoiding unwanted fertility has been investigated in some detail in Project RLA5P201, particularly in *Research Papers 8 and 11*;
- UNFPA. *Impacts of population dynamics, reproductive health and gender on poverty* (PDB/TD, 2010). This paper underlies much of the discussion in this section;

- Hakkert (2007). *Un análisis del efecto de la fecundidad no deseada sobre la pobreza a nivel de los Departamentos y zonas de residencia de Honduras*. Brasília, UNFPA/IPEA Proyecto RLA5P201, Documento de Investigación 11. Alonso et al. (2008). *Informe del estudio en profundidad de Colombia*. Brasília, UNFPA/IPEA Proyecto RLA5P201, Documento de Investigación 11.

1.3. HOW HIV/AIDS IS LINKED TO OTHER MDG OUTCOMES

Facts/messages: In the case of AIDS, the effects of the catastrophic health expenditures mentioned in the previous section are particularly crippling. AIDS can drive households into poverty for a number of reasons, including loss of income and property, while finding money for health care and funeral costs. AIDS affects adults in the prime active ages, tends to require prolonged expenditures, and ultimately brings about a large number of orphans. Productivity losses and loss of human capital in the present generation (e.g. deaths of substantial numbers of school teachers in many African countries) have direct implications for poverty in the short run, as do the direct costs associated with the treatment of AIDS patients. Poor female-, and increasingly grandmother-headed households that care for AIDS-orphaned have very few coping capacities to re-establish self-sustaining livelihoods. Children may need to drop out of school and, especially if they become orphaned, are less likely to complete primary education. This in turn will have consequences for the incidence of poverty in the next generation. As in other sections of this chapter, the challenge consists not so much in identifying these relationships as in trying to quantify them.

Apart from direct effects at the micro-level, disease affects poverty at the level of the economy as a whole, where economic growth rates may suffer systematically as a consequence of major epidemics. World Bank estimates suggest that when the prevalence of HIV/AIDS reaches 8 % - which it is today in 13 African countries - annual GDP growth falls by about 1 %. The relevance of an increase in these rates because of HIV/AIDS has other economic implications. In addition to the reduction of labour supply, there is a decline in productivity as a consequence of increased morbidity.

Methodology: Several African countries have either Epidemiological Surveillance Sites or special surveys that allow the measurement of the impact of AIDS on the households affected, either in monetary terms or in terms of social costs. Data on AIDS-orphanhood can be obtained from DHS or MICS surveys. WHO has developed methodologies for the measurement of catastrophic health expenditures which are particularly relevant to the case of HIV/AIDS. For methodologies to measure the impact of HIV/AIDS at the macro-level, consult the HIV/AIDS website at the World Bank.

Primary Sources:

- Both DHS and MICS surveys allow for the estimation of AIDS-orphanhood in many countries.
- Epidemiological Surveillance Sites

Secondary Sources:

- *Children on the brink* is a joint UNICEF/UNAIDS biannual publication that tracks the incidence of AIDS-orphanhood.
- Ke Xu (2003). "Household catastrophic health expenditure: a multicountry analysis." *The Lancet* vol. 362: 111-117.

1.4. HOW THE BETTER USE OF HOUSEHOLD RESOURCES AND BETTER BIRTH SPACING ARE LINKED TO POVERTY AND MALNUTRITION

Facts/messages: If poverty is conceptualized in the way proposed in the capability framework, one of its essential components is how income and other resources are converted into actual capabilities, i.e. potential choices for wellbeing. One might think that larger households have greater economies of scale, but because over 70 % of consumption/income near the poverty line is food consumption, there is less room for such economies. To the extent they exist, they are countered to a much greater degree by the adverse effects of crowding and resulting risk of infection and by the waste of resources that occurs when closely spaced births lead to higher infant mortality. This makes it more costly for these households to generate an additional household member, even if the economic context favours a relatively large number of children, e.g. because children represent an old age investment for the parents. This, in turn, makes it more difficult for households to rise out of poverty. It has been suggested that much can be done to reduce inefficiencies by providing information on nutrition and basic hygiene. Obviously, better SRH care is also an important ingredient, but again the argument is more forceful if it can be quantified.⁹³

In addition to its economic determinants, the malnutrition of mothers and children is also affected by reproductive patterns, especially birth spacing intervals and, to a lesser extent, by the age of the mother, by birth orders, and whether or not the birth was wanted or not. Action to influence these variables (mainly birth spacing intervals and ensuring that every child is wanted) can reduce malnutrition in these groups by several percentage points. It is clear that malnutrition also varies as the result of other factors, notably the socio-economic level of the family, the age of the child and the area of residence, and these should be taken into account.

Methodology: The DHS contain various indicators of chronic and acute malnutrition of children under the age of five years: weight for height, height for age, and weight for age. Normally the most interesting indicator is chronic malnutrition, expressed by insufficient height for age. One should investigate how this relationship is associated with the reproductive factors mentioned before among various population segments, and what is their potential for reduction by means of suitable policies in the field of SRH. Given that malnutrition is also associated with other factors, it is necessary to perform the analysis carefully, using multivariate statistical models, to control the interference of these factors. The object of the exercise is not so much to show the existence of the relationship, which has been amply documented, but to estimate the extent to which this has contributed to reducing malnutrition in children under five years (both the average and the distribution between strata) in recent periods or how this will be able to contribute in the future. As is the case with other issues in this chapter, the relationship can be looked at in average terms (i.e. how much child malnutrition can be reduced in the aggregate through better birth spacing) or in terms of inequality between social strata. Because both short birth intervals and child malnutrition are mostly concentrated in the lower income strata, it is to be expected that better birth spacing will reduce inequality between income strata in terms of child malnutrition and this relationship can likely be quantified.

The issue of maternal malnutrition is normally more difficult to investigate due to the lesser abundance of data on the nutritional status of mothers, but some information does exist (e.g. the Administra-

93 This is one of the three links discussed in Eastwood, R. and M. Lipton (2001). "Demographic transition and poverty: effects via economic growth, distribution, and conversion". In: Birdsall et al. (eds.). *Population matters: demographic change, economic growth, and poverty in the developing world*. New York, Oxford University Press.

tion Committee on Coordination-Sub-Committee on Nutrition (ACC/SCN) study. However, in some countries there are special surveys about nutrition, even for adults.

Primary Sources:

- DHS;
- SRH surveys available in the country;
- Nutrition surveys where available. The United Nations System Standing Committee on Nutrition has a data base with countries where nutrition surveys have been carried out: <http://www.unscn.org/en/publications/nics/database.php>.

Secondary Sources:

- UNFPA. *Impacts of population dynamics, reproductive health and gender on poverty* (PDB/TD, 2010) for more information on the capability approach and the conversion concept;
- Administration Committee on Coordination-Sub-Committee on Nutrition (ACC/SCN). 1990. *Women and nutrition*. Symposium report, Nutrition Policy Discussion Paper No. 6;
- Conde Agudelo (2002). *Optimal birth spacing: new research from Latin America on the association of birth intervals and perinatal, maternal and adolescent health*. Washington DC, Catalyst Consortium.

1.5. HOW POPULATION FACTORS AT THE HOUSEHOLD LEVEL ARE LINKED TO THE FORMATION OF HUMAN RESOURCES (MDG 2)

Facts/messages: At the micro level, there are two issues that merit attention here. The first has to do with how family composition affects the educational performance of children. It is frequently stated that one of the advantages of having a small family is the possibility to invest more in the education of each child. There is even some evidence to this effect, from studies undertaken by Cynthia Lloyd and other researchers during the 1990s.⁹⁴ The more recent literature, which tends to be more stringent in terms of its econometric requirements on the evidence, has been more skeptical, although the results generally tend to be stronger if the focus is not just the number of children, but also their spacing and other issues with respect to relative crowding. The other issue refers to teenage pregnancy and its effects on the educational outcomes for the teenage mother.

The other two issues are actually macro-issues, but because of their implications for human capital formation, they are addressed here. One has to do with the profile (quantity and quality) of the demand for education, especially the needs and opportunities for human capital formation deriving from the demographic bonus. As birth rates fall, the number of children requiring schooling diminishes, thereby placing less demand on the school system. On the one hand, this reduces the need for investment in the educational infra-structure, just to keep up with the growing number of children. On the other hand, it creates opportunities for enhanced investments in the quality of schooling. Both of these effects (the former for several Latin American countries, the latter only for the case of Brazil) are analyzed in a study by Soares, written as a part of the RLA5P201 project, using the demographic bonus as a reference concept. The other, parallel issue concerns the profile of the demand for health services, including SRH. Many types of health costs are strongly dependent on age, with most of the “cheap”

94 Lloyd (1994). “Investing in the next generation: the implications of high fertility at the level of the family.” In: Cassen (ed.). *Population and development: old debates, new conclusions*. Washington DC, Overseas Development Council.

health interventions occurring at younger ages, whereas the “expensive” health interventions tend to be more typical of older ages. SRH interventions, of course, affect primarily though not exclusively women of reproductive age. As age structures change, so do overall health costs and their composition by category. Population projections can be used as an instrument to anticipate and quantify these trends.

Methodology: The analysis of factors in the family environment on the school performance of children should be based on multivariate analyses. However, given what was said above, unless relatively sophisticated econometric analyses of this issue exist in the country, it may be better not to pursue it. In the case of adolescent fertility, care should be taken not to draw naive conclusions based on the direct comparison of the educational indicators of adolescent women that did or did not get pregnant because these women are also different in many other ways, including their educational motivation. At the very least, it is necessary to include certain controls for rural-urban residence and socio-economic stratum. But even this may not be enough. In ideal cases, one may be in a position to compare twins with different histories of pregnancy during adolescence. Barring that, econometric techniques such as instrumental variables may be needed to control the simultaneity bias. Needed resources in education can be projected, based on the assumption of continuity of the historic trends in school enrolment by age. One can also investigate how the demographic transition is influencing school enrolment and educational lags.

A particularly interesting attempt to integrate educational issues with population dynamics, although at the macro rather than the micro-level, is the work developed in recent years by Wolfgang Lutz, on integrated population projections which consider not only the evolution of the basic demographic variables, but also of education and its impacts on fertility. These projections are being executed for all countries of the world and are available from the International Institute for Applied Systems Analysis (IIASA) or the Vienna Institute for Demography (VID). For the study of relative and absolute demographic bonuses in the education system, use the study by Soares cited below. Use population projections by age and sex, in conjunction with age-specific health expenditures by categories of diseases to project the total cost of health care implied by demographic trends and its composition by categories.

Primary Sources:

- Civil register;
- Surveys of the DHS type for adolescent fertility rates. Unfortunately, the DHS do not provide much information about the relationship between early pregnancy and school dropout rates, nor about the school performance of children. In countries where reproductive health surveys based on the Centers for Disease Control (CDC) methodology are available, the latter information does exist sometimes;
- Household surveys of the LSMS type allow for the analysis of school performance by some variables of the family structure, but they do not have information about some relevant issues in this context, such as wanted fertility;
- National population projections. The basic information about age and sex structure can be obtained there;
- National censuses for enrollment rates by age and sex.

Secondary Sources:

- UN Population Division. *World Urbanization Prospects*. The basic information about age and sex structure can be obtained from population projections. Available at:

<http://esa.un.org/unpp/index.asp>;

- Project RLA5P201. *Research Paper 11* includes an example of the use of controls, instrumental variables, for the determination of the educational effect of teenage pregnancy;
- Soares (2007). *Relative and absolute demographic bonus in schooling*. UNFPA/IPEA Project RLA5P201, Research Document 1;
- Wolfgang Lutz (2009). "Sola schola et sanitate: human capital as the root cause and priority for international development". *Phil. Trans. Royal Soc. B* 27: 364:3031-3047. doi:10.1098/rstb.2009.0156.

1.6. HOW REPRODUCTIVE HEALTH IS LINKED TO THE OTHER HEALTH MDGS

Facts/messages: The objective of the PSA is to advance in the quantification of the relationships between reproductive health and other health issues and, if possible, even to estimate budgetary impacts. A typical example of the latter would be the study by Moreland and Talbird,⁹⁵ which estimated that, for every dollar spent in family planning, 2-6 dollars can be saved in interventions aimed at achieving the MDGs for health and other issues.

The level of fertility has a number of health impacts in other areas. It is well known that infant and child mortality vary by birth order, even if other factors are controlled for, and that children of high birth orders (4 or higher) are typically at an increased risk. Similarly, it has been established that fertility is correlated with maternal mortality. To some extent, this relationship is mechanical as each additional pregnancy brings with it a new episode of maternal mortality risk. But the cross-country evidence collected in the process of defining the 2008 maternal mortality estimates suggests that the relationship goes beyond that and that even the Maternal Mortality Ratio is affected by fertility levels.⁹⁶

Short birth intervals (less than 36 months) are known to have a number of negative health effects on the neonatal, infant, under-five mortality and nutritional status of children.⁹⁷ Effects on the health status of the mother are less well-documented, except for those of very short birth intervals. Several studies have demonstrated the negative effects of very low maternal ages on child survival.⁹⁸ With respect to maternal mortality, there is substantial evidence that very low maternal ages (16 or lower) are an important risk factor; ages of 18 years or higher do not appear to represent any special risk, except for the fact that women who give birth at these ages are generally poorer and therefore more vulnerable to complications than those who do so later.

A different set of benefits derives from the promotion of condom use which, apart from its contraceptive function, provides protection against STIs and particularly HIV. With respect to the risks and benefits of using oral contraception the evidence is mixed. While there is considerable evidence that oral contraception reduces the risk of ovarian and endometrial cancer, there are also indications that it leads to a slight increase in the risk of breast and liver cancer, as well as the incidence of circulatory problems.

95 Moreland and Talbird (2006). *Achieving the Millennium Development Goals: The contribution of fulfilling the unmet need for family planning*. Washington DC, USAID.

96 WHO/UNICEF/UNFPA/World Bank. *Trends in Maternal Mortality: 1990 to 2008*. Geneva, WHO.

97 See, for example, Rutstein (2005). "Effects of preceding birth intervals on neonatal, infant, under five-years mortality and nutritional status in developing countries: evidence from the Demographic and Health Surveys." *International Journal of Gynaecology and Obstetrics* 89: S7-S24.

98 See, for example, Hobcraft, McDonald and Rutstein (1985). "Demographic determinants of infant and early child mortality." *Population Studies* 39 (3): 363-385.

These are the direct benefits of family planning. There are, however, several more indirect benefits deriving from the fact that women who are planning their families are also being drawn into the wider primary health system, where they enjoy a wider range of reproductive health and other health services. Systematic overviews of these benefits can be found in a booklet published by the World Health Organization (WHO) in 1995, entitled *Health Benefits of Family Planning*, and in *Family Planning Saves Lives* (4th edition), published by the Population Reference Bureau in 2009. Reproductive health, of course, also includes several other elements that improve the health of mothers and children, including antenatal care, the promotion of breastfeeding, and counseling for STIs and HIV/AIDS.

Methodology: If specific studies are available in the countries, that quantify the importance of any of these links, they should be used. Otherwise, one may resort to international studies that quantify these impacts and, based on the national indicators on family planning and reproductive health, try to assess their impact on the wider quality of health. For methodologies to assess potential budgetary impacts see the previously cited study by Moreland and Talbird. As mentioned earlier, there are also a number of costing models that exist which reflect the dynamics between investments in family planning and the resulting impacts on fertility including the SPECTRUM tools (Futures Institute), Reproductive Health (RH) Costing Tool by UNFPA, Marginal Budgeting for Bottlenecks (MBB) by the UNICEF and the Unified Health Model by the Inter-Agency Working Group on Costing (IAWG Costing). See Section 2 of Chapter III for the references.

The *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide* was designed to assess HIV and sexual and reproductive health bi-directional linkages at the policy, systems (partnerships, coordination, capacity building, logistics, monitoring and evaluation, etc.) and service-delivery levels. The objective is to identify gaps and contribute to the development of country-specific action plans to strengthen linkages. It acknowledges the importance of and outlines the principles behind SRH and HIV linkages and the need for a comprehensive approach to strengthen such linkages.

Primary Source:

- DHS and Reproductive health surveys administered by the CDC were specifically designed to address these issues.

Secondary Sources:

- WHO (1995). *Health Benefits of Family Planning*. Geneva, WHO, Division of Family Health;
- Population Reference Bureau (2009). *Family Planning Saves Lives* (4th edition). Washington DC, PRB.

Tools:

- IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives. *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*. Available at: <https://www.unfpa.org/public/home/publications/pid/1350>. For a more detailed review of this tool by one of the main developers, see: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/srh_guide/index.html.
- SPECTRUM tools (Futures Institute);
- UNFPA (2010) Reproductive Health (RH) Costing Tool;
- UNICEF. Marginal Budgeting for Bottlenecks (MBB);

- Unified Health Model by the Inter-Agency Working Group on Costing (IAWG Costing). See Section 2 of Chapter III for the references;
- The appropriate use of costing tools can help shape national health policies, strengthen advocacy for increased investments to achieve health targets, and inform planning and budgeting processes. But how can stakeholders select, and access, an appropriate costing tool? To help users such as policy makers, technical staff, technical assistance agencies, and non-governmental organizations, decide which costing tool to use, several international development partners⁹⁹ have developed an interactive online costing tool guide. Available at: <http://apps.who.int/pmnch/topics/costingtool/>.

2. LINKAGES AT THE MACRO LEVEL

2.1. HOW POPULATION GROWTH IS LINKED TO DEVELOPMENT AND POVERTY REDUCTION AT THE MACRO LEVEL

Facts/messages: The association between poverty and population dynamics through its effect on economic growth is probably the most traditional, at least in the economic literature. In the past, inverse correlations between demographic and economic growth have often been difficult to demonstrate, but this is in part because many of the early models were not correctly specified, e.g. because they did not distinguish between the effects of fertility and mortality. In a more recent study of 86 countries, fertility and mortality effects, duly separated, have been credited with causing 21 % of the average economic growth of 1.5 % between 1960 and 1995. In terms of poverty reduction effects, it was estimated that the average poverty incidence in 45 countries would have fallen by one-third if the crude birth rate had fallen by an additional 5 per 1,000 in the 1980s.¹⁰⁰ Historically, much emphasis has been placed on the presumably higher savings in households with fewer children. This may be a relevant factor in Asia, where household savings rates have historically been high, but Latin American economists have typically been skeptical about this link in the context of the region of Latin America and the Caribbean, where household savings are low.

The economic growth argument is not limited to mere population growth. Since a skewed income distribution also tends to be associated with high differentials of fertility rates between income groups, the effect of fertility reduction on poverty can even be stronger in high inequality contexts. It has also been suggested that faster reduction of gender inequality, *inter alia*, would enhance economic growth, e.g. in South Asia, where this reduction has been slow. If South Asia had advanced as rapidly as East Asia, some argue that its annual economic growth between 1960 and 1992 might have been higher by 0.7 percentage points. In turn, population growth not only affects the level of per capita growth, it also affects the distribution of economic resources. In countries with rapid population growth, returns to labour tend to fall faster than returns to capital, thereby effectively increasing income inequality.

Although fertility decline can boost economic growth and help to reduce poverty, the poverty effects also depend on where fertility decline takes place. In situations where the fertility amongst the poor households is declining at a slower rate than fertility among non-poor households, the poor population

99 International development partners include: USAID through the Health Systems 20/20 project and Management Sciences for Health, the Norwegian Agency for Development Cooperation, PMNCH, UNAIDS, UNDP, UNFPA, UNICEF, WHO, and the World Bank.

100 Both studies can be found in Birdsall et al. (eds.). *Population matters: demographic change, economic growth, and poverty in the developing world*. New York, Oxford University Press.

will have an intrinsic tendency to grow in relation to the non-poor population, unless this tendency is counteracted by economic mobility.

Methodology: The empirical demonstration of the savings effect, in countries where this is relevant, is not always feasible, due to the difficulty of obtaining information from traditional economic sources, such as Central Bank and others, and the difficulty of interpreting data from household surveys that refer to different cohorts, at different times in their life cycle. It is recommended not to analyze this effect in detail unless previous research has been carried out in the country. The line of argument that associates population growth with different categories of social spending (demographic investments versus productive investments) was very common in the 1960s and 1970s, when resources such as the Long-Range Planning Model (LRPM) and RAPID were developed to assist in the interpretation of data. In order to use LRPM and other resources, one normally needs age and sex-specific population projections first. Both the population projections and their application in the analysis of the social and economic consequences of high fertility and rapid population growth for such sectors as labor, education, health, urbanization, and agriculture are part of the SPECTRUM package that is distributed by USAID: the former in the DemProj module and the latter in the RAPID module. The latter is intended to raise policy-makers' awareness of the importance of fertility and population growth as factors in social and economic development. However, neither the population projections nor the results of LRPM or RAPID are customarily differentiated by poverty strata.

Another potentially useful resource is the Threshold 21 modeling software developed by the Millennium Institute. This is a dynamic simulation tool designed to support comprehensive, integrated long-term national development planning. It supports comparative analysis of different policy options, and helps users to identify the set of policies that tend to lead towards a desired goal. This insight into how different indicators of development interact with one another to produce an outcome deepens users understanding of development challenges. Customized country models are based on the T21 Starting Framework, a set of interconnected sectors combined into a macroeconomic framework. The sectors and their interrelations represent the fundamental mechanisms that are responsible for socio-economic development. Once a country identifies its vision, and key goals are determined, it generates scenarios describing the future consequences of the proposed strategies. T21 is an especially useful tool for preparing Poverty Reduction Strategies based on the MDG framework, and for monitoring progress towards the MDGs or other national goals. More specifically, T21 supports stakeholder consultations, preparing strategy documents that address sectoral or industrial interests, preparing data and analyses for loan negotiations, and monitoring and evaluating national plans. To date there are more than 15 unique, customized T21 models with applications in less-industrialized countries such as Jamaica, Malawi, Mozambique, and Bangladesh, and industrialized countries such as the United States and Italy.

Primary Sources:

- National Statistical Offices: Participation rates can be obtained directly from the CSO or calculated by means of household surveys of the Living Standards Measurement Study (LSMS) type;
- National accounts (Central Banks) or household budget surveys (NSOs) for data on household savings.

Secondary Sources:

- UN Population Division: Population projections;

- ECLAC. *Long-Range Planning Model (LRPM) programme*;
- IADB: *Country Cases* (for example Mexico) regarding the rates of saving by phase of the household life cycle;
- More information and resources with respect to Threshold 21 can be found at <http://www.threshold21.com>.

Tool:

- SPECTRUM: <http://www.futuresinstitute.org/Pages/Spectrum.aspx>.

2.2. HOW CHANGES IN AGE STRUCTURES AND AGEING ARE LINKED TO POVERTY REDUCTION AND DEVELOPMENT

Facts/messages: The increase of the number of people in active ages (15-64 years) compared to inactive ages (notably the 0-14 year age group) has been widely publicized as the “demographic bonus”. It has been suggested that this bonus – or dividend or window of opportunity as it is sometimes referred to – explains up to one third of Asia’s economic miracle.¹⁰¹ In principle, Sub-Saharan Africa could also benefit from a demographic bonus as it enters the next stage of its demographic transition, but for countries to reap this bonus it is equally important the youthful population finds productive and remunerative employment. Furthermore, numerous countries in Africa are confronted by an erosion of their labour force because of the rapid spread of communicable diseases, particularly HIV/AIDS. Critics of the concept of the “demographic bonus” argue that this advantage is nonexistent if one does not have the capacity necessary to absorb the entire economically active population productively. This concern, however, may be exaggerated. The only situation under which the demographic bonus would actually have negative consequences is if the effective demand created by the population under 15 years that ended up not being born would have been sufficient to employ the population whose absorption into the labour force was complicated by the “bonus”.

Methodology: The two methodologies discussed here are both relatively complex, although the NTA methodology more so than the computations involved in DMPAP. In the countries that are part of the National Transfer Accounts (NTA) project, it may be possible to take advantage of the results of the local country study. The Demographic Model for Poverty Analysis and Projection (DMPAP) is based on household surveys and makes a breakdown of the income of each household in one component that is strictly economic and another that is associated with the composition of the household. It then carries out projections in which this household structure varies and evaluates the impact of these changes on the incidence of poverty. The latter are based on demographic projections by age and sex and economic projections that have been previously prepared (generally the country’s official projections) which serve as a basis for defining the parameters of 1) aggregated economic growth; 2) change in the Gini index; and 3) specific assumptions regarding the way in which aggregate demographic change affects the composition of families. The other factor that determines results is the profile of the income-generating capacity of household members by age and sex can be determined in a number of ways, depending on available information in the country. This latter procedure currently constitutes one of the most complicated issues in the use of the methodology. In addition to the projection procedure (DMPAP), a simple methodological resource has been developed based on the direct standardization of the compositions of

101 Bloom, David; David Canning and J. Sevilla (2003). *The demographic dividend: a new perspective on the economic consequences of population change*. Santa Monica CA, Rand Corp.

households, to quantify the contribution of changes in these factors to changes in the incidence of poverty in the past. To the extent that there is an increase in the number of heads of households as a percentage of the population and there is a reduction in dependency ratios, both in poor and non-poor families, the trend points towards a reduction in poverty. In Brazil, for example, the National Report on the Millennium Development Goals (2007) acknowledges for the first time that the change in demographic structure was one of the four factors responsible for the reduction in poverty over the last decade. The quantification of these effects is also important for defining targets, so that countries do not set poverty reduction targets whose fulfillment is already built into current population trends.

For the analysis of the demographic bonus, the main indicators are the demographic dependency ratio and the economic dependency ratio. Here one can also use LRPM, but in general it is easier simply to use a spreadsheet containing the projected populations by sex and age and a set of economic participation rates.

Primary Source:

- Household surveys of a LSMS type or income;
- Expenditure surveys;
- DHS surveys. Available at www.measuredhs.com;
- Surveys of sexual and reproductive health.

Secondary Sources:

- Kannan Navaneetham (2002). *Age Structural Transition and Economic Growth: Evidences from South and SouthEast Asia*. Asian Metacentre, Singapore, Research Paper 7. This study analyzes Age Structural Transformations in Bangladesh, India and Sri Lanka, (Indonesia, Malaysia, Philippines, Singapore and Thailand and their influence on economic growth in the 1950-92 period. It controls for macroeconomic variables such as investment share of GDP, net foreign balance, share of public consumption expenditure, inflation rate and openness. It concludes that the demographic bonus had a positive impact on economic growth in all Southeast Asian countries except the Philippines. The South Asian countries did not perform well in terms of economic growth at the onset of the window of opportunity. The results also indicated that countries that have had open economies and had excellent human capital benefited more. The DMPAP model is described in Research Paper 3 of Project RLA5P201;
- ECLAC: *Social Panorama*. Useful information about families;
- For more information on the NTA project, consult the NTA website at <http://www.nta-counts.org>;
- Hakkert (2007). *The demographic bonus and population in active ages*. Brasília, UNFPA/IPEA Project RLA5P201, Research Document 7.

Tool:

- UNFPA: *The Demographic Model for Poverty Analysis and Projection (DMPAP) model* requires household surveys of a LSMS type or income and expenditure surveys of another type.

2.3. ON THE NEEDS FOR SOCIAL PROTECTION LINKED TO THE CHANGE OF THE AGE STRUCTURE, ESPECIALLY AGEING

Facts/messages: Old age brings with it a reduced capacity for work, and increasing demand for health services, but also difficulties in accessing health care and other basic services. As was noted in Section 2 of Chapter IV, this increases the likelihood of older people becoming and remaining poor. However, the extent to which this actually happens depends greatly on the quality and coverage of the old-age support system. Formal social security systems, if they exist at all, do not always provide adequate coverage for all older persons. In some developing countries, social security is limited to a small minority of older persons, mostly professional and urban-based. In the absence of formal systems of social protection, informal support systems constitute the main source of economic security for older people. Therefore, changing family structures have affected the security of the elderly. While in many cases families provide the necessary support, not all of them are able to do so. The level of support that families can provide is influenced to a great extent by the level of support which families receive from Governments. If there are no programmes and safety nets in place, families that are themselves struggling to make ends meet may find it extremely difficult, if not impossible, to provide for the needs of elderly family members. If older family members become frail or disabled, families alone may not be able to provide the necessary medical care. Older men, while better placed with respect to formal social security than women, tend to be more socially isolated and receive less family support than women.¹⁰²

In most of Latin America and the Caribbean, Eastern Europe and elsewhere, where formal social security systems are relatively well developed, the average incidence of poverty among the elderly is actually lower than among the population in general, but where formal old-age security systems have low coverage, as in Southern and Eastern Asia, old-age poverty is widespread, despite massive transfers from the younger generation to its elders. In such countries, there is cause for concern, particularly now that populations are rapidly ageing. In theory, most formal old-age social security systems have a built-in mechanism for transferring resources from men to women because women in most parts of the world retire earlier and live longer than men. In practice, however, older women have less financial autonomy because formal social security systems based on past economic participation are biased against them. Consequently, they are among the main potential beneficiaries of non-contributory systems that recognize the intrinsic value of unpaid domestic work.

Social protection systems need to adapt themselves to demographic scenarios in which older people will have increasing representation. In many parts of the developing world, ageing occurs in conditions of poverty and the absence of such a system of social protection, so that a central challenge is to build these systems, thus preparing for the fast-approaching scenario of an ageing population. The growing number of older persons calls for appropriate policies and programmes to ensure their equal access to health care, basic social services and social safety nets to protect them from falling into poverty. Of particular concern is the need to provide affordable, accessible and appropriate health-care information and services, but also pensions, social safety nets, and social protection schemes to help alleviate poverty among older persons and promote financial independence and empowerment. Regular cash transfers to older persons increase their access to services, especially health care, and increase their standing within the family, their dignity and empowerment. They also play an important role in breaking the inter-generational cycle of poverty because the elderly often share resources with younger family members, thereby contributing to the household income and improving nutrition and school attendance among children.

102 There is concern, for instance, with respect to ageing men in China who, due to prevailing sex imbalances resulting from the one-child policies of the Chinese government since the late 70s, tend to age without families to support them.

Many countries are facing increasing structural deficits of their pension systems. Demographic change is often not the primary cause of these disequilibria, but it is an aggravating factor. An important determinant is the financial mechanism for funding these pension systems. The two most common modalities are the pay-as-you-go system, in which the current contributions of the economically active population are used to pay the pensions of those who are currently retired, and the individual capitalization modality, which is a form of forced individual saving. The former system is particularly vulnerable to population ageing. This is why some countries are converting to individual capitalization mechanisms. According to some economists, like Mason and Lee, this holds the promise of a "second demographic bonus" as ageing populations start to accumulate savings for their retirement, which can be applied for investment. On the other hand, it also has a number of disadvantages. The short and medium-term cost of converting from one system to the other can be prohibitively high. More importantly, individual capitalization is not a viable solution for those who do not earn enough to accumulate a realistic individual pension fund. At the other extreme, some developed countries have entirely abandoned the principle of pension contributions based on labour income and now frame the entitlement to a government pension as a basic human right, based on the number of years that the person has resided in the country since age 15.

Methodology: It is recommended to use indicators for the coverage of security and health, both with regard to contributions and pensions, by sex, broad age groups (differentiating at least between 60-74 and 75 and over), and socio-economic status. Other relevant factors are expenditure on health by age bracket and building scenarios of the potential costs involved in different arrangements for the delivery of care. Indicators on the patterns of co-residence, exchange, and family support, and the role these play in the living conditions of older people. Indicators quantifying the monetary and non-monetary contribution of older people in the households in which they live. Analyze indicators on the needs for coverage by the social safety net for other vulnerable groups and public and private transfers received and given by them. In countries that are part of the NTA Project (see previous section), it may be possible to obtain a quantitative estimate of the "second demographic bonus", if it exists. In countries that do not participate in this project, constructing the necessary indicators may be too time-consuming. If there is a pension system in place with sufficient coverage, it may be possible to analyze the role of the ageing process in the financial health of the system. It may also be possible to estimate what the incidence of poverty among the elderly would be without the existence of the pension system. In countries with a pension system based on individual capitalization, one may try to evaluate to what extent the system attends to the need of the lowest income groups.

Primary Sources:

- National censuses and statistics with regard to expenditure on social protection, administrative registers of the public and private social protection system;
- Household surveys and specialized surveys on health, living standards or poverty, budget, free time, etc.;
- Regional surveys, including the SABE survey on Health, Well-Being, and Ageing in Latin America and the Caribbean from the Pan American Health Organization (PAHO), the Survey of Health, Ageing and Retirement in Europe (SHARE).

Secondary Sources:

- WHO. *Study on global AGEing and adult health (SAGE)*. Available at: <http://www.who.int/healthinfo/systems/sage/en/index.html>;

- The World Bank has a web page on Providing Security in Old Age Through Sustainable Pension Systems that Support Development, which refers to a number of relevant documents with respect to pension systems and pension reform, including *Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth* (1994);
- Mason and Lee (2006). "Reform and support systems for the elderly in developing countries: capturing the second demographic dividend." *Genus* 62 (2): 1-25.

2.4. THE LINKS BETWEEN MIGRATION AND SPATIAL DISTRIBUTION WITH POVERTY

Facts/messages: This issue involves at least four sub-themes, namely

- How rural-urban migration affects poverty in urban areas, in rural areas, and at the national level;
- The positive aggregate effects of international migration on the balance of payments and development financing;
- The positive effects of remittances at the household level; and
- The negative effects of international migration through mechanisms such as the brain drain.

In addition, internal migration may have other undesired effects, such as the propagation of HIV/AIDS.

In the past, the negative aspects of migration (such as the losses for sending communities and the spread of urban slums) were often highlighted. Poorer countries are marked by higher levels of rural to urban migration and this process tends to make overall poverty more visible, given the higher poverty levels characteristic of rural areas. Much of the urbanization literature has also been concerned with the rapid growth of poor populations and of environmental degradation in cities due to rural-urban migration. However, the overall impacts of such movements are increasingly viewed in a positive light. Rural-urban migration, analyzed from the economic standpoint, is a stabilizer of human resources, the effects of which tend to be positive in the long term. The increase of urban poverty is offset by the reduction of the number of rural poor, and since upward economic mobility is higher in the cities than in the countryside, the overall effect is often one of poverty decline at the national level. Most urban growth in developing countries is now due more to natural increase in the cities than to migration, a fact which alters the locus of public policy. Moreover, the deterioration of urban environment that is often attributed to urban growth is not an inevitable process, but rather the consequence of misguided policies that try to stop growth by not planning for it.

Moreover, cities provide many more opportunities for social participation and empowerment of different social groups. In particular, urbanization can be a powerful factor in creating conditions for women's empowerment. Participation in an organization allows them to reduce the vulnerability, insecurity and dependence which is even more typical in rural habitats. Finally, urban concentration can be helpful for environmental well-being, provided cities make a sustainable use of space and foment sustainable economic practices. In order to argue that the predominant effects are negative, one must show that these perceptions are mistaken or inspired by non-economic factors such as the extreme precariousness of access to basic services in the regions of origin or that the presence of migrants exercises a negative effect on relevant urban markets.

International migration also presents both opportunities and challenges for growth and poverty reduction. Benefits include new investments, learning opportunities, professional competencies, brain gain

and remittances that can contribute to poverty reduction (at the household level) and development (at the community level).

Migrant remittances have emerged as a major source of external financing (helping to achieve an equilibrium of the balance of payments) in developing countries. Remittances play a central role in the provision of foreign exchange and poverty reduction. In analyzing the impact of remittances, both the positive and negative effects should be considered at household and national level. Migration can also lead to other forms of beneficial transfers back to the countries of origin in the form of “social remittances”. The financial assets, education and skills migrants have acquired abroad may stimulate innovation, create employment and boost economic growth in emigration countries.¹⁰³ Whether migrants will invest largely depends on the economic conditions and the governance in the home country. At the family level remittances constitute an important source of additional income that can mean the difference between overcoming or continuing in a state of poverty. In some cases it is possible to measure the latter effect at the household level. At the global level, remittances sent by migrants to their families (250-400 billion dollars in 2006) exceed official development assistance (ODA) and in some countries even direct foreign investment. According to a World Bank study, a 10 % increase in the share of remittances in a country’s GDP leads to a 1.2 % decline in poverty.¹⁰⁴

However, the social costs of migration should not be overlooked. Challenges associated with migration include brain drain, heavy social cost for the people left behind, the spread of HIV and other diseases, the possibility of exploitation and abuse, particularly against women, and various pressures resulting from any influx of refugees and internally displaced persons (IDPs). The brain drain and economic dependency of the main regions of emigration are the main negative effects of international migration. According to the ILO, developing countries are currently experiencing a 10-30 % loss of skilled manpower, with 75 % of persons emigrating from Africa having a tertiary level education. The depletion of human resources in sectors such as health and education may present a challenge to development efforts and potentially contribute to increases in poverty. Depending on the specifics of the country situation, the brain drain may be counteracted by two other phenomena: on the one hand, the return migration of natives who acquired education and practical experience abroad, and the potential stimulus to local education of those who are preparing themselves to migrate, but end up staying. Migrants are also important vehicles for transmitting “social remittances” including new ideas, products, information, and technology.

There are also other significant social costs of migration which are not always obvious: children without mothers, husbands without spouses and families left behind. The migration of mothers often results in children dropping out of school or finding themselves in situations of neglect and abuse. Perhaps the most painful social cost of migration is the knowledge of migrant mothers that they are taking care of other people’s children (or elderly parents) while they leave their own children (or elderly parents) to be cared for by others. This has negative effects on social cohesion of the family and society. In the Philippines, for example, an increase in incest has been noted as mothers migrating to work as maids in the Gulf States have to leave their children alone with their fathers. In some cases, older persons are left on their own with no one to take care of them. In some families, grandparents assume care-

103 European University Institute, Florence Schuman Center for Advanced Studies (2008). *Return Migration and Small Enterprise Development in the Maghreb*.

104 Adams, R. and J. Page (2003). *International migration, remittances and poverty in developing countries*. Washington DC, World Bank Policy Research Paper 3179.

giving roles, taking care of grandchildren in the absence of adult children who go abroad. This has important implications for inter-generational relations.

The participation of women in migration has raised both prospects and challenges. Female migration has a tremendous potential. It can advance gender equality and women's empowerment through opportunities that it opens for greater independence and self-confidence. It can be a vehicle for enhancing the status of women. It can give rise to structural and institutional changes as well as changes in mind set, understanding and lifestyle. It can redress social and economic imbalances. Migration provides women with income and the status, autonomy, freedom and self-esteem that come with employment. Women become more assertive as they see more opportunities opening up before them. However, female migration can also involve a significant amount of tension, especially since it often breaks through established values and practices. In some environments, female migration is accompanied by exploitation and abuse. Women migrants are found predominantly in the service and welfare sectors in traditionally female occupations. Those in unregulated and the informal sectors of the economy are at greater risk of exploitation, including harsh working and living conditions, low wages, illegal withholding of wages, and illegal and premature termination of employment. Many lack access to much-needed health and legal services.

Methodology: Not all effects can be demonstrated easily. In addition, there are methodological difficulties. For example, in the case of remittances found in household surveys, one has to be mindful of the fact that remittances are normally underreported and that the analysis of volumes by poverty levels can be affected by the phenomenon that the households that most benefit from remittances tend to emerge from poverty. This picture can erroneously suggest that the poorest households do not receive remittances.

Use economic indicators to measure the economic implications of migration. Assess the effects on real income in terms of households as opposed to the national level. Define the proportion of homes by type (poverty, household size, educational level) that receive remittances and the characteristics of recipients (sex, age, etc.). Break down the household's welfare between the change in private consumption and the change in the consumption of public services. To account for changes in prices faced by migrants in the countries of destination, consumption patterns in the country of destination country should be adjusted to reflect the differences in the cost of living, use Purchasing Power Parity (PPP) exchange rates from the World Bank's database.¹⁰⁵ With respect to the brain drain, analyze emigration data by occupational group (e.g. doctors, nurses and teachers). Compare these data with the situation in the country of origin, including unemployment levels. Consider the total size of the labour force in the occupations subject to emigration and the unemployment in these sectors before drawing any conclusions on the loss that it represents for the country.

National banks report their remittance data as part of a country's national accounts. The International Monetary Fund (IMF) compiles and publishes the data. The World Bank monitors and estimates remittance flows for all countries at regular intervals. In order to maximize the remittance levels received by families in countries of origin, global policies have been adopted to reduce transaction costs. Regional development banks monitor these transfer costs. Official remittance data tend to under-report actual flows as they exclude informal remittances. In some countries, data from money transfer agencies and small transactions are not included. Model-based estimates and household surveys suggest that informal flows could add at least 50 % to the official estimate, with significant

105 World Bank (2006). *Global Economic Prospects 2006. Economic Implications of Remittances and Migration*.

regional and country variation. Household surveys are a growing source of information, particularly on the impact of remittances at the household level. Consider using indicators on the flow of officially recorded remittances in absolute terms, per capita, as a share of GDP and as a proportion of total financial flows. Use labour force surveys and household surveys to analyze the detailed nature and impact of remittance flows on household members.

With regard to rural-urban migration, it is possible to make a breakdown of the reduction (or possible increase) of urban and rural poverty at two points in time and the residue of poverty reduction at a national level, which is precisely the component attributable to rural-urban migration. It is also possible to analyze internal migration by sex, age, levels of education, and income. Gender differences should be highlighted although scarce information is available about various aspects of this question, such as trafficking in women for certain kinds of clandestine employment in the countries of destination.

Primary Sources:

- Central Banks and Central Statistical Offices (in some countries): National accounts provide information about part of international remittances (aggregate figures) even when these are underestimated because they do not capture money and goods that migrants carry with them;
- Population censuses and population registers, national administrative sources;
- Labour Force Surveys and specialized surveys;
- Household surveys of the LSMS type (poverty and social indicator monitoring): These household surveys contain information about remittances at the household level, by characteristics of the recipients (sex, age, etc.), which can be analyzed by poverty strata (subject to the restrictions mentioned above). For rural-urban migration, normally one has to make do with indirect inter-census estimates given that censuses often do not collect information about the area of residence of migrants at their origin;
- National accounts for remittances (aggregate figures).

Secondary Sources:

- Africa Migration Project by the African Development Bank (AfDB) and the World Bank <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21681739-pagePK:64165401-piPK:64165026-theSitePK:476883,00.html>;
- <http://econ.worldbank.org/external/default/main?pagePK=64165401&theSitePK=476883&contentMDK=22617025&noSURL=Y&piPK=64165026>;
- World Bank. *Monthly Remittance Data* <http://www.worldbank.org/prospects/migrationandremittances>;
- World Bank. *Global Development Finance*;
- IMF. *World Economic Outlook*;
- *Migration and Remittances Factbook* available at: <http://www.worldbank.org/publications>;
- World Bank: *South-South Migration and Remittances*;
- World Bank. *Migration and Remittances Factbook*. Available at: <http://www.worldbank.org/publications>;
- World Bank: *South-South Migration and Remittances*; <http://siteresources.worldbank.org/INTPROSPECTS/Resources/334934-1110315015165/SouthSouthMigrationandRemittances.pdf>.

2.5. THE LINKS BETWEEN POPULATION DYNAMICS AND THE LABOUR MARKET (MDG 1.B)

Facts/messages: The essential prerequisite for harnessing the full potential of the “demographic bonus” is the need to improve employability (level and relevance of the education received) and to create more employment for those entering the labour market. It has been noted, for instance, that while in some countries of the Middle East educational levels have improved markedly during the past few decades, young people still have difficulty finding jobs because their skills are not adapted to the needs of the market. For women, in particular, university education in these countries often does not lead to future employment. One of the sub-issues that can be analyzed in this context is access of young people to (training in) information technology. One can also analyze inflows and outflows as the result of mortality or retirement, in the course of a more or less extensive historical period, to assess the demand for jobs from those entering the labour market in the near future, and compare it with historical trends. On the other hand, one may analyze the rates of youth unemployment of the last 20 years and relate these results with the previous ones. Another topic for research is the relationship between unemployment and adolescent fertility, given that there is the possibility that in some countries the increase in adolescent fertility is related with trouble to find work.

Methodology: The main indicators are rates of youth unemployment (15-19 and especially 20-24 years old) and the economic participation of women by age group and educational level. For a more detailed analysis, one can use household surveys to relate rates of participation to family structure. This is similar to what the DMPAP model does, with the difference that DMPAP does not analyze the rates of participation as such, but the average income generated as a result of certain rates of participation and remuneration. Another possible type of analysis relates the fluctuations of populations by age, sex and educational level to the level of (un)employment or wage levels in the corresponding group or age-sex groups that may be in direct competition with it, the rationale being that a relative “glut” of population in some age and sex categories will negatively affect the market position of those population groups and the ones that compete in the same markets.

To elaborate on the issue of youth employment, analyses can be made of those entering and leaving the labour market, as suggested above. For the relationship between youth unemployment and adolescent fertility, it may be appropriate to analyze the activity of adolescent mothers in the 6 months before their pregnancy, in those cases in which it is possible to obtain this information. Another important indicator is the proportion of the adolescent population that neither works nor studies. Where possible, one should analyze how this population occupies its time.

Primary Sources:

- National censuses;
- National surveys on employment/unemployment and qualification of the workforce;
- Household surveys of the LSMS type;
- DHS surveys. DHS surveys can only be used to analyze the current economic activity of women in relation to their reproductive history, but they do not have any information about their history of activity or the conditions of current employment.

Secondary Sources:

- ECLAC. *Social Panorama*. Rates of employment and unemployment;

- Hakkert (2007). *The demographic bonus and population in active ages*. Brasília, UNFPA/IPEA Project RLA5P201, Research Document 7.

Tools:

- UNFPA (2007). *Demographic Model for Poverty Analysis and Projections (DMPAP)*.

2.6. THE LINKS BETWEEN POPULATION, CLIMATE CHANGE AND ENVIRONMENT (MDG 7)

Facts/messages: From the environmental point of view, population trends are one of the most important determinants of pressure on ecosystems, although their impact is mediated by other factors such as consumption patterns, the level of economic development, technological progress, and environmental policies. This generates an enormous policy conundrum. Patterns of growth in developed countries are responsible for the major environmental threats to the planet, but developing countries are anxiously trying to emulate these patterns and, if successful, will magnify current threats of global change many times over. In particular, the reduction of poverty, which under current development models is associated with increased consumption, would inevitably contribute to increase GHG emissions. But of course all countries must have the right to develop. Meeting desired fertility levels with better access to RH would mitigate this problem somewhat over the long term, but the main tradeoff between development as we know it and sustainability remains a fundamental challenge.¹⁰⁶

The impacts of climate change are already apparent, from droughts and floods to changing weather patterns and destabilized livelihoods, and they are being felt disproportionately by those who are already impoverished. Adaptation means managing the unavoidable consequences of climate change. Analyzing population dynamics can clarify who is most vulnerable, why, and how interventions can most effectively reach them. Some groups of people are particularly vulnerable to impacts of climate change, including women, children, single, female-headed households, and the elderly. These groups tend to be most at risk for poverty and have the most tenuous livelihoods. In addition, living in urban slums can exacerbate vulnerability — housing stock and infrastructure is often substandard or non-existent in urban slums, and many are also located in flood plains or low coastal elevation zones where the risks from the impacts of climate change will be the greatest. The factors influencing population vulnerability therefore include location, poverty, demographic characteristics, and extent of protection provided to people by their housing, infrastructure, and social and economic support structures.

Population-poverty-environment linkages tend to be vicious cycles: poverty is linked to high fertility through higher rural labour demand, high infant mortality and gender inequalities. Population growth due to high fertility results in increased demand for limited food and environmental resources. The decreased per capita resource base in turn results in small, inefficient farm plots, soil fertility loss, and increased incentives for short term resource exploitation over longer term sustainability. Rapid population growth and increased population density in forest areas can cause deforestation through agricultural expansion. Deforestation results in increased vulnerability, particularly of the poor, to storms, floods and other disasters, for instance in Costa Rica, Bangladesh or Nepal, where deforestation has left low lying lands at greater risk.

106 See Guzmán, J. M. et al. (2009). *Population dynamics and climate change*. New York, UNFPA/IIED.

Fast-paced urban slum growth has contributed to deforestation due to increased demand for charcoal for cooking fuel, for instance in the DRC, Tanzania and Kenya. The two main population interventions that can break this vicious circle are the promotion of family planning in rural areas, particularly rural areas that experience environmental stress; and the acceptance of some degree of rural-urban migration as inevitable and consequently planning ahead for it.

An important aspect of the environment-population interaction is how a specific area, with its regional variations of natural aptitudes, can be managed in the most rational way by a population with characteristics that also vary in space. This is the perspective known as “sustainable use of space”, which has its greatest potential impact on spatial planning. One should analyze the national spatial planning strategies and indicate how the characteristics of the population have or should have repercussions in this context. Specific issues in this regard are the urban slums and possibilities for providing basic infrastructure, including basic sanitation. Although rural-urban migration can generate pressures on local governments to attend to this demand, one should also consider that at an aggregate level the concentration of population facilitates the provision of these services to the greatest number of users possible. Finally, one should analyze to what extent existing settlement patterns in the country contribute to environmental vulnerability, a subject that has taken on considerable importance after the experience of a number of meteorological catastrophes in high-risk human settlements.

Age structure, household size and spatial distribution all affect per capita emissions, and should be integrated into climate change modeling. Older people who are past their peak working years consume less and produce fewer greenhouse gas emissions than working-age people. Worldwide, the proportion of older persons is rising, with UNDP projecting an increase in the proportion of people over 60 years of age from 10 % in 2005 to 22% in 2050. All things being equal, this will result in a reduction in emissions over time. Household sizes are declining in many places around the world, linked to processes like urbanization and fertility decline. Many argue that the household, and not the individual, is the best base unit for measuring emissions, as households generally consume together and often produce together. If household sizes are shrinking and the total population remains stationary, the total number of households will increase. Due to economies of scale, larger households, while emitting more in total, emit less per capita. Decreases in household size therefore mean more emissions, even without more people.

The urban-rural distribution of the population is a major determinant of emissions levels, though not always in predictable ways. Due primarily to income differences, urban areas tend to produce more emissions than rural areas. Yet, greater density in urban areas also allows urban residents in some cities to have lower per capita emissions relative to those living outside of the cities. Better urban planning, so essential to poverty reduction, women’s empowerment and slum improvements, could help mitigate greenhouse gas emissions, while also providing resilient and adaptive environments to reduce vulnerability, particularly for impoverished urban dwellers.

Methodology: At this time, links between local population dynamics and emissions levels have yet to be formalized in a way that allows for a simple methodology for assessing this relationship. On the adaptation side, it is important to identify the size and composition of at-risk populations. First, identify projected impacts of climate change under different scenarios for the country, and where possible examine sub-national variation, with particular attention to geographic extent of potential impacts. Identify the projected urbanization rate, and the extent to which urban areas are located in places where climate change impacts are likely. Use the most recent census or sub-nationally sampled survey data to generate a demographic breakdown of the population that resides in the projected

locations of climate change impacts or is food/water insecure. For broad geographic impacts, like changing temperatures and rain patterns, this can be done at the national or provincial level. For more localized impacts, like flooding or sea level rise, spatial analysis of the links between populations and impacts may be necessary.

The *Urban Risk Assessment* by the World Bank is being developed to standardize a methodology for a cost-effective tool to assess vulnerability in cities which will harmonize the information on disaster and climate risk at both the city level and within cities, identifying areas which are most vulnerable. Such information will also provide a mapping of slums which can be used for improving basic services for the urban poor.

The main indicators are demographic density, sanitation infrastructure (percentage of households served by running water and sewer systems), and the local availability of water, although these, in isolation, mean relatively little. If there are national spatial planning directives, these should be analyzed in the light of the demographic situation. Areas of environmental risk should be compared with the geographical distribution of the population, also taking into account the spatial distribution of economic activities, especially when these are based on comparative advantages of location. The UNFPA project with the Ministry of Environment of Colombia has produced a set of manuals (in Spanish) about population analysis in the context of spatial planning which can serve as a useful reference.

Primary Sources:

- Censuses: Environmental modules of national censuses are the best source for mapping demographic densities and basic sanitation infrastructure;
- DHS;
- Specialized surveys;
- The Environmental Ministries of many countries in the region have maps of ecological risk. Add specific sources for other regions.

Secondary Sources:

- UNEP: *Global Environmental Outlook*. The reports contains data at a sub-regional level. Available at: <http://www.unep.org/geo/regreports.htm>;
- Intergovernmental Panel on Climate Change (IPCC). Assessment Report. Impacts, Adaptation and Vulnerability;
- UN Population Division. *World Urbanization Prospects*. Available at: <http://esa.un.org/unpd/wup/index.htm>;
- World Resource Institute (WRI). Information about water and other natural resources. Available at: <http://www.wri.org/>;
- Center for International Earth Science Information Network (CIESIN) of Columbia University. Available at: <http://www.ciesin.columbia.edu/indicators>.

Tools:

- World Bank (2010). *Understanding Urban Risk. An Approach for Assessing Disaster and Climate Risk in Cities*;
- Population Action International (PAI). *Mapping Population and Climate Change*, Available at:

http://www.populationaction.org/Publications/Interactive_Databases/ climate_map.shtml;

- African Development Bank and UNFPA (2005). *Training Module on Integration of Population Issues into African Development Bank programmes and projects*. Module 3, Session 4 on Integration of Population Issues in the Agricultural Sector;
- UNFPA Colombia. *Enfoque poblacional para revisión y ajuste de planes de ordenamiento territorial. Guía de aplicación*.

VI. CHALLENGES AND OPPORTUNITIES

JUSTIFICATION

This is a final section that should fulfill a threefold function: a) to serve as a summary and conclusions, with an emphasis on the relevance of the findings (conceptual and empirical evidence) and the identification of the main challenges and priorities that confront the country, as well as the contribution that can be made from the viewpoint of population analysis. That means putting the main messages of the analysis into place and relating them creatively to the political and institutional context existing and with the way the United Nations works in the country; b) based on the former analysis, to highlight the opportunities and the need for investing in rights-based public policies for reducing inequalities; and c) to define in this context what the strategic interventions are that UNFPA can undertake as part of a joint effort of the United Nations System to support the development of the country.

ISSUES

1. Main Population Challenges Confronting the Country
2. Opportunities for Action: Policy, Strategy and Programmatic Recommendations
3. The Strategic Role of UNFPA in Partnership with Other Humanitarian and Development Actors

1. MAIN POPULATION CHALLENGES CONFRONTING THE COUNTRY

Facts/messages: As confirmed by the analysis carried out, population behaviours are not neutral. The patterns and situation of SRH, survival conditions, population mobility and settlement can facilitate or hamper efforts to overcome poverty and social exclusion, according to the prevailing living conditions, the structure of opportunities available and the public policies applied in the country.

As a result, the main challenges and priorities faced by the country should be shown, in the light of these findings. In this process, it is important to show how, based on consultations with national actors, the final outcome contains important added values for setting the national priorities considered at the beginning of this process.

2. OPPORTUNITIES FOR ACTION: POLICY, STRATEGY AND PROGRAMMATIC RECOMMENDATIONS

Facts/messages: Based on the previous analysis, it is possible to identify strategic areas for action. There are clear options for implementing policies to improve people's quality of life, reducing poverty and social inequality, and promoting greater gender equality. These areas, together with their expected impacts, and the particular features of policies and programmes that need to be designed or reinforced should be addressed in this chapter. This requires a combined effort of information, research, outreach and advocacy.

It is advisable to include meaningful scenarios for the medium term together with recommendations for public policies aimed at tackling the main priorities with regard to population, SRH, and gender in the country, in an effort to illustrate the benefits of timely actions and the risks/costs of inaction or delay in responding. One time horizon could be the year 2015, the benchmark for the achievement of the MDGs, but also a later date. Key comparative references might become useful with respect to

the relative situation of national policies regarding regional trends and the group of countries that is most significant within each relevant area. It is important to identify urgent actions (short-term policies), as well as those efforts that have a medium-term or long-term scope. If the policy dialogue has already generated tangible commitments and actions for intervention, these must be incorporated in this chapter. Ways for following up these interventions could be included within this scope.

3. THE STRATEGIC ROLE OF UNFPA IN PARTNERSHIP WITH OTHER HUMANITARIAN AND DEVELOPMENT ACTORS

Facts/messages: As demonstrated by the previous analysis the Population Fund has a strategic operational niche in the country based on the experience acquired in the areas of generation and analysis of data on socio-demographic issues, population, SRH, and gender. The role of UNFPA does not culminate in the achievement per se of specific goals in these areas, but transcends these efforts, through the agency's participation in strategic political dialogue. UNFPA has the explicit mandate and the potential capacity to bring population issues, SRH and gender into development policy-making at local, national, regional and global levels. It is this comparative advantage that UNFPA brings to the negotiations to incorporate these issues and data into evidence-based policy making and development planning. UNFPA's strong presence in over 140 countries provides on-the-ground infrastructure for working with governments on population-informed development strategies.

Specifically to the 2010 round of censuses, but also to a wide range of surveys and administrative data sources, does UNFPA deliver quality technical assistance for data collection and processing. These data, if used properly and to their full extent, can provide the baseline for evidence-based planning for the next decade. This will however require additional efforts in the data analysis phase for which countries often allocate insufficient funds. In this manual, specific analytical instruments have been brought together. This joint action leaves its mark and draws its inspiration for public anti-poverty programmes and large-scale initiatives directed at improving living conditions among the most vulnerable, so that the country can reduce inequalities and better find its place in the world economy.

In defining the support of UNFPA for the country, it is necessary to consider the role of other bilateral and multilateral agencies for co-operation and the joint work that is carried out in the context of the United Nations Country Teams (UNCT).

Possible Policy Recommendations

- Develop good administrative records and vital statistics, so that information can be collected for analysis and utilization for policy development and for monitoring progress on the achievement of the Millennium Development Goals and the ICPD goals;
- Generate and provide access to relevant socio-demographic information for decision-making (including at decentralized levels). Availability of geo-referenced information systems and formation of human resources for managing these data systems and the understanding of population dynamics as a determining factor of the scale, evolution, and territorial distribution of the demand for social services;
- Demonstrate the impact of MDG5 on other MDGs in social and economic terms. MDG-5b, which provides for "access to reproductive health for all", if not addressed, results in population growth especially amongst the poor, constraints to economic growth and limits investment in physical and human capital;

- Identify the opportunities afforded by the “demographic bonus” and public policies needed to take advantage of these opportunities in a timely fashion, based on evidence demonstrated at the micro level (families) and macro level (national aggregates), that underscore the actual advantages in terms of the savings generated through the reduction in fertility, as well as the potential benefits that could derive from a greater quantity and quality of available human capital, especially of young people. Here one could mention policies that improve employability and productivity (health, education) as well as those that extend the supply of decent work (productive, stable, with social protection);
- Assess the demand for services in the area of SRH, through social policies that improve the status of women, by expanding their productive options and enhancing their social participation. This would be the place to make reference to the new range of conciliatory policies:
- Identify unmet needs relating to SRH and the foreseeable projection of demand, its determinants and consequences, as well as monitoring and the evaluation of results of policies and programmes, ensuring coverage and quality of services. Wherever possible, provide an estimate of indicative investments. Make recommendations against the backdrop of trends unfolding within health care systems, referred to as “health care reforms” in several countries;
- Analyze the impacts of the HIV/AIDS epidemic through the construction of alternative scenarios of its spread, depending on different levels of programmatic intervention, contribution to improving knowledge and commitment on the part of decision-makers, highlighting the costs and benefits of educational and preventive programmes and access to treatment of the persons affected;
- Analyze maternal mortality in countries where this continues to be a reality in order to demonstrate the urgency of cost-effective public policies, based on the existing consensus with regard to the most effective strategies for reducing maternal mortality, which combine three fundamental pillars: voluntary family planning of quality, qualified childbirth care, and emergency obstetric care (the three delays);
- Emphasize inequality and poverty and their particular socio-cultural characteristics (diversity in urban and rural areas, ethnic groups etc.), highlighting differential factors by population groups and geographic area, and the specific characteristics of settings where public policies ought to be implemented to effectively guide programmatic initiatives, based on evidence revealed through disaggregated indicators on inequalities in habitat-related conditions. Illustrate the various profiles of needs and demands in urban and rural areas, in order to design specific policies for those areas, while taking into account the process of decentralization and the strengthening of local institutions, which offers both opportunities and challenges;
- Analyze the net result (positive and negative impacts) of international migration to guide public policy interventions in the most effective way. Concentrate efforts to improve the compilation and analysis of information concerning the numbers of internal and international migrants and the flows of resources generated (volume of remittances, costs of transfer, their productive use or consumption), in order to design policies that make it possible to capitalize on their full potential;
- Formulate and recommend preventive lines of action that make it possible to anticipate ageing scenarios. In general, ageing takes place in conditions of poverty and inequality and it is important, therefore, that social protection systems and policies take these contrasting realities into account (in terms of the family environment, age and gender).

- Construct alternative scenarios for policies and the potential costs involved, according to different delivery mechanisms (public and private transfers);
- Place more emphasis on helping cities grow sustainably. Most urban growth is occurring in small and medium sized cities, a trend that will continue into the foreseeable future. Governance issues in these cities are essential. Small and medium-sized cities are more flexible in dealing with rapid urban growth but dispose of fewer resources;
 - Address the constituents of urban growth in cities. The main component is generally natural increase, and not migration. The most successful way to decrease urban growth rates would be to reduce unwanted fertility in both, rural and urban areas. Poverty, coupled with gender discrimination and sociocultural constraints, shapes the fertility preferences of the urban poor and limits their access to quality reproductive health services. A large proportion of urban growth, through natural increase or migration, is made up of poor people. A fact that needs to be made clear to urban policy-makers is that poor people have both a right to be in the city and an important contribution to make;
 - Plan ahead for the needs of the poor in order to reduce social problems in the cities. In particular, provide poor people with serviced land to build and improve their own housing. Here, greater attention should be given to securing property rights of women. Provide a secure home and a legal address to people to tap into what the city has to offer. The most effective way to achieve this is to learn to live with inevitable growth and plan for it, and thus provide land and services for the poor;
 - Analyse environmental degradation and assess the environmental vulnerability of the poor. The interactions between urban growth and sustainability will be particularly critical for humankind's future. Cities influence global environmental change and will be increasingly affected by it. It is particularly critical in developing countries, whose urban population will soon double, and in low-elevation coastal zones;
 - Minimize the negative and enhance the positive in urbanization. This requires both, a vision and a permanent concern for poverty reduction, gender equality and equity and environmental sustainability. It also requires good information and analysis.

THIRD PART:

OTHER REFERENCES FOR PREPARING THE PSA

I. THE ROLE OF RIGHTS-BASED PUBLIC POLICIES

All analysis of policies and institutions in a country must be based on a factual accounting of the degree of fulfillment of rights and the identification of main constraints. The goal should be to realize the aspiration that the democratic rule of law predominates in a country. In other words, the country should not simply aspire to be a nation with laws on the statute books, but rather, seek to be subject to the rule of law, and be, in turn, bound by a constitutional framework, with the guiding principle and practice of respect for human dignity. Further, not only legality and legal security should be meaningfully implemented, but also social justice and economic equality are the order of the day.

Resource constraints do not relieve countries from their responsibility for honouring certain essential obligations when applying economic, social and cultural rights. It is always necessary to take expeditious, constant and effective action in order to phase in the enforcement of economic, social and cultural rights (ESCR). It is incumbent upon the state, the three branches of government and the various government agencies at various levels to comply with the obligations derived from international agreements with regard to human rights. For this purpose legislative, judicial, administrative, economic, social and educational measures should be adopted in order to guarantee enshrined rights.

For policy-making it is necessary to take into account human rights goals and standards and to assess to what extent these requirements will influence the design of social protection and development strategies so as to reduce inequality. In order to ensure that these achievements are sustainable, political and economic factors in each country with regard to prospective public policies and the necessary democratic governance need to be considered.

A rights-based focus is essential and based on the international framework of human rights that understands citizens to be actors exercising rights in the eyes of the law and regards states as entities bound by obligations. This framework is rooted in the common human rights principles, such as equality, non-discrimination, inclusion, participation and accountability. From this perspective, states are obliged to formulate laws, programmes and policies that will strengthen individual and household capacity to manage risks and improve their quality of life.

All human rights are relevant with regard to protection and social inclusion. This holds good from the basic entitlement to “a dignified standard of life” all the way to the entire interdependent nexus of civil, political, economic, social and cultural rights. Reproductive rights and other rights that are related to gender equality should take their place within this general framework, and their interactions with other categories of rights need to be strongly emphasized.

The rights-based focus on protection and social equality is fundamentally operationalized at the national level, through agreements on specific rights that all citizens can demand. In this political context, negotiating mechanisms are required that recognize the value of the redistribution of resources and the equality of rights for the most disadvantaged population groups. It is vital to convert these aspirations into standards and claims that reflect a consensus about sustainable strategies that garners widespread acceptance.

The redistribution of resources that is required for financing instruments of social protection is politically more viable and sustainable when it is supported by a common understanding of rights and shared obligations.

In other words, rights-based public policies rest on sounder foundations when they are linked to “social contracts” between the state and its citizens.

The following issues relating to the focus of rights and public policies for protection and social inclusion serve as a framework:

1. Social protection is an entitlement. The beneficiaries are holders of rights that hold legitimate claims with regard to the allocation of resources and access to services;
2. Identify a set of state obligations, especially those connected with economic, social and cultural rights, including reproductive rights that entail certain standards of access, availability, acceptability and quality of goods and social services;
3. Weigh national resource constraints against the scope for possible improvements in prioritization and reallocation. In addition, recourse can be made to international co-operation in an effort to shoulder the state obligations, taking into account the progressive nature of rights;
4. Use international standards of human rights to provide backing for national strategies to social protection and facilitate the implementation of policies and programmes;
5. Guarantee special protection for vulnerable groups based on, *inter alia*, identity, ethnic origin or the stages of their life cycle (children and older persons) and disability;
6. Recognize the importance of civil participation as a rationale for social protection and as a mechanism for ensuring that rights are expressed in clear and enforceable guarantees;
7. Provide a set of principles rooted in the international regulatory framework that can be used to select and evaluate programmes and policies. Principles of inclusion, equality and non-discrimination are essential;
8. Establish linkages between participation and accountability on the one hand, and policies for protecting rights on the other hand, to move from a focus on social welfare to a focus on social inclusion within a democratic framework;
9. Build capacity in actors and institutions in order to facilitate efforts to develop a sense of civic-mindedness and to enhance the awareness and exercise of rights. The dissemination and relevant use of socio-demographic information is a mechanism for empowering citizens;
10. Promote mechanisms for ensuring transparency and accountability as a key component of governance. Access to the judiciary is a prerequisite for asserting and enforcing rights and monitoring the state’s compliance with its responsibilities.

Bibliographic Sources:

- UNFPA and Harvard School of Public Health (2010). *A Human Rights-Based Approach to Programming Practical Information and Training Materials*. Available at:

- <http://www.unfpa.org/public/publications/pid/4919>;
- UNFPA. Portal on Human Rights. Available at <http://www.unfpa.org/rights/>;
 - ECLAC. Human Rights Unit. Documents on the rights-based focus in development strategies and policies. ECLAC Review. Available at:
<http://www.eclac.cl/cgi-bin/getProd.asp?xml=/revista/noticias/articuloCEPAL/2/24342/P24342.xml&xsl=/revista/tpl/p39f.xsl&base=/revista/tpl/top-bottom.xsl>;
 - UNDG. Documents and Guidelines regarding focus on the framework of the construction of the common country assessment (CCA) and the UNDAF joint programming process. Available at: <http://www.undg.org/index.cfm?P=16>;
 - UNDP (2000). Human Development Report, dedicated to human rights;
 - Reports of the United Nations Secretary General on Reform. Available at: <http://www.un.org/sg/>;
 - Millennium Project. Available at: <http://www.unmillenniumproject.org/>.

II. INGREDIENTS OF AN ADVOCACY STRATEGY¹⁰⁷

ORGANIZATION, MANAGEMENT, ACCOUNTABILITY	Phase 1: Vision	Research, Monitoring, Systematic Organization, Evaluation
	1. Institutional Vision	
	2. Identifying Priorities/Challenges in Advocacy (International/National/Local Frameworks)	
	3. Better Goals – Measurable, Specific, Just in Time, Action-oriented, and Realistic	
	Phase 2: Strategy	
	1. Context Analysis: Analysis of Strengths and Opportunities (FODA Analysis), Comparative Advantages, Scenarios	
	2. Map: Mapping of Actors	
	3. Strategy Based on Alliances	
	4. Selections of Proxies for Advocacy	
	Capacity-building	
	Education/Outreach	
	Training/Technical Assistance	
	National Debate, Negotiation	
	Strategic Communication	
	Lobbying	
	Social Mobilization/Direct Action	
	Networks and Coalitions	
	Action-oriented Research	
Use of the Legal System		
Use of Formal Political Processes: Vote, Citizen Initiatives, Participation Mechanisms		
5. Development of Central Message/Arguments/Counter-Arguments		
6. Communication Plan		
7. Selection of Persuasion Tools and Techniques, when Dealing with Different Audiences		
Phase 3: Operation		
1. Selection of Institutions		
2. Development of an Action Plan		
3. Mobilization of Resources		
4. Monitoring and Evaluation		
5. Dissemination and Accountability		

A strategy is a guide to action serving as a roadmap to direct and gauge advocacy actions. The advocacy strategy provides the framework for identifying issues, setting clear objectives, defining results to be attained, selecting approaches or tools to be adopted, specific actions to be undertaken and ways to assess progress. An advocacy campaign that does not follow a clearly spelt out strategy may lack direction or find it difficult to claim success because expected results were not clearly defined at the beginning.

Advocacy can play three interrelated roles: i) to foster a favourable climate for the implementation of population and development policies, and broadly the ICPD PoA and the MDGs, ii) to address and promote issues of national priority, and iii) to mobilize resources necessary for the implementation of various internationally agreed programmes and strategies.

107 Adapted from: UNFPA (2002) *Advocacy, Action, Change and Commitment* Distance Learning Courses on Population Issues. Available at: http://foweb.unfpa.org/dist_learning/course-4/

A good strategic plan describes a step-by-step process for designing and carrying out interventions. It also shows the logical linkages among various actions, and how they combine to achieve results. The question is how to plan and implement a comprehensive advocacy strategy?

A detailed description on how to developing an advocacy strategy and action plan can be found in the Distance Learning Courses on Population Issues Course 4 on Advocacy, Action, Change and Commitment.

Module 5 of the Training Manual on integration of population issues on African Development Bank programmes and projects addresses the issue of advocacy and policy dialogue on population issues with policy makers. The objective of the module is to enable users to 1) identify priority population issues for advocacy and how they should be addressed, 2) plan and carry out actions to improve population dimensions into PRSPs and CSPs as well as 3) know they key priority issues related to the implementation of national population policies.

III. LESSONS LEARNED IN THE PREPARATION PROCESS OF THE PSA IN VENEZUELA¹⁰⁸

The assessment is based on the lessons learned and main conclusions derived from the preparation of the Population Situation Analysis process, rather than the finished product. In this respect, the country office has treated the PSA as an undertaking calling for continuity and permanent updating, based on the long-term gathering of evidence and the reappraisal and pursuit of strategic political dialogue.

In particular, a key issue in Venezuela's experience was the strategy of political dialogue with decision-making entities in the governmental and non-governmental sectors which enabled UNFPA to interact with political actors, academia and decentralized agencies. This experience resulted in many projects including the demographic survey of Venezuela by the National Institute of Statistics and technical assistance in the building of a demographic model for public investment projects, an initiative coordinated by the Ministry of Planning and Development.

Lessons Learned

- The dialogue was initiated and enhanced by the presentation of empirical evidence, prepared on the basis of the identification of policy priorities and their linkages with socio-demographic variables;
- One of the prerequisites for attracting attention of decision-makers has been the construction of disaggregated indicators in order to demonstrate the important role of population factors in accounting for poverty and inequalities;
- The presentation of evidence required diverse formats according to the target audience;
- The development of institutional relationships and the mainstreaming of the issues in the public agenda required time and sustained effort;
- Deficiencies and constraints in statistics made it vital to have the support of competent technical teams;
- The PSA added value to the country offices in the programme execution by facilitating;
- Internally, the provision of arguments to advocate and visualize common areas for action among the sub-programmes; and
- Externally, efforts to promote and visualize UNFPA as a relevant actor in strategic areas of national development.

Main Conclusions

- Understanding the preparation of the PSA on the basis of the promotion of a national strategic dialogue;
- Promoting the PSA as an ongoing process aimed at:
 - » Providing substantive arguments and evidence for advocacy in priority aspects of sexual reproductive health, gender equality, demographic bonus and employment, adolescents and youth, ageing, migration, cultural diversity etc.;
 - » Establishing an agenda of research priorities, mobilizing funds and establishing relationships with centres of excellence in the country and in the region;
 - » Increasing the value for the execution of the country programme by having an impact on:
 - Strengthened capacity of the country office

108 Prepared by the Venezuela Country Office, September 2007.

- Improved national appropriation for a more strategic technical assistance
- Midterm revision or annual revisions
- The Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF)

IV. LESSONS LEARNED IN THE PREPARATION PROCESS OF THE PSA IN BOLIVIA¹⁰⁹

UNFPA Bolivia started the preparations for the Population Situation Analysis in mid September 2006 following the conceptual and methodological guidelines provided by the Manual for the Population Situation Analysis (henceforth “the Manual”).

The UNFPA office in Bolivia believes that the preparation process for the PSA was a success inasmuch as politically it allowed for the successful (albeit not always trouble-free) development of the joint work with the Bolivian government and other relevant actors that led to a sharper focus on population-related issues, and technically made it possible to assess Bolivia’s performance with regard to population and development.

The process of dialogue with the government was successfully implemented with the support of the former Regional Director for Latin America and the Caribbean of UNFPA, Ms. Marisela Padrón, through who an initial high-level contact with the Ministry of Planning, UNFPA’s main counterpart in the areas of population and development, was established.

The nature of the National Development Plan (NDP) presented by the incoming government in June 2006 and the government’s interest in receiving sectoral inputs and feedback for the purpose of fine-tuning the NDP as well as developing sectoral plans and policies were responsible for two key features of Bolivia’s PSA that distinguished the latter analysis from the structure proposed by the manual:

1) An effort was made to identify relevant aspects of the relationship between population and territory and environment in order to ensure that the PSA was as compatible as possible with the concept of development as expressed in the concept of “good life” postulated in the NDP that envisaged human beings — who are, after all, the subject of the population analysis exercise — as living in harmony with nature and within a territorial community; and 2) a decision was taken to structure the analytical part (the key section of the document) using an approach that assesses the relationships between demographic dynamics and sectors. Issues such as the relationship between “population and health” and “population and education” have been evaluated. The main purpose of these adjustments was to lay the groundwork for meaningful national ownership of the PSA document.

The process of conducting the PSA in Bolivia called for a considerable effort from the national office of UNFPA, which accounted for the bulk of the work involved in the technical drafting of the text; not to mention ongoing efforts in the area of technical and political outreach, a sphere in which the greatest challenges have been addressed.

Lessons learned from the preparation process of the PSA

A. FLEXIBILITY IS NECESSARY

The manual proposes a structure for the analysis that is well-suited for the task of determining the population situation in a particular country.

In the case of the PSA in Bolivia, the urgent need to enlist the necessary national ownership for the analysis document demanded the adoption of a different structure, characterized by sub-sections

109 Prepared by the Bolivia Country Office, September 2007.

analyzing population phenomena with regard to specific sectors, incorporating the study of trends and inequalities in the analysis. Also, needs and selected focus of the government for the study (population, territory and environment) made it imperative to address certain issues in areas where UNFPA does not have a specific mandate. This shows the importance of flexibility to meet analytical and research challenges and the need for partnership in addressing these issues.

B. MULTI-DISCIPLINARY TEAM IS REQUIRED

The PSA Bolivia had been developed in a period during which various technical offices of the government found themselves in the process of preparing sectoral standards or plans. In this context, the experience of Bolivia demonstrated that offices in the public sector that had been designated as counterparts were confronted with resource constraints, mainly regarding time, necessary to undertake a joint task of analysis and revision.

Moreover, it is imperative to stand ready to implement a consistent strategy in preparing the technical sections of the document in their entirety and relying to a greater extent on a process of feedback and validation. For this purpose, the ideal course of action would be to have a multi-disciplinary team in place that is well equipped with knowledge on the subjects addressed in the study, generally available in UNFPA offices.

C. EXTERNAL ADVISORY SERVICES ARE IMPORTANT

The experience of Bolivia showed the importance of having access to permanent inputs from qualified external advisors, in our case the Population Division of ECLAC (CELADE) (in particular in the beginning of the process, project RLA5P201 for the development of specific sections of work and the country support team (CST) to review the document and to provide feedback in order to fine-tune the contents of the text).

In this context it is advisable, for the team responsible for the development of the PSA, to pursue a similar strategy, with 1) an initial project (with CELADE or CST) that permits the preparation of a general overview of the focus and possible contents of the study after a review of national priorities; and, 2) a feedback exercise after a major change had been made in the text (ideally with CELADE, CST and RLA5P201). The reader's attention is drawn in particular to the preparation of section IV in the PSA due to its highly specialized character, requires assistance from specialized advisors.

Lastly, given the track record of preparing the PSA in two countries, consideration should be given to the possibility of establishing mechanisms for the provision of horizontal advisory services (between countries).

D. ANALYSIS CAN GENERATE RESPONSES BUT ALSO RAISE MORE QUESTIONS

In the experience of Bolivia, the PSA is a process allowing the country as a whole the identification of an important and substantial agenda for research and for the generation of socio-demographic information.

UNFPA Bolivia perceives the implementation of this agenda as a continuous process of analysis and political dialogue with regard to population and development issues.

Lessons Learned Regarding the Process of Political Dialogue

E. DEFINING A DIALOGUE STRATEGY IS IMPORTANT

The manual clearly points to the need for mapping relevant actors involved in the dialogue process and for development of a plan for such dialogue.

The experience gained in the preparation of the PSA Bolivia reinforced the conception that this is a critical task. At the same time, it showed that depending on the particular conditions prevailing within each country, it could be necessary to adopt different strategies that might be referred to as “centralized strategies” or “decentralized strategies”.

In countries in which UNFPA has a very strong natural counterpart, maximum effort is required in order to enlist the support of the local counterpart authority. In the case of Bolivia, a decision was made to work not only in a coordinate manner, but also together, with the Ministry of Planning of Development, UNFPA's main counterpart. The working hypothesis was that the Ministry of Planning could coordinate dialogue with the relevant sectors of the government.

Due to exogenous factors on a considerable scale the government agency experienced difficulties in undertaking the work involved in preparing the PSA: a) the beginning of the preparation process for the PSA coincided with the fine-tuning stage for the National Development Plan (NDP), b) the Ministry of Planning confronted a period of institutional instability (three Ministers in one year, change of vice-ministers and others), and c) the Ministry of Planning had been in charge of designing and implementing the three main social programmes proposed by the new government.

In this context, a decision was made to begin the joint work by engaging in dialogue at technical-sectoral level that, without neglecting technical progress, did not exceed the political authority of the main counterpart. Thus, based on interviews with vice-ministers and directors, progress was made in the process of giving feedback on the initial results achieved by the drafting team, with the ultimate aim of conducting validation workshops with technical civil-servants and authorities.

F. IDENTIFYING NATIONAL PRIORITIES IS CRUCIAL

The population analysis exercise was significantly facilitated by the existence of a National Development Plan which, having been recently formulated and having a high profile, made it possible to engage in dialogue about population-related issues within a common framework. Also, in the area of sectoral work, the development of the analysis was simplified in the cases in which sectoral plans were already available, or at least in the preparation.

G. COMPARING NOTES MAY BE NECESSARY

Depending on the political realities within each country, the prevailing conditions, and the available resources, it may be necessary to prioritize dialogue with certain actors.

In the case of the PSA Bolivia, a decision was made to opt for the strategy of maximizing efforts to pursue dialogue with the two major actors at the present time; the government and the constituent assembly.

At the same time, as part of the programmatic work of UNFPA, that provided direct input for the drafting of the text, efforts began to pursue dialogue with grass-roots organizations, for example with reference to the reappraisal of gender from a multicultural perspective, diverse dialogues addressing the constitutionalization of sexual and reproductive rights, dialogues aimed at inclusion and participation of adolescents and young people in local/municipal planning exercises focusing on the rights of citizens.

Mainly due to time constraints, dialogue was not extended to sub-national levels of government, academia or non-governmental organizations, although there are plans to develop the process of dialogue with national and international actors in the future.

H. A WORKING AGENDA SHOULD BE ESTABLISHED AFTER THE PSA REPORT

The most important lesson learned both in the process of technical drafting and political dialogue, which are in reality no more than two aspects of a single process, is: What to do after the presentation of the PSA report? In the case of Bolivia, in short and medium terms, a working agenda with the government had been established incorporating those emerging issues in the technical-political dialogue. In the view of key actors the following issues should be addressed in greater and more specialized detail: internal and international migration, migration of the young and adolescent population, adolescence pregnancy, the relationship between territory and population, the relationship between population and the environment and cultural and ethnic diversity in urban or peripheral urban context. Also, action is being taken with respect to those guidelines or action strategies identified as priorities for implementation in the short term, such as the implementation of the National Survey of Demographics and Health 2007/2008 and the initiation of preparatory tasks for the National Census of Population and Housing in 2010.

COMMENTS ON AVAILABLE METHODOLOGICAL INSTRUMENTS

In the experience of Bolivia, the manual has proven itself to be an instrument that provides exceptionally useful guidance in the performance of research, both in conceptual terms and in regard to issues pertaining to content, analytical methodology and sources of information which were consulted for the study.

Moreover, the application of the manual to the case of the PSA Bolivia has shown that the manual can serve as a flexible instrument that can be tailored to individual structures that differ from the general PSA, as occurs in the case of Bolivia.

On account of these considerations, apart from small adjustments related to these findings, the manual is a suitable instrument for performing regional population situation analyses.¹¹⁰

Furthermore, it is advisable to indicate and suggest that the document showcases the conclusions of the World Summit in 2005, particularly with respect to complementing the MDGs regarding universal access to RH services.

In the same fashion, a more specific methodology for analyzing the extent of compliance with international commitments (ICPD, MDG, Beijing, etc.) has been suggested.

Finally, it is recommended to incorporate an appendix including recommendations on possible future work with regard to those issues that need to be studied in further detail. Also, with regard to the guidelines or action strategies identified as priorities for implementation in short or medium term further work will be necessary.

110 In terms of content and the structure of the Guide, suggested contents of section I and II (Comprehensive Overview of the Country and Population Dynamics and SRH in the context of Economic and Social Trends) may be revised, resulting in a certain degree of duplication in the preparation of the content.

V. LESSONS LEARNED IN THE PREPARATION PROCESS OF THE PSA IN HAITI¹¹¹

After moments of political turmoil, presidential and legislative elections took place on 7 February 2006. René Préval was declared winner with a five year term of office. A new government was formed, headed by Prime Minister Jacques Edouard Alexis. At a series of meetings with the new Prime Minister and with his chief of staff, the integration of demographic variables into economic and social planning was discussed. In fact, their presentation of general policy (approved unanimously by the parliament) mentions population data as well as its impact on the country's development outlook, calling for further works on demographic variables.

Prime Minister Alexis, through his representative at the ceremonies on World Population Day (11 July 2006), formally authorized the implementation of the National Population Policy, which had been prepared and published on 11 July 2000 by the Ministry of Public Health and Population (MSPP).

With regard to the contribution to the preparation of the strategy paper, attention should be drawn, in light of the results achieved, to the fact that the two previous exercises, i.e. the Framework of Intermediate Co-operation (CCI) and the Poverty Reduction Strategy Paper (PRSP-1) failed to take into account population dimensions or international migration, particularly the importance of remittances in the national reality.

It should be mentioned that the draft paper on poverty reduction was "nationalized" to a certain extent inasmuch as it was proposed as a National Poverty Reduction and Growth Strategy Paper (DNSCR). In addition to having participatory thematic workshops, the paper resulted in the pursuit of departmental consultations, co-ordinated by the Ministry of Planning and External Co-operation (MPCE), and made provision for giving poor people a voice through workshops in the twenty poorest communes, as defined through the poverty map published by the MPCE.

In the preparation of the PSA, political dialogue was initiated at a meeting of the members of the Technical Secretariat responsible for the preparation of the DNSCR, to present evidence of the need to mainstream population dimension, in particular the process of the second demographic transition and its economic, social and environmental impacts.

In this context, the Technical Secretariat organized a seminar on 21 May 2007 on "The Integration of Population Issues into Poverty Reduction Strategies" which had been attended by ministry representatives and leading figures from civil society. The seminar was facilitated by UNFPA representatives. Three presentations, advocating for mainstreaming population issues into Poverty Reduction Strategies, were held: 1) "Demographic Transition, Vulnerability and Inequalities", 2) "The Focal Points of Urban Concentration and International Migration", and 3) "Population and Poverty - Public Policy Proposals and Practical Recommendations". In addition, the Ministry of Economy and Finances (MEF) through the Haitian Institute of Statistics and Information (IHSI) presented "Recent Population Data with regard to Poverty".

Based on this initial seminar, dialogue continued among other public and private actors. As a joint effort with UNICEF and the World Bank, a seminar on "Childhood and Youth in the context of Poverty Reduction" was held, with presentations focusing on "Childhood and Youth. Inequality as a Life and

111 Prepared by the Haiti Country Office, September 2007.

Death Issue". The seminar emphasized the importance of investing in youth given that 60 % of the Haitian population is under the age of 25 years.

Based on ongoing consultations with the government and civil society on the preparation of the strategy, and in collaboration with the International Organization for Migration (IOM), a debate on international migration and remittances had been initiated, "Haitian Emigration: Positive and Perverse Effects" was the topic of a presentation.

In view of raising awareness regarding population issues, and disseminating and incorporating data into development strategies, the National Network for Population and Development (NNPD), an institutional mechanism made up of various ministries and public and private organizations, organized a number of joint activities with UNFPA, such as the launch of the State of World Population Report (2006) (SWOP) and a workshop on "The implementation of the National Population Policy: the case of migration". "Migration and Gender: the Role of Female Migrants in Haiti"; "Haitian Emigration: Volume, Implications and Perspectives", and "Women and Migration in the National Population Policy" were among the discussed issues. Also, the NNPD organized the World Seminar on Habitat: "Management of Information for better Urban Planning".

The Minister for Planning and External Co-operation attended the launch of the 2007 report on the State of the World Population (SWOP), presented by UNFPA representative, Tania Patriota. Furthermore, a workshop on urbanization was held, with a focus on the following issues: "Urban Development in Haiti", "The Urban Explosion: the Case of the Metropolitan Area of Port-au-Prince", and "Land Management in Haiti: Policy Considerations".

Based on these diverse dialogues and national empirical evidence, the Technical Secretariat of the National Growth and Poverty Reduction Strategy Paper (DNSCR) requested a technical note including population trends as well as challenges and opportunities. Policy recommendations and a chart on the current status of the MDGs, including estimates through the end of the current government should be incorporated into the (DNSCR) as well. At the same time, a brochure was produced on the current status of the MDGs with projections to 2010 (at the end of the presidential and parliamentary mandate) and 2015 as well as recommendations concerning progress achieved regarding the MDGs.

A major outreach effort has been conducted with civil society, academics, political leaders, mayors, students and diverse sectors in the context of the activities of the Petion Bolívar Centre. These discussions focused on the following issues: "What is the Future for the Metropolitan Area of Port-au-Prince?", "Urbanization and Land Management", and "The Impact of International Migration on Haiti". Panelists at these proceedings included current ministers of the government, members of the central bank, ex ministers and experts from a number of different sectors.

These presentations resulted in the fact that communications media (radio and television) have begun to devote more space to the cross-cutting nature of population themes.

Key UNFPA documents: "Manual to Population Situation Analysis"; "Unleashing the Potential of Urban Growth" (SWOP 2007); "Population Situation Analysis: Latin America and the Caribbean (PSA-LAC); and "The Case for Investing in Young People as a part of National Poverty Reduction Strategies".

LESSONS LEARNED

There is a need to address the population and development issues that are of importance to the government and the main political and social actors, as well as their relationships with the Poverty Reduction Strategy. Population trends, the demographic bonus, issues such as youth, spatial distribution, urbanization, internal migration and land management; international migration and remittances as well as projected population trends, should be based on quality data from population censuses and the most recent Demographic and Health Surveys. The Manual is a valuable reference tool in view of its structure, its guidance, as well as its new approach linking the “demographic transition with inequalities, poverty, and a rights-based perspective”. It thus makes it possible to diagnose the situation, identify target groups and justify the importance of mainstreaming population issues into development plans and programmes. Moreover, the substantial contribution made by the Country Support Team as well as supporting literature was necessary in the development of arguments .

VI. LESSONS LEARNED IN THE PREPARATION PROCESS OF THE PSA IN ARGENTINA¹¹²

With respect to the process, active participation and coordination between different actors from the governmental, non-governmental, and academic sector as well as from the United Nations system throughout the development process of the PSA can be highlighted. This process was key to improve the quality of the report and to make it a more useful tool in the advocacy and implementation of public policies and the construction of dialogue. In this process, UNFPA played a key role as facilitator of the dialogue process and the interactions generated between the different actors.

The starting point of the PSA was prepared by a team of researchers at the Population Studies Center (CENEP). At a later stage the paper was subjected to a series of consultations with representatives of national government agencies, legislators and researchers in Argentina. Subsequently, the document was presented to a group of selected participants who attended a seminar-workshop, at which comments and suggestions for further refinement of the report were received. Then, UNFPA Country Office in Argentina held an expert meeting on different topics addressed in the PSA in order to strengthen the revision of the final text.

Regarding methodological and political issues, it is important to emphasize the importance of the report to update the statistical information on the population in the country, which had been disclosed for the last time in 1975 by the National Institute of Statistics and Censuses (INDEC). This is considered key in influencing the development agenda in the country and the intervention of more effective public policies to address existing inequities.

It should be highlighted that the report was prepared from the perspective of reducing inequality and poverty, as an intrinsic part of the promotion and implementation of human rights. In this sense, through the analysis of relevant socio-demographic information linkages between population dynamics and socio-economic processes were strengthened, based on the assumption that these processes affect significantly population factors and its behaviour. The report finds that these linkages can provide tools for a better diagnosis and more accurate development of public policies that can contribute to promote the exit from poverty and social exclusion.

112 Prepared by the Argentina Country Office, November 2010.

This *Population Situation Analysis: a Conceptual and Methodological Guide* is a tool that will enable UNFPA to contribute to strategic aspects of national development, supporting decision-making activities that underscore the relevance and central importance of the Cairo Action Programme for development.



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