



FOR PEOPLE,
PLANET &
PROSPERITY



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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Foreword

The importance of women's empowerment has been ingrained in me since childhood. I remember as a boy asking about a tradition I observed: women going into labour would leave their shoes in the doorways of their homes and then look back in fear.

“They are wondering if they will ever step into those shoes again,” my mother explained.

More than sixty years later, the memory continues to haunt me. In far too many parts of the world today, women and adolescents still risk death in the process of giving life. Maternal death is one of many preventable perils. All too often, young girls are subjected to genital mutilation. Girls are attacked on their way to school. Women's bodies are used as battlefields in wars.

We can only address these problems by empowering women and girls and protecting their health, wellbeing and rights, including their reproductive rights.

The success of the new Sustainable Development Goals depends on whether we succeed at ensuring all women and girls are healthy, are able to exercise their human rights, enjoy equal opportunities and hold the key to their own futures so they thrive and help transform the world.

This annual report shows how UNFPA, the United Nations Population Fund, helped millions of women and girls gain the power to realize their full potential and transform their lives.

—United Nations Secretary-General Ban Ki-moon

“Maternal death is one of many preventable perils.”

© UN Photo/Rick Bajornas



From the Executive Director

The Millennium Development Goals made history—and made poverty and poor health history for millions of people. The new 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals and 169 associated targets, presents an opportunity to finish the job and leave no one behind, for the sake of people, the planet and prosperity for all.

Governments participating in the consultations leading up to the General Assembly's endorsement of Agenda 2030 in September 2015 pushed hard to weave the rights, health, education and empowerment of women and young people into the fabric of the Sustainable Development Goals.

The UNFPA mandate, set by the Programme of Action of the 1994 International Conference on Population and Development, ICPD, has never been more relevant: not only is the ICPD's focus on sexual and reproductive health and reproductive rights central to sustainable development, but it is also critical to realizing a demographic dividend, which has the potential to lift hundreds of millions of people out of poverty.

The 2030 Agenda's endorsement of the power of the demographic dividend opens a unique opportunity for UNFPA to accelerate action on fulfilling core aspirations of the ICPD: the realization of human rights and fundamental freedoms and expanding young people's access to health services, including family planning and contraceptive services.



© UN Photo/Paulo Filgueiras

Family planning is one of the best investments we can make. When individuals have the information, power and means to choose whether and when to have children, human rights are advanced, communities are healthier, nations are stronger and economies more sustainable.

“UNFPA Supplies” is the largest global fund dedicated to family planning, and the largest public-sector supplier of contraceptives, accounting for more than 40 per cent of global procurement of these goods. Between 2008 and 2015, contraceptives provided by the UNFPA Supplies programme have saved an estimated 1 million lives and \$2.6 billion in direct health-care spending in countries with the highest maternal death and highest unmet need for family planning.

Equally important has been our work in improving maternal health and forging ahead

“When individuals have the information, power and means to choose whether and when to have children, human rights are advanced, communities are healthier, nations are stronger and economies more sustainable.”

“Let us seize the opportunities offered by the new development agenda to ensure that every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled.”

with the unfinished business of Millennium Development Goal 5, to save mothers’ lives. Through the Maternal Health Thematic Fund, UNFPA in 2015 supported critical maternal health interventions in 39 countries with the highest levels of maternal death and illness. Interventions included strengthening midwifery and emergency obstetric and newborn care.

Also in 2015, UNFPA continued responding to humanitarian crises with a focus on ensuring access to sexual and reproductive health services, preventing and responding to gender-based violence, empowering women and young people, and generating data for effective humanitarian action.

We know that women and girls are disproportionately disadvantaged in emergencies, as they face increased risks of gender-based violence. We also know that women, girls and young people are drivers of change and first responders who work hard for the resilience and recovery of their families and communities.

Our humanitarian work in 2015 spanned emergency preparedness, disaster risk reduction and humanitarian response and recovery. From Syria, to Yemen, to South Sudan, Nepal, the Central African Republic and other countries affected by crises, we worked to ensure safe birth and safety from fear and sexual violence.

Financing is the linchpin for the success of UNFPA programmes and our contribution to the success of Agenda 2030. Yet, the funding landscape remains challenging, for both Member States and UNFPA.

The new development agenda and evolving funding dynamic call for new thinking, new partnerships and new ways of doing business. While our current financial situation, at least for now, may not allow us to do more, we can endeavour to do better—and we will.

In 2015, we sought ways to secure more predictable and stable funding while continuing efforts towards innovation, both in our operations and programme delivery, as a means of achieving greater efficiency, greater results and greater impact.

UNFPA will continue to place people, their human rights, well-being and dignity, at the centre of our sustainable development efforts.

Let us seize the opportunities offered by the new development agenda to ensure that every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled.

UNFPA and the path to sustainability





© UN Photo/Cia Pak

A new global development agenda received the backing of the 193-member United Nations General Assembly on 25 September 2015, setting the stage for economic, social and environmental progress for the coming 15 years. The General Assembly called the 2030 Agenda “a plan of action for people, planet and prosperity.”

The 2030 Agenda for Sustainable Development includes 17 new Sustainable Development Goals and 169 targets, which have been hailed by Secretary-General Ban Ki-moon as a universal, integrated and transformative vision for a better world.

Through the 2030 Agenda, the General Assembly resolved to end poverty and hunger everywhere in the coming 15 years, combat inequalities within and among countries and build peaceful, just and inclusive societies. It also resolved to protect human rights and promote gender equality and the empowerment of women and girls and ensure the lasting protection of the planet and its natural resources.

The General Assembly envisages “a world of universal respect for human rights and human dignity,...of equal opportunity permitting the full realization of human potential and contributing to shared prosperity,...a world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed.”

The General Assembly also affirmed that realizing gender equality and the empowerment of women and girls can make a crucial contribution to progress across all Goals and targets: “The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities. Women and girls must enjoy equal access to quality education, economic resources and political participation....”

Many of the Sustainable Development Goals and targets overlap with the strategic objectives of UNFPA, the United Nations Population Fund, as well as the Programme of Action of the 1994 International Conference on Population and Development, which guides UNFPA programmes aimed at delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

At the same time, achievement of the Sustainable Development Goals will depend in part on the extent to which the sexual and reproductive health and reproductive rights of women and young people are protected and on whether young people are healthy, educated and have access to services and opportunities that will unleash their full potential.

In 2015, UNFPA began analysing how its programmes in 155 countries and territories will be critical to achieving key Sustainable Development Goals and targets and matching objectives of the UNFPA Strategic Plan 2014–2017 with those set forth in the 2030 Agenda. UNFPA also mapped the links between the objectives of the Programme of Action of the International Conference on Population Development and the Sustainable Development Goals and related targets.

An initial review of UNFPA programmes and objectives identified clear links with 12 of the 17 Sustainable Development Goals, especially Goal 3, to ensure healthy lives for all at all ages, Goal 4, to ensure inclusive and equitable education, and Goal 5 to achieve gender equality and empower women and girls. UNFPA programmes that empower women and young people are also critical to achieving Goal 1, to end poverty in all its forms everywhere.

Agenda 2030 calls for universal enjoyment of human rights, better health and the reduction of inequalities by serving the most vulnerable and marginalized. In promoting universal access to sexual and reproductive health and reproductive rights, UNFPA is improving coverage and quality of health services for those furthest behind.

The UNFPA Strategic Plan for 2014–2017 sets targets and benchmarks for success in protecting the health and rights of women and young people. The Plan equips UNFPA to respond more effectively and efficiently to emerging opportunities and challenges and to shifting needs, as the world strives to achieve the new Sustainable Development Goals.

Strengthening and integrating services

UNFPA worked with governments, other United Nations agencies, civil society and donors in 2015 to increase access to sexual and reproductive health care.

Around the world, UNFPA advocated for integrating the delivery of these services into primary health care, so they are as readily accessible as possible. This means, for instance, making it possible for a woman to address her family planning, antenatal care, HIV testing and general health needs all in one place.

UNFPA also worked with governments and communities to strengthen health systems, from improving the financing of health systems to addressing structural imbalances



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In 2015, UNFPA supported integrated services

Sexual and Reproductive Health Services

- Family planning
- Maternal, newborn and child health
- Treatment of sexually transmitted infections
- Response to gender-based violence



Integrated Services

HIV Services

- Prevention
- Treatment
- Care
- Support



In 2015, contraceptives provided by UNFPA had the estimated potential to:

Avert
220,000
child deaths

Avoid
4.4 million
abortions
(including 3.9 million unsafe ones)

Avert
12.3 million
unintended pregnancies

Avert
34,000
maternal deaths



11.2 million
adolescents reached with sexual and reproductive health services in 2015



23.3 million
users of modern family planning methods in 2015

The majority of all contraceptives and maternal health medicines supplied to developing countries by UNFPA are procured through the UNFPA Supplies programme.

The programme, which receives earmarked donor funds, aims to ensure steady and reliable supplies of quality contraceptives and maternal health medicines and to strengthen national health systems to deliver reproductive health services. The programme focuses on 46 of 69 priority countries identified during the 2012 London Summit on Family Planning. These 46 countries have the world's lowest incomes, highest maternal death ratios and greatest unmet need for family planning. UNFPA Supplies is key to reaching marginalized populations and traditionally harder-to-serve groups.

In 2015 alone, UNFPA Supplies helped some 18 million women gain access to modern contraceptives and reproductive health services.

and strengthening human resources for health by training and mobilizing midwives and community health workers. While strengthening national systems, UNFPA put special emphasis on increasing access for disadvantaged groups, including young people, the urban poor, rural communities, indigenous populations and women with disabilities.

Reproductive health is a lifetime concern for both women and men, from infancy to old age. Evidence shows that reproductive health in any of these life stages has a profound effect on one's health later in life. UNFPA in 2015 continued to support programmes tailored to the different challenges people face at different times in their lives, including comprehensive sexuality education, family planning, antenatal and safe delivery care, services to prevent sexually transmitted infections, including HIV, and services facilitating early diagnosis and treatment of reproductive illnesses, including breast and cervical cancer.

Increasing access to family planning

UNFPA helped increase access to family planning in 2015 by ensuring a steady and reliable supply of quality contraceptives, strengthening national health systems, advocating for policies supportive of family planning and gathering data to support this work.

UNFPA also provided global leadership in increasing access to family planning by convening partners, including governments, to develop evidence and policies, and by offering programmatic, technical and financial assistance to developing countries.

In 2015 alone, UNFPA helped 23.3 million women in more than 100 countries receive access to modern contraceptives and reproductive health services.

Contraceptives provided by UNFPA in 2015 are estimated to have saved \$710 million in direct health-care costs to families and health systems.

Protecting the health of mothers

Since 1990, the world has seen a 44 per cent decline in the maternal death ratio. But in spite of these gains, some 830 women still die every day from causes related to pregnancy or childbirth.

And for every woman who dies, as many as 30 encounter complications with serious or long-lasting consequences. Most of these deaths and injuries are entirely preventable. Making motherhood safer is a human rights imperative, and it is at the core of UNFPA's mandate. UNFPA's Maternal Health Thematic Fund provided support to 39 countries with the highest burden of maternal deaths in 2015 to strengthen and expand midwifery services, provide medical care to women living with obstetric fistula, increase access to emergency obstetric care, track cases of maternal death to inform policymakers where better or additional maternal health services are needed, and assist first-time mothers.

In 100 countries, in 2015, UNFPA continued to strengthen the skills and capacities of midwives, raise the quality of midwifery training and align curricula with international standards.

An assessment carried out in 2015 showed that 66,000 midwives in 57 countries received training with UNFPA support between 2009 and 2014, 429 midwifery schools were equipped with training materials and textbooks, and 48 national midwifery associations received financial and technical support.

Midwifery remained a critical link in the maternal health programme as competent and well-supported midwives are able to provide comprehensive sexual and reproductive health services, including family planning.

The Campaign to End Fistula continued to support the treatment of thousands of obstetric fistula cases and social and economic reintegration of women suffering from this condition. Needs assessments and monitoring aided nationwide mapping of health facilities in 36 countries and will guide improvements and coverage of services. Eighteen countries further



In 2015 with UNFPA support, **13,404 women** had surgery to treat obstetric fistulas.



© UNFPA/Nicolas Axelrod/Ruom



© Reach a Hand Uganda

enhanced their maternal death surveillance and response systems to track and address the key causes of maternal deaths.

Tearing down barriers to HIV services

In 2015, the fight against HIV and AIDS was far from over, with 36.9 million people living with HIV, 2 million new HIV infections and 1.2 million AIDS-related deaths.

UNFPA played a prominent role in 2015 in the global coordination and integration of HIV services and overall sexual and reproductive health services and expanding key populations' access to services. For example, UNFPA helped 46 countries design sexual and reproductive health services that also respond to HIV-prevention and treatment services for sex

workers. UNFPA also published guidance for prevention and treatment of sexually transmitted infections among men who have sex with men.

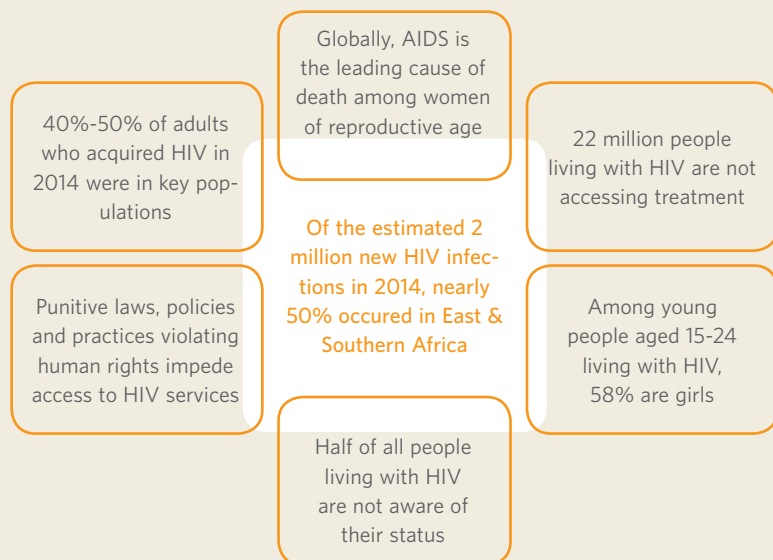
Consistent and correct use of condoms is proven to be effective in preventing sexually transmitted infections, including HIV, and pregnancy. In 2015, UNFPA procured and supplied 687 million male condoms and 14.7 million female condoms.

UNFPA's *Condomize!* campaign, which aims to increase knowledge about condoms, dispel myths and misconceptions and promote behaviour change, was expanded to an additional nine countries in sub-Saharan Africa in 2015.

Adolescents in many countries have limited access to HIV information and services. UNFPA bolstered youth HIV-prevention and awareness-raising networks in 11 countries in 2015. In addition, UNFPA advocated for legal access to quality sexual and reproductive health counselling and HIV services for adolescents and youth in 51 countries.

Have you seen my rights? is a youth movement launched with UNFPA support to ignite momentum for integrating matters of sexual and reproductive health and rights into the Sustainable Development Goals. In 2015, UNFPA helped 18 young people participate in high-level United Nations meetings to advocate for inclusion of youth health and rights concerns in global agendas, including the United Nations 2030 Agenda for Sustainable Development.

Tearing down barriers to HIV services



Ensuring access to services in times of crisis

In 2015, UNFPA helped protect the health and rights of 5.1 million people in 43 crisis-affected countries, including Iraq, South Sudan, Syria and Yemen.

UNFPA's role in any humanitarian situation is to ensure that women have access to safe delivery services, no matter where and no matter what the circumstances, to protect the health and lives of women and infants.

The organization's humanitarian priorities—to empower and meet the sexual and reproductive health needs of women, adolescent girls and young people, and prevent and respond to gender-based violence—helps build hope and resilience in places affected by war or natural disaster.

Today, 60 per cent of maternal deaths occur in humanitarian and fragile contexts. More than 80 per cent of the countries that did not achieve the Millennium Development Goals for maternal and child health have endured a recent conflict, recurring natural disasters or both.

In response to the Syria crisis, UNFPA coordinated the provision of reproductive health services and the prevention of, and response to, gender-based violence in Syria as well as in Egypt, Iraq, Jordan, Lebanon and Turkey. UNFPA supported 119 hospitals, health centres and mobile clinics with services and supplies for antenatal and postnatal care, safe delivery, clinical management of rape and screening and treatment of sexually

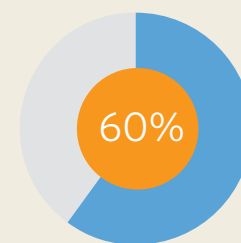


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transmitted infections. UNFPA also provided vouchers for accessing free maternal health care and supported 148 safe spaces and centres for women and young people, where they received psychosocial support, skills training and health referrals.

In response to conflict and disasters in every region—from the Arab States to Africa, to Asia and the Pacific including Nepal following the earthquake, to the refugee crisis in Europe along the Balkan route in Serbia and the former Yugoslav Republic of Macedonia, UNFPA delivered 7,769 reproductive health kits, which include life-saving medicines, supplies and equipment, including that which is needed for the provision of emergency obstetric care.

The State of World Population 2015, “Shelter from the storm: a transformative agenda for women and girls in a crisis-prone world,” made the case for protecting sexual and reproductive health and rights in conflicts, refugee situations and natural disasters. Whether women live or die in a crisis often depends on whether they can access basic



Today, 60 per cent of maternal deaths occur in **humanitarian and fragile contexts**.



As of 2015, 89 countries had laws and policies in place to allow adolescents, regardless of marital status, to access **sexual and reproductive health services**.



© UNFPA/Micka Perier

sexual and reproductive health services, which too often take a back seat to other urgent needs, like food and shelter.

The UNFPA report called for “a better shelter,” which means humanitarian responses that go far beyond the provision of food and shelter, as essential as those things are, and include reproductive health and family planning services.

The report set forth a transformative humanitarian agenda for women and girls that tips the balance from reaction and response towards risk reduction and resilience. Building resilience requires equitable, inclusive development that protects rights, including the right to sexual and reproductive health.

Investing in adolescents and young people

For millions of young people around the world, the onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and childbearing.

Millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections, including HIV, and dangerous childbirth. Adolescent boys are at risk, as well. Young people—both boys and girls—are disproportionately affected by HIV. Yet, too many young people face barriers to reproductive health information and care. Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health.

UNFPA programmes around the world in 2015 aimed to protect the health and rights of adolescents to ensure a safe and healthy transition to adulthood.

UNFPA in 2015 also helped countries develop or implement policies that can help them realize a demographic dividend from their growing youth populations. In countries such as Kenya, Uganda and Zambia, UNFPA helped advance new national commitments to family planning, youth programmes, employment and entrepreneurship.

UNFPA developed a “demographic dividend index,” through mapping countries’ dependency ratios and human capital indicators for education, employment and empowerment in 2015. The index is an evidence-based analysis that can guide policymakers in prioritizing investments to maximize prospects for a demographic dividend.

Advocating for young people

There are more young people in the world than ever before: Some 1.8 billion people are between ages 10 and 24. Most of them live in developing countries, where they account for a huge proportion of the population. How well they 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 15-24, some 500 million live on less than \$2 a day, and over 73 million are unemployed. For girls, the barriers to participation

are even higher. Nearly nine out of 10 the world's young people today live in less developed countries, where barriers to their development and fulfilment of their potential are highest.

But when empowered and given the right opportunities, youth are effective drivers of change. In 2015, UNFPA continued partnering 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.

UNFPA, for example, commissioned a study on the role of young people in peace and security and shared the findings with the Security Council, which included key recommendations in its resolution 2250 in December.

Recognizing the threat to stability and development posed by the rise of radicalization among young people, the Security Council urged Member States to consider ways to give youth a greater voice in decision-making at the local, national, regional and global levels.

Youth, the Council said, should be actively engaged in shaping lasting peace and contributing to justice and reconciliation, as they represented “a unique demographic dividend that can contribute to lasting peace and prosperity” if inclusive policies were put in place.

At the adoption of the resolution, the UNFPA Executive Director stated: “This resolution recognizes that it is imperative for us to invest in young people to fulfill their potential and help achieve peace and security. Let us transform the

words in this historic Security Council resolution into concrete actions on the ground. UNFPA is committed to continue working in partnership with young people, Member States and other partners to achieve this.”

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 those decisions responsibly, leaving them vulnerable to coercion, sexually transmitted infections and unintended pregnancy.

Comprehensive sexuality education enables young people in and out of school to make informed decisions. Age-appropriate 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.

Comprehensive sexuality education that emphasizes critical thinking about gender and power in relationships is more effective than conventional “gender-blind” programmes at reducing rates of sexually transmitted infections and unintended early pregnancy.

The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes, published by UNFPA in 2015, states that even though gender equality and human rights are widely considered core components of comprehensive sexuality



As of 2015, there were 73 countries with national comprehensive sexuality education curricula aligned with international standards.



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In 2015, 82 per cent of UNFPA core and non-core resources supported programmes that had some or a significant contribution to gender-equality and women's empowerment.

education, many programmes fail to address these issues. The report includes an extensive review and analysis of different comprehensive sexuality education programmes at different stages of development and from different contexts and setting across the globe.

Advancing gender equality

UNFPA has been at the forefront of efforts to mainstream gender equality concerns into development policies and programmes, especially in the critical areas of sexual and reproductive health and rights. UNFPA continued to support and partner with organizations and actors that advocate for women's and girls' rights as well as those that engage men and boys and faith-based organizations in effecting change.

To maintain accountability to this work, UNFPA tracks investments that contribute to gender equality and the empowerment of women and girls. Through a new "gender marker," UNFPA measures the extent to which gender is

considered in the design and implementation of programmes supported by the organization.

The gender marker helps UNFPA staff strengthen and mainstream gender-responsive programming and inform partners how their contributions protect rights and help put women and girls on an equal footing with men and boys.

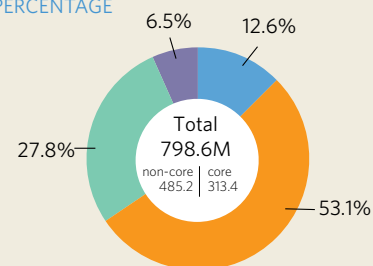
In 2015, 82 per cent of UNFPA core and non-core resources supported programmes that had some or a significant contribution to gender equality and women's empowerment. About 11 per cent of resources supported programmes that had gender equality as a primary objective.

2015 expenses by gender marker

IN MILLIONS OF US\$

From non-core resources	From core resources	Total
67.3	33.2	100.5
284.8	139.5	424.3
110.7	110.9	221.6
22.4	29.8	52.2

BY PERCENTAGE



- Primary objective of the activity is contribution to gender equality and/or women's empowerment (gender stand-alone)
- Significant contribution to gender equality (gender mainstreaming)
- Some contribution to gender equality and/or women's empowerment
- No contribution to gender equality and/or women's empowerment



© UNFPA/Omar Gharzeddine

Upholding rights

Protecting the rights of all people is a precondition for individual well-being and collective sustainable growth. UNFPA worked in 2015 to empower individuals and communities to claim their rights, including the right to sexual and reproductive health.

In November 2015, representatives from UNFPA, the Office of the United Nations High Commissioner for Refugees and the Women's Refugee Commission carried out a joint assessment mission to Greece and the former Yugoslav Republic of Macedonia to document risks that women and girls are facing. The objective was to develop concise and practical recommendations to inform and strengthen responses by governmental, non-governmental and international stakeholders.

Throughout the journey from their country of origin to Greece, refugees and migrants faced high risks of violence, extortion and exploitation, including rape, transactional sex and human trafficking, the assessment found. Women and girls, especially those travelling alone, faced particularly high risks of certain forms of violence, including sexual violence by smugglers, criminal groups and individuals in countries along the route.

The assessment report called on stakeholders to preserve the human rights, safety and dignity of all refugees and migrants, regardless of nationality, across all countries impacted by the crisis, and to ensure that all refugees and migrants are free from all forms of exploitation and abuse. It also recommended that humanitarian actors and civil society

support the provision of basic services needed to prevent maternal and infant death, prevent and treat sexually transmitted infections, including HIV, respond to pregnancy-associated complications and offer family planning supplies and information.

UNFPA's work in human rights, particularly reproductive rights, is guided by the Programme of Action of the 1994 international Conference on Population and Development. Despite progress over the past 22 years, significant gaps remain in the equitable realization of these rights for all persons, as well as in the development of systems of accountability. Stronger rights-protection systems are needed around the globe.

UNFPA supports countries national human rights institutions' efforts to monitor progress in implementing human rights treaties, conventions and other international agreements.

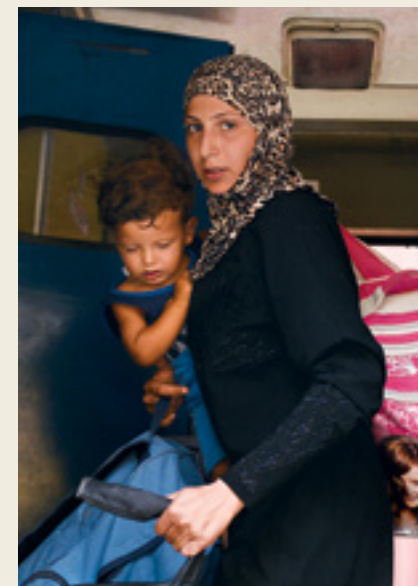
Even though reproductive rights are fundamental human rights, most national human rights institutions have not fully addressed them. UNFPA is helping countries include reproductive rights among national human rights priorities.

Preventing violence and harmful practices

Violence against women and girls is one of the most pervasive human rights violations in the world today: about one in three women worldwide has experienced physical or sexual violence by a partner or sexual violence by a non-partner. One in five girls worldwide has been sexually abused in childhood.



UNFPA is helping countries include reproductive rights among national human rights priorities.



© UNFPA/Nake Batev



Child marriage threatens girls' lives and health, and it limits their future prospects.



Zara Magagi, 15 years, Niger. Her parents arranged a marriage to a 25-year-old man, but she refused.
© UNFPA/Tagaza Djibo

UNFPA and four other United Nations organizations published *Global Essential Services Guidelines in 2015* to guide governments in the delivery and implementation of services to prevent and respond to gender-based violence through health care, social services and police and criminal justice systems.

As of 2015, UNFPA has helped 135 countries prevent and respond to gender-based violence. Forty-three of these countries have experienced or are emerging from conflict, natural disaster or other crises.

The new United Nations Sustainable Development Goals include a target to eliminate all harmful practices, such as female genital mutilation. The UNFPA and UNICEF Joint Programme on Female Genital Mutilation/Cutting helped raise awareness of the issue in the lead-up to the General Assembly's 2015 endorsement of the new Goals.

An estimated 200 million women and girls alive today have been subjected to this harmful practice.

To address the growing trend of medicalization of female genital mutilation, UNFPA launched a global initiative in 2015 to engage and train health workers, particularly midwives, on the causes and consequences of the practice and enlist them as advocates for abandonment of the practice in their communities.

A 2015 UNFPA report, *Demographic Perspectives in Female Genital Mutilation*, shows where this harmful practice is most prevalent,

enabling governments and civil society to target communities for stakeholder engagement in discussions about the impact on women and girls and about abandoning the practice. The report shows that over the past five years, prevalence has decreased as a result of targeted efforts to establish or strengthen partnerships and coordination with community groups and leaders to adopt comprehensive, human rights-based, culturally sensitive solutions.

Child marriage threatens girls' lives and health, and it limits their future prospects. Girls pressed into child marriage often become pregnant as adolescents, increasing the risk of complications in pregnancy or childbirth. These complications are a leading cause of death among older adolescents in developing countries. UNFPA programmes in 2015 helped countries develop legislation and policies to end this harmful practice and empowered girls with information, skills and services to make a safe and healthy transition to adulthood.

Policies and programmes based on evidence

The visual display of population data can have a potent effect on public understanding of demographic trends and how different groups are faring in a country. UNFPA in 2015 developed dashboards that plot key social and economic indicators on maps accessible to the public and policymakers through the UNFPA website. One such dashboard launched during the year shows 25 different demographic, health and economic indicators to support family planning policy analysis and development in Eastern Europe and Central Asia.

These data-mapping innovations have been instrumental in enabling policymakers to identify, prepare for and respond to demographic trends. In Zambia, for example, UNFPA data-mapping supported the Government's development of a national strategy to end child marriage. Maps showed where child marriage is most prevalent and linked the practice to key socio-economic factors, such as poverty.

Also in 2015, UNFPA developed small area estimation maps for Nepal to help policymakers in that country identify where the unmet need for contraception was greatest. Small area estimation maps can be helpful for other types of policymaking as well, through, for example, by identifying combined vulnerabilities in areas such as health, reproductive rights and climate hazards.

In February 2015, UNFPA hosted a “big data bootcamp,” bringing together data specialists from UNFPA and other parts of the United Nations, representatives from the private sector and academia and other experts, to understand how big data might offer creative solutions to difficult development challenges.

UNFPA devised a plan for Afghanistan to track demographic shifts without carrying out a census. Afghanistan's last census was in 1979; security concerns have prevented a more recent one.

UNFPA partnered with Flowminder, an organization that collects, aggregates and analyses anonymous user data from mobile devices, satellite images and household survey,



to generate demographic maps, which will aid the Government in policymaking.

To inform and better prepare policymakers for demographic shifts, UNFPA and HelpAge International in 2015 published *Investing in an Ageing World*, which presents options for improving income security, health and enabling environments in countries with or about to have large populations of older people. By planning ahead, promoting and implementing the right policies, governments will be better positioned to reap the benefits of a healthier and wealthier ageing population.

Also in 2015, UNFPA helped 11 countries undertake holistic analyses of population trends that show the relationship between demographic shifts, reproductive health, poverty and economic and social development.

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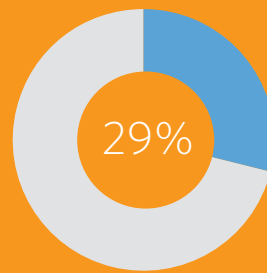
As of 2015, 87 countries had **integrated gender-based violence prevention, protection and response** into national sexual and reproductive health programmes.

Arab States

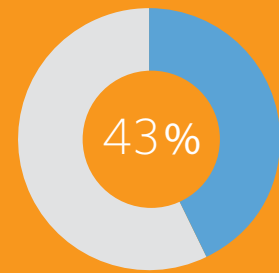




Total population
339 million



of the population is
between the ages
10 and 24



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

“You can’t buy my daughter”

Child marriage is a human rights violation that undermines girls’ health, prospects and lives. Yet in Lebanon, Jordan and elsewhere in the region, some refugee families are resorting to child marriage to cope with insecurity and financial hardship.

Life has been difficult since Jannah’s family fled to Jordan from Syria. She says her husband is incapacitated by stress: he spends many days sitting under a tree and staring into space. Jannah and her daughter Maysa work from sunrise to sunset on a nearby farm, making barely enough to provide for their family of six.

Relatives advised Jannah to marry Maysa off as soon as possible, trying to persuade her it is for Maysa’s safety. But when a marriage broker offered Jannah 140 Jordanian dinars (about \$100) in exchange for marrying Maysa off, Jannah was outraged. “You can’t buy my daughter,” she shouted. “I will die before I give my daughter away.”

She knows Maysa deserves a better life. It is her dream that Maysa go to school and, eventually, choose her own husband. “Maybe love was not an option for my generation, but I want her to be able to choose marriage for the right reasons,” she said.

Khalil, whose family lives in the Za’atari refugee camp in Jordan, says marriage would rush his daughters into the responsibilities of adulthood. Instead, he wants them to go to school. “They are too young,” he said. “I do not want them to take on such a responsibility too soon. Here in the camp, they have the opportunity to go to school, and I want them to use it.”

Zeinab, 15, also wants to continue her education. “I like going to the UNFPA-supported women’s centre to learn. I’m taking English lessons there,” she said.

The UNFPA-supported family health centre in Deir Alla, Jordan, provides an array

of medical and psychosocial services for women and young people. Malak, 15, came to Jordan from Damascus four years ago with her parents, grandparents and three siblings. She attends secondary school, where science is her favorite subject, but says she wants to become a police officer one day. Earlier this year, her aunt approached her parents to arrange a marriage with her 20-year-old son. “I wasn’t happy, but I couldn’t refuse. I didn’t want to give up my education,” Malak says.

Then one day Malak accompanied her mother to the centre and found out about information sessions on child marriage, which they both attended. Her mother, and later her father, came to accept that it would be better for Malak to stay in school and finish her education. The engagement ended after a month.

◀ Khalil says he wants his daughters to be educated, not married.

© UNFPA/David Brunetti

Teenage mother and child (top centre) with other family members.

© UNFPA/David Brunetti



Average number of children per woman

3.5



© UNFPA/David Brunetti

Context and challenges

With two major regional conflicts, other internal conflicts and protracted humanitarian crises, the Arab States are experiencing an unprecedented level of instability.

As of 2015, about half of Syria's population has been displaced within or beyond the borders of the country. Neighbouring Iraq is facing the challenge of responding to the needs of Syrian refugees while coping with massive internal displacement stemming from threats by the Islamic State in Iraq and al-Sham, ISIS, as well as from the ongoing conflict in that country.

An estimated 355,000 Syrian women still in the country are pregnant. Among Syrian refugees, an estimated 70,000 are pregnant.

Fighting and insecurity complicate national and international efforts to provide life-saving health services and supplies to millions of women and young people in need in and near Syria, and in other parts of the region.

The conflict in Yemen is having a devastating impact on civilians and critical infrastructure, including health-care facilities. The situation in Somalia remains volatile, with insecurity and fighting interrupting vital services. In Sudan, the influx of refugees fleeing conflict in South Sudan adds to the burden of a country that has experienced years of conflict and sanctions. Meanwhile the situation in Palestine flared up in 2015.

Egypt and other Arab States in transition continue to face tremendous political and economic challenges that affect their ability to deliver quality, basic sexual and reproductive health services.

56

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



Gender parity index (1=parity)



Primary education

0.95



Secondary education

0.92

Progress

The 2015 response to the Syria crisis included:

In Syria

- Distribution of 500 vouchers per month to allow women to access maternal health services for free.
- Gender-based violence prevention and response services for nearly 75,000 women and young people.
- Individual and group counselling for more than 33,000 people.
- Establishment of 22 safe spaces, where women and girls could generate and income, access counselling services and learn about their rights.
- New protocol to help health workers identify and respond to gender-based violence.
- Aided 640 deliveries, including 230 Caesarean sections, every month.

Egypt

- Refugee and host community access to comprehensive quality reproductive health care.

Jordan

- Ten safe deliveries daily in UNFPA-supported delivery rooms in Za'atari camp.
- Support for sexual and reproductive health services for thousands of Syrian women and girls in camps and thousands more Syrians and Jordanians elsewhere in Jordan through a local partner, Institute for Family Health.
- Nearly 5,000 young people in Za'atari and Azraq camps gained information about healthy lifestyles or benefitted from youth peer-counselling services.
- Counselling for survivors of gender-based violence.



Distribution of 500 vouchers per month to allow women in Syria to access maternal health services for free.

A UNFPA-supported maternity clinic in Za'atari refugee camp.

© UNFPA/Sharron Ward



Ten safe deliveries daily in UNFPA-supported delivery rooms in Za'atari camp.

Iraq

- Reproductive health services for more than 94,000 refugee women, girls, boys and men in nine registered camps.
- More than 22,000 maternal health consultations, including nearly 17,000 antenatal care visits, 1,110 family planning consultations, 3,448 assisted deliveries and 935 Caesarean-sections through nine clinics in five refugee camps in Erbil, Sulaymaniyah and Dohuk.
- Reproductive health services for more than 247,000 refugees through Iraq's Departments of Health.
- Gender-based violence prevention and response for more than 22,000 women.

Lebanon

- Empowered women from host and Syrian refugee communities through skills-training and income-earning opportunities.
- Expanded access to family planning.

Turkey

- Established seven women's safe spaces where women and girls had access to counselling services, as well as sexual and reproductive health care, including family planning.
- Gender-based violence prevention and response for about 4,800 Syrian refugees.

Elsewhere in the Arab States, UNFPA-supported efforts in Iraq, Somalia and Sudan to develop strategies for ending child marriage. UNFPA also established a faith-based network in the region to raise awareness about female genital mutilation, with the aim of ending this harmful practice.

UNFPA and the AIDS Fund Netherlands formed a partnership in 2015 to strengthen HIV-prevention and treatment services for sex workers in Morocco and Tunisia. UNFPA also provided technical support to Oman, Palestine, Somalia in developing national youth strategies.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

Arab States

Algeria	387
Djibouti	1,298
Egypt	4,488
Iraq	17,455
Jordan	8,442
Lebanon	3,940
Libya	516
Morocco	1,353
Oman	944
Palestine	2,268
Somalia	21,572
Sudan	13,375
Syrian Arab Republic	13,089
Tunisia	663
Yemen	5,025
Total country/territory programmes	94,815
Regional projects in Arab States	6,550

Total programme expenses in Arab States 101,365

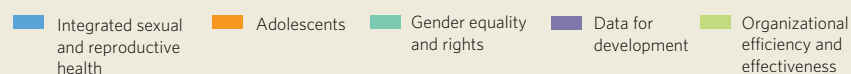


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© UNFPA/Sharron Ward

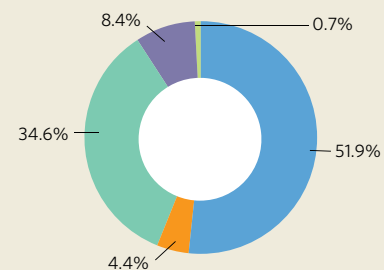
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
37.6	15.0	52.6
2.0	2.5	4.5
29.0	6.1	35.1
3.3	5.2	8.5
0.3	0.4	0.7

PERCENTAGE OF TOTAL



Asia and the Pacific

Saving the lives of Lao mothers

In a remote forest near the border of Viet Nam, the village of Labangkhok is one of the poorest in the Lao People's Democratic Republic.

Heavy rains cut the village off from the rest of the country for four months a year. But despite the isolation, sexual and reproductive health services, such as family planning, are reaching Labangkhok.

Agnod, 56, offers contraceptive pills and injectables, condoms and health advice to women and men in the village, and in four other communities nearby. Agnod received training from the Ministry of Health and UNFPA. "I've helped over 300 families so far," he says.

Du, 20, a mother of two, is one of Labangkhok's residents who chose to begin using family planning after she learned about options from Agnod. "I decided to get an injection [to stop pregnancy] for three years. I want my sons to grow up a bit before I have another child."

Dr. Bongsouvanh Phanthavongsa, Deputy Health Director in Savanakheth Province, explains that 32 community-based distributors like Agnod are now working across the province. Through their work, distributors are also helping reduce maternal and child deaths and other health risks related to unwanted pregnancy.

Not only is UNFPA helping the country expand access to family planning, but it is also strengthening the midwifery labour force.

"Until a few years ago, there were no midwives or midwifery teachers in the country," explains Anna af Ugglas, a UNFPA midwifery specialist. "That had a serious impact on the safety and quality of the care given to mothers and newborns around the country."

UNFPA supports the Ministry of Health to educate midwives in line with international standards, af Ugglas says.

Hassan Mohtashami, the then-UNFPA Representative in Vientiane, says investing

in midwives pays off in terms of saved lives. It also contributes to healthier families and more productive communities. "We know that a cadre of skilled midwives has the potential to cut maternal mortality by a third," Mohtashami says.

Since 2005, the country has reduced maternal death by more than half, from 450 per 100,000 live births, to 220.

Minister of Health Dr. Eksavang Vongvichit says improving the standard of maternal health care is a priority. "Governance is a big issue in health-care reform, so we're also looking at administration, financing and managing our resources better."

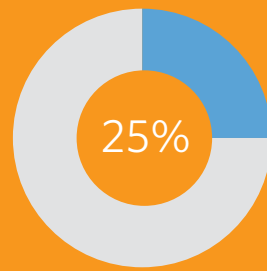
A-Daeng, 30, who gave birth to her fourth child in a clinic near Labangkhok, says she has seen a steady improvement in services, with the new availability of antenatal and home-based postnatal care and information about nutrition and the benefits of spacing pregnancies.

A UNFPA-supported midwifery training session. ▶

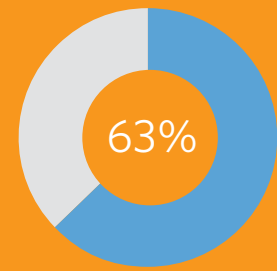
© UNFPA/Micka Perier



Total population
3.87 billion



of the population is
between the ages
10 and 24



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



NGO worker, Sabina Rimal (left) with a local woman at a UNFPA-supported female-friendly space in Dunche, Nepal.

© UNFPA/Matthew Taylor



Average number of children per woman

2.2



Asia and the Pacific is the world's most disaster-prone region.

Context and challenges

UNFPA responded in 2015 to emergency sexual and reproductive health needs of women in Vanuatu in the aftermath of Cyclone Pam, in Nepal after a devastating earthquake and aftershocks, and in Myanmar after floods caused by Cyclone Komen and other natural disasters.

Asia and the Pacific is the world's most disaster-prone region. Yet, mobilizing resources for disaster preparedness remains a challenge. Stronger partnerships among government and civil society are necessary to ensure a sustained, coordinated response that includes protection of the health and rights of women and girls. Such partnerships are especially difficult in countries where civil society has a limited role in ensuring universal access to sexual and reproductive health.

The region faces other challenges as well: in some countries or some areas within countries, child marriage and adolescent pregnancy are common. Restrictive access to sexual and reproductive health services in some countries leads to unwanted pregnancies and unsafe abortions. In others, a preference for sons leads to antenatal sex selection, often through abortion.

In some countries where the legal age of marriage is 18, there are movements to lower the age, at least for girls, in the name of upholding traditions and keeping girls "safe" from possible sexual activity outside of marriage.

Gender-based violence is prevalent throughout the region. Up to two-thirds of women in some countries experience physical or sexual violence by their husbands or intimate partners, as well as from others, some of the highest rates of gender-based violence in the world. Data show that violence starts early in intimate relationships. Surveys in many countries have revealed that startling numbers of people of all ages across the socio-economic spectrum, including young people, feel that domestic violence is, on occasion, justifiable.

33

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



Gender parity index (1=parity)



Primary
education

1.00



Secondary
education

0.94

Another major challenge is the lack of comprehensive sexuality education in many Asian and Pacific countries. Even when it is available as part of the school curriculum, it often receives cursory attention, denying young people the vital information they need to make responsible and informed decisions about sex, relationships and life.

HIV rates are rising in some countries, particularly among young key populations, such as men who have sex with men, sex workers and injecting drug users, often exacerbated by laws that criminalize or otherwise stigmatize and discriminate against them.

Some countries with large youth populations do not have the policies in place that could enable them to realize a demographic dividend. In a number of these countries, the window of opportunity for such a dividend is already closing. Challenges to emerging democratic governance frameworks also impact the ability of countries to harness the potential of youth, with the danger that as the present younger generation comes of age, opportunities for personal and career growth will not keep pace with demand.

Progress

UNFPA significantly scaled up its response to humanitarian emergencies across Asia-Pacific, with the largest intervention in 2015 in Nepal, following the 7.8 magnitude earthquake in April and subsequent aftershocks.

UNFPA and local and international partner organizations set up 14 transition homes and 80 maternity units and conducted 132 mobile health camps across the 14 most affected districts to provide critical services to women and girls, including pregnant women, new mothers and infants. UNFPA also established 14 female-friendly spaces where 108,000 women and girls could access psychosocial support,



© UNFPA/Ben Manser



UNFPA stepped up its support in 2015 for the Global Programme to Accelerate Action to End Child Marriage.

legal advice, referral to services and recreational activities. UNFPA distributed over 56,000 dignity kits.

More and more countries in the region committed in 2015 to building cadres of professional midwives. UNFPA provided governments with technical advice to support the reintroduction of midwifery programmes in India and China and the expansion and professionalization of midwifery in Cambodia and Indonesia.

Formulating policies to address gender-based violence require reliable data about where it is occurring and among which populations. UNFPA supported 13 Asian and Pacific countries' efforts in 2015 to carry out groundbreaking national prevalence studies on violence against women. In Viet Nam, for example, the study's findings informed plans for implementing a domestic violence law.

UNFPA stepped up its support in 2015 for the Global Programme to Accelerate Action to End Child Marriage. Together, UNFPA and UNICEF are working with Bangladesh, India and Nepal to bring about change at all levels of society through stronger legislation and behaviour change communication.

A number of countries in the region have increasingly large populations of older people. UNFPA and HelpAge International mapped demographic data to support countries' policymaking, particularly in the area of income security. Also in 2015, UNFPA and the East-West Center partnered in an initiative to help countries better understand how population growth and changing age structures can affect economic growth, gender and generational equity and public finances.

Partial results of Myanmar's 2014 Population and Housing Census, conducted with support from UNFPA, were released in May 2015, providing a comprehensive profile of the country's 51.5 million people. The results include detailed data on population size and growth, age and sex, marital status, migration, births and deaths, education, employment, disability, housing conditions and amenities in each state and region, district and township. Planners at all levels have already begun using the data to identify needs for infrastructure and social services.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

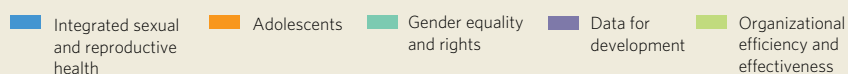
Asia and the Pacific

Afghanistan	18,900
Bangladesh	13,635
Bhutan	1,103
Cambodia	4,389
China	3,859
Democratic People's Republic of Korea	1,265
India	10,534
Indonesia	4,374
Iran (Islamic Republic of)	1,618
Lao People's Democratic Republic	3,041
Malaysia	827
Maldives	561
Mongolia	3,215
Myanmar	10,856
Nepal	8,303
Pacific Multi Islands	6,253
Pakistan	9,526
Papua New Guinea	2,260
Philippines	6,672
Sri Lanka	1,258
Thailand	1,516
Timor-Leste	1,976
Viet Nam	4,526
Total country/territory programmes	120,467
Regional projects in Asia and the Pacific	7,998
Total programme expenses in Asia and the Pacific	128,465



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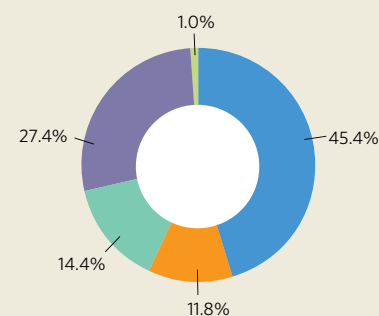
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
17.2	41.1	58.3
4.0	11.2	15.2
7.5	11.0	18.5
15.2	20.0	35.2
-	1.3	1.3

PERCENTAGE OF TOTAL



© UNFPA/Mickla Perrier

East and Southern Africa

Leading the response to child marriage

Sarah was forced to drop out of school at age nine on the same day she was forced to marry a 60-year-old man.

Now 15, Sara recounts her first day of marriage: “The man told me to sweep the compound and cook for him. When night came, he told me to join him in bed. I was terrified.”

That evening, Sarah ran away. A couple in a nearby Kenyan village took her in and brought her the next morning to the village chief who called the Komesi Women’s Network for help. The Network provides refuge to girls who run away from home to avoid child marriage.

Susan Krop, who leads the Network, says Sarah is one of the lucky ones. One girl in her community, she says, tried to run away from her husband but was forcibly returned by two men hired to find her. The men held her down as her husband raped her as punishment. “This kind of gruesome story is one we come across every day,” Krop says.

A recent study shows that about one in four girls in Kenya is married before age 18 and that 10 per cent of all pregnancies occur among girls between ages 15 and 19.

When a girl is forced into marriage, it invariably means she will have to drop out of school and will become pregnant early in life, and that could mean serious health problems for her during pregnancy or delivery and for her newborn, says UNFPA gender analyst Florence Gachanja. “That leads to a cycle of poor health and poverty, which can run through generations,” she says.

The Network has so far funded its work through earnings from a honey bee farm. But more money is needed to finish building more housing for the girls and to hire a security guard.

The Network has helped get the lives of many girls like Sarah back on track. Sarah now lives with Alice, a Network member, and has been able to return to school.

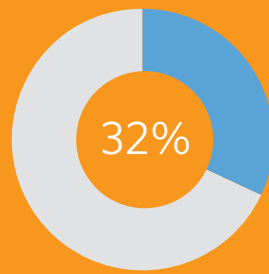
Women’s Network members. ►

© UNFPA/Bernard Muthaka

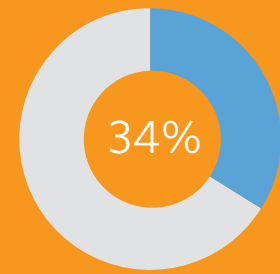




Total population
547 million



of the population is
between the ages
10 and 24



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



Community midwives at the UNFPA-supported, Nyakuron Primary Health Care Centre in Juba, South Sudan.

© UNFPA/Amadou Baraze



Average number of children per woman

4.8



Around 85,000 women die of pregnancy-related causes every year in the region.

Context and challenges

Human resources shortages in the region's health sector negatively affect the availability, access and quality of sexual and reproductive health services, including family planning information and supplies.

Around 85,000 women die of pregnancy-related causes every year in the region. The probability that a 15-year-old girl will die of maternal causes in her lifetime is 1 in 52; the global average is 1 in 180.

Only five of the region's 23 countries have reported that at least 80 per cent of births are assisted by a midwife or other health professional. Countries such as Angola and Rwanda have reported decreases in maternal death after increases in the proportion of births assisted by a skilled health attendant.

Access to skilled birth attendants often depends on place of residence: in general, the number of skilled birth attendants is lower in rural areas than in cities. In addition, skilled birth attendants in rural areas have limited access to essential drugs, supplies and equipment. Access also often depends on cost: even where a midwife's services may be available, they can be out of reach for women living in extreme poverty. And even when a midwife's services are free, the costs of transportation and childcare may be prohibitively high for some expectant mothers.

Although more and more women are gaining access to family planning in the region, the supply of services is not keeping up with demand in some areas. As a result, women in the region have an average of 4.8 children. About one in four women in the region has an unmet need for family planning, which means they would use contraception if they had access to it. Without family planning, women are at risk of unwanted pregnancy.

112

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



Gender parity index (1=parity)



Primary
education

0.97



Secondary
education

0.93

East and Southern Africa is the region of the world most affected by HIV, which remains a major contributor to maternal mortality. Women are particularly affected. A contributing factor is gender-based violence, which remains widespread.

Adolescent pregnancy is a major health concern because of its association with higher rates of illness and death for both mother and child. In addition, adolescent pregnancy has adverse social consequences, particularly regarding educational attainment, as girls who become mothers are more likely to curtail their education or be excluded from the classroom.

Deeply-rooted unequal power relations and norms persist in the region; one in three women has experienced physical violence from a partner in more than half of the countries.

Progress

Maternal deaths in the region overall have fallen 45 per cent, from 918 deaths per 100,000 live births in 1990, to 407 deaths per 100,000 live births in 2015.

UNFPA support for improved emergency obstetric and neonatal care in 2015 aimed to save mothers' lives. UNFPA support during the year also aimed to strengthen health systems and delivery of sexual and reproductive health services.

UNFPA helped 8,400 women undergo surgery to repair obstetric fistulas and introduced an innovative system in Kenya and Tanzania that allows women slated for the surgery to use mobile phones to display vouchers for free transportation to hospitals.



© UNFPA/Sawiche Wamunza



To support family planning and the prevention of sexually transmitted infections, UNFPA supplied **1.3 billion condoms** to the region in 2015.

To support family planning and the prevention of sexually transmitted infections, UNFPA supplied 1.3 billion condoms to the region in 2015.

UNFPA brought together representatives of 18 countries in 2015 to develop a regional action plan to prevent and treat HIV among key populations, including sex workers, men who have sex with men and transgender communities.

One of the key achievements in the region in 2015 was the completion of a four-year pilot project to accelerate integration of HIV and AIDS services and sexual and reproductive health services in seven countries. Lessons learned during the project paved the way for similar integration initiatives in 10 more countries in the region.

UNFPA also mobilized faith-based organizations from 15 countries to promote gender equality and prevention of, and response to, HIV and gender-based violence.

UNFPA, through the Action for Adolescent Girls Initiative and the joint UNFPA-UNICEF Global Programme on Ending Child Marriage, helped nine countries launch national campaigns to end child marriage and five countries develop national programmes to end this harmful practice.

Through the Safeguard Young People Programme, UNFPA reached about 1.7 million young people with comprehensive sexuality education of life-skills messages and training and distributed 7.5 million condoms.

UNFPA, UNESCO and UNAIDS helped governments in the region implement the Eastern and Southern Africa Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Services for Adolescents and Young people. Actions in 2015 included the development of lesson plans and an online training programme for teachers. Nearly 1,000 teachers in the region completed the training during the year.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

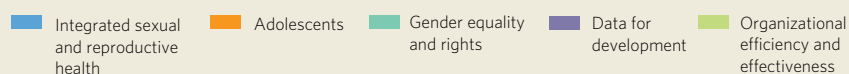
East and Southern Africa

Angola	2,497
Botswana	1,332
Burundi	4,623
Comoros	1,153
Democratic Republic of the Congo	19,525
Eritrea	2,860
Ethiopia	15,769
Kenya	11,272
Lesotho	2,091
Madagascar	5,303
Malawi	12,105
Mauritius	122
Mozambique	7,972
Namibia	1,471
Rwanda	4,200
South Africa	2,571
South Sudan	18,646
Swaziland	1,758
Uganda	18,382
United Republic of Tanzania	13,925
Zambia	6,086
Zimbabwe	21,413
Total country/territory programmes	175,076
Regional projects in East and Southern Africa	8,149
Total programme expenses in East and Southern Africa	183,225



© UNFPA/Tim McKulka

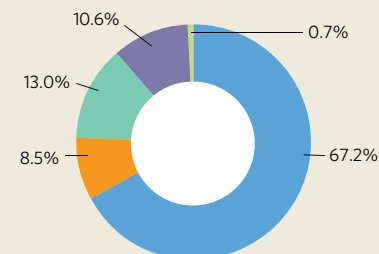
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
78.2	44.8	123.0
9.1	6.5	15.6
17.8	6.1	23.9
4.5	14.9	19.4
0.5	0.8	1.3

PERCENTAGE OF TOTAL



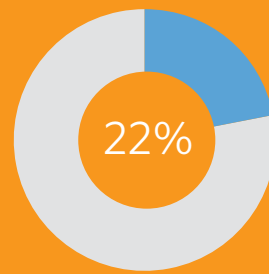
© UNFPA/Patrick Shepherd

Eastern Europe and Central Asia

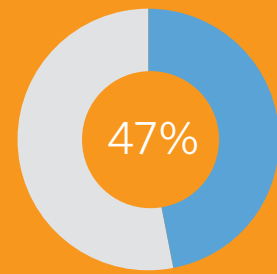




Total population
265 million



of the population is
between the ages
10 and 24



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

Comprehensive sexuality education now in Kyrgyzstan's schools

Twelve-year old Aigul in eastern Kyrgyzstan locked herself in a school bathroom and contemplated suicide. When her teacher found her, Aigul said she had ignored her mother's warning not to play with boys. Now, she was pregnant, she said, and would rather die than bring shame to her family.

But in fact, Aigul was not pregnant at all. She was having her first menstrual period and did not understand what was happening to her body.

Until May 2015, when Parliament passed a reproductive health law requiring schools to offer comprehensive sexuality education, most adolescents were left to figure out reproductive health issues on their own. Before the law went into effect, only about one in five schoolchildren received sexual and reproductive health information from teachers, and only about one in seven received it from parents.

At the same time, four in five parents said they wanted their children to receive sexuality education in schools. Many said they did not know how to talk to their children about these sensitive issues.

Sexuality education addresses not only biology but also life skills and responsible behaviours, introducing age-appropriate information over time throughout a young person's education.

"Despite much opposition, we were able to convince our parliamentarians," said Nadira Narmatova, a Member of Parliament who played a key role in initiating the law. "I believe that sexuality education will help reduce the number of pregnancies, abortions, HIV and sexually transmitted diseases among teenagers, and have an overall positive effect on the health and future prospects of our young people."

The new law has been praised by health professionals, educators, youth leaders and parents.

"It is a long overdue initiative," said Gulzina Madraimova, a doctor at the Bishkek Student Polyclinic. "We should respect traditions, but they should not deter us from giving proper and timely information about sexual and reproductive health to our children. If girls and boys know their bodies, are informed about changes that will occur in adolescence, and know how to take care of their bodies, they could avoid many different diseases in later years."

Single mother Olga Nikitina is also happy about the law. "I am glad that our children will have access to sexuality education classes in schools. Although I have a medical background and would like to talk to my 15-year-old son about sexual and reproductive health, he refuses to talk to me about this topic."



Average number of
children per woman

2.0



Against the global
trend, **HIV is still
on the rise in
Eastern Europe
and Central Asia.**

Context and challenges

All countries in Eastern Europe and Central Asia are now classified as “middle-income,” which means they generally have significant resources and corresponding levels of public services and infrastructure.

After more than two decades of often painful political and socioeconomic transitions in the former Communist countries, key indicators such as life expectancy are showing signs of recovery. Antenatal care is near-universal and maternal mortality rates have fallen by more than half since the early 1990s, from 66 to 27 deaths per 100,000 births.

But promising statistics often mask significant inequity among different regions and population groups. Marginalized and disadvantaged groups, such as national minorities, migrants, young people or the poor, still face considerable barriers in realizing their rights and accessing services, including sexual and reproductive health services.

Modern contraceptives remain rarely used in South-Eastern Europe and the South Caucasus, where usage rates are even lower than the average in the world’s least developed countries.

Adolescent pregnancy rates are three times higher than in Western Europe. Many women in the region rely on abortion. Against the global trend, HIV is still on the rise in Eastern Europe and Central Asia. The number of new infections has increased by 30 per cent since 2000, with sexual transmission rapidly becoming the predominant factor.

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. Challenges remain, however, in developing population and development policies that are based on solid evidence and respect for human rights.

30

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



Gender parity index (1=parity)



Primary
education

1.00



Secondary
education

0.99

Women, in particular, still face significant legal and other obstacles to full participation in society and the economy, free from discrimination and violence. Harmful practices such as child marriage continue to be widespread 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 populations. Gender-biased sex selection has emerged in a number of countries in Southeastern Europe and the South Caucasus.

The region has been affected by natural disasters, in particular floods, and armed conflict. As a result of the war in Syria, millions of refugees, including many women and young people, have fled to Turkey and further along the Balkan transit route towards Western and Northern Europe. The conflict in eastern Ukraine has also uprooted or otherwise affected large numbers of people, including large numbers of women and young people.

Progress

Albania in 2015 adopted the first National Action Plan for Youth, developed with UNFPA support to address the needs of young people in areas such as sexual and reproductive health, youth-friendly services, comprehensive sexuality education, and youth employment and training. UNFPA helped mobilize thousands of young people to engage with policymakers in the action plan's formulation. The plan will not only provide a framework for investing in the human capital of Albania's younger generations, but will also serve as a platform for young people's continued engagement and for Government accountability.

In late 2015, UNFPA assembled and deployed more than 20 mobile teams of psychologists and social workers to provide psychosocial support to survivors of gender-based violence in the areas most affected by the conflict in Eastern Ukraine. The conflict has had devastating effects on the lives of countless people in the country, and many women, men, boys and girls have witnessed, experienced or taken part in violence and are traumatized as a result. The mobile teams are equipped with information materials and resources on



© UNFPA/Maks Levin



In their first few weeks of operation, mobile teams provided help to **2,300 survivors**, most of them women between 25 and 36 years old.

local referral mechanisms. While the teams work hand-in-hand with local service providers, they reach out to people where they are—in rural areas and communities, sometimes far away from centres in the cities.

In their first few weeks of operation, mobile teams provided help to 2,300 survivors, most of them women between 25 and 36 years old. Their cases confirm that gender-based violence is vastly underreported, as two out of three women never before revealed incidents of violence. The teams provide much-needed psychological counselling and create safety plans with relevant service providers, or take other actions to ensure the clients' safety.

With hundreds of thousands of new refugees from Syria and other conflict-affected countries pouring into Turkey and moving further towards Western Europe along the Balkans transit route, UNFPA in 2015 stepped up its humanitarian assistance programmes, with a focus on ensuring access to sexual and reproductive health services and addressing gender-based violence. Gynaecological mobile clinics, staffed with medical personnel, provided free check-ups for women and girls along the transit route and referred them to hospitals nearby in case of need. UNFPA also provided reproductive health kits to clinics, ensuring that sufficient supplies were available for complicated deliveries and other life-saving interventions, and handed out tens of thousands of dignity kits to refugees and migrants. UNFPA ran several safe spaces where survivors of gender-based violence received counselling and other forms of assistance, as well as skills training. Medical staff, police officers, social workers and psychologists were trained to recognize and address the needs of survivors of gender-based violence.

As part of its efforts to support Azerbaijan in tackling the country's skewed sex ratio, UNFPA published a study in 2015 containing population projections for the coming decades. Close to 116 boys are born for every 100 girls, a gap that is wider than anywhere else in Europe and second in the world only to China. At current levels, every year some 10,000 to 14,000 more boys will be born than girls, according to the report. This means that large numbers of men will not be able to find partners, and could fuel human trafficking and forced or early marriage.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

Eastern Europe and Central Asia

Albania	876
Armenia	835
Azerbaijan	610
Belarus	563
Bosnia and Herzegovina	837
Georgia	1,020
Kazakhstan	986
Kyrgyzstan	1,732
Republic of Moldova	450
Serbia*	1,075
Tajikistan	1,515
The former Yugoslav Republic of Macedonia	454
Turkey	3,778
Turkmenistan	638
Ukraine	1,705
Uzbekistan	1,110
Total country/territory programmes	18,184
Regional projects in Eastern Europe and Central Asia	8,049
Total programme expenses in Eastern Europe and Central Asia	26,233

* includes Kosovo



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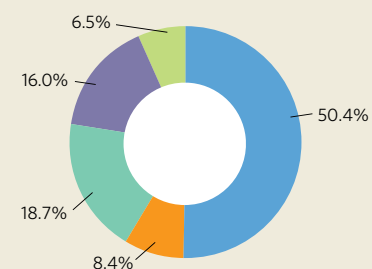
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
5.8	7.4	13.2
0.5	1.7	2.2
2.5	2.4	4.9
0.4	3.8	4.2
-	1.7	1.7

PERCENTAGE OF TOTAL



Latin America and the Caribbean

Colombia's youth affected by conflict now poised to become new generation of leaders

"I was 14 years old when my family fled," said Viviana, now 26. "We arrived in a new town where we thought we would be able to live in peace, but there were armed groups there, too."

Viviana lives in Meta, a "department," or region, in mid-eastern Colombia that has seen repeated attacks by paramilitary groups.

The conflict has left young people with few reliable prospects for the future. The constant threat of violence, including sexual violence and forced recruitment into armed forces, has disrupted much of daily life. Public services, including health services, have been interrupted, and education and employment opportunities are limited.

Like many young people, Viviana did not have access to sexual and reproductive health services or information. After her family's move, she quit school and started working.

"I was 15 years old when I moved in with my boyfriend. I became pregnant two months later," she said.

Still, Viviana fared better than most.

When she was 18, her father encouraged her to join a local group for displaced youth. Through their activities, she was inspired to become a community organizer. In the city of Villavicencio, Viviana helped organize the Department Youth Roundtable, a group of 5,000 young people from 29 municipalities, to advocate on behalf of underserved youth.

The group recently devised Meta's first-ever Public Policy for Youth, which promises to improve the lives of conflict-affected young people.

The Youth Roundtable engaged in numerous consultations with its members, who include youth from rural and urban areas, members of indigenous communities, displaced young people and other marginalized groups, to identify needs and propose solutions.

The roundtable also worked closely with UNFPA. Since 2008, UNFPA has supported the group with training in public policy, human rights, and sexual and reproductive

health. UNFPA also provided the group with technical advice and funding for key advocacy activities, and facilitated direct dialogue between the young leaders and government institutions.

The Public Policy for Youth guarantees the rights of young people and calls for their development, education and access to livelihoods. It also creates the Youth Management Programme, a fund supporting scholarships and better opportunities for vulnerable young people. The policy also calls for wider coverage of comprehensive sexuality education in schools.

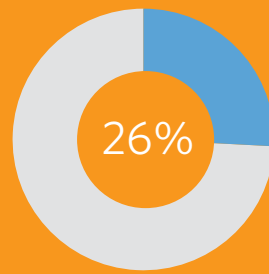
Viviana says improved access to sexual and reproductive health information will help young people make better choices. "The state must invest in, and reach out to, young people with information so we do not have to make important decisions without knowing about our own bodies or about how to make our dreams and projects come true," she said.

Viviana with other youth leaders. ►

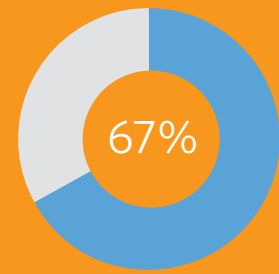
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Total population
629 million



of the population is
between the ages
10 and 24



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





Average number of children per woman

2.2



Complications during pregnancy and childbirth are a leading cause of death among adolescent girls in the region.

Context and challenges

Latin America and the Caribbean as a whole continued in 2015 to make progress in reducing poverty and improving overall human development. Recent downturns in some of the region's economies, however, threaten to stall progress.

While the region reduced maternal death by 39 per cent since 1990, it fell short of meeting the Millennium Development Goal to reduce the rate by 75 per cent by 2015.

Maternal death is one barometer of inequality and inequity in the region. Rates are generally higher among women from poor, marginalized or excluded communities, where access to lifesaving services is limited.

The region did, however, meet the Millennium Development Goal to reduce deaths among children under age five by two-thirds by 2015.

Fertility rates have fallen, also by two-thirds, between the 1960s and 2015, with women now having an average of 2.5 children. Despite this overall trend, adolescent pregnancy rates have not dropped in recent years, with about 65 of every 1,000 births occurring among girls between the ages of 15 and 19.

Complications during pregnancy and childbirth are a leading cause of death among adolescent girls in the region. Adolescents from indigenous communities are twice as likely to die during pregnancy or childbirth in some countries.

About a quarter of the region's population is between the ages of 15 and 29. Ensuring these young people are educated, healthy and have opportunities for decent work and a better future is a challenge in some parts of the region. More than 30 million young people are both unemployed and not in school. Seven out of 10 of them are women in urban areas.

76

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



Gender parity index (1=parity)



Primary
education

1.00



Secondary
education

1.06

Meanwhile, the continuing decline in infant mortality coupled with longer life expectancies will lead to a larger share of the population that is older. By 2060, the region will have more older adults than people 19 or younger.

Progress

Health leaders from around the world convened at United Nations Headquarters in April 2015 to highlight the need for integrating human rights into sexual and reproductive health care, including family planning. This means making sure care is non-discriminatory and aligned to the needs and desires of the community.

UNFPA programmes in Latin America offered a key example of inclusive, accessible sexual and reproductive health care. By providing culturally sensitive services, including voluntary family planning, these programmes are improving both the quality of care and the health of communities.

Access to reproductive health care, including family planning, is a human right. To ensure health care is available to everyone, the participation of communities is critical. Yet many marginalized, indigenous communities in the region remain without a voice. Women in these communities have worse health outcomes and see higher rates of preventable maternal deaths.

In 2015, UNFPA-supported programmes in countries such as Bolivia, Ecuador and Panamá were leading the way, helping health services adapt to the needs of indigenous women and girls. These changes are increasing the numbers of women who receive proper care.



© UNFPA/Alvaro Serrano



UNFPA helped
11 countries
expand
contraceptive
options, which
now include female
condoms and
injectables.

Also in 2015, El Salvador, Panamá and Paraguay developed curricula for comprehensive sexual education in line with international standards. The curricula are in use in 875 schools across the three countries.

With UNFPA support in 2015, Honduras opened a youth-friendly health centre in Choluteca. The centre offers counselling aimed at preventing adolescent pregnancy.

Meanwhile, UNFPA helped 11 countries expand contraceptive options, which now include female condoms and injectables.

UNFPA organized events that brought together 400 young people from the region to advocate for full implementation of the Programme of Action of the International Conference on Population and Development. In various forums throughout 2015, young people spoke out on issues of human rights, including reproductive rights.

UNFPA also helped establish a regional network of young people living with HIV to give them a voice in decisions that affect their lives and well-being. Supported by UNFPA, the network provides empowerment programmes and leadership training to help the young people advocate for better access to health services at local, national and regional levels. A survey of members of this network in 2015 showed that nearly one in two has experienced some form of discrimination when seeking health care.

Bolivia launched a campaign aimed at female empowerment, elevating adolescents' self-esteem and reducing violence in relationships.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

Latin America and the Caribbean

Argentina	532
Bolivia (Plurinational State of)	2,855
Brazil	1,597
Caribbean, English- and Dutch- speaking	3,082
Chile	267
Colombia	2,204
Costa Rica	1,004
Cuba	788
Dominican Republic	920
Ecuador	842
El Salvador	2,032
Guatemala	5,275
Haiti	4,515
Honduras	3,554
Mexico	1,383
Nicaragua	2,580
Panama	810
Paraguay	791
Peru	1,597
Uruguay	1,358
Venezuela (Bolivarian Republic of)	647
Total country/territory projects	38,633

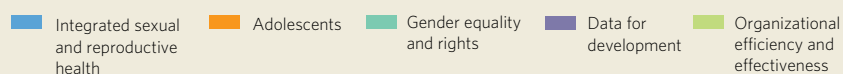
Regional projects in Latin America and the Caribbean	7,791
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Total programme expenses in Latin America and the Caribbean	46,424
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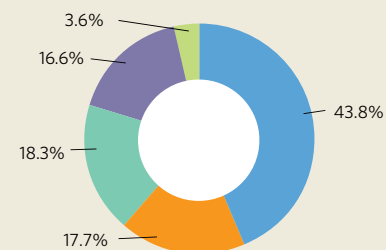
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
8.7	11.6	20.3
1.9	6.3	8.2
5.4	3.1	8.5
1.9	5.8	7.7
0.3	1.4	1.7

PERCENTAGE OF TOTAL



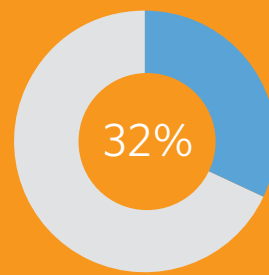
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West and Central Africa

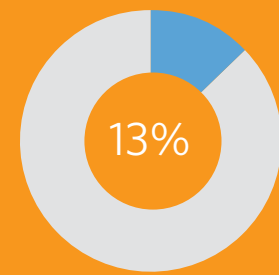




Total population
403 million



of the population is
between the ages
10 and 24



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

The collateral damage of Liberia's Ebola crisis: women and girls of reproductive age

Comfort Fayiah is one of the lucky ones.

As the due date for her twin babies approached, the Ebola crisis in Comfort's native Liberia was reaching a fever pitch. Since the first Ebola patient presented in Monrovia in June 2014, the number of new cases was growing every day. The Ministry of Health and Social Welfare was forced to suspend virtually all non-Ebola-related activities to focus on managing the crisis. The unintended result was that women of reproductive age in Liberia experienced some of the worst fallout from Ebola, regardless of their own infection status.

"The national health supply chain abruptly ceased all its routine operations, preventing health facilities from accessing essential medical supplies and commodities," says Woseh Gobeh, national programme officer for reproductive health for UNFPA. "Even in counties considered less affected by the outbreak, health facilities suffered a massive stock out of drugs and medical supplies."

It was not just a supply issue: Liberia's already-scarce medical personnel (at the start of the crisis, there were only 45 physicians practicing in the public sector in the entire country, according to a Ministry of Health estimate) were being crippled by Ebola. By May 2015, an astounding 8.07 per cent of Liberia's doctors, nurses and midwives would die from Ebola, compared to 0.11 per cent of the general population. Fear of becoming infected—particularly because it is difficult to determine whether a patient has Ebola without a lab test—led many health workers to turn people away.

"Health-care workers started getting afraid and started refusing patients," says Dr. Wilhelmina Jallah, the chief executive officer and medical director of Hope for Women International, a medical non-governmental organization, and a practicing physician based in Paynesville, Liberia. "No health-care worker wanted to touch a pregnant woman even with personal protective gear."

For pregnant women like Comfort, now 29, that meant prenatal care was scarce. And delivering in an appropriately appointed medical facility became impossible. When Comfort's time for delivery came, she went from place to place but was unable to find a hospital or clinic that would admit her. "They refused me; they said they could not help me," Comfort says. "I cannot blame the health workers who refused to assist me, because everyone was afraid of the disease."

With no other choice, Comfort took shelter from the pouring rain, lying down in the dirt to labour under a corrugated tin roof. "I suffered a lot and was afraid I was going to die. The only thing I hoped for was for a miracle to happen," she says. One did: Comfort gave birth to two healthy baby girls with the assistance of a nurse aid who happened to pass by at the right time.



Average number of children per woman

5.5



Two of the three countries with the world's highest prevalence of female genital mutilation are in West Africa.

Context and challenges

Gender-based violence and harmful practices, such as female genital mutilation, are widespread in West Africa. Two of the three countries with the world's highest prevalence of female genital mutilation are in this region.

In addition, an increasing number of women and girls in the region have survived sexual violence in conflict situations.

The region has some of the highest child marriage rates in the world, with two of five young girls married before age 18. This region has seven of the 11 countries with the highest rates of child marriage in the world: Burkina Faso, Central African Republic, Chad, Guinea, Mali, Niger and Sierra Leone.

Nine of ten adolescent births in developing countries occur within the context of child marriage. More than one in four girls in West and Central Africa becomes pregnant before age 18. About one in 20 becomes pregnant before age 15.

Across the region, educational attainment is low, especially for girls. At both primary and secondary levels, boys far outnumber girls in school enrolment.

Tremendous efforts are still needed to recover from the massive socio-economic toll from Ebola in Guinea, Liberia and Sierra Leone. Safety and security issues are becoming more serious, with an increasing number of terrorist attacks in some areas and protracted crises in countries such as Cameroon, the Central African Republic, Chad, Mali, Niger and Nigeria.

Unemployment rates are high, especially for young people. Also high is the region's overall dependency ratio, or the number of people who are either under age 15 or over 64 and are economically dependent

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

0.83

on the working-age population. And among those who do have jobs, underemployment is a growing problem. According to the World Bank, over the next 10 years, only one in four of sub-Saharan Africa's youth will find a paid job, and only a small proportion of those jobs will be in the formal sector.

Despite these challenges, the region has experienced some improvement in terms of economic growth, education and health. There have also been positive developments in policies and legislation regarding female genital mutilation and child marriage.

Progress

UNFPA, UNICEF, UN Women and the World Health Organization collaborated on an educational television soap opera, *C'est la vie!*, to raise awareness about reproductive health and the problem of gender-based violence in 2015. The series, which garnered about 250,000 viewers in West and Central Africa, aimed to spark discussions on sensitive subjects and promote positive change.

Between January and October 2015, 60,208 survivors of gender-based violence in the Central African Republic received medical or psychosocial care with UNFPA support.

In Nigeria, 275 women and girls who were rescued from Boko Haram in 2015 received psychological, medical and trauma care at safe spaces established with UNFPA support. UNFPA also provided individual and family counselling for the 57 schoolgirls who escaped Boko Haram after having been abducted in Chibok in 2014. Health workers and counsellors are on standby to help the 219 girls who are still held captive. UNFPA also supported survivors of Boko Haram in Chad, Cameroon and Niger.

A UNFPA and World Bank initiative, the Sahel Women's Empowerment and Demographic Dividend programme, aims to empower women and adolescent girls by expanding their access to reproductive and maternal health services. The four-year initiative covers Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger and includes actions to increase girls' access to secondary education and literacy programmes and skills training.



© UNFPA/Jean-Baptiste Lopez



In Nigeria,
**275 women and
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Boko Haram**
in 2015 received
psychological,
medical and trauma
care at safe spaces
established with
UNFPA support.

The African Union in 2015 commended UNFPA's support for contact-tracing and maintaining reproductive health information and services in Guinea, Liberia and Sierra Leone during the Ebola crisis. UNFPA support helped save more than 1,000 women's lives. UNFPA and the Mano River Union launched the Mano River Maternal Health Response in July 2015 to expand access to skilled birth attendants, family planning, sexual and reproductive health services for adolescents and newborn health care in three countries. UNFPA is now supporting efforts to rebuild sexual and reproductive health services devastated by the crisis.

UNFPA brought together religious leaders and representatives from governments and development organizations from 15 West and Central African countries in 2015. The group committed to playing an active role in enhancing sexual and reproductive health, promoting family planning, advocating for women's rights and gender equality and empowering young people. Religious leaders are already effecting change in places such as Niger, where in some parts of the country they will only attend baptisms of children who are delivered in health centres—an incentive not to give birth at home, without a skilled birth attendant. In the Gambia, influential religious leaders backed a new law prohibiting female genital mutilation. Chad, with the backing of religious leaders, raised the minimum age of marriage for girls to 18.

2015 programme expenses

IN THOUSANDS OF US\$

(includes core and non-core resources)

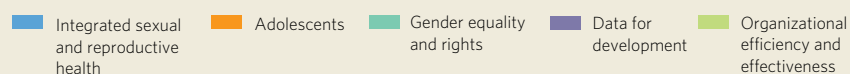
West and Central Africa

Benin	4,294
Burkina Faso	7,378
Cameroon	6,125
Cape Verde	1,196
Central African Republic	4,128
Chad	5,709
Congo	2,752
Cote d'Ivoire	8,278
Equatorial Guinea	1,621
Gabon	823
Gambia	1,767
Ghana	4,153
Guinea	7,573
Guinea-Bissau	1,623
Liberia	11,947
Mali	3,527
Mauritania	2,771
Niger	12,010
Nigeria	19,633
São Tomé and Príncipe	1,193
Senegal	5,900
Sierra Leone	19,544
Togo	3,877
Total country/territory projects	137,822
Regional projects in West and Central Africa	6,756
Total programme expenses in West and Central Africa	144,578



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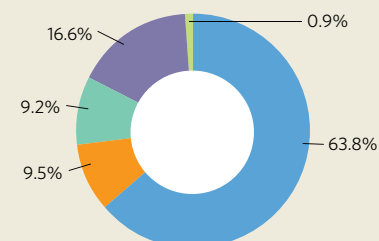
Programme expenses by purpose, 2015



IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
62.8	29.5	92.3
6.6	7.2	13.8
8.7	4.6	13.3
9.9	14.1	24.0
-	1.2	1.2

PERCENTAGE OF TOTAL



© UNFPA/Simi Vijay

Resources, management and partnerships



\$979 million



Total contributions to UNFPA in 2015

\$10.4 million



Financing received from private sector in 2015

\$200 million



Combined revenue from new partnerships in 2015

Contributions to UNFPA totaled \$979 million in 2015. The amount includes \$398 million to the organization's core resources and \$581 million earmarked for specific programmes or initiatives.

Core resources continue to be vital for UNFPA's operations as they enable global reach, reduce transaction costs, permit the organization to focus on programmatic impact and leverage additional resources for greater results and maintain its ability to have universal presence, even in fragile contexts, such as in conflict zones or in refugee situations.

Core resources remain the bedrock of UNFPA operations, enabling the flexibility to plan effectively and respond to shifting global development challenges, and the changing circumstances and needs of programme countries.

In 2015, contributions to core resources were \$79 million lower than in 2014, mainly because of unfavourable exchange rates between major contribution currencies and the US dollar.

Among earmarked contributions in 2015 were \$77 million to support UNFPA Supplies and the UNFPA Maternal Health Thematic Fund, which includes the Campaign to End Fistula. These funds continued to drive UNFPA's key agendas.

In 2015, UNFPA continued to strengthen its engagement in crises and emergencies, including those in Afghanistan, Myanmar, Pakistan and Ukraine, as well as Syria and affected countries. In 2015, donors earmarked \$116 million to support UNFPA humanitarian action in these countries, as well as in countries in East and Southern Africa, Latin America and the Caribbean and West and Central Africa.

UNFPA developed a comprehensive and integrated resource mobilization strategy in 2015 that will engage public and private partners to support the delivery and implementation of UNFPA programmes and will take into consideration priorities arising from the new United Nations Sustainable Development Goals.

Partnerships for women's health and rights

Also in 2015, UNFPA strengthened or forged new partnerships with multilateral development partners, including one with the World Bank, to support a six-country Sahel Women's Empowerment and Demographic Dividend project, one is an effort with the Islamic Development Bank and the Government of Afghanistan to prevent and treat obstetric fistula, one for HIV-prevention with the Global Fund to Fight AIDS, Tuberculosis and Malaria in Sudan, and one with UNICEF for the Global Programme to Accelerate Action to End Child Marriage. The combined revenue from these and other, similar partnerships, totaled about \$200 million in 2015.

UNFPA received \$10.4 million in financing from the private sector and in-kind support valued at \$800,000 in 2015. The contributions resulted from 60 new agreements with corporations, foundations, non-governmental organizations and the United States-based Friends of UNFPA. A portion of these contributions supported UNFPA humanitarian response.

In 2015 UNFPA also initiated projects with the private sector to bring women's health into the workplace. In Bangladesh, for example, a UNFPA initiative addressed gender-based violence and empowerment in garment factories. In the Philippines, UNFPA partnered with four companies to reach more than 2 million women with reproductive health information and services. These initiatives are a new way of working with the private sector—working within factories—with the potential to reach many more individuals and communities.

Parliamentarians for change

UNFPA continued benefiting from parliamentarians' support for UNFPA and the full implementation of the Programme of Action

of the International Conference on Population and Development.

Delegates participating in the Group of Seven Parliamentarians Conference in Berlin in 2015 appealed to all industrialized countries to increase their political and financial commitments to empowering girls and women. In addition, parliamentarians, along with civil society, advocated in 2015 for integrating the rights and health of women and girls into the new Sustainable Development Goals and the overall 2030 Agenda for Sustainable Development.

UNFPA also supported fact-finding missions to Ethiopia and Senegal, where parliamentarians reviewed progress in expanding access to sexual and reproductive health services, including family planning.

Top 20 donors to UNFPA*

CONTRIBUTION IN US\$

Donor	Core contributions ¹	Donor	Non-core contributions ²
Sweden	57,403,243	United Kingdom of Great Britain and Northern Ireland	168,582,752
Norway	55,605,728	United Nations	
Netherlands	39,682,540	and inter-organizational transfers	147,511,681
Denmark	39,595,912	Canada	57,515,298
Finland	38,038,549	United States of America	45,029,370
United States of America	30,840,000	Sweden	32,176,948
United Kingdom of Great Britain and Northern Ireland	30,816,641	European Commission	17,988,639
Germany	21,318,914	Japan	15,500,000
Japan	18,088,990	Denmark	6,983,757
Switzerland	16,210,740	Niger	6,955,000
Canada	12,410,501	Noble Energy EG Ltd.	6,204,183
Australia	11,711,027	Mali	5,200,000
Belgium	8,536,585	Netherlands	4,852,260
New Zealand	4,675,200	Republic of Korea	4,553,433
Luxembourg	3,231,707	Burkina Faso	4,524,000
Ireland	3,097,345	Norway	4,194,407
Italy	1,300,108	France	3,947,871
China	1,200,000	Côte d'Ivoire	3,900,000
France	623,583	Ireland	3,666,265
Pakistan	535,042	Nigeria	3,497,256
		Chad	3,471,000

¹ These amounts represent the contribution revenue recorded for 2015 for core resources.

² The amounts represent the contributions revenue and contributions in kind recorded for trust funds. It includes multi-year co-financing agreements which were recognized in 2015 upon signature of an agreement in accordance with UNFPA's policies and procedures. Programme implementation continues to be linked to actual receipt of resources.

* All figures are provisional as of 31 March 2016.

Revenue and expenses 2015¹

IN MILLIONS OF US\$

REVENUE

CORE RESOURCES	
Contributions to core resources - gross	398.2
Less: transfers to other revenue for reimbursement of tax charges ²	(5.9)
Other revenue	52.5
Total core resources revenue	444.8

Non-core resources

Contributions to non-core resources - gross	581.3
Less: refunds to donors	(4.5)
Less: indirect costs	(33.3)
Less: UNFPA contributions to joint programmes where it serves as a Managing Agent	(0.2)
Other revenue	4.7
Total non-core resources revenue	548.0
TOTAL REVENUE	992.8

EXPENSES

CORE RESOURCES	
Country programmes, global and regional interventions and other programme activities	313.4
Institutional budget	140.3
Corporate	29.0
Total core resources expenses	482.7

NON-CORE RESOURCES

Country programmes, global and regional interventions and other programme activities	485.2
Corporate	9.5
Total non-core resources expenses	494.7
TOTAL EXPENSES	977.4

1 All figures are provisional as of 31 March 2016, subject to external audit and, as a result of rounding, may not add up to the totals.

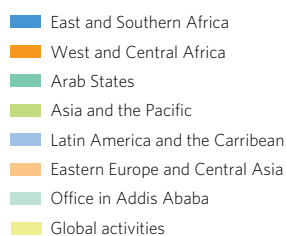
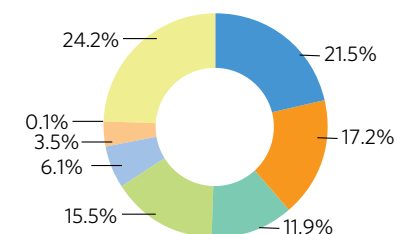
2 This amount represents reimbursement of income taxes to the nations of one Member State. It is included in the 'Other revenue' amount.

2015 programme and institutional budget expenses by region

IN MILLIONS OF US\$

From non-core resources	From core resources	Institutional budget	Total expenses
110.1	73.1	17.9	201.1
88.0	56.6	17.1	161.7
72.2	29.2	10.6	112.0
43.9	84.6	17.3	145.8
18.2	28.2	11.1	57.5
9.2	17.0	6.4	32.6
-	0.8	-	0.8
143.6	23.9	59.9	227.4

BY PERCENTAGE

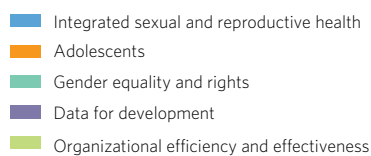
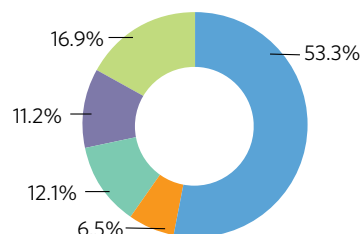


2015 expenses by purpose

IN MILLIONS OF US\$

From non-core resources	From core resources	Institutional budget	Total expenses
346.1	154.2	-	500.3
24.4	36.4	-	60.8
76.0	37.6	-	113.6
36.7	68.2	-	104.9
2.0	17.0	140.3	159.3

BY PERCENTAGE

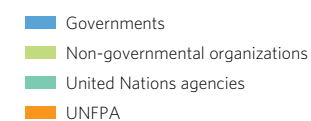
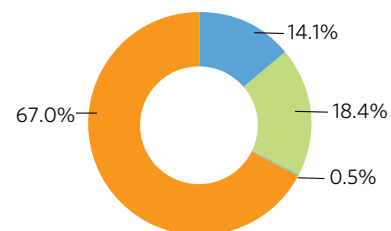


2015 programme expenses by implementing agency

IN MILLIONS OF US\$

From non-core resources	From core resources	Total expenses
66.6	46.3	112.9
111.0	35.6	146.6
2.7	1.3	4.0
304.9	230.2	535.1

BY PERCENTAGE



Innovation fund

Results in 2015 from the UNFPA Innovation Fund, established with funding from Denmark to support new, creative and more effective means for delivering services to women and young people in developing countries, included the launch of 18 innovation projects spanning across UNFPA's mandate and world regions. Select project results:

- Ten episodes of the *Fathers* reality television programme aired in Georgia. The programme showed a day in the life of famous fathers in the country caring for their children and reflecting on men's roles at home.
- An event in Uganda that brought together young people, engineers, and United Nations experts from 17 countries led to the development of mobile apps to help girls report sexual harassment, to provide information to first-time mothers, and a game aimed at providing accurate sexual and reproductive health information.
- An innovative public-private partnership in Kenya, where UNFPA, the technology firm Philips, the Ministry of Health and the Manderu County Government are improving maternal and child health.
- A mobile-ready and geo-referenced application for UNFPA and its partners in Latin America and the Caribbean has been developed to gather and deploy sociodemographic data in real-time during humanitarian situations. In a humanitarian crisis, responders in the field can use the app to quickly select particular geographic areas on a map and receive immediate population data estimates linked to resource distribution calculations to guide effective planning.



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LOWEST NEED FOR SUPPORT

Where UNFPA Works

This map shows the 155 countries, territories and other areas where UNFPA worked in 2015 through a network of 123 country offices, six regional and three subregional offices and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C.. In 2015, all UNFPA offices combined had a total of 2,697 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."





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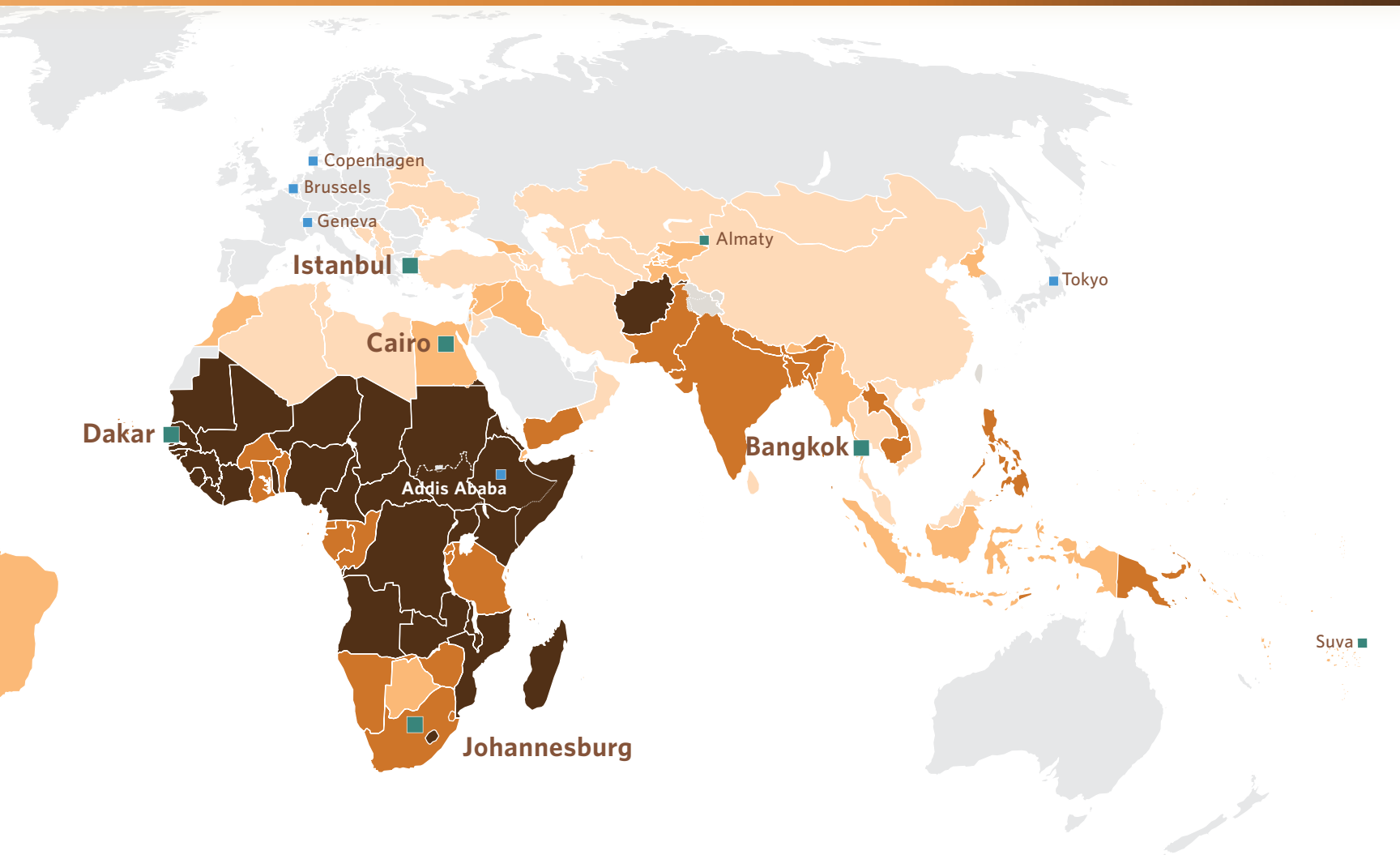


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HIGHEST NEED FOR SUPPORT



DONOR COMMITMENTS 2015

CONTRIBUTIONS TOWARDS CORE RESOURCES IN US\$

Donor	Commitments for current year	Donor	Commitments for current year	Donor	Commitments for current year
Afghanistan	1,000	Guinea Bissau	1,000	Republic of Korea	100,000
Algeria	20,000	Guyana	500	Romania	10,000
Andorra	11,201	Honduras	11,738	Russian Federation	300,000
Angola	20,000	Hungary	8,537	Rwanda	950
Armenia	3,000	India	501,797	Samoa	3,000
Australia	11,711,027	Iran (Islamic Republic of)	29,568	São Tomé and Príncipe	8,834
Bahamas	1,000	Ireland	3,097,345	Saudi Arabia	500,000
Bangladesh	50,000	Israel	50,000	Senegal	8,424
Barbados	5,000	Italy	1,300,108	Sierra Leone	30,000
Belgium	8,536,585	Japan	18,088,990	Singapore	5,000
Belize	5,000	Jordan	50,071	South Africa	39,151
Bhutan	5,950	Kazakhstan	50,000	Sri Lanka	18,000
Bosnia and Herzegovina	500	Kenya	10,000	Sudan	44,800
Botswana	5,072	Kiribati	30,418	Suriname	100
Burkina Faso	19,470	Kuwait	10,000	Swaziland	10,000
Burundi	608	Lao People's Democratic Republic	2,000	Sweden	57,403,243
Cameroon	18,580	Lesotho	2,498	Switzerland	16,210,740
Canada	12,410,501	Liechtenstein	24,900	Tajikistan	1,062
Chad	25,000	Luxembourg	3,231,707	Thailand	149,894
Chile	5,000	Malaysia	15,000	Togo	5,574
China	1,200,000	Maldives	5,000	Tokelau	2,000
Comoros	500	Mali	7,529	Trinidad and Tobago	5,000
Cook Islands	1,032	Mauritania	3,145	Tunisia	14,548
Costa Rica	5,432	Mauritius	2,786	Turkey	150,000
Côte d'Ivoire	48,618	Mexico	70,000	Uganda	10,000
Cuba	5,000	Monaco	16,289	United Kingdom of Great Britain and Northern Ireland	30,816,641
Czech Republic	40,319	Mongolia	7,800	United Arab Emirates	10,000
Democratic People's Republic of Korea	6,438	Morocco	12,005	United Republic of Tanzania	3,232
Denmark	39,595,912	Myanmar	157	United States of America	30,840,000
Djibouti	1,000	Nauru	180	Viet Nam	20,000
Dominican Republic	15,000	Nepal	4,960	Yemen	24,910
Egypt	49,451	Netherlands	39,682,540	Zimbabwe	30,000
El Salvador	2,000	New Zealand	4,675,200	Private Contributions	69,235
Equatorial Guinea	10,000	Nicaragua	5,000	Government contribution to local office costs	166,753
Eritrea	5,000	Niger	20,000	Total	398,197,217
Estonia	75,094	Norway	55,605,728		
Ethiopia	2,939	Oman	10,000		
Fiji	2,525	Pakistan	535,042		
Finland	38,038,549	Palau	100		
France	623,583	Panama	10,000		
Georgia	20,000	Papua New Guinea	3,953		
Germany	21,318,914	Peru	3,732		
Ghana	18,000	Philippines	33,542		
Guatemala	4,895	Poland	10,565		

Provisional figures as of 31 March 2016



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

Regional statistics are based on UNFPA programme countries.

All income and expenditure data in this report are provisional as of 31 March 2016.

Some estimates of the impact of UNFPA programmes on maternal and reproductive health were calculated using "Impact 2" application developed by Marie Stopes International.

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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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