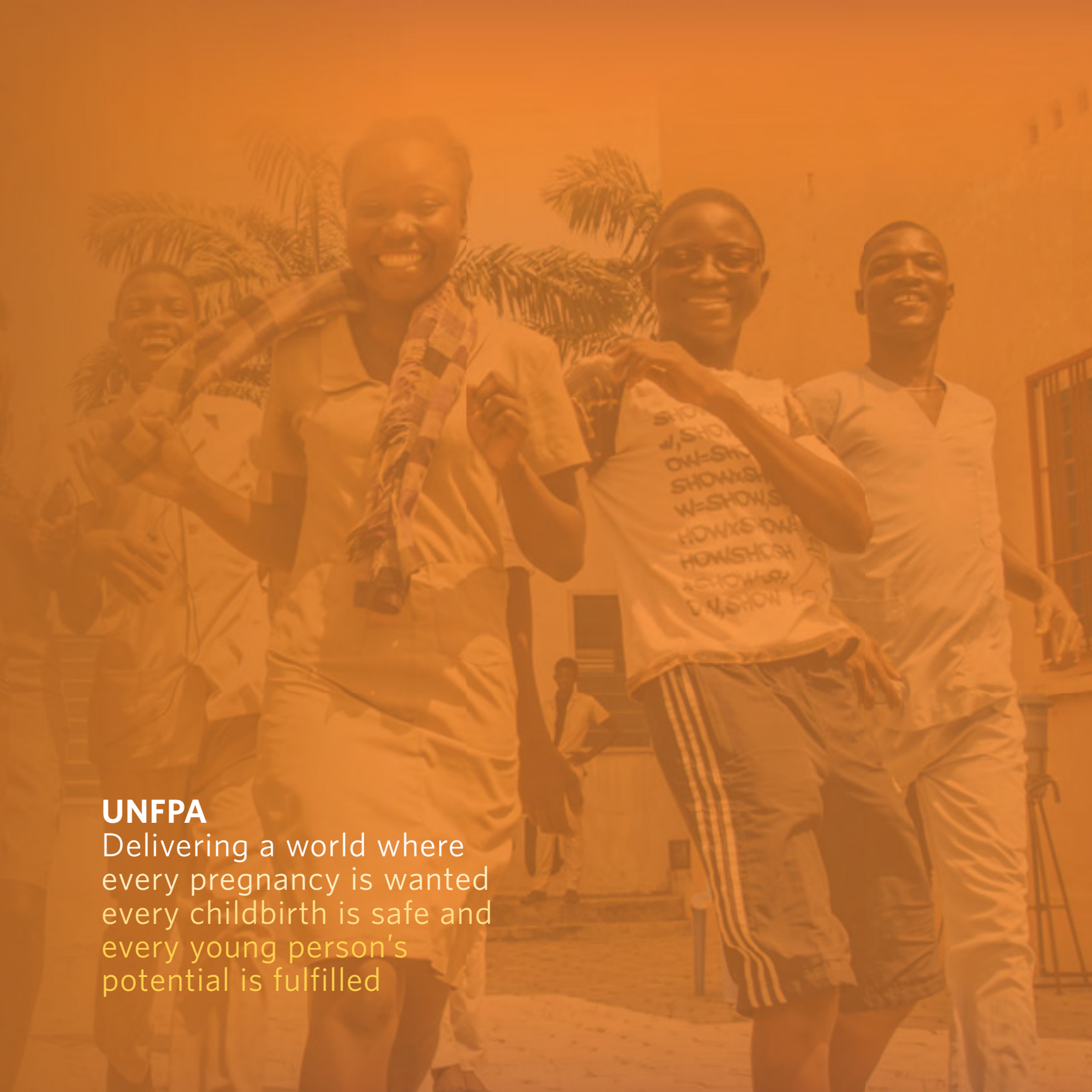




ANNUAL REPORT | 2014

A YEAR OF RENEWAL






UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

CONTENTS

- 2 FOREWORD
- 3 FROM THE EXECUTIVE DIRECTOR
- 5 A YEAR OF RENEWAL
- 8 A STRATEGY FOR 2014 AND BEYOND
- 18 ARAB STATES
- 24 ASIA AND THE PACIFIC
- 30 EAST AND SOUTHERN AFRICA
- 36 EASTERN EUROPE AND CENTRAL ASIA
- 42 LATIN AMERICA AND THE CARIBBEAN
- 48 WEST AND CENTRAL AFRICA
- 54 RESOURCES, MANAGEMENT AND PARTNERSHIPS

A photograph of a woman wearing a maroon headscarf and a matching shawl, holding a baby. The baby is wrapped in a white blanket with colorful patterns and a red headscarf. The woman is looking off to the side with a gentle expression. The background is dark and out of focus.

UNFPA, the United Nations Population Fund, has seized the opportunity to renew its commitments to the ICPD agenda and, more importantly, to the women and girls whose lives stand to be transformed by it.

Foreword

The 1994 International Conference on Population and Development established a milestone by putting people's rights and dignity at the heart of development. In a landmark step, the Cairo Declaration and Programme of Action affirmed sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is central to sustainable development and the well-being of individuals, families and nations.

The past two decades have seen considerable advances in equality and empowerment for women, global health and life expectancy, and education for girls. Much has been accomplished through the framework of the Millennium Development Goals. But much remains to be done. Women, children and young adults need a full range of health services. We must do more to free women and girls from violence and exploitation. And we must ensure that all children and adolescents have a right to education and a safe environment to learn. As we look ahead, we must build on the lessons we have learned so we may define an ambitious, compelling and feasible development agenda for the period after 2015.

A sustainable future, where extreme poverty is eradicated and where all people live in dignity, requires that we promote population health, cultivate human potential, and commit to promoting individual human rights. UNFPA, the United Nations Population Fund, has championed this agenda for the past 20 years. This annual report shows the real-life impact of UNFPA programmes on the lives of women and young people everywhere. I commend its insights and analysis to all those committed to human rights, dignity and the sustainable development of the human family.

—United Nations Secretary-General Ban Ki-moon

“The past two decades have seen considerable advances in equality and empowerment for women, global health and life expectancy, and education for girls.”



© UN Photo/Evan Schneider

From the Executive Director

The International Conference on Population and Development (ICPD) forged a groundbreaking consensus, which continues to guide UNFPA support to women and young people in developing countries today and can serve as the foundation for a new approach to sustainable development and human rights in the future.

The ICPD Programme of Action changed forever how we perceive population and development. It moved population policies and programmes from a focus on numbers to a focus on individuals and their rights.

Delegates from all regions and cultures recognized in 1994 that social, economic and political equality, access to sexual and reproductive health, including family planning and contraceptives, and reproductive rights, are the basis for individual well-being, lower population growth, and sustainable development in 2014—and decades to come.

UNFPA led a review of progress in implementing the Programme of Action over the past two decades and published the results in 2014. The review, based on the voices and data of 176 Member States, input from civil society and comprehensive academic research, provides a powerful evidence base to support our work at this most critical juncture, as we help shape a new global sustainable development agenda for the next 15 years.

The gains since 1994 are impressive: Fewer women are dying in pregnancy and childbirth. Maternal mortality worldwide fell by nearly half between



© UN Photo/Loey Felipe

1990 and 2010. More women have access to education, work and political participation. And more children, particularly girls, are going to school, with primary school enrolment rates approaching 90 per cent.

But this progress does not tell the whole story. The review revealed in stark detail persistent inequalities and discrimination threatening to derail development.

In many countries progress has been limited to the wealthy, with enormous numbers of people being excluded from the process and benefits of development. More than half of the absolute gains in global income from 1988 to 2008 went to the richest 5 per cent. None went to the bottom 10 per cent.

Too many people are being left behind, not only as a result of growing income and wealth inequalities, but also as a result of gender inequality and gender-based violence, discrimination and stigma, exclusion from

“The vision of the ICPD is as relevant today as it was in 1994.”



In 1994, the International Conference on Population and Development produced a Programme of Action that became a blueprint for rights-based development.

© UN Photo

“Has UNFPA made a difference? The evidence confirms that it has.”

participation in governance, and even by data and knowledge systems that fail to count or account for many of the most vulnerable people.

In the poorest communities, raising women’s status, reducing maternal death, stopping child marriage and many other recommendations of the ICPD have seen little progress over the past two decades.

The review also sheds light on the transitions people make over the course of their lives—from childhood to adolescence, from school to employment to forming families, from working age to ageing—and how important these safe transitions are for people and for societies, especially in humanitarian settings, where vulnerabilities are multiplied and magnified.

We must strongly support young people. In 2014, UNFPA drew attention to the challenges associated with the largest generation of young people in human history. We cannot talk about sustainable development without ensuring that their needs are met. Investing in young people and protecting their rights are not only the key to

sustainability but also to realizing a demographic dividend, which has the power to propel national economies forward.

And how we meet the needs of young people now will greatly determine how societies adapt as they age. In many of our societies, including mine, it is the young who look after the old. If we don’t look after them, they won’t look after us.

The review, which was presented by the Secretary-General to the General Assembly in 2014, conclusively showed that the vision of the ICPD is as relevant today as it was in 1994.

In 2014, UNFPA recommitted to that vision and put in place a new strategic plan, which sets measurable goals for improving the health and lives of women and girls, protecting their rights, and creating real opportunities to unlock their full potential and contribute to the development of their communities and nations.

The ICPD 20-year review presented UNFPA an unprecedented opportunity to take a close look at our programmes and assess their impact on the lives of women and girls. Has UNFPA made a difference? The evidence confirms that it has. But there is still much to do to, and the ICPD Programme of Action will continue to lead the way. UNFPA has seized the opportunity to renew its commitment to the ICPD agenda and, more importantly, to the women and girls whose lives stand to be transformed by it.

Dr. Babatunde Osotimehin

Executive Director

UNFPA, the United Nations Population Fund

A year of renewal

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At the start of the General Assembly's special session on the ICPD, the Secretary-General called on Member States **to renew their pledge** "to protect people—especially women and girls—as we strive to eradicate extreme poverty, protect the rights and dignity of all people and secure the future of our planet for generations to come."



© VII Photo/Marcus Bleasdale

“Investments are critically needed to guarantee human rights and expand capabilities of young people...”

Gains have been made in access to sexual and reproductive health services, including family planning, with significant overall benefits to the health of women, girls and children, in the 20 years since the historic Programme of Action was endorsed by 179 governments at the International Conference on Population and Development (ICPD) in 1994.

These gains were among the many achievements reported by developing countries in a review of progress in implementing the ICPD Programme of Action. UNFPA led the review in 2013 and published the results in 2014.

The review noted, however, that in many countries, some gains have gone only to those at the top of the income spectrum. The poor, in both rural and poor urban areas, continue to suffer from lack of access to services, sexual and reproductive ill health and violence. Today more than 200 million women who want family planning cannot get it.

The overall gains cited in the review mask the stories of the excluded, UNFPA Executive Director Babatunde Osotimehin said at the start of the 2014 session of the United Nations Commission on Population and Development. “They don’t tell the story of a young girl, married at age 11 to a man four times her age—a child whose human rights are brutally violated, along with her bodily integrity and dignity, whose childhood is cruelly ended.”

Investments are critically needed to guarantee human rights and expand capabilities of young people, particularly girls, through quality health

and education; freedom from violence, early marriage and childbearing; opportunities for safe paid work; protection from HIV; and political participation. Educated, healthy, safe and skilled, they can become powerful drivers of economic growth and development.

The report’s findings point to why governments must enact and enforce laws that eliminate inequalities and that protect human rights, to ensure that dignity and human rights are the foundation of a more resilient, sustainable future.

The review found that 70 per cent of governments say equality and rights are priorities for development. The review also cited profound and wide-ranging evidence of the links between the objectives of the ICPD Programme of Action and sustainable development. These links will become increasingly important as the international community forges the sustainable development agenda that will follow the Millennium Development Goals after 2015.

United Nations Secretary-General Ban Ki-moon said the evidence presented by the review overwhelmingly supports the ICPD consensus that the respect, protection, promotion and fulfilment of human rights are necessary

preconditions to improving the development, dignity and well-being of all people.

Protecting and fulfilling the human rights of young people and investing in their quality education, effective livelihood skills, access to sexual and reproductive health services and information, including comprehensive sexuality education, as well as employment opportunities, are necessary for the development of their resilience and create the conditions under which they can achieve their full potential.

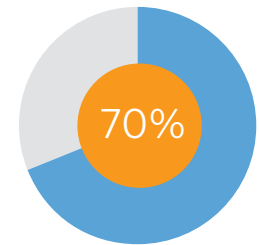
The ICPD review also highlighted that the path to sustainability demands better leadership and greater innovation to:

- Extend human rights and protect all persons from human rights abuses, discrimination and violence, so that all may have the opportunity to contribute to and benefit from development,
- Invest in the capabilities and creativity of the world's adolescents and youth for their own sake and to ensure future growth and innovation,
- Ensure the protection, inclusion and equitable participation of older persons in society,
- Strengthen health systems to provide universal access to sexual and reproductive health, so that all women can thrive and children can grow in a nurturing environment,
- Build sustainable cities that enrich urban and rural lives alike,

- Harness the benefits of migration and address its challenges,
- Transform the global economy towards one that will sustain the future of the planet and ensure a common future of human rights, dignity and well-being for all people in the years beyond 2014.

The review provided the basis for the September 2014 deliberations by the General Assembly about the successes and future challenges in implementing the ICPD Programme of Action. General Assembly President Sam Kahamba Tutesa said the deliberations provided a “remarkable opportunity to commit, in one voice, our collective intent to address the challenges to population and development in the twenty-first century.”

At the start of the General Assembly's special session on the ICPD, the Secretary-General called on Member States to renew their pledge “to protect people—especially women and girls—as we strive to eradicate extreme poverty, protect the rights and dignity of all people and secure the future of our planet for generations to come.”



70% of governments say equality and rights are priorities for development



High school students at the Youth Friends Centre with a midwife.

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A strategy for 2014 and beyond

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A strategic plan for 2014 through 2017 sets targets and benchmarks for success in our overall objective to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

The plan equips UNFPA to respond more effectively and efficiently to emerging opportunities and challenges and to shifting needs, 20 years after the landmark ICPD Programme of Action, which still guides much of the organization's work today, and as the international community moves forward with a new generation of sustainable development goals.

Strengthening and integrating services

Too often, sexual and reproductive health services are disconnected from each other. Women seeking HIV services, for example, may not be offered contraceptive choices, or women receiving antenatal services may not be given the option for HIV testing.

Similarly, marginalized women may face coercive or discriminatory practices when they seek family planning or HIV services. Women living with HIV may sometimes be forced to undergo sterilization or abortion, depriving their right to have a child. Human-rights-based responses that are also gender-responsive are essential to addressing these practices.

UNFPA helps developing countries face these challenges through advocacy, policy guidance and efforts to build capacities for developing guidelines, protocols, standards and systems for ensuring quality of care. All of this work proceeds within the context of strengthening national health systems and achieving universal health coverage.

In 2014, UNFPA joined forces with the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen health systems, secure HIV and sexual and reproductive health medicines and supplies, and better integrate HIV and sexual, reproductive and maternal health services in 13 priority countries with high rates of fertility, HIV infection or maternal illness and death.

Also in 2014, UNFPA partnered with UNICEF, the World Health Organization and the Global Vaccine Alliance to support countries in introducing HPV vaccines and integrating adolescent programmes with cervical cancer prevention.

Increasing access to family planning

Access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty. Yet, some 225 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Most of these women with an unmet need for contraceptives live in 69 of the poorest countries on earth. UNFPA supported rights-based voluntary family planning in 2014 and helped countries ensure steady and reliable supplies of quality contraceptives.

Through the UNFPA Global Programme to Enhance Reproductive Health Commodity



In 2014, the UNFPA Global Programme to Enhance Reproductive Health Commodity Security supplied approximately **\$100 million worth of contraceptives**, averting an estimated 7.8 million unintended pregnancies



UNFPA supported surgery to repair fistulas for more than **10,175 women in 2014**



Family members and fistula survivors at Mulago Hospital in Kampala, Uganda.

© UNFPA/Lothar Mikulla

Security Thematic Fund, technical support, tools and training were provided to countries to strengthen logistics and management of supplies, implement rights-based family planning programmes and enhance health communications, outreach and community mobilization, especially focusing on youth and adolescents and marginalized populations. By 2014, 84 countries had logistics management systems, and a number of them, such as Madagascar, the Republic of Congo and Nepal, have significantly increased the percentage of women accessing modern contraceptive methods.

Also in 2014, UNFPA and the Guttmacher Institute published *Adding it up: The costs and benefits of investing in sexual and reproductive health*, which measured the costs for interventions to bolster sexual and reproductive health, including voluntary family planning. The report provided new evidence that increased access to voluntary family planning can accelerate declines in maternal and newborn death.

Protecting the health of mothers

An estimated 289,000 women die each year from complications in pregnancy and childbirth. The majority of these deaths occur in low- and middle-income countries. Nearly half of all maternal deaths happen during childbirth or in the days immediately thereafter, and about 72 per cent of all maternal deaths result from obstetric causes, such as severe bleeding or obstructed labour.

In 2014, UNFPA ramped up efforts to realize Millennium Development Goal 5, to improve maternal health and targeted funds to countries with the highest burden of maternal death and

illness. Through a Maternal Health Thematic Fund, UNFPA helped 43 countries in 2014 raise the quality of emergency, obstetric and newborn care, expand and strengthen midwifery and build national capacities for tracking maternal deaths. Through the UNFPA Global Programme to Enhance Reproductive Health Commodity Security, 46 countries received support to address critical bottlenecks in the provision of life-saving equipment and medicines needed for safe pregnancies and deliveries.

UNFPA in 2014 also continued to lead the Global Campaign to End Fistula, a consortium of 90 international partner agencies committed to preventing and treating obstetric fistula. UNFPA supported surgery to repair fistulas for more than 10,175 women in 2014.

With support from UNFPA, the International Confederation of Midwives and other partners, 45 countries strengthened midwifery services and policies. UNFPA in collaboration with the World Health Organization, the International Confederation of Midwives and other partners also published the *State of the World's Midwifery 2014*. Midwifery services are vital to the survival, health and well-being of women and their newborns, particularly in remote communities without access to hospitals or physicians. To increase access to competency-based training, UNFPA also released nine innovative multimedia e-learning modules on life-saving skills. These modules were developed in collaboration with Jhpiego and Intel Corporation.

Tearing down barriers to HIV services

Each year, more than 2 million become infected with HIV. AIDS remains the leading cause of

death among women of reproductive age and the second-greatest cause of death among adolescents. Stigma and discrimination continue to impede the realization of people's rights, including access to essential information and services to prevent and treat HIV.

Ending the AIDS epidemic requires long-term investments. Sexual and reproductive health and rights, indeed all human rights, are essential for realizing this vision. And given their higher risk of HIV infection, youth and key populations require focused support.

In 2014, UNFPA continued promoting integration of HIV responses and sexual and reproductive health care, part of an overarching strategy for universal access to HIV prevention, care and treatment services, including condoms. Linking HIV programmes to primary health care, drug and alcohol treatment and other programmes also helped increase access to, and coverage of, HIV services in 2014.

UNFPA and partner organizations in 2014 developed a critical mass of evidence and operational guidance on HIV and key populations. This body of evidence included contributions from UNFPA to a special series on HIV and sex work in *The Lancet*, the World Health Organization's consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, and technical guidance for working with key populations who are young.

In addition, UNFPA supported the empowerment of key populations, women

and girls, and young people to live healthy and fulfilling lives and to access services, free from stigma, discrimination and gender-based violence. UNFPA support contributed in 2014 to the development of programmes in 41 countries that address sex workers' needs for HIV and other health services, as well as strengthening their capacities to advocate for their health and rights.

Also in 2014, UNFPA advocated in 42 countries for allowing adolescents and youth to have legal access to quality sexual and reproductive health and HIV counselling and services.

UNFPA also supported and strengthened networks of women living with HIV and of youth-led HIV programmes in 2014. Youth-led coalitions built a social movement to end AIDS by 2030, and advocated for incorporation of young people's sexual and reproductive health needs into the global sustainable development agenda that will succeed the Millennium Development Goals in 2015 and beyond. As part of its efforts to ensure universal access to sexual and reproductive health, UNFPA provided 750 million male condoms and 15 million female condoms, and expanded comprehensive condom programming to an additional 21 countries. The UNFPA *Condomize!* campaign reached three additional countries in 2014: Botswana, Swaziland and Togo. These three countries, through mass social mobilization of volunteers, government and media, distributed 6 million condoms and reached 6 million people through newspapers and television.



380,000 new HIV infections occurred among girls and women between the ages of 15 and 24 last year



© UNFPA



Newborn in Syria.
© UNFPA

Ensuring access to services in times of crisis

An estimated 14 million women and young people affected by crises in 34 countries received support from UNFPA in 2014 through emergency maternal health services and programmes to prevent or address gender-based violence.

The UNFPA response to the Ebola crisis in 2014 focused on maintaining and restoring maternal health services and included efforts to trace people's exposure to the disease. Eight thousand contact tracers followed nearly 77,000 individuals in Guinea, Liberia and Sierra Leone. Through a new Mano River Midwifery Initiative, UNFPA sought to increase access to safe, emergency and regular obstetric and neonatal services for women living in countries affected by Ebola. The response will contribute to the rebuilding and reinforcing of health systems once the epidemic is halted. UNFPA also supported infection-prevention measures for 370 health facilities in Liberia.

In the Central African Republic, Iraq, South Sudan and Syria, UNFPA helped expand access to reproductive health services for 2.7 million women, assisted 437,315 deliveries, and dispensed 1.5 million male condoms, 92,862 female condoms, 32,041 dignity kits and 140,000 hygiene kits.

Sexual violence, discrimination and human-rights violations are common in humanitarian settings. In 2014, 100 per cent of UNFPA offices in crisis-affected countries had staff with expertise in addressing gender-based violence. Three of five UNFPA offices in crisis-affected countries now have multi-year strategies in

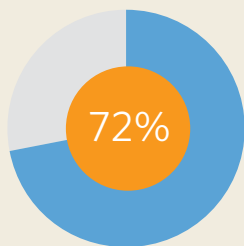
place for responding to gender-based violence in humanitarian settings and in the transition to recovery. In addition, UNFPA led or co-led the coordination of responses to gender-based violence in 93 per cent of UNFPA-supported high-risk countries in 2014.

During the year, UNFPA strengthened partnerships with global partners, including the Norwegian Refugee Council, CANADEM, the Danish Refugee Council and RedR Australia, which deployed 38 experts to UNFPA offices to help them respond to humanitarian emergencies.

In 2014, UNFPA strengthened rapid response capacities in 48 countries to provide a minimal initial service package of sexual and reproductive health services and supplies in the event of a crisis. An estimated 1,200 health care providers in Iraq, the Philippines, South Sudan and Syria received training in the provision of minimal initial service packages in 2014.

Investing in adolescents

Our world is home to 1.8 billion young people between the ages of 10 and 24, and this demographic is growing fastest in the poorest nations. Within this generation are 600 million adolescent girls with specific needs, challenges and aspirations for the future. Today, 20 years after their rights were affirmed in the Programme of Action of the International Conference on Population and Development, the health and rights of adolescents and youth are high on the global agenda. However, despite progress in some countries, limited progress has been achieved overall in reducing adolescent



72% of UNFPA offices in high-risk countries now have humanitarian preparedness plans

pregnancy, HIV infections, child marriage, female genital mutilation and gender-based violence. Challenges have also remained in taking youth participation beyond tokenism.

Investing heavily in young people's education and health and protecting their rights could help developing countries with large youth populations see their economies soar, according to UNFPA's *The State of World Population 2014*.

The potential economic gains would be realized through a "demographic dividend," which can occur when a country's working age population is larger than the population that is dependent and younger, the UNFPA flagship report showed.

But to maximize the dividend, countries must ensure their young working-age populations are equipped to seize opportunities for jobs and other income-earning possibilities.

"Today's record 1.8 billion young people present an enormous opportunity to transform the future," said UNFPA Executive Director Dr. Babatunde Osotimehin. "Young people are the innovators, creators, builders and leaders of the future. But they can transform the future only if they have skills, health, decision-making, and real choices in life."

With the right policies and investments in human capital, countries can empower young people to drive economic and social development and boost per-capita incomes, the report stated. The Executive Director urged



countries in pursuit of a demographic dividend, however, to ensure the gains result in growth that benefits everyone. "It is too easy to talk about the demographic dividend in terms of money, savings and economic growth, which have so far excluded many," Dr. Osotimehin said. "The demographic dividend must be harnessed to achieve inclusive growth and offer opportunities and well-being for all."

In the 1950s and 1960s, several East Asian economies invested heavily in young people's capabilities and in expanding their access to voluntary family planning, enabling individuals to start families later and have fewer children. The result was unprecedented economic growth.

The Republic of Korea, for example, saw its per-capita gross domestic product grow about 2,200 per cent between 1950 and 2008.

Antenatal services in the Lao People's Democratic Republic.
© UNFPA/Micka PERIER



The number of countries with laws that allow adolescents to access sexual and reproductive health services increased from **74 in 2013 to 86 in 2014**



Among those aged 15 to 24, some 500 million live on less than \$2 a day, and **over 74 million are unemployed**



Students of Tumu Midwifery School. This school offers training leading to a midwifery certificate or diploma.

© UNFPA/Jean-Baptiste Lopez

If sub-Saharan African countries repeated the East Asian experience by making the right investments in young people, enabling them to participate in decisions that affect their lives and adopting policies to bolster economic growth, the region as a whole could realize a demographic dividend amounting to as much as \$500 billion a year, for 30 years. A demographic dividend of this magnitude has the potential to lift hundreds of millions of people out of poverty, raise living standards and catapult economies forward, the report stated. Critical youth investments needed to reap a demographic dividend are those that protect rights, including reproductive rights, improve health, including sexual and reproductive health, and provide skills and knowledge to build young people's capabilities and agency.

Advocating for young people

How well young people navigate adolescence will determine not only the course of their own lives, but that of the world. Yet too many youth are unable to participate fully in society. Around 175 million young people in low-income countries cannot read a full sentence. Among those aged 15 to 24, some 500 million live on less than \$2 a day, and over 74 million are unemployed. For girls, the barriers to participation are even higher.

But when empowered and given the right opportunities, youth are effective drivers of change. UNFPA partners with young people, helping them participate in decisions affecting them, and strengthening their ability to advance human rights and development issues such as health, education and employment.

Through the UNFPA-led Action for Adolescent Girls initiative, UNFPA equipped countries in 2014 with evidence, provided guidelines and helped develop capacities for prioritizing the needs and rights of adolescents in national policies and programmes and in humanitarian settings.

UNFPA supported regional youth consultations in 2014 through the Arab Youth Development Forum and the Pan African Youth Leadership Program to promote young people's engagement in deliberations leading to a new global sustainable development agenda that will succeed the Millennium Development Goals after 2015.

UNFPA also collaborated with regional bodies such as the South Asian Association for Regional Cooperation to formulate regional action plans for addressing youth issues.

Comprehensive sexuality education

Every young person will one day have life-changing decisions to make about their sexual and reproductive health. Yet, research shows that the majority of adolescents lack the knowledge required to make informed decisions, leaving them vulnerable to coercion, sexually transmitted infections, including HIV, and unintended pregnancy.

Comprehensive sexuality education enables young people to make informed decisions about their sexuality and health. These programmes build life skills and increase responsible behaviours, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people.

UNFPA worked with governments in 2014 to implement comprehensive sexuality education, both in schools and through community-based training and outreach. UNFPA also promoted policies for, and investment in, sexuality education programmes that meet internationally agreed standards.

In 2014, UNFPA provided technical support to an additional 24 countries to develop comprehensive sexuality education curricula that are aligned with international standards, raising the total to 63.

Ending child marriage

Child marriage is a human rights violation. Despite laws against it, the practice remains widespread, in part because of persistent poverty and gender inequality. In developing countries, one in every three girls is married before reaching age 18. One in nine is married before age 15.

UNFPA promoted legislation and programmes in 2014 to end child marriage. UNFPA also supported evidence-based, girl-centred investments that empower girls with the information, skills and services they need to be healthy, educated and safe, helping them make a successful transition to adulthood. UNFPA also worked to support the needs of married girls, particularly in family planning and maternal health.

In 2014, 41 countries received support from UNFPA to develop health, social and economic asset-building programmes that reach adolescent girls at risk of child marriage.

Advancing gender equality

Gender equality is a human right. Women are entitled to live with dignity and with freedom from want and from fear. Gender equality is also a precondition for advancing development and reducing poverty: Empowered women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation.

Still, despite solid evidence demonstrating the centrality of women's empowerment to reducing poverty, promoting development and addressing the world's most urgent challenges, gender equality remains an unfulfilled promise.

In 2014—and for the past 30 years—UNFPA advocated for women and girls, promoting legal and policy reforms and gender-sensitive data collection, and supporting initiatives that improve women's health and expand their choices in life.

Upholding rights

In March 2014, delegates participating in the 58th Session of the Commission on the Status of Women reaffirmed the human rights of women and girls and underscored a strong call for a stand-alone goal for gender equality and women's empowerment in the global sustainable development agenda, which will succeed the Millennium Development Goals in 2015 and beyond.

In 2014, UNFPA supported 18 additional countries in the development of gender action plans that included reproductive rights and that had a national budget allocation, raising the total to 64.



64 countries
have gender action
plans that include
reproductive rights



Youth leader, Viviana, promotes youth participation, reproductive rights and prevention of teenage pregnancies in Meta, Colombia.

© UNFPA/Diego Díaz



A march against female genital mutilation.

© UNFPA/Sawiche Wamunza



In 2014, more than 2,021 communities supported by UNFPA declared the abandonment of female genital mutilation

Preventing violence and harmful practices

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime.

UNFPA promoted gender equality and women's empowerment and addressed the physical and emotional consequences of gender-based violence in 2014. UNFPA's programmes offered psychosocial and medical care to survivors and promoted the right of all women and girls to live free of violence and abuse. UNFPA also supported countries in institutionalizing programmes for engaging men and boys to address gender-based violence and gender inequality.

UNFPA and UN Women introduced the joint Essential Services for Women and Girls programme for survivors of violence. This initiative will develop guidelines for rolling out quality services and responses involving health care, police, criminal justice and social services.

Female genital mutilation (FGM) is a practice that involves altering or injuring the female genitalia for non-medical reasons. It is internationally recognized as a human rights violation. Globally, it is estimated that between 100 million to 140 million girls and women alive today have undergone some form of FGM.

UNFPA launched an initiative in 2014 to mobilize midwives in a global effort to stop FGM. The initiative will increase midwives' capacities as

role models, counsellors and advocates. In 2014, about 6,200 service providers gained new skills in prevention, protection and care for women and girls who have undergone FGM.

To promote the abandonment of FGM in 2014, UNFPA supported coordinated and systematic efforts to engage whole communities and focused on human rights and gender equality. These efforts emphasized societal dialogue and the empowerment of communities to act collectively to end the practice.

Civil society and rights for all

In 2014, UNFPA supported civil society organizations, including faith-based ones, to play a key role in promoting reproductive rights and addressing discrimination in 20 countries. These organizations implemented the accountability mechanisms for addressing reproductive rights of women and girls, especially marginalized and key populations.

In 30 countries, UNFPA supported civil society to institutionalize engagement of men and boys to address gender-based violence and gender inequality. UNFPA also scaled up efforts to engage men and boys in promoting sexual and reproductive health and rights and in addressing gender inequality and gender-based violence.

In September 2014, UNFPA and UNAIDS convened a meeting of dozens of faith leaders at United Nations Headquarters to discuss sexual and reproductive health and reproductive rights. The leaders, representing six major world faiths, issued a call to action on the critical importance of sexual and reproductive

health and reproductive rights to the post-2015 sustainable development agenda. “We affirm that sexual and reproductive health are part of human rights, and as such, must be guaranteed by governments,” the group’s declaration stated. “We note in particular the importance of preventing gender-based discrimination, violence and harmful practices; upholding gender justice; ensuring that every pregnancy is wanted and that every birth is safe; providing age-appropriate sexuality education; promoting the health, education and participation of youth and adolescents; preventing, treating and caring for people with HIV/AIDS; supporting family planning; and respecting the human body.”

Also in 2014, UNFPA advocated for the development of international human rights standards and accountability frameworks to help track the implementation of recommendations on sexual and reproductive health and rights. By strengthening national accountability and human rights protection systems, UNFPA helped monitor the delivery and quality of sexual and reproductive health services. This action bolstered efforts to remove barriers that prevent certain groups, such as women and girls, adolescents and persons with disabilities, from accessing services.

Policies and programmes based on evidence

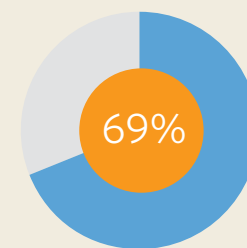
Information generated through a population and housing census—numbers of people, their distribution, their living conditions and other key data—is critical for development. Without accurate data, policymakers do not know where

to invest in schools, hospitals and roads. Those most in need often remain invisible. Yet too many countries have outdated or inaccurate information about their populations.

A population and housing census is among the most complex and massive exercises a nation undertakes. It does not merely count people; it can also measure fertility, mortality and movement, helping to predict demographic trends. And it can uncover inequalities in employment, education and wealth.

UNFPA supported countries’ efforts to collect and analyse data, critical to evidence-based policymaking, as well as monitoring and evaluation of development programmes and other interventions. As of 2014, 104 countries had analysed census data and disseminated it according to internationally agreed standards, up from 66 countries a year earlier. In 2014, an additional nine countries were supported in planning or carrying out censuses.

The number of countries that conducted a national household survey yielding reproductive health indicators increased from 69 in 2013 to 101 in 2014, and those that completed evaluations on strategic interventions around sexual and reproductive health and youth increased from 26 to 66. Additionally, 130 national development plans in 125 countries receiving UNFPA support took population dynamics into account in setting targets.



69% of national statistical authorities in 2014 had institutional capacities for analysing and using disaggregated data on adolescents and youth



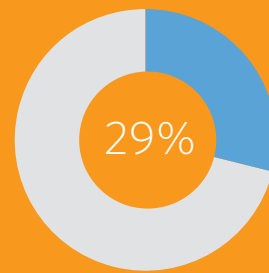
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Arab States

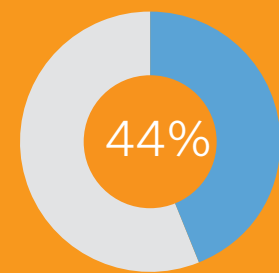




Total population in millions
327



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception

Helping Syrian women and girls build new lives

“All I know is that I needed help badly,” said Reem, a 22-year-old mother of three, at a women’s centre in Deir Alla, Jordan, supported by UNFPA and the Institute for Family Health (IFH).

“Without the help of the social workers here in the centre, I would have committed suicide,” she said.

Reem is one of some 619,000 Syrian refugees who crossed into Jordan. Her family has struggled to adjust. “Our lives changed in one day, when we had to flee to Jordan from the horror and violence in Syria,” she said.

The terror stayed with them. Her husband was overwhelmed with fear for the family’s safety. He even restricted Reem’s movements.

“My husband was so obsessed after we arrived here that he didn’t want us to cross the house door,” she said.

“I learned about this centre from my neighbours. I visited them and explained our problem. In turn, the staff sat with me and my husband several times, individually and together. They gave us great help.”

The IFH Deir Alla centre is one of many supported by UNFPA in Jordan. These centres offer a range of services to women, including antenatal care and family planning counselling. They also provide psychosocial assistance, legal counselling and support for survivors of gender-based violence.

Since the outbreak of the Syrian crisis, these centres have been an important resource for Syrian refugee women and girls.

In 2014, there were an estimated 150,000 Syrian refugee women and girls of reproductive age in Jordan. An estimated 11,000 of them were pregnant.

In August and September alone, UNFPA and its partners helped nearly 18,000 women and girls gain access to reproductive health services and about 2,900 survivors of gender-based violence access care.

The Deir Alla centre has also begun offering skills-building programmes, such as knitting and beadwork classes, which could potentially help women earn an income.

Reem began attending these courses, and soon developed a passion for knitting. While she spoke to UNFPA, she was knitting a wool hat. “Because of the help of the social workers here, I realized that I’m excellent at knitting,” she said.

She and the other students now proudly display clothes they have made. “This helped me regain strength and happiness,” Reem said.



Average number of children per woman

3.3



The situation in Darfur has led to more than **7 million** people needing humanitarian assistance

Context and challenges

The Arab States witnessed another unsettling year.

The protracted Syrian crisis continued to overwhelm the region's humanitarian landscapes. Renewed fighting in Gaza in July and August led to a further deterioration of the humanitarian situation. Over 14 million people in Yemen need humanitarian assistance, and in Libya, fighting led to the internal displacement of 285,000 people.

In Sudan, the situation in Darfur has led to more than 7 million people needing humanitarian assistance. The situation in Somalia has displaced 1.1 million people and resulted in 1 million Somalis fleeing to other parts of the Horn of Africa and to Yemen. By October 2014, some 1.8 million people were displaced as a result of the fighting in Iraq.

UNFPA in 2014 advocated for the prioritization of women and youth in areas affected by emergencies across the region.

For countries like Algeria, Egypt, Morocco or Tunisia, achieving economic stability remains a priority. Rising debt, inflation and dwindling foreign currency reserves have contributed to high unemployment rates, especially for young people, 29 per cent of whom are jobless. Despite increased investment in women's education in recent years, women's access to the labour market remains one of the lowest in the world.

The crises in Syria and Iraq have caused large-scale population movements, which are destabilizing neighbouring countries and other parts of the region. Of the 12.2 million Syrians affected by the ongoing conflict, over 3 million are women of reproductive age, including an estimated 488,000 pregnant women. Women and girls have become the most vulnerable group, often subjected to human rights violations, including gender-based violence and child marriages.

55

of every 1,000 females between the ages of 15 and 19 give birth



Gender parity index (1=parity)



Primary education

0.94



Secondary education

0.92

Among the 3.78 million Syrian refugees in Egypt, Iraq, Jordan, Lebanon and Turkey, over 1 million are women of reproductive age, including an estimated 67,000 pregnant women. In Syria and neighbouring countries, UNFPA operates 33 women's spaces, 17 youth centres and supports 26 health facilities.

Female genital mutilation persists in Djibouti, Egypt, Somalia, Sudan and Yemen, despite laws in some countries forbidding it. Gender-based violence is widespread, with some 37 per cent of women having experienced some form of it.

Limited access to sexual and reproductive health information, education and services undermines many women's ability to exercise reproductive rights. It is estimated that 77 per cent of the maternal deaths in the Arab region occur in Somalia, Sudan and Yemen.

Progress

In 2014, UNFPA, Ahfad University in Sudan, the American University in Lebanon and Birzeit University in Palestine developed a training manual for gender-based violence programming and coordination in humanitarian settings, with the aim of strengthening capacities in the region.

Egypt introduced a national medical protocol for care to survivors of gender-based violence. The protocol was developed in consultation with UNFPA, the Ministry of Health, the National Council for Women, and the Regional Training Centre of Ain Shams University.



UNFPA distributes dignity kits to displaced families near Duhok, Iraq.
© UNFPA

Mama Muneera, a UNFPA midwife, providing reproductive health services to Syrian refugee women in UNFPA-supported clinic.

© UNFPA/Ra'ad Addayleh



Medicines and other supplies provided by UNFPA in 2014 helped **avert a total of 2,157 maternal deaths** in Djibouti, Egypt, Lebanon, Somalia, Sudan and Syria

UNFPA scaled up its support to women and girls through 36 women's spaces in Iraq, Jordan, Lebanon and Syria to improve access to quality services to prevent gender-based violence and provide care to survivors in humanitarian settings.

Also in 2014, UNFPA used theatre-based peer education to reach 31,931 young people in seven Arab States with messages on HIV and AIDS, gender equality and the empowerment of youth. In addition, through the Let's Talk campaign, UNFPA exchanged educational and prevention messages with nearly 1.5 million young people in the Arab region.

With UNFPA support, over 400 youth-led civil society groups organized around the Arab Youth Coalition and the Y-PEER network established by UNFPA to advocate for a central role for young people in the global sustainable development agenda that will succeed the Millennium Development Goals in 2015 and beyond.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

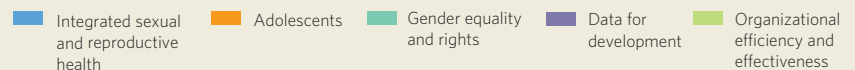
Arab States

Algeria	489
Djibouti	1,285
Egypt	3,628
Iraq	8,283
Jordan	7,339
Lebanon	3,358
Libya	553
Morocco	1,695
Oman	907
Palestine	2,713
Somalia	14,179
Sudan	15,638
Syrian Arab Republic	9,436
Tunisia	849
Yemen	7,092
Total country/territory programmes	77,444
Regional projects in Arab States	5,929
Total programme expenses in Arab States	83,373



© UNFPA/Rewan Kakil

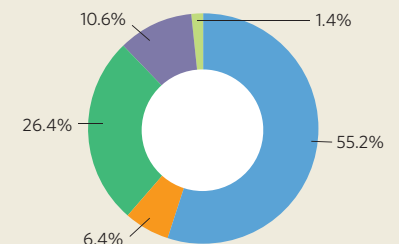
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
31.5	14.5	46.0
1.2	4.1	5.3
16.8	5.2	22.0
3.6	5.3	8.9
0.1	1.1	1.2

PERCENTAGE OF TOTAL



© UNFPA/Aval Kalk

Asia and the Pacific

The colour purple: changing the future of Afghan mothers

Purple is the colour that midwifery students proudly wear in a small but revolutionary school in the busy Afghan capital, Kabul. In addition to a purple scarf, they have one other thing in common: They all come from one of the most hard-to-reach areas of the country.

These midwifery students will soon bring life-saving health care to the women and children of Daikundi, their remote, mountainous region dotted with green valleys.

In a country where a woman dies every two hours from pregnancy-related complications, midwives play a key role in promoting safe motherhood and delivering healthy babies. They embody the difference between life and death.

"My grandmother left this world delivering my father," says Fatima, one of the midwifery students at the school. "I think this is the reason my family encouraged me to help my community by joining this

programme, so no one has to live without a mother or a father."

Fatima's story is not unique in Afghanistan, where around 40 per cent of the population lacks access to health services within 10 kilometres—a three-hour walk—and women are often left to deliver alone.

"I still remember a woman in my community who died because she couldn't get to the hospital on time," Masooma, another student, recalls.

"My uncle's wife died during childbirth," says classmate Aqela. "Her two children survived, but they died months later because the adopting families didn't have enough resources to take care of them."

Fatima, Masooma and Aqela joined the Community Midwifery Programme eight months ago, following a tough selection process that involved their families, their communities and a written examination.

The ones with the best marks enrolled in the programme, an initiative supported by UNFPA in collaboration with the Ministry of Public Health and support from the governments of Canada and Italy.

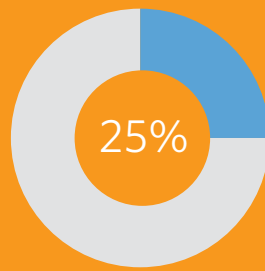
Thirty-six candidates passed the exam and joined the school in Kabul. These midwives represent a country that is changing and moving towards a future where every birth is safe.

The students and their families sign a commitment so the future midwife will return to the village once she finalizes her studies. They all realize how important their role will be when they move back to their communities after completing the two-year midwifery degree.

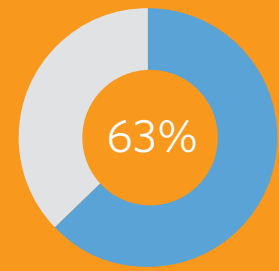
"We are really proud that we passed the exam. I was very nervous, but now I am very happy that I will be able to help the people living in my community," says Aqela.

Students at the Community Midwifery School in Kabul. ▶

© UNFPA/Maria Blanco



of the population is between the ages of 10 and 24



of married women between the ages of 15 and 49 use a modern method of contraception

Total population in millions
3,823



Aqela, Masooma and Fatima (left to right) during one of their classes at the Community Midwifery School in Kabul.
© UNFPA/Maria Blanco



Average number of children per woman

2.2



The region is also experiencing **significant demographic changes**, including rapid population ageing, urbanization and migration

Context and challenges

With 4.2 billion people, Asia and the Pacific is the world's most populous region. It is home to three of the world's largest populations, as well as some of its smallest countries. The region's cultural, political and economic diversity contribute to both the challenges and opportunities for advancing the goals of the International Conference on Population and Development's Programme of Action, which remains relevant today and continues to guide UNFPA support for women and young people in developing countries.

While progress has been made towards achieving universal access to sexual and reproductive health in the region, the unmet need for family planning remains high. Approximately 38 per cent of pregnancies in Asia are unintended, and 21 per cent end in abortion. Despite reporting a steady 50 per cent reduction in maternal mortality since 1990, South Asia still accounts for 24 per cent of all maternal deaths worldwide. While many mothers survive complications of pregnancy and childbirth, between 15 per cent and 30 per cent of women in countries where access to emergency obstetric care is low suffer from obstetric fistula and uterine prolapse.

Although the region has made impressive progress in responding to HIV, almost two new infections occur for every person gaining access to treatment. Ninety-five per cent of new infections occur among key affected populations at higher risk of HIV, including sex workers, men who have sex with men and people who inject drugs.

Young people face constraints in accessing quality, integrated sexual and reproductive health information and services, and few receive comprehensive sexuality education. While youth policies are in place in the majority of countries, implementation has been slow. In addition, youth participation in and budget allocation for youth programming have been limited in many countries. Child marriage and adolescent pregnancies remain a challenge: Every year, approximately 6 million adolescent girls in the region become mothers, three quarters of whom are in South Asia. Asia and the Pacific has some of the world's lowest development indicators for women and girls. Violence against women and girls is

34

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

1



Secondary
education

0.94

manifested in many forms, including domestic violence, rape, harmful practices, dowry and honour killings, trafficking and commercial sexual exploitation. Prenatal sex selection remains a significant issue in China, India and Viet Nam.

The region is also experiencing significant demographic changes, including rapid population ageing, urbanization and migration. Several countries have large youth populations, which may pave the way to a demographic dividend, provided timely investments are made in young people's human capital. Despite economic growth in the region, there are widening disparities within and between countries. Asia and Pacific is also the world's most disaster-prone region. According to the Global Risks Atlas 2013, three out of 10 of the region's countries are at extreme or high risk.

Progress

UNFPA in 2014 helped many countries in the region prepare for or recover from disasters and complex emergencies. The crisis in Pakistan's Northern Waziristan Agency in 2014 displaced more than 1 million people, including about 250,000 women of reproductive age. UNFPA provided life-saving reproductive health support to nearly 14,000 women and more than 1,000 men and assisted almost 900 deliveries at health clinics. UNFPA, in partnership with MuslimAid, also responded to floods that hit the northeastern region of the country, providing clean delivery kits, newborn kits and dignity kits.

Flash floods and landslides also caused devastation and displacement in Nepal in 2014. UNFPA provided reproductive health kits to serve 100,000 women and girls in the worst affected areas and 5,000 dignity kits. UNFPA-supported mobile medical teams resumed providing life-saving reproductive health services in 15 camps for displaced people in Myanmar's Rakhine State in 2014. Four teams were deployed, including 10 UNFPA-sponsored midwives. The teams, which also include doctors and health assistants, will provide much-needed health services to around 90,000 people from both Rohingya and Rakhine communities. The resumption of mobile health services comes after humanitarian operations were suspended in March following attacks on United Nations and international non-governmental organization premises in Sittwe.



Youth activists in Viet Nam.
© UNFPA

Selina Akter, second year midwifery student, plays the role of mother as students practice postnatal care at the Dinajpur nursing institute in Bangladesh. The institute is training 22 second-year and 25 first-year students in midwifery.

© UNFPA /Nicolas Axelrod Ruom



Despite reporting a steady 50 per cent reduction in maternal mortality since 1990, **South Asia still accounts for 24 per cent of all maternal deaths worldwide**

Gender-based violence is a major concern across the region. A report published by UNFPA in 2014 took up the issue of violence against sex workers in Indonesia, Myanmar, Nepal and Sri Lanka. The Right(s) Evidence: Sex Work, Violence and HIV in Asia—A Multi-Country Qualitative Study, which received the Robert Carr Research Award at the 2014 International AIDS Conference, will help guide law, policy and programme reforms across the region.

In India, UNFPA supported the development of a national Study on Masculinity, Intimate Partner Violence and Son Preference, which called for the involvement of men and boys in efforts to advance gender equality. Also in India, where one in five people is between the ages of 10 and 19, UNFPA supported the development of a national adolescent health strategy, which aims to expand access to health, information and services to fulfil the needs of adolescents, including girls and marginalized groups, a 243 million strong, yet very vulnerable cohort. The strategy recognizes that only policies and programmes focusing on the rights and well-being of the large and increasing adolescents and youth population in India can translate into a demographic dividend for the country.

Sri Lanka began to experience a demographic dividend, or potential economic boom that can occur when falling fertility rates coincide with a growing working-age population about two decades ago, according to a 2014 report by UNFPA and The Institute of Policy Studies of Sri Lanka. According to Investing in the Demographic Dividend: Successes, Challenges and Way Forward for Sri Lanka, young people hold the keys to the future; unlocking their potential will lead to a better world for everyone.

UNFPA supported Myanmar's first population census in 30 years. Despite challenges in counting certain minority groups, which UNFPA has urged Myanmar to address in accordance with international standards, this census nonetheless constitutes a significant landmark. Data on social, economic and demographic characteristics of the population can inform development planning and governance in critical areas including education, health, employment and women's empowerment.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

Asia and the Pacific

Afghanistan	20,249
Bangladesh	11,860
Bhutan	1,004
Cambodia	5,272
China	4,171
Democratic People's Republic of Korea	2,210
India	10,641
Indonesia	4,922
Iran (Islamic Republic of)	1,468
Lao People's Democratic Republic	3,666
Malaysia	691
Maldives	482
Mongolia	4,781
Myanmar	36,022
Nepal	5,180
Pacific island countries	7,445
Pakistan	7,104
Papua New Guinea	2,251
Philippines	12,655
Sri Lanka	1,758
Thailand	1,700
Timor-Leste	2,426
Viet Nam	5,206
Total country/territory programmes	153,164
Regional projects in Asia and the Pacific	7,087
Total programme expenses in Asia and the Pacific	160,251

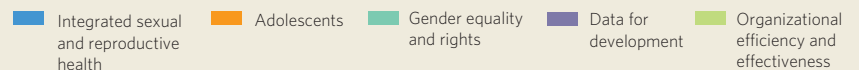


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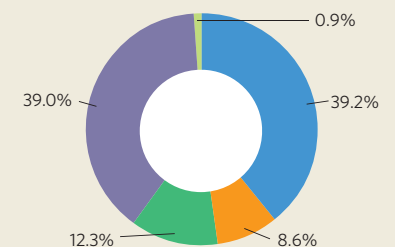
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
20.3	42.5	62.8
2.3	11.4	13.7
7.5	12.4	19.9
39.1	23.3	62.4
-	1.4	1.4

PERCENTAGE OF TOTAL



East and Southern Africa

Mozambican advocate counsels girls to stay in school

When Josefina, 12, told community activist Faustina Diamond that she was about to leave school to become a mother, Diamond stepped in.

Josefina lives in Moçimboa da Praia District in the northern province of Cabo Delgado, where 54 per cent of girls between the ages of 15 and 19 are pregnant or already mothers.

Cabo Delgado also has the highest maternal mortality ratio in the country, at 822 deaths per 100,000 live births. It is significant that the majority of these deaths are among girls and women, 15 to 24. This trend is closely associated with a low contraceptive prevalence rate of 2.9 per cent in the province.

In response to the high rates of adolescent pregnancy and maternal death,

UNFPA supports community-based distribution of contraceptives and family planning services and information to people in remote communities, through Associação Moçambicana para o Desenvolvimento da Família, AMODEFA, an affiliate of the International Planned Parenthood Federation. Diamond works for AMODEFA.

Diamond talked to Faustina about what it would mean to become a mother so early in life and about the pressures she may be experiencing from her family and community. Diamond also told her about family planning.

Since being taken under Faustina's wing, Josefina has continued her education and managed to avoid motherhood in childhood. Convinced that this is the right path for all girls her age, she has begun helping

her peers learn about the benefits of family planning and the importance of staying in school. Josefina is now helping people like Ameha, a 14-year-old girl participating in one of the brigade's events. Ameha dreams about becoming a nurse: "For someone at my age to become a mother is not right—we are still children," she says.

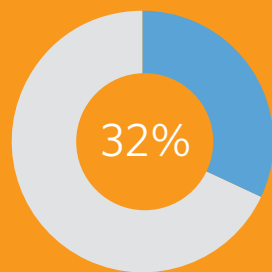
Meanwhile, Faustina continues traveling through difficult rural terrain to reach people in remote communities with information about family planning. Several times a month, she joins her fellow activists at family planning "brigades," which use theatre, community dialogue and individual consultations, to help inform people about the benefits of spacing or delaying pregnancies. "People are starting to value our work and appreciate the difference family planning can make in their lives," she says.

AMODEFA activist Faustina Diamond sensitizes young women on family planning in Moçimboa da Praia District in Cabo Delgado Province, Mozambique.

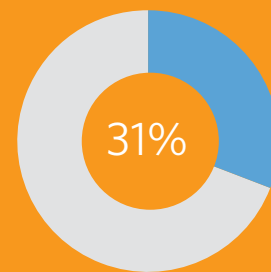
©UNFPA/Helene Christensen



Total population in millions
523



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception



Family members outside the fistula ward at the regional referral hospital, in Soroti, Uganda.

© UNFPA/Lothar Mikulla



Average number of children per woman

4.8



The contraceptive prevalence rate is about **50 per cent** in Southern Africa and about **30 per cent** in East Africa

Context and challenges

East and Southern Africa's population of about 450 million is expected to grow to more than 950 million by 2050 as a result of a continued decrease in mortality rates, preceding a decrease in fertility rates. A woman of reproductive age in the region today has an average of 4.8 children.

In East and Southern Africa, 49 million women use either traditional family planning methods or no method at all. The contraceptive prevalence rate is about 50 per cent in Southern Africa and about 30 per cent in East Africa. The unmet need for family planning remains large, with millions of people unable to access contraceptives and information about their safe use. Large disparities exist in access to family planning, depending on age, place of residence, marital status and income level.

Contraceptive prevalence rates have risen in a number of countries over the past 10 to 15 years. In Malawi, for example, the rate increased 16 percentage points, while in Rwanda it rose 39 percentage points. Contraceptive prevalence rates vary significantly among countries of the region. For instance, Namibia, South Africa, Swaziland and Zimbabwe have rates above 50 per cent. Meanwhile, all other countries in the region have an unmet need of at least 12 per cent, with Uganda reaching more than 40 per cent.

Recent demographic shifts have resulted in a large youth population, which could set the stage for a demographic dividend, provided countries make timely investments in the development of their youth's human capital through improved access and quality to education and health. Realizing a dividend could add billions of dollars to the region's economies and lift millions out of poverty.

East and Southern Africa is the region most affected by HIV, which remains the single-largest source of life-years lost there, particularly among young people and people of reproductive age. Although the region is home to only 5.4 per cent of the world's population, nearly half of the world's new HIV infections occur there.

112

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

0.96



Secondary
education

0.91

Progress

East and Southern Africa has made steady progress in reducing maternal mortality ratios, with an average annual decline of 3 per cent between 1990 and 2013. Among the 23 countries in the region, Eritrea and Rwanda, with maternal mortality ratios of 6.2 per cent and 6.1 per cent, respectively, are the two countries that are on track to achieve Millennium Development Goal 5, to improve maternal health. Fifteen countries are making progress, with an average annual maternal mortality ratio decline of between 2 per cent and 5.5 per cent. All countries in the region have launched the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

UNFPA supported governments' efforts to reduce maternal death through stronger midwifery services, better and more accessible emergency obstetric and neonatal care, expand programmes to treat obstetric fistulas and scale-up maternal death surveillance and response systems.

An increasing number of governments in the region are taking steps to meet the unmet need for voluntary family planning. Kenya, for example, began revisiting policies that have impeded access at community health facilities. The Democratic Republic of the Congo pledged to triple the number of women with access to modern contraception. Malawi established a specific budget for voluntary family planning, and Uganda and Zambia increased spending by as much as 70 per cent on services and supplies.

In 2014, UNFPA supported the launch and continued implementation of the Safeguard Young People Programme in eight countries in Southern Africa. The programme aims to strengthen and scale-up existing good practices in dealing with adolescents' and young people's sexual and reproductive health and reproductive rights. As a result of the programme, access to sexual and reproductive health information increased to 73 per cent of adolescents and youth. In addition, more than 4 million condoms were distributed to young people.



A girl at alternative rite-of-passage ceremony in Tarime, Tanzania, will become a change-agent for her community.

© UNFPA/Sawiche Wamunza



Access to sexual and reproductive health information increased to **73 per cent of adolescents and youth**

In 2014, UNFPA established a programme to support governments in assessing their countries' prospects of realizing a demographic dividend and exploring policy options within the context of their own long-term development plans.

UNFPA and the United Nations Educational, Scientific and Cultural Organization supported an effort in 2014 to scale up comprehensive sexuality education for young people in and out of school. Through the initiative, schools and community-based organizations cover topics such as sexuality, gender equality, prevention of sexually transmitted infections including HIV, relationships, and sexual and reproductive health and rights in an age-appropriate and accurate way.

UNFPA and partners supported the launch of the African Union Campaign to End Child Marriage in 2014. The campaign, which aims to accelerate the end of child marriage in Africa launched nationally in Malawi, Tanzania and Zambia.

UNFPA and UNAIDS helped increase the capacity of seven countries in East and Southern Africa to deliver integrated sexual and reproductive health and HIV services in 2014. Efforts during the year included supporting the development of the first-ever, costed, national, scale-up plan for sexual and reproductive health and HIV integration in Botswana, and training for integrating service delivery in Zimbabwe. Synergies were achieved by addressing the unmet need for family planning, preventing unintended pregnancies among women living with HIV, expanding antenatal care, scaling up life-saving anti-retroviral treatment and preventing HIV infections.

Countries have made progress in women's participation in decision-making, particularly at the ministerial level and in parliament. Still, challenges remain in advancing gender inequalities, which occur in access to health, education and employment, as well as in the fulfilment of human rights. Furthermore, a high prevalence of gender-based violence and harmful practices such as female genital mutilation and early marriage reinforces and compromises the health and security of women and girls.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

East and Southern Africa

Angola	2,872
Botswana	1,768
Burundi	7,486
Comoros	1,158
Democratic Republic of the Congo	14,497
Eritrea	2,444
Ethiopia	17,505
Kenya	7,313
Lesotho	2,061
Madagascar	6,020
Malawi	9,256
Mauritius	89
Mozambique	10,031
Namibia	1,674
Rwanda	4,845
South Africa	3,209
South Sudan	19,087
Swaziland	2,012
Uganda	20,654
United Republic of Tanzania	9,982
Zambia	9,200
Zimbabwe	21,097
Total country/territory programmes	174,260
Regional projects in East and Southern Africa	8,947
Total programme expenses in East and Southern Africa	183,207



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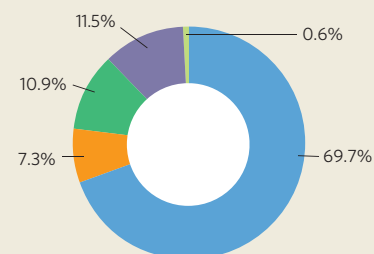
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
78.6	49.0	127.6
7.7	5.7	13.4
13.4	6.6	20.0
6.4	14.7	21.1
-	1.1	1.1

PERCENTAGE OF TOTAL



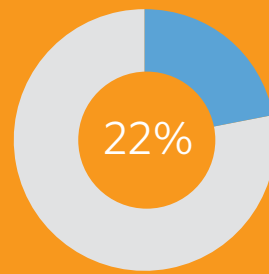
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Eastern Europe and Central Asia

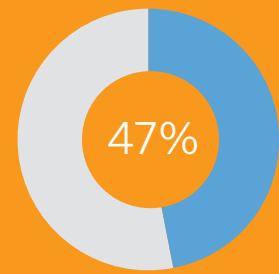




Total population in millions
263



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception

Promoting access to family planning for at-risk women in Turkmenistan

Aygul, 23, nearly lost her life when she developed complications during labour due to a heart condition. Fortunately, she was rushed from her home in rural Turkmenistan to the capital Ashgabat, where, under the care of a cardiologist, she successfully gave birth to a baby girl.

“I’ve had heart problems since I was a teenager,” Aygul explains. “When I got married, I didn’t realize it could become a threat. Plus, my husband’s family expected we would start having children immediately.”

Following her close call, Aygul began receiving free contraceptives, which will enable her to prevent another pregnancy until she has fully recovered and received treatment for her condition.

Like many other countries in Eastern Europe and Central Asia, Turkmenistan is stepping up efforts in helping at-risk women access modern contraceptives, acknowledging that when women are empowered to choose the number, spacing and timing of their children, they face fewer complications during pregnancy and childbirth, and their children are healthier.

Turkmenistan announced in 2014 that it would begin covering the cost of modern contraceptives and other reproductive health medicines and supplies through the state budget by 2017. The initiative is part of a larger effort to ensure all people, particularly at-risk women, have access to voluntary family planning and will help doctors refer at-risk women to local

reproductive health centres like the one that saved Aygul’s life.

“Risk factors of most-at-risk women contribute to a significant percentage of the maternal mortality rate,” says Bahar Agayeva, head of the Medical Statistics Department at Turkmenistan’s Ministry of Health and Medical Industry. “Addressing the family planning needs of these women will help us significantly decrease maternal mortality and improve maternal and child health.”

◀ Aygul with her newborn.
©UNFPA

Distribution of relief supplies in Bitola, one of 15 flood-affected regions in the former Yugoslav Republic of Macedonia.

© UNFPA



Average number of children per woman

2.0



Antenatal care is near-universal in the region, and maternal mortality rates have more than halved since 1990, from 66 to 27 deaths per 100,000 births last year

Context and challenges

Eastern Europe and Central Asia comprises mostly middle-income countries with significant resources and corresponding levels of public services and infrastructure. After more than two decades of often painful political and socioeconomic transition, key indicators such as life expectancy have shown signs of recovery. Antenatal care is near-universal in the region, and maternal mortality rates have more than halved since 1990, from 66 to 27 deaths per 100,000 births last year.

But national figures often mask considerable inequities among different population groups; minorities, migrants, and marginalized and disadvantaged groups still face significant barriers in accessing health, including sexual and reproductive health, services. The limited access contributes to low rates of modern contraceptive use in parts of the region, primarily in Southeastern Europe and the South Caucasus. Limited access also accounts for relatively high adolescent pregnancy rates (on average three times higher than in Western Europe) and for widespread use of abortion as a method of birth control. Up to one third of abortions in some countries in the region are performed under unsafe conditions. Limited access is also one of the reasons why HIV and other sexually transmitted infections are still on the rise. An estimated 1.1 million people are living with HIV.

As many countries in the region are grappling with the effects of low fertility levels, migration and population ageing, the importance of investing in human capital—primarily the health and education of populations—is gaining currency. But challenges remain in developing population and development policies that are based on solid evidence and respect for human rights.

Women, in particular, still face significant legal and other obstacles in fully participating in society and the economy, free from discrimination and violence. Harmful practices such as child marriage persist in parts of the region, threatening the health and well-being of women and girls and perpetuating cycles of violence, poverty and exclusion, especially among marginalized minority

30

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

0.99



Secondary
education

0.98

populations. Gender-biased sex selection has emerged in a number of countries in south-eastern Europe and the South Caucasus and is now well-documented, shedding light on the negative long-term effects of son preference and the corresponding larger number of men in society, and providing an evidence base for policy responses.

Progress

In Armenia, UNFPA helped keep the fight against gender-biased sex selection high on the national agenda through an advocacy campaign aimed at stopping the practice, which is rooted in gender inequality along with a trend towards smaller families. UNFPA helped establish a coalition of representatives from Government, civil society, including faith-based institutions, the donor community and the media, who together mobilized the political will to address sex selection and the underlying preference for sons. Armenia is one of a number of countries in Eastern and Southeastern Europe where son preference and sex selection have led to many more boys being born than girls, perpetuating gender inequality.

In 2014, UNFPA helped Ashkali, Egyptian and Roma communities in Kosovo (UNSCR 1244) access sexual and reproductive health services, especially modern methods of voluntary family planning. The Roma, Ashkali and Egyptians are among the most marginalized communities, often living in extreme poverty and with limited access to health services. UNFPA supported over 30 community sessions reaching hundreds of people, including many young people. Information courses,



The Rasht Reproductive Health Centre, Tajikistan.

© UNFPA/Nozim Kalandarov

Client with UNFPA-trained volunteer at an Albanian community centre that offers vocational training and literacy courses.
© UNFPA/Besfort Kryeziu



UNFPA helped Georgia roll out its new youth policy and action plan

lectures and theatre-based education programmes were organized to familiarize community members with family planning and the use of modern contraceptives and discuss ways to ensure protection from unwanted pregnancy and sexually transmitted infections, including HIV. According to the results of a survey published in 2014, the modern contraceptive prevalence rate among Ashkali, Egyptians and Roma is close to 20 per cent, up from 2.9 per cent in 2009.

In Georgia, UNFPA supported the Ministry of Sport and Youth Affairs in developing a new youth policy and action plan, both of which were adopted in 2014 and are based on principles of gender equality and access to youth-friendly sexual and reproductive health services and information. UNFPA helped roll out the policy through sessions on gender equality, sexual and reproductive health and HIV prevention for more than 1,800 young people in 2014.

Further progress has been made in integrating healthy-lifestyle education into the curricula of vocational schools in Kyrgyzstan in 2014. Teachers from 45 vocational schools in Osh, Jalalabad, and Batken were trained and certified to deliver courses. The curricula cover issues such as responsible behaviour, reproductive health, family planning, gender equality and prevention of sexually transmitted infections, including HIV. Culturally sensitive training manuals developed with UNFPA support helped teachers deliver information about topics considered taboo in many communities. As most vocational students live in dormitories, a manual was also developed to guide dormitory mentors in their counselling of students about preventing HIV infection and drug abuse.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

Eastern Europe and Central Asia

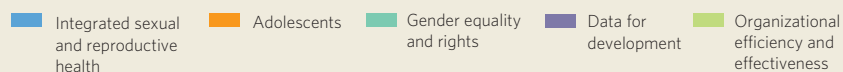
Albania	615
Armenia	564
Azerbaijan	729
Belarus	819
Bosnia and Herzegovina	1,075
Georgia	2,665
Kazakhstan	853
Kyrgyzstan	1,136
Republic of Moldova	1,160
Russian Federation	7
Serbia*	1,161
Tajikistan	1,668
The former Yugoslav Republic of Macedonia	307
Turkey	3,383
Turkmenistan	749
Ukraine	1,001
Uzbekistan	1,546
Total country/territory programmes	19,438
Regional projects in Eastern Europe and Central Asia	8,536
Total programme expenses in Eastern Europe and Central Asia	27,974

* includes Kosovo



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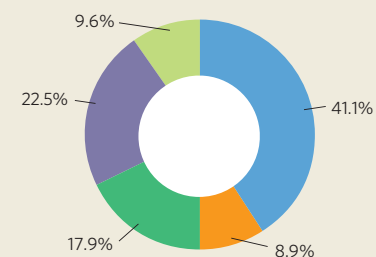
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
5.7	5.8	11.5
0.4	2.1	2.5
2.6	2.4	5.0
1.7	4.6	6.3
-	2.7	2.7

PERCENTAGE OF TOTAL



© UNFPA

Latin America and the Caribbean

Nicaragua's youth exercising their rights

More than 200 adolescents in the rural community of El Cuá in north-eastern Nicaragua have joined a movement that seeks to reduce the number of adolescent pregnancies to zero. The movement is part of an effort by the Nicaraguan Communal Movement, supported by UNFPA in 2014, to increase adolescents' access to modern methods of contraception.

Nicaragua has the second-highest adolescent pregnancy rate in Latin America. According to Nelson Centeno, a doctor with the country's Social Medical Service, "Adolescent pregnancy is one of the biggest problems this community faces," referring to El Cuá, one of the 33 municipalities in Nicaragua with the highest rates of adolescent pregnancy.

Jessica Torres, an advocate for the Nicaraguan Communal Movement's pregnancy-prevention campaign, says she provides vital information to fellow young people in her community and is there "to give them the support they need." Byron Martinez, a community health promoter,

says he's already seeing positive changes in young people's attitudes and noted that, before he could change people's minds, he had to change his own views about sexual and reproductive health. "The hardest thing was recognizing that the change had to start with me. I needed to change in order to be an example for all the kids in my community. In the beginning, I was embarrassed about discussing the use of condoms. Now I'm more open, and they are too," he said. Jony Cuan, one of the 200 adolescents reached through the initiative, says it helped him gain access to modern contraceptive information and services. "As a young person, I have the right to plan my life; we shouldn't be exposed to any kind of risks."

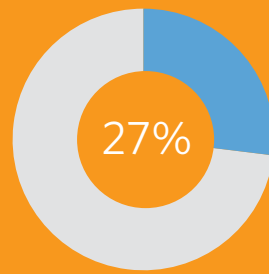
The initiative is giving young people not only the information they need to empower themselves to exercise their own reproductive rights, but also the tools to inform their peers about how to access sexual and reproductive health services, including modern methods of contraception.

Jessica Torres, right. ►
© UNFPA/Daniel Bravo

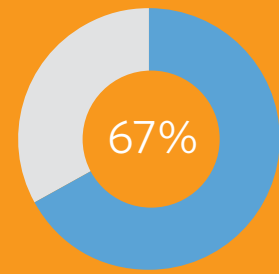




Total population in millions
618



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception





Average number of children per woman

2.2



The region has an estimated **111 million adolescents**, many of whom are confronting obstacles to exercising rights

Context and challenges

Economies in Latin America and the Caribbean slowed in 2014, partly in response to slower economic growth in China, a major trade partner, as well as a reduction in key commodity prices.

The region, which has the world's greatest income gaps, is facing revenue shortfalls, which could hinder the expansion of social-sector investments. Such investments in the past contributed to gains in human development.

The region has an estimated 111 million adolescents, many of whom are confronting obstacles to exercising rights. Adolescent and youth in the region are, for example, becoming increasingly vulnerable to violence and insecurity.

Unemployment among 15-to-24-year-olds is disproportionately high in the region. Although youth unemployment is less of a problem than it was in the past two decades, many young people find themselves with low-paying jobs and little job security. Youth unemployment in the English-speaking Caribbean is especially high, exceeding 30 per cent. At the same time, more than 30 million people between the ages of 15 and 29—more than one in five young people—in 18 Latin American countries were neither enrolled in formal education nor employed.

In 2014, the Caribbean Community and Common Market (CARICOM) endorsed a plan for reducing the number of adolescent pregnancies in English- and Dutch-speaking Caribbean countries by at least 20 per cent by 2019. UNFPA supported the plan's development.

Also in 2014, UNFPA, the International Organization for Migration and the System of Central American Integration began implementing a project to prevent violence against women and girls in Central America, in response to high rates of lethal violence and trafficking. The project includes the development of

76

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

1



Secondary
education

1.07

policies to protect women and girls from violence and social and economic support, for those who have survived it.

Progress

In 2014, UNFPA helped build the skills of 35 youth leaders from Belize, Costa Rica, El Salvador, Honduras, Nicaragua and Panama to advocate youth access to sexual and reproductive health information and services and enable them to exercise their reproductive rights. The youth leaders also received training in establishing partnerships with public and private institutions.

Also in 2014, more than 200 girls from Guatemala's indigenous communities joined *Abriendo Oportunidades* programme, supported by UNFPA. The programme helps girls between the ages of eight and 18 in rural areas successfully navigate adolescent transitions through community-based girls clubs and safe spaces where girls can come together, gain life and leadership skills and build social networks.

In Colombia, the Dominican Republic and Panama, UNFPA enabled more than 500 young people, including adolescents, to participate in the development of programmes to prevent gender-based violence or to help shape a sustainable development agenda for 2015 and beyond.

In addition, UNFPA, UNESCO and others assisted Caribbean countries in the development of curricula for comprehensive sexuality education.

To strengthen maternal health care and reduce complications and death from pregnancy and delivery, UNFPA in 2014 took steps to strengthen midwifery in



An expectant mother at a maternity waiting home managed by the Nuestra Señora del Camino Foundation, assisted by UNFPA.

© UNFPA/Guadalupe Valdes

Sixteen young women are the first group of students to participate in the intercultural university midwifery training programme in Guatemala. The programme integrates scientific training with cultural sensitivity training tailored to Mayan communities.

© UNFPA/Jorge Chavarría Alemán



Through a joint initiative of UNFPA and the International Confederation of Midwives, **108 midwifery educators received training**, and 18 countries incorporated new competency-based education into their midwifery programmes

Latin America and the Caribbean in 2014. Through a joint initiative of UNFPA and the International Confederation of Midwives, 108 midwifery educators received training, and 18 countries incorporated new competency-based education into their midwifery programmes.

With UNFPA support in 2014, Bolivia began employing a new logistics management information system to streamline and increase efficiency of the distribution of reproductive health supplies.

Health-care providers in Ecuador, El Salvador, Panama and Uruguay received training in providing quality family planning information and services. Bolivia, the Dominican Republic and Paraguay launched pilot projects to increase adolescents' access to reproductive health supplies, including contraception.

UNFPA supported seven Latin American and Caribbean countries' efforts in 2014 to strengthen services to prevent sexual violence and to offer treatment and other services to women and girls who have survived it. Some of the initiatives targeted support to migrants and to survivors in humanitarian settings. UNFPA support in El Salvador and Honduras, for example, helped expand or strengthen services to address gender-based violence and sexual and reproductive health for unaccompanied child and youth migrants.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

Latin America and the Caribbean

Argentina	677
Bolivia (Plurinational State of)	3,805
Brazil	2,218
Caribbean, English- and Dutch-speaking	3,431
Chile	172
Colombia	4,786
Costa Rica	686
Cuba	886
Dominican Republic	1,022
Ecuador	1,234
El Salvador	1,794
Guatemala	4,182
Haiti	6,838
Honduras	2,835
Mexico	1,834
Nicaragua	2,632
Panama	854
Paraguay	1,027
Peru	1,684
Uruguay	1,116
Venezuela (Bolivarian Republic of)	2,582
Total country/territory programmes	46,295
Regional projects in Latin America and the Caribbean	8,664
Total programme expenses in Latin America and the Caribbean	54,959



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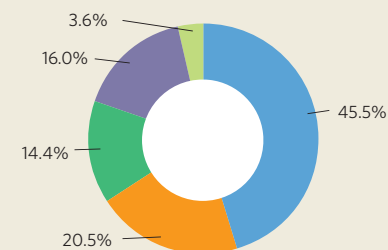
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
11.9	13.1	25.0
3.8	7.5	11.3
4.0	3.9	7.9
2.0	6.8	8.8
-	2.0	2.0

PERCENTAGE OF TOTAL



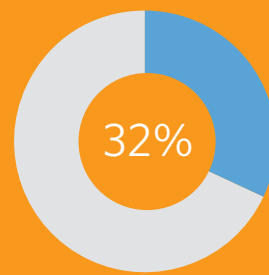
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West and Central Africa

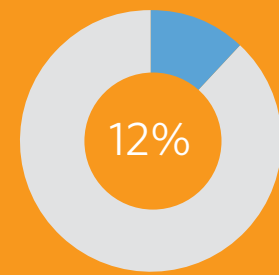




Total population in millions
388



of the population is
between the ages
of 10 and 24



of married women between the
ages of 15 and 49 use a modern
method of contraception

Preventing adolescent pregnancy in Côte d'Ivoire

Laetitia, 18, was living with her father in Duékoué, a small town 457 kilometres west of Abidjan, the capital of Côte d'Ivoire, attending a secondary school. She interrupted her education while in eighth grade, following an unwanted pregnancy with her boyfriend, an unemployed 21-year-old.

"When my father found out I was pregnant, he got furious. I've then decided to flee to Abidjan where my mother had moved after she separated from my father," Laetitia said sadly.

"I dreamed of becoming a teacher. Unfortunately, I stopped my education because of my pregnancy," she said.

Laetitia is not an isolated case. A survey by the Ministry of Education revealed that more than 5,000 primary- or secondary-school students became

pregnant in 2013, quadruple the number reported seven years earlier.

Faced with these increasing numbers of adolescent pregnancies, the Government designed a national plan on accelerated pregnancy reduction in schools, with technical and financial support from UNFPA.

The plan aims for a 50 per cent reduction in the number of adolescent pregnancies by expanding access to sexual and reproductive health information and services. As a result, 88 per cent of public schools' clinics are now providing family planning services, including contraceptives. Comprehensive sexuality education is also being introduced into the curriculum. One academic year after the plan was launched, the number of pregnancies in the school has been reduced by

21 per cent, the Ministry of Education reported.

In early 2014, Côte d'Ivoire introduced a national campaign, Zero Pregnancy in School, to raise students' awareness about sexual and reproductive health. Meanwhile, laws have been introduced to increase penalties for sexual abuse of minors, including sanctions against teachers who abuse their students.

More than one in 10 adolescents becomes pregnant in Côte d'Ivoire. Factors contributing to high adolescent fertility rates include limited access to comprehensive sexuality education in schools, poor communication between parents and children about sexual health and reproduction, child marriage and limited access to reproductive health services for adolescents and youth.



Average number of children per woman

5.6



The region is youthful, with about **150 million people between ages 10 to 24**, accounting for about half the area's total population

Context and challenges

West and Central Africa comprise least developed countries and a few middle-income countries, including ones that produce and export oil. Two thirds of countries in the region have been affected by crises, ranging from political upheaval, to terrorism and a deadly epidemic.

An outbreak of Ebola began sweeping through Guinea, Liberia and Sierra Leone in December 2013 and killed nearly 8,000 people by the end of 2014. The outbreak also reached Mali, Nigeria and Senegal but was contained in those countries soon after the first cases were reported.

The epidemic put an enormous burden on the already-fragile health systems of the three most-affected countries. In October 2014, UNFPA estimated that more than 800,000 women in these countries would give birth in the following 12 months, and over 120,000 were at risk of death from complications of pregnancy and childbirth, if the required emergency obstetric care were not available. Recent gains in maternal health and family planning in recent years were rapidly being undermined by the disease.

The Sahel region offers a concentrated picture of the region's challenges: security issues, extreme poverty, high birth and maternal death rates as well as food insecurity. Almost half of the Sahel population lives on less than \$1.25 per day.

The region is youthful, with about 150 million people between ages 10 to 24, accounting for about half the area's total population. Half the population of Niger and Chad is under 16.

Eleven of the 15 countries with the world's highest maternal mortality ratios are in West and Central Africa. At least 30 per cent of sexually active women between the ages of 15 and 24 in the region would use contraceptives, but lack access to them.

128

of every 1,000 females
between the ages of
15 and 19 give birth



Gender parity index (1=parity)



Primary
education

0.89



Secondary
education

0.81

Child marriage is widespread: more than one in three girls in the region is married before age 18, and adolescent pregnancy rates are the highest in the world.

Progress

UNFPA supported the expansion or strengthening of integrated sexual and reproductive health services in 12 countries of West and Central Africa in 2014.

Benin, Burkina Faso, Cameroon, Chad, Congo, Côte d'Ivoire, Gabon, Guinea, Mali, Niger, Senegal and Togo integrated maternal death surveillance and response systems into their health information management systems. Chad, Guinea, Mauritania and Senegal developed logistics management information systems for the inventory and distribution of reproductive health medicines and supplies. And Benin, Burkina Faso, Cameroon, Chad, Congo, Guinea, Mauritania, Niger and Senegal integrated obstetric fistula care into maternal health services.

UNFPA also supported the strengthening of countries' capacities for providing reproductive health services in 2014. In Guinea Bissau, for example, UNFPA assisted the Ministry of Health in resuming midwifery training at the national health school after an eight-year hiatus. In Gabon, 70 medical staff received training in emergency maternal obstetric care, and 142 midwives in fistula diagnosis. In Cameroon, 171 midwives and midwifery-skilled male health workers graduated in 2014.

In Togo, 84 per cent of the country's health centres integrated HIV/AIDS services into reproductive health services. The *Condomize!* campaign there helped raise awareness about HIV prevention among adolescents and youth, sex workers and key populations. More than 2 million female and male condoms were distributed, and about 2,900 sex workers received voluntary HIV tests.



A young mother is receiving a three-month contraceptive injection from Siendjeli Goumpouguini, a community health agent.

© UNFPA/Jean-Baptiste Lopez



In Cameroon, about
3,800 adolescents
and youth accessed
HIV counselling and
testing in 2014.

In Togo, about
28,000 young
people accessed
testing

UNFPA intensified its humanitarian response in the Central Africa Republic, Côte d'Ivoire, Guinea Bissau, Mali, Niger, and Nigeria in 2014 through the development of capacities to provide a minimum initial reproductive health service package; to report, prevent and manage gender-based violence; and to provide maternal health and family planning services.

UNFPA contributed to the response to the Ebola crisis through contact-tracing and the provision of midwifery and reproductive health services, including family planning, as well as critical medicines, equipment and supplies so that pregnant and delivering women could still have access to care. Contact-tracing, a proven outbreak-containment measure, was carried out by 8,000 individuals recruited and trained by UNFPA.

Despite the Ebola crisis, Liberia expanded access to adolescent sexual and reproductive health services, including HIV/AIDS testing and counselling services to more than 160,000 adolescents and young people in 2014. Services, which also included contraception and information about their safe use, were provided through 19 UNFPA-supported youth-friendly centres.

In Cameroon, about 3,800 adolescents and youth accessed HIV counselling and testing in 2014. In Togo, about 28,000 young people accessed testing.

In Niger, about 1,600 girls were reached by a UNFPA-supported programme to reduce child marriage and adolescent pregnancies by addressing sociocultural factors. The initiative, which provides holistic, non-formal education to adolescent girls between the ages of 10 and 19, is a low-cost, low-risk, high-impact intervention.

UNFPA and the World Bank launched a partnership in 2014 to enable Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger to invest in the well-being and human capital of women and girls. Through the \$200 million Sahel Women's Empowerment and Demographic Dividend Project, the countries will expand access to reproductive health supplies and services and strengthen midwifery services and programmes to empower girls.

2014 Programme expenses

IN \$ THOUSANDS

(includes core and non-core resources)

West and Central Africa

Benin	3,688
Burkina Faso	10,152
Cameroon	7,141
Cabo Verde	1,013
Central African Republic	4,466
Chad	6,534
Congo	3,845
Côte d'Ivoire	9,791
Equatorial Guinea	798
Gabon	1,141
Gambia	1,927
Ghana	4,960
Guinea	9,839
Guinea-Bissau	2,805
Liberia	6,191
Mali	3,911
Mauritania	3,741
Niger	13,569
Nigeria	32,144
São Tomé and Príncipe	1,331
Senegal	6,633
Sierra Leone	10,685
Togo	5,211
Total country/territory programmes	151,516
Regional projects in West and Central Africa	6,560
Total programme expenses in West and Central Africa	158,076



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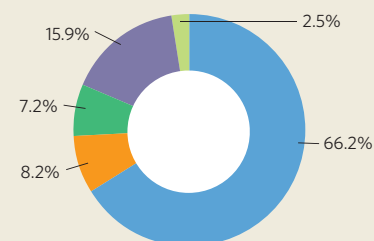
Programme expenses by purpose, 2014



IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
73.2	31.5	104.7
5.8	7.1	12.9
6.1	5.3	11.4
8.8	16.3	25.1
1.2	2.8	4.0

PERCENTAGE OF TOTAL



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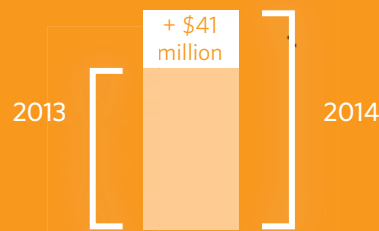
Resources, management and partnerships



1 billion



Contributions exceeded \$1 billion for the first time in the organization's history



Support for women and young people in crises and emergencies

\$17.2 million



New partnerships valued at \$17.2 million

Contributions to UNFPA in 2014 exceeded \$1 billion for the first time in the organization's history. The amount includes \$477 million to the organization's core resources and \$529 million earmarked for specific programmes or initiatives.

Core resources are the bedrock of funding for UNFPA operations and afford neutrality, promote flexibility and enable the organization to respond more effectively to the development needs of countries.

Also in 2014, UNFPA strengthened its engagement with non-traditional donors and partners: international financial institutions, regional banks, civil society and the private sector. These partners, included the World Bank, the Global Fund and the Global Vaccine Alliance.

UNFPA programmes for women and young people in crises and emergencies garnered \$101 million from donors in 2014, up from \$41 million the prior year.

New partnerships with foundations and the private sector in 2014 resulted in \$9.4 million in financial support and in-kind contributions valued at \$7.8 million.

The Government of Denmark contributed \$4.4 million to enable UNFPA to establish an Innovation Fund in 2014. The fund will help jumpstart or foster experimentation with new approaches to programming, operations and management, with the aim of increasing the positive impact of the organization's work on women and young people in developing countries. The Innovation Fund also aims to promote a culture of learning and creativity. One of the innovative ideas receiving funding in 2014 was the formation of a UNFPA Lab for Policy and Cooperation on Sustainable Development.

Also in 2014, parliamentarians from around the world renewed their commitment to the agenda of the International Conference on Population and Development (ICPD) at a conference organized by UNFPA in Stockholm. The International Parliamentarians Conference

on Implementation of the ICPD, culminated in a unanimously adopted Stockholm Statement of Commitment, through which parliamentarians pledged to advocate for integrating the principles of the ICPD agenda into the successor arrangements to the Millennium Development Goals

The conference focused attention on the links between population issues and sustainable development and highlighted the need to protect the rights of women and adolescents, provide comprehensive sexuality education and reproductive health services and promote economic growth and social development.

Parliamentarians also adopted a Declaration on Human Rights, which calls on all States "to guarantee equality before the law and non-discrimination for all people, by adopting laws and policies to protect the human rights of all individuals, without distinction of any kind."

◀ Community-based distribution of medicines and contraceptives in Lao People's Democratic Republic.
© UNFPA/Micka Perier

2014 Revenue and expenses

IN \$ MILLIONS

REVENUE

CORE RESOURCES

Voluntary contributions - gross	477.4
Less: transfers to other revenue for reimbursement of tax charges	(5.5) ^a
Other revenue	51.5
Total core resources revenue	523.4

Non-core resources

Contributions to non-core resources	529.2 ^b
Less: refunds to donors	(3.7)
Less: indirect cost recovery	(33.8)
Other revenue	10.0
Total non-core resources revenue	501.7

TOTAL REVENUE 1,025.1

EXPENSES

CORE RESOURCES

Country programmes, Global and Regional Interventions (GRI) and other programme activities	339.2
Institutional budget	139.5
Corporate	21.7
Total core resources expenses	500.4

NON-CORE RESOURCES

Country programmes, GRI and other programme activities	481.0
Corporate	14.2
Total non-core resources expenses	495.2

TOTAL EXPENSES 995.6

a This amount represents reimbursement of income taxes to the nationals of one Member State. It is included in the "Other revenue" amount.

b This amount includes \$521.3 million gross contributions to trust funds and \$7.9 million gross contributions to special funds.

All figures are provisional as of 31 March 2015.



Supply centres in the Lao People's Democratic Republic.

© UNFPA/Micka Perier

Top 20 donors to UNFPA*

CONTRIBUTION IN DOLLARS

Donor	Core contributions ¹	Donor	Non-core contributions ²
Sweden	70,340,827	Netherlands	131,797,334
Norway	69,136,991	United Nations	
Finland	60,444,953	inter-organizational transfers	113,071,610
Netherlands	48,409,405	United Kingdom of Great Britain	
Denmark	41,901,986	and Northern Ireland	102,892,128
United Kingdom of Great Britain		Norway	30,658,493
and Northern Ireland	33,057,851	United States of America	17,820,105
United States of America	31,100,000	European Commission	17,205,807
Germany	24,690,021	Sierra Leone	12,701,036
Japan	23,815,938	Japan	11,357,282
Switzerland	16,842,105	Australia	8,128,244
Canada	14,017,056	France	5,882,353
Australia	13,914,657	Denmark	5,637,339
Belgium	9,655,172	Sweden	5,207,075
New Zealand	5,009,400	New Zealand	5,071,919
Ireland	4,240,766	Honduras	4,978,674
Luxembourg	3,665,284	Finland	4,640,434
Italy	1,360,544	Bill & Melinda Gates Foundation	4,063,458
China	1,200,000	Spain	3,929,330
France	752,394	Guatemala	3,920,412
India	500,162	Friends of UNFPA	3,454,531
		Canada	3,241,416

¹ These amounts represent the contribution revenue recorded for 2014 for core resources.

² The amounts represent the contribution revenue recorded for 2014 for trust funds. Includes multi-year co-financing agreements which were recognized in 2014 upon signature of an agreement in accordance with UNFPA's revenue recognition policy. Programme implementation continues to be linked to actual receipt of resources.

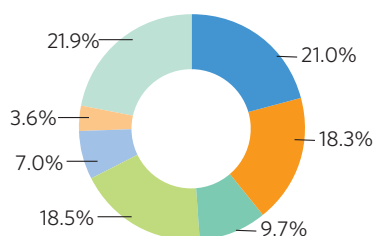
* All figures are provisional as of 31 March 2015.

2014 Programme and institutional budget expenses by region

IN \$ MILLIONS

From non-core resources	From core resources	Institutional budget	Total expenses
106.1	77.1	18.0	201.2
95.1	63.0	17.1	175.2
53.2	30.2	10.1	93.5
69.2	91.0	17.5	177.7
21.7	33.3	12.3	67.3
10.4	17.6	6.6	34.6
125.3	27.0	57.9	210.2

BY PERCENTAGE



- East and Southern Africa
- West and Central Africa
- Arab States
- Asia and the Pacific
- Latin America and the Caribbean
- Eastern Europe and Central Asia
- Global activities*

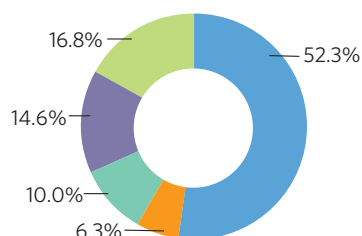
* Includes global component of Global and Regional Interventions (GRI)

2014 Programme and institutional budget expenses by purpose

IN \$ MILLIONS

From non-core resources	From core resources	Institutional budget	Total expenses
338.6	162.6	-	501.2
21.2	39.0	-	60.2
56.0	39.6	-	95.6
62.9	77.5	-	140.4
2.3	20.5	139.5	162.3

BY PERCENTAGE



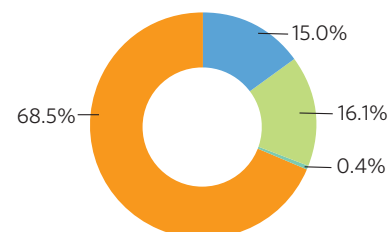
- Integrated sexual and reproductive health
- Adolescents
- Gender equality and rights
- Data for development
- Organizational efficiency and effectiveness

2014 Programme expenses by implementing agency

IN \$ MILLIONS

From non-core resources	From core resources	Total expenses
68.5	54.5	123.0
95.0	37.1	132.1
1.9	1.2	3.1
315.6	246.4	562.0

BY PERCENTAGE



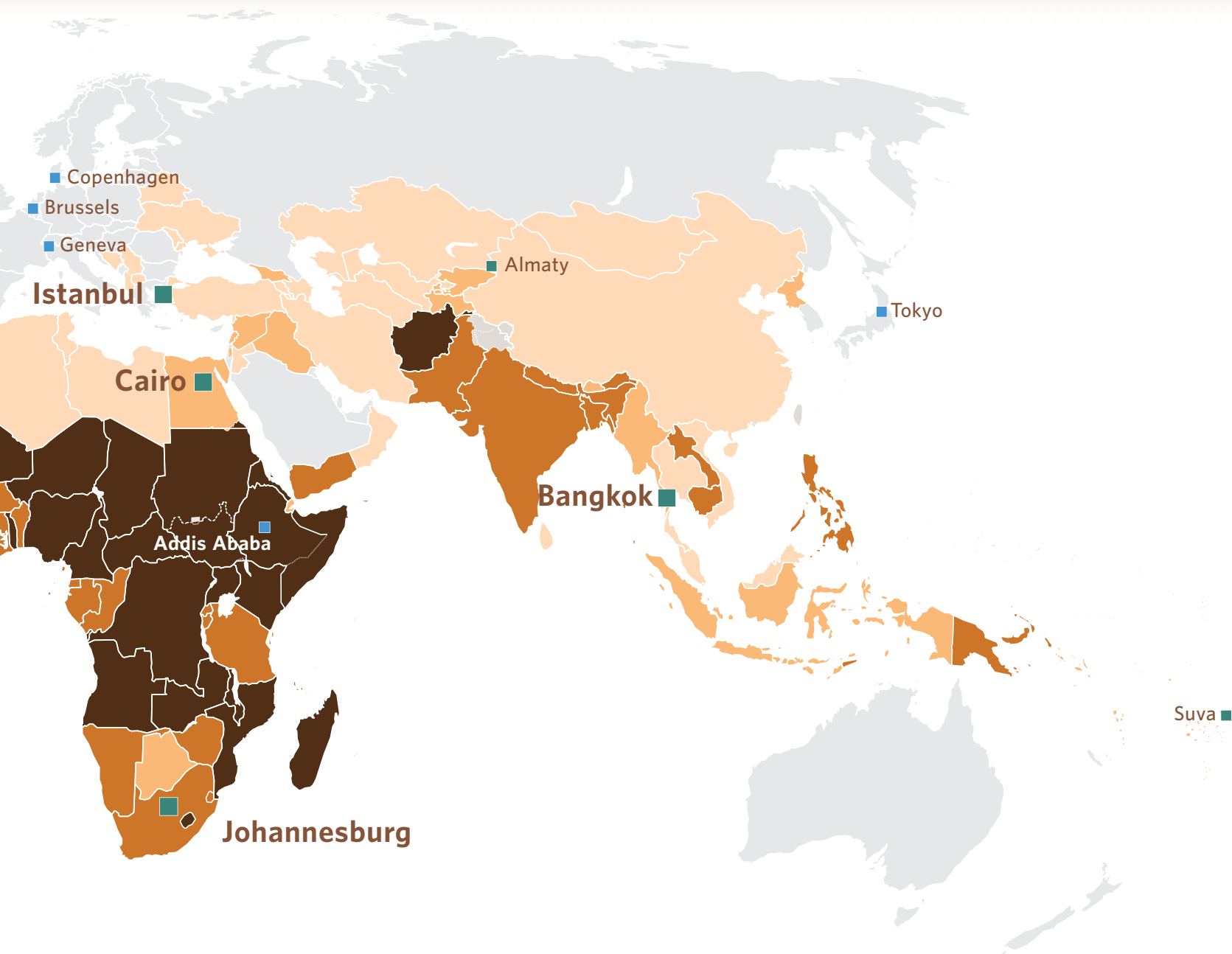
- Governments
- Non-governmental organizations
- United Nations agencies
- UNFPA

Where UNFPA Works

This map shows the 158 countries, territories and other areas where UNFPA worked in 2014 through a network of 112 country offices, six regional and three subregional offices and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, Tokyo and Washington, DC. In 2014, all UNFPA offices combined had a total of 2,533 regular staff.

This map shows each country's or territory's need for UNFPA support, based on availability of resources and on six indicators: proportion of births attended by skilled health personnel for the poorest quintile of the population; the maternal mortality ratio; the adolescent birth rate; the proportion of demand for modern contraception satisfied; HIV prevalence among the population aged 15 to 24 years; and ranking on a gender inequality index. Countries and territories with fewer resources and more challenging indicators have a higher need.





The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its former frontiers or boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. On 29 November 2012, the United Nations General Assembly passed resolution 67/19. Pursuant to operative paragraph 2 of that resolution, the General Assembly decided to "...accord to Palestine non-member observer State status in the United Nations."

DONOR COMMITMENTS 2014*

CONTRIBUTIONS TOWARDS CORE RESOURCES IN DOLLARS

Donor	Commitments for current year	Donor	Commitments for current year	Donor	Commitments for current year
Albania	1,500	Japan	23,815,938	Sweden	70,340,827
Algeria	10,000	Jordan	50,071	Switzerland	16,842,105
Andorra	13,692	Kazakhstan	49,970	Tajikistan	542
Angola	80,000	Kenya	9,987	Thailand	95,980
Argentina	5,000	Kuwait	10,000	Togo	6,312
Armenia	3,000	Lao People's Democratic Republic	2,000	Tonga	1,021
Australia	13,914,657	Lesotho	2,602	Trinidad and Tobago	5,000
Belgium	9,655,172	Liechtenstein	27,716	Tunisia	15,040
Benin	2,000	Luxembourg	3,665,284	Turkey	150,000
Bhutan	11,951	Malaysia	15,000	Turkmenistan	3,000
Bolivia (Plurinational State of)	13,009	Maldives	5,000	Uganda	10,000
Botswana	5,072	Mali	7,529	United Kingdom of Great Britain and Northern Ireland	33,057,851
Burkina Faso	19,470	Mauritius	3,215	United Arab Emirates	10,000
Burundi	617	Mexico	70,000	United Republic of Tanzania	4,217
Cambodia	7,000	Monaco	20,053	United States of America	31,100,000
Cameroon	21,041	Mongolia	4,000	Uruguay	25,000
Canada	14,017,056	Morocco	11,764	Uzbekistan	478
Chad	77,743	Myanmar	202	Viet Nam	20,000
Chile	10,000	Nauru	224	Zambia	2,319
China	1,200,000	Nepal	13,360	Zimbabwe	30,000
Comoros	500	Netherlands	48,409,405	Private contributions	59,928
Costa Rica	5,465	New Zealand	5,009,400	Government contribution to local office cost	304,059
Côte d'Ivoire	48,618	Nicaragua	10,000	Total	477,391,762
Cuba	5,000	Niger	20,000		
Czech Republic	22,104	Norway	69,136,991		
Democratic People's Republic Korea	6,777	Pakistan	405,227		
Denmark	41,901,986	Palau	100		
Djibouti	1,000	Papua New Guinea	4,132		
Egypt	97,603	Peru	1,870		
El Salvador	2,000	Philippines	33,784		
Equatorial Guinea	10,000	Poland	47,131		
Eritrea	7,000	Qatar	30,000		
Estonia	67,935	Republic of Korea	106,150		
Ethiopia	3,007	Romania	10,000		
Finland	60,444,953	Russian Federation	300,000		
France	752,394	Saint Kitts and Nevis	1,000		
Georgia	20,000	São Tomé & Príncipe	9,938		
Germany	24,690,021	Saudi Arabia	500,000		
Ghana	18,000	Senegal	18,068		
Guatemala	2,040	Seychelles	2,000		
Guyana	500	Sierra Leone	30,000		
Honduras	500	Singapore	5,000		
India	500,162	Slovak Republic	6,051		
Indonesia	28,740	South Africa	44,225		
Ireland	4,240,766	Sri Lanka	18,000		
Israel	50,000	Suriname	100		
Italy	1,360,544	Swaziland	10,000		

* Other donors for 2014 with contribution revenue recognized in its entirety in prior years are: Antigua and Barbuda, Federated States of Micronesia, Haiti, Namibia, Nigeria, Malawi, the Republic of Moldova and Vanuatu



Sources for Indicators

United Nations Population Fund (UNFPA)

United Nations Inter-Agency and Expert Group on
Millennium Development Goals Indicators

UNESCO Institute for Statistics (UIS)

United Nations Population Division

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UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



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