

## Annex 3

### Country results and case studies, illustrating theories of change of the Strategic Plan

#### Section 1: Case studies illustrating theories of change

(Stories are mainly supported by evaluation evidence)

#### Armenia

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**For the first time in decades, the rate of maternal mortality in Armenia dropped below 20 per 100,000 live births.**

This positive shift is due in part to an increase in budget allocations to reproductive health, and to UNFPA-supported mobile emergency obstetric care and travelling gynecologist teams that reach women in hard-to-reach and poor areas of the country.

For many years, the Ministry of Health could not allocate sufficient funds for the procurement of contraceptives due to competing health priorities and concerns about the impact of family planning on the birthrate in a country with an already shrinking population.

Over a period of approximately five years, UNFPA advocated for greater involvement of the Ministry, as well as with the teams of different presidential candidates, to include access to and quality of reproductive health services as a priority.

When the President of Armenia identified the improvement of access and quality of reproductive health services as one of the main priorities for the health sector, the Government committed to 100 per cent funding for the procurement of modern contraceptives starting from 2016. In addition, the Ministry of Health committed to provide contraceptives to the most vulnerable populations, and additional funds were allocated targeting those communities.

Other results supported by UNFPA include:<sup>1</sup>

- Establishment of 75 family planning units in the country providing medical counseling and modern contraceptives, which resulted in an increase of contraceptive prevalence rates from less than 1 per cent in 1994 to 20 per cent in 2015
- Identification and research of prenatal sex selection in Armenia, and a successful large-scale advocacy and awareness raising campaign that resulted in Government action plan and legislative changes to tackle the phenomenon
- Incorporation of healthy lifestyle and health education, including reproductive health, into the secondary school curriculum
- Introduction of the mandatory reproductive health and gender curriculum for the military
- Establishment of a Master degree demography course at the Yerevan State University
- Support to development and adoption by the Government of Armenia of 10 national strategies and policies to promote International Conference on Population and Development (ICPD).

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<sup>1</sup> Source: country evaluation report

## Cambodia

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**In Cambodia, the use of family planning has doubled in the past 15 years, rising from 19 per cent in 2000 to 39 per cent in 2014 and unmet need has been reduced by nearly two-thirds. UNFPA contributed to this success by supporting capacity development of health providers and supply systems for contraceptives.**

Unmet need for family planning declined from 33 per cent in 2000 to 13 per cent in 2014; and the percentage of demand for family planning satisfied rose from 42.2 per cent in 2000 to 56.4 per cent in

2014. All health centers and health posts can now provide, and are equipped with, at least three contraceptive methods, while pills and condoms are also made available through community-based distribution agents in over 50 per cent of districts in the country. As a result, on average Cambodian women now have less than 3 children compared to 4 children in 2000.

Results of the 2014 Demographic and Health Survey show that skilled birth attendance and antenatal care services have significantly increased. In 2014, 95 per cent of pregnant women had at least one antenatal care visit at health facilities. The Caesarian section service, which is provided mostly at public facilities, doubled from 2.56 per cent in 2010 to 5.37 per cent in 2014.

A recent evaluation shows that the quality of sexual and reproductive health services improved over the past few years, including family planning, skilled birth delivery, antenatal and prenatal care, C-section, and emergency obstetric care for mother and newborn. Most health centers and referral hospitals are able to provide a package of safe motherhood, newborn and child health services. As a result, 89 per cent of births in 2014 were attended by a skilled midwife compared to 32 percent in 2000. The evaluation further noted improvements in quantity and quality with regard to Basic Emergency Obstetric and Newborn Care (BmONC) and Comprehensive Emergency Obstetric and Newborn Care (CmONC) facilities.

UNFPA contributed to this dramatic improvement in sexual and reproductive health services by supporting capacity building for obstetric surgeons, anesthetists and EmONC skilled midwives to be deployed at the EmONC facilities. UNFPA also supported the Cambodia Midwife Council to improve the skills of midwives through the Core Competency for Midwives Framework and the Code of Ethics for midwives.

UNFPA has been recognized as a key partner in supporting the improvement of midwifery skills in both the pre-service and in-service training, and the national programme of family planning. The National Family Planning Policy and Guidelines were updated to better reflect the voluntary family planning programme.

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## Botswana

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**As of 2015, 67 per cent of HIV-positive young people in Botswana have access to dual family planning services to protect them from unwanted pregnancy and HIV transmission. Of the 80 per cent of HIV-positive women targeted, 66 per cent now have access to these services. Progress is due to a UNFPA two-year scale-up plan for sexual reproductive health and HIV prevention.**

The Botswana country evaluation noted that the UNFPA SRH/HIV Linkages Project demonstrated strong results and could be considered a good practice to inform the planned nationwide roll-out. The project contributed to the development of key policies and guidelines, such as the Elimination of Mother to Child Transmission Strategic Plan 2012-2016, the Sexual Reproductive Health and HIV/AIDS Linkages Integration Strategy and Implementation Plan, and the Sexual Reproductive Health Policy Guidelines and Service Standards.

The evaluation further recommended that the 6th country programme should continue to support the scale-up of the sexual reproductive health HIV Linkages to achieve national coverage, and that UNFPA should continue to advocate for and intensify technical assistance to incorporate gender-based violence prevention and response in the programme.

### **Success story: Mencare <sup>2</sup>**

Traditionally in Botswana, male involvement with pregnant partners and newborn babies has been strongly discouraged, a taboo that is still pervasive in some rural areas. This can lead to some men leaving their partners permanently, or engaging in concurrent sexual partnerships, resulting in STI and HIV infection, and serious problems for abandoned mothers who are left to support their children. The UNFPA-supported Mencare programme engages men as supportive partners and fathers to advance women's health and gender equality.

Through the programme, men are contacted through mobile phone numbers obtained from their partners at antenatal clinics and offered a multi-session course on fatherhood. Fathers who graduated from the course have been trained as trainers, and are expanding the programme.

A focus group discussion with the fathers/trainers, conducted by the evaluation team found that their perceptions of fatherhood and relationships with their partners had fundamentally changed. Two had been present at childbirth, and all five indicated that their communication and relationships with their partners had greatly improved. Their bonding with their children was reported as very good and included a full range of infant care. One man commented, *'I have far more respect for my sisters now that I see what they go through'*.

Currently more 'graduates' of the courses are being trained as facilitators to cascade the programme. The sessions focus on learning about pregnancy, the needs and risks facing expectant mothers, supportive fatherhood, sexual reproductive health, GBV, masculinity and gender equality, communication and relationships, and other related areas.

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<sup>2</sup> From the evaluation report

## Chad

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**In 2015, a new law banning child marriage was adopted in Chad, which ranks second among countries worldwide, after Niger, with the highest rate of child marriage. UNFPA advocacy contributed to the passage of this legislation, which is needed as more than half of young women (71.5 per cent) in Chad are married before the age of 18.**

Early marriage violates human rights and threatens the health of adolescent girls. In Chad, more than a third of adolescents aged 15 to 19 years give birth and account for 68 per cent of maternal deaths. Despite the need and demand for sexual and reproductive health services, only 2 per cent of adolescent girls have access to these life-saving and empowering services. Moreover, 77 per cent of teenage births occur in the absence of qualified personnel, and only 30 per cent of adolescent girls and 37 per cent of adolescent boys know that condoms can prevent HIV.

The taboo surrounding everything related to sexuality undermines sexuality education, intergenerational dialogue and young people and women's rights to sexual and reproductive health. Early and / or forced marriage, a form of gender-based violence, is not recognized as such by some traditional and religious authorities of Chad who legitimize child marriage.

Based on the study of the Ministry of Women, National Solidarity and Protection of Early Childhood on child marriage and its impact on maternal health, the UNFPA Office in Chad developed, in early 2015, arguments on the rights regarding sexual and reproductive health of adolescent girls. This was the basis for the strong commitment of the presidential couple on the rights of adolescent girls and the achievement of the Sustainable Development Goals at the 2014 ICPD +2020 and as evidenced from their speeches at the 68th and 69th sessions of the UN General Assembly in New York. For this, the president received letters of congratulation from the UN Secretary General, and the Executive Director of UNFPA, and became a champion for the rights to sexual and reproductive health of adolescents.

During the Special Meeting of the African Union where the Heads of States recommended the elimination of child marriage by 2063, President Idriss Deby Itno committed to eradicating child marriage in Chad by 2020 instead of 2063.

UNFPA Chad continued high-level advocacy with the Chadian Head of State and the First Lady in her capacity as current President of the Organization of African First Ladies for the Fight against AIDS (OAFLA) to achieve this laudable commitment. UNFPA also provided technical and financial support to the launch the Campaign "All United against Child Marriage" on March 14, 2015, where the President signed publicly and before the constituent bodies, the Ordinance No. 006 / PR / 2015 banning Child marriage in Chad and setting the minimum age for marriage to 18 years. That order was submitted to the National Assembly for adoption into law.

Thanks to high-level policy dialogue with the Office of the National Assembly, experts, and members of the African Regional Network "Islam and Population", the Higher Council for Islamic Affairs and reluctant Muslim Members of Parliament agreed to support the proposed law. The law was adopted with a large majority on June 30, 2015, supported by opinion leaders and especially the Islamic leaders.

## Peru

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**Despite remarkable socio-economic progress in Peru in the last decade, maternal mortality and adolescent pregnancy remain a public health issue, disproportionately affecting poor women from urban and rural areas, mostly in dispersed settlements and indigenous populations. Through UNFPA sustained advocacy, policy dialogue and partnership, the Government increased allocation for maternal and newborn health and family planning, which will lead to improve health and well-being.**

In Peru, maternal deaths are estimated at 93 per 100,000 live births and are among the highest in the region. In addition, 14 per cent of adolescent girls aged 15-19 are already mothers or pregnant for the first time, rising to 24 per cent of adolescents girls living in the rainforest.

UNFPA contributed to putting maternal health at the center of public debate and in concrete programmes and plans through sustained advocacy as a member of the Round Table for the Fight Against Poverty (MCLCP), a mechanism that convenes the State, civil society and international cooperation actors to engage in dialogue and follow-up on public policies and expenditures, and whose reports are used in Congress to present public budget allocations.

UNFPA played a key role in supporting the MCLCP's Working Group on Maternal Health to monitor the Budgetary Programme on Maternal and Neonatal Health by promoting the consistent use of socio-demographic information and analyzing its correlation with outcomes of public funding. UNFPA issued periodic monitoring reports, alerts and technical documents on the follow-up to the achievement of MDG 5 which assessed budgetary implementation at the national and sub-national (regional) level, and were linked to DHS annual reports and epidemiological surveillance of maternal mortality.

These efforts contributed to substantial increases in the budgetary allocation for maternal and neonatal health activities, which rose to 12.8 per cent of the total health budget in 2013, up from 5.9 per cent in 2008. Likewise, the budget for family planning commodities, counseling and public information also increased. The budget to improve access to family planning has increased by 143 per cent since 2008.

Lastly, as a means to foster commitment and accountability for the implementation of initiatives, UNFPA and the MCLCP advocated for the signing of Governability Agreements in the 2014 sub-national (regional) elections, whereby candidates commit to reducing by 30 per cent the number of maternal deaths and the prevention of adolescent pregnancy. As a result, 22 of the 23 elected regional authorities signed a Governability Agreement.

## Sudan

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**UNFPA programme support has effectively improved the delivery of integrated reproductive health services in the UNFPA-targeted states.**

UNFPA country programme support during 2013 and 2014 resulted 37 primary health care facilities providing integrated reproductive health services including services related to HIV and sexually transmitted infection. In underserved areas these services were provided through the mobile clinics. With the integrated services, the reproductive health utilization services indicators in the UNFPA-targeted states have shown marked increase. Primary health care service registers showed that between 2013 and 2014 utilization of anti-natal care services had improved by 17 percent for the first visit and by 39 percent through fourth visit. Similarly, pre-natal care service utilization increased by 30 percent, indicating the increased demand and utilization of reproductive health services.

The skilled birth attendance at delivery has increased in UNFPA-supported states; 69.7 per cent to 77 per cent in Kassala State, from 63.5 per cent to 82.7 per cent in Gedaref State, from 45.1 per cent to 61 per cent in Blue Nile State and from 86.2 per cent to 92.3 per cent in White Nile State. The number of pregnant women counselled and tested for HIV significantly increased. In fact, in 2013 a total of 14,142 pregnant women were counselled and tested for HIV in White Nile, Blue Nile and Kassala states; this number almost doubled in 2014. HIV testing for pregnant women was made available through health facilities and also through the mobile clinics for the remote rural areas in the UNFPA-targeted states. Women who tested positive for HIV were supported with post-test counselling by trained counsellors who visited the health facilities on part-time basis specifically for this purpose.

## Turkmenistan

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**In Turkmenistan, the contraceptive prevalence rate for modern methods rose from 13 per cent in 1993 to 45 per cent in 2014.**

As a result of two decades long advocacy efforts of UNFPA, Turkmenistan is stepping up efforts in helping women access modern contraceptives, acknowledging that when women are empowered to choose the number, spacing and timing of their children, they face fewer complications during pregnancy and childbirth, and their children are

healthier.

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

UNFPA contributed to the strengthening of the Reproductive Health Commodity Security System, making reproductive health and family planning services available, including provision of contraceptives at all levels of health care. UNFPA supported the development of a modern contraceptive logistics management system using CHANNEL<sup>3</sup> software, which is functioning in 73 per cent of service delivery points, surpassing the target of 70 per cent by 2017.

Medical personnel were trained and 92 per cent passed the training on the operation of the logistics management system. All facilities that were visited by the evaluation team at regions and districts had stocks of pills, intrauterine devices (IUDs), and condoms. The percentage of service delivery points with stock-outs of the three methods of contraception was at two per cent.

During the time of the evaluation, all 104 regional and district centres offer contraceptives along with counseling on family planning. As of 2015, 74 per cent of the family planning service delivery staff had been trained on modern methods of family planning with the support of UNFPA within the last 5 years.

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<sup>3</sup> CHANNEL is a computer software programme for managing health supplies – a system that allows individual warehouses to track their supply stocks as soon as commodities enter or leave storage, and to generate simple reports.

## Section 2: Country results

Selected results reported by the country offices in 2015 towards Strategic Plan outcomes

Source: UNFPA country office annual reports 2015

<p><b>Outcome 1: Integrated Sexual and Reproductive Health Services</b></p>	<p><b><i>-Bangladesh-</i></b></p> <p>UNFPA supported the Ministry of Health and Family Welfare to develop a costed EmONC improvement plan. With support from UNFPA, 25 comprehensive reproductive health care centers were well equipped with necessary logistic and trained service providers including nurse-midwives. UNFPA contributed to the establishment of fistula screening corners in all 64 district hospitals. National fistula strategy including an action plan was developed and 317 cases of obstetric fistula were successfully repaired under the support of UNFPA.</p> <p>With support from UNFPA, 25 Comprehensive Reproductive Health Care Centers were providing all 07 contraceptive methods as per national guidelines, all 123 Primary Health Care centers (PHCC) were providing non clinical family planning methods and 42 PHCCs are providing temporary clinical method including IUD.</p> <hr/> <p><b><i>-Burkina Faso-</i></b></p> <p>Contraceptive Prevalence Rate raised from 15% in 2010 to 22.5% in 2015. Supported access to modern contraceptives for more than 450,000 new users.</p> <hr/> <p><b><i>-Cameroon-</i></b></p> <p>179 midwives recruited and deployed in rural areas under the support of UNFPA. In addition, 238 midwives were trained. Supported establishment of ten centers to improve young people’s comprehensive sexual and reproductive health in four out of 10 regions.</p> <hr/> <p><b><i>-Cape Verde-</i></b></p> <p>100% of service delivery points fully stocked with contraceptives. 98% of live births are attended by skilled health personnel and contributed to the country’s achievement of MDGs 4 and 5. Successfully advocated for Cape Verde to join the United Nations “<i>Free and Equal</i>” campaign in support of nonviolence and discrimination against the LGBT community.</p> <hr/> <p><b><i>-Chad-</i></b></p> <p>Improved maternal health indicators - especially the maternal deaths dropped from 1,099 to 860 deaths per 100,000 live births and increased contraceptive prevalence rate from 1.6 to 5, according to the 2015 DHS-MICS key indicators report.</p> <hr/> <p><b><i>-Congo, Democratic Republic of the-</i></b></p> <p>UNFPA supported the development of national reproductive health commodity security Strategic Plan 2016-2020; 60 service delivery points (target 49) had no stock outs during the last six months of 2015. With the advocacy support of UNFPA, family planning and supply chain were the top priorities of the Health National Development Plan 2017-2021.</p> <hr/> <p><b><i>-Ecuador-</i></b></p> <p>Supported the development of National Plan for Sexual and Reproductive Health for the 2016-2020.</p> <hr/> <p><b><i>-Egypt-</i></b></p> <p>Curriculum for nurse-midwives training revised. 83 nurse-midwives in Assiut and 83 nurse-midwives in Sohag trained. In addition, 427 specialized nurses (225 in Assiut and 202 in</p>
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	<p>Sohag) trained on providing integrated reproductive health package including maternal and child health (MCH) and family planning.</p> <hr/> <p><b><i>-Ethiopia-</i></b></p> <p>Strengthened human resources for maternal health- 102 midwives were trained in maternity care; 181 midwives were mentored; 405 midwives were undertaking masters on Integrated Emergency Surgery and Obstetrics (IESO); More than 80% of the service delivery points reported availability of male condoms, oral pills, injectable, Intra Uterine Devices (IUDs) and implants</p> <hr/> <p><b><i>-Guinea-</i></b></p> <p>Continued facilitating Ebola-related contact tracing as well as reproductive health services provision and products to pregnant and cured from Ebola women and adolescents. Recruitment and deployment of 70 midwives across 34 health structures as part of the Mano River Midwifery Response to the Ebola Virus leading to improved maternal and neonatal health in the regions directly impacted.</p> <hr/> <p><b><i>-Haiti-</i></b></p> <p>In 2015, 31,491 new users recorded using short acting family planning methods and 1,054 reported using long acting methods. In 2015, 62.1% services delivery points offered at least one long lasting family planning method compared to 54.1% in 2014.</p> <hr/> <p><b><i>-Lebanon-</i></b></p> <p>UNFPA advocacy efforts led to expanding the provision of reproductive health commodities, including family planning methods, outside the primary health care network supported by the Ministry of Public Health (MOPH). An additional 75 centers are now offering such commodities under the support of UNFPA. Endorsement and dissemination of the revised RH service delivery guidelines by the MOPH to respond to emerging needs due to the humanitarian crisis. UNFPA supported the capacity development of 388 health care providers across different levels of health care.</p> <hr/> <p><b><i>-Mauritania-</i></b></p> <p>Increased supply of reproductive health products to stem recurring shortages. Supplies to service delivery centres increased from 17.5% in 2013 to 37.2% in 2015.</p> <hr/> <p><b><i>-Macedonia (the former Yugoslav Republic of)-</i></b></p> <p>UNFPA contributed to the adaptation of the clinical guidelines for Postpartum Hemorrhage as the leading cause of maternal death. In addition, Draft Action Plan on Maternal Health has been completed with technical support of UNFPA. Development of such a plan was requested by the Minister of Health at the National Committee on Safe Motherhood held on April 8, 2015. Over 150 doctors, patronage nurses and Roma Health Mediators were capacitated on family planning, using the family planning curriculum developed with the support of UNFPA.</p> <hr/> <p><b><i>-Myanmar-</i></b></p> <p>With the support of UNFPA, Ministry of Health developed the National Midwifery standards within the Myanmar context.</p> <hr/> <p><b><i>-Nepal-</i></b></p> <p>UNFPA responded to the earthquake with multiple interventions, including 132 Mobile Reproductive Health camps, procurement and distribution of 1,300 Reproductive Health Kits to individuals and health facilities, establishment of (40) independent temporary maternity units, established (14) transition homes for post-partum mothers to recover before the long journey home, and capacity building for service providers (about 1,000) on a wide</p>
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	<p>range of services (Minimum Initial Service Package, reproductive health Kits, Clinical Management of Rape, Psychosocial counselling). MISIP incorporated in the contingency plan of 18 UNFPA supported districts; With the support of UNFPA Reproductive Health Commodity Security strategy endorsed and disseminated with wider ownership and commitment from government and development partners.</p> <hr/> <p><b>-Niger-</b></p> <p>UNFPA supported establishment of 1,301 community based distribution sites to increase availability and use of modern contraceptives; recorded 9,211 new family planning users among the most vulnerable women, increased national capacity of maternal health services to deliver comprehensive maternal health services. Maternal deaths fell from 535 deaths per 100,000 live births in 2012 to 520 per 100,000 in 2015.</p> <hr/> <p><b>-Nigeria-</b></p> <p>With the support of UNFPA, national system for maternal death surveillance and response was established at the national level and operationalized in additional 2 states in 2015. 329 health facilities were providing quality EmONC services in line with national guidelines. 838 fistula repair surgeries were conducted with 95% success rate across the eight UNFPA-supported states. UNFPA initiated the establishment of Obstetric Fistula Surgeons National Database (focused on patient safety and commits fistula repair surgeons to improving quality of care patients receive)</p> <hr/> <p><b>-State of Palestine-</b></p> <p>The national reproductive health strategy was reviewed and adopted by health decision makers in Gaza Strip as a result of the advocacy and policy dialogue work by UNFPA. Eight primary health care centers and 6 maternities which were affected during the military operation in Gaza were provided with supplies and equipment to ensure quality provision of reproductive health services.</p> <hr/> <p><b>-Philippines-</b></p> <p>With the support of UNFPA, Minimum Initial Service Package (MISP) has been integrated into the 2016 Annual Investment Plans for Health of 11 provincial and municipal local government units.</p> <hr/> <p><b>-Republic of Yemen-</b></p> <p>UNFPA supported operationalization of 24 mobile clinics and teams in conflict-affected and Chapala areas to provide complementary outreach services; UNFPA established and operationalized interagency Reproductive Health working group and well positioned reproductive health within the Yemen Humanitarian Response Plan 2016.</p> <hr/> <p><b>-Senegal-</b></p> <p>Distributed 10,900 female condoms and sensitized 4,850 young people through the “<i>Koumba si</i>” campaign. Successfully deployed “<i>Fagaru Jotna</i>” or “<i>Be Prepared</i>” campaign in Mbour, St Louis, Dakar and Thiès. Directly reached 30,000 young people and distributed 20,000 contraceptives.</p> <hr/> <p><b>-Sierra Leone-</b></p> <p>Trained and deployed 6,000 surveillance and contact tracers in response to the Ebola Virus outbreak. Followed up more than 100,000 contacts. Increased the number of practicing midwives from 95 in 2010 to 399 in 2015. Improved emergency obstetric services by promoting task-shifting, with over 115 nurse anesthetists and 15 anesthetist technicians trained nationally and deployed in all district and tertiary hospitals.</p>
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	<p><b><i>-Somalia-</i></b></p> <p>UNFPA continued to provide technical and financial support towards 12 midwifery schools. Three midwifery schools were opened in Kismayo town, Sool, and Galgadud areas. 103 midwifery students on the direct entry midwifery programme qualified in 2015, with 362 ongoing in class. 16 Nurse-Midwife students qualified in 2015, with 54 ongoing in class. The midwifery curriculum was revised this year to incorporate more substantive topics.</p> <hr/> <p><b><i>-South Sudan-</i></b></p> <p>With the support of UNFPA, midwifery workforce policies were developed based on the International Confederation of Midwives (ICM)-World Health Organization (WHO) standards; With humanitarian support, 30,000 of women and girls benefited from dignity kits and 55,000 pregnant women benefited from Clean Delivery Kits. In addition, GBV multi-sectoral services were in place in all humanitarian settings with the support provided by UNFPA.</p> <hr/> <p><b><i>-Sudan-</i></b></p> <p>First-time users of modern contraceptives increased from 17% in 2014 to 19% in 2015 in the UNFPA focus states; this may be attributed to a) training of 439 service providers on family planning in the UNFPA focus states, and b) supplying commodities to more than 1000 health facilities that are providing family planning services.</p> <p>UNFPA supported reaching more than 64,000 of the most at risk individuals such as men having sex with men (MSM) and female sex workers (FSW) with HIV prevention packages. 7642 of them received HIV testing and counseling, 762,723 condoms were distributed to MSM, and FSWs and 46,568 vulnerable individuals were reached with the prevention package, of which 30,363 received HIV testing and counseling.</p> <hr/> <p><b><i>-Swaziland-</i></b></p> <p>To enhance the preparedness and response ensuring the rights and needs of women and girls, sexual reproductive health, HIV and GBV modules were integrated into the national Multi-hazard Contingency Plan with support of UNFPA.</p> <hr/> <p><b><i>-Thailand-</i></b></p> <p>Reproductive Health Bill (RH Bill) was developed with participation of civil society and other stakeholders. Displaced persons are included in this RH Bill.</p> <hr/> <p><b><i>-Timor-Leste-</i></b></p> <p>The comprehensive sexuality education curricula was developed according to the international standards.</p> <hr/> <p><b><i>-Turkmenistan-</i></b></p> <p>As a result of cooperation with UNICEF and WHO, the National strategy on maternal, newborn, adolescents and child health 2015-2019 was endorsed by the Government.</p> <hr/> <p><b><i>-Kyrgyzstan-</i></b></p> <p>As a result of UNFPA advocacy efforts, the Government made significant commitment to provide subsidies and protection schemes for uninsured pregnant women. By June 2015, all uninsured pregnant women can have access to the Additional Drug Package at the PHC level under the State Guarantee Benefit Package (SGBP). The uninsured pregnant women will be able to purchase medicines in pharmacies at 50-60% discount;</p> <p>Reproductive health law which was supported by UNFPA since 2010 passed the final readings in the Parliament and entered into force after President's approval in July 2015. Revised RH law introduced new terms such as sexual health and rights, sexuality education,</p>
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	<p>informing, etc. The term “informing” was specifically introduced to distinguish it from consultation and provide access to information without age limit.</p> <hr/> <p><b>-Zimbabwe-</b></p> <p>In order to increase the rights of sex workers, UNFPA successfully led the formation of a sex worker association. To increase availability of services to sex workers, UNFPA supported 6 static and 30 mobile sites. During 2015, 11,391 new sex workers accessed these sites and 5,677 sex workers were tested for HIV.</p>
<p><b>Outcome 2: Prioritised adolescent and youth in development policies and programmes</b></p>	<p><b>-Benin-</b></p> <p>UNFPA supported the development of comprehensive sexuality education curriculum.</p> <hr/> <p><b>-Brazil-</b></p> <p>The Secretariat of Strategic Affairs (SAE) and the National Commission on Population and Development (CNPD), partnered with UNFPA on the development of a monitoring system on the national implementation of ICPD.</p> <p>Several policies, programmes and development plans integrated evidences on population dynamics; (1) Pluriannual Plan 2) National Youth and Environment Plan, 3) Youth Statute; 4) Women's health area of the Ministry of Health is using research population related data for planning; 5). Adolescents and youths' health area of the Ministry of Health is using demographic data for planning.)</p> <hr/> <p><b>-Botswana-</b></p> <p>UNFPA supported Ministry of Health to host first-ever Tweet meet (twitter meeting) for young people to engage with the Permanent Secretary in efforts to strengthen the delivery of health services to youth. A total of 102 young people participated in the tweet meet, resulting in 86 500 impressions. This demonstrated to the Ministry the potential of social media in facilitating youth engagement with leadership.</p> <hr/> <p><b>-Chad-</b></p> <p>UNFPA supported the national campaign to end child marriage - “<i>All together, let's put an end to the Marriage of Children</i>”. President signed an order prohibiting the marriage of children under the age of 18. Under the new law, any person, civil, religious or traditional authority forcing a minor to marry faces a five to 10 year prison sentence and a fine of CFA 0.5 to 5.0 million (about 1,000 to 10,000 USD).</p> <hr/> <p><b>-Ghana-</b></p> <p>UNFPA supported National Youth Authority to increase access of sexual health information to out-of-school youth by integrating Comprehensive Sexuality Education into the country's 10 Youth Leadership Training Institutes.</p> <hr/> <p><b>-Kenya-</b></p> <p>With support from UNFPA, the national midwifery strategic plan was developed for Kenya and its first national midwifery association launched. In addition, the following policies and guidelines were developed/revised: with support from UNFPA a) Free Maternity Service Policy; b) National Maternal and Perinatal Death Surveillance and Response guidelines; c) Harmonized national EmONC training for health workers; and d) RMNCAH investment framework which spells out the key priority interventions towards reduction of mortality and morbidity among women, newborns, children and adolescents in Kenya.</p>

	<p><b><i>-Liberia-</i></b> UNFPA supported integrating comprehensive sexuality education into the national educational curriculum for primary and secondary schools; scaled up community based family planning (from 4 to 10 counties) including sites for youth family planning services</p> <hr/> <p><b><i>-Mauritania-</i></b> Technical and financial support from UNFPA has enabled the country to have a National Strategy for Youth and Sports for 2015-2019. This document, which defines the national goals in the field of youth development for the next five years, emphasizes the importance of youth empowerment, access to sexual and reproductive health services for teenagers and youth, and capacity building and participation of youth in national development.  In addition, through the technical and financial support from UNFPA and UNICEF, Mauritania launched the African campaign against child marriage.</p> <hr/> <p><b><i>-Oman-</i></b> UNFPA supported the development of Information, Education and Communication, advocacy strategy and plan of action to promote preconception care and premarital counselling.</p> <hr/> <p><b><i>-Panama-</i></b> The National Plan for the Reduction of Maternal Deaths was completed.</p> <hr/> <p><b><i>-South Africa-</i></b> Draft national adolescents and youth health policy was developed with the technical assistance from UNFPA. Through UNFPA support to the annual "first things first" campaign in institutions of higher learning, 1,921 young people, (students) are provided with comprehensive health services and information on HIV prevention. 305 were counselled and tested for HIV, 84 screened for Tuberculosis, 25 young females accepted contraceptive methods and 26 were screened for cervical cancer and eight (8) young males were referred for Medical Male Circumcision. UNFPA continued to engage young people through the established Youth Advisory Panel (YAP) as well as enhance their capacity to advocate and lobby for programmes that address the needs of young people</p> <hr/> <p><b><i>-Kyrgyzstan-</i></b> Adolescent and youth issues were prioritized during 2014 and 2015. One of the major strategic documents, the "Health 2020", which was approved by the government in 2015, integrated adolescents health issues, particularly provision of Sexual and reproductive health information and services for adolescents. The document formulates country priorities on health for the period of 2016-2020, and unites efforts coming from key stakeholders, including international development partners.</p>
<p><b>Outcome 3: Gender equality and women empowerment</b></p>	<p><b><i>-Central African Republic-</i></b> The Gender-Based Violence Information Management System expanded to cover 67% of Central African Republic territory, in partnership with UN agencies and NGOs. Registered more than 60,000 survivors of GBV, who received psychosocial and/or medical care. Mobilized support against GBV from government and civil society.</p> <hr/> <p><b><i>-Congo, Democratic Republic of the-</i></b> Victims of sexual violence received care: 8,000 got psychosocial care and 10,000 medical care.</p>

	<p><b>-Ethiopia-</b></p> <p>More than 60 theological colleges, clergy centers and bible schools have incorporated issues of harmful practices, including female genital mutilation in their curriculum.</p> <hr/> <p><b>-Gambia-</b></p> <p>Extended advocacy and sensitization against Female Genital Mutilation led to 109 communities publicly declaring the end of this practice and legislation banning it was enacted.</p> <hr/> <p><b>-Ghana-</b></p> <p>Supported revision and launching of National Gender Policy by government.</p> <hr/> <p><b>-Haiti-</b></p> <p>In Haiti, new Gender Equality Policy (2014–2034) and corresponding, six-year Action Plan has been developed with the support from UNFPA.</p> <hr/> <p><b>-Iraq-</b></p> <p>UNFPA supported 54 women centers, including 13 that are located South and Central Iraq, to provide psychosocial support to women survivors of GBV including referrals. These centres in turn provided psycho-social and referral services to 150,154 women and girls in 2015.</p> <p>UNFPA also supported to launch the Gender-based Violence Information Management System (GBVIMS) in Iraq to help in improving capacity on ethical collection of GBV survivor data. Capacity of nine data gathering organizations (DGOs) was strengthened on GBVIMS and since the launch 1,639 GBV survivors throughout Iraq have been documented in the system. The GBVIMS has greatly improved GBV survivor data collection and guided program planning and evidence based advocacy.</p> <p>UNFPA supported establishment of dedicated centre for provision of specialized services to the Yazidi survivors of Sexual Violence in Conflict (SVC). Since April 2015, over 700 SVC cases have been provided with mental health psycho social support and other required medical services including referrals.</p> <hr/> <p><b>-Kenya-</b></p> <p>With the contributions from UNFPA, Kenya has made progress in accelerating abandonment of Female Genital Mutilation (FGM). National prevalence rate of FGM decreased from 27% in 2008/9 (KDHS 2008/9) to 21% (KDHS 2014). With UNFPA advocacy efforts, which contributed to high level engagement by senior government officials including the President and the First Lady led to increased resource allocation to the Anti-FGM Board from Ksh.42 million in 2014/15 to Ksh.90 million in 2015/16.</p> <hr/> <p><b>-Lesotho-</b></p> <p>UNFPA supported the review of Gender and Development Policy. UNFPA also supported the implementation of the 2006 Legal Capacity of Married Persons Act by developing the national implementation plan.</p> <hr/> <p><b>-Mongolia-</b></p> <p>Crime Law and the Law on Misconduct (Violation), were approved by the Parliament. The Crime Law criminalizes domestic violence and The Law on Misconduct formalizes the responsibility of civil servants to report domestic violence in certain instances; The '<i>Safe school</i>' initiative to create a GBV prevention mechanism in educational settings was being piloted in 4 selected schools in provinces and total of 3,800 students at the pilot schools have been reached with information. With the support of UNFPA, life skills education has</p>
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	<p>been institutionalized at secondary education level for grades 1 through 9 in all general education schools starting 2015 academic year. Life skills education has also been institutionalized at the pre-service level teacher training at the Mongolian State University of Education which has the optional subject "Health and Life Skills Education" providing 1 credit for all 3,000 students in all majors throughout the university in their second year of studies.</p>
	<p><b><i>-Nepal-</i></b></p> <p>Clinical Protocol on GBV has been endorsed and disseminated. Based on the protocol competency based training package is being developed under the leadership of the National Health Training Centre, Ministry of Health and Population.</p> <p>Fourteen Female Friendly Spaces (FFS)<sup>4</sup> were established reaching to more than 90,000 women and adolescent girls in 14 earthquake affected districts. 14 FFS and outreach provided psychosocial support and counselling services to 13,345 women and girls; dignity Kits provided to more than 5,000, raised awareness of more than 76,158, managed 186 cases, recreational services provided to 5,597, provided shelter to 232, and other general services to 2,857 earthquake affected adolescent girls and women. In addition, 427 GBV cases were referred for various multi-sectoral services from 14 earthquake affected districts. Dignity Kits were distributed to 53,000 female vulnerable groups in 14 districts through FFS, 53 Post rape treatment kits were also provided to RH camps and in OCMCs.</p>
	<p><b><i>-State of Palestine-</i></b></p> <p>As part of UNFPA support to prevention of and protection against GBV in 2015, GBV services were integrated in the national health system. 800 health providers were trained and gained new knowledge and skills on detection, treatment and referral of GBV cases and were able to deal with GBV cases in primary health care centers and emergency rooms in hospitals. As a result, more than 2,000 cases were detected and reported by the Ministry of Health in West Bank and NGOs in Gaza. 2,200 vulnerable women and young girls benefited from distribution of hygiene kits for protection and dignity.</p>
	<p><b><i>-Syrian Arab Republic-</i></b></p> <p>UNFPA has been leading the GBV sub-sector since September 2014. The group (cluster) contributed to preparation of Syrian Humanitarian Overview for 2016 and the Humanitarian Response Plan for 2016.</p>
	<p><b><i>-Panama-</i></b></p> <p>An Executive Decree # 462, approved the 12th of August 2015, orders the Regulation of Law 82 of October 24th of 2013 by an Interagency Commission and adopts preventive measures against gender-based violence. There is also a reform of the Penal Code to establish criminal sanctions and typify femicide and violence against women.</p>
	<p><b><i>-Somalia-</i></b></p> <p>Three family centers in Mogadishu and 11 GBV one-stop centers were supported by UNFPA to provide multi-sectoral services for GBV survivors, including medical, psychosocial and legal. 3,000 survivors accessed the services and material assistance, including medical, psychosocial, legal, dignity kits and solar lamps. Two safe homes for</p>

<sup>4</sup> Female-friendly spaces supported by UNFPA through generous contributions of development partners, including the UK Department for International Development (DFID), in the hardest hit districts after the Nepal earthquake. These safe spaces for women and girls are essential in emergency settings as they respond to an increase of gender-based violence incidents after a disaster has struck.

	<p>GBV survivors were established and issues of GBV including female genital mutilation (FGM) integrated to the midwifery curriculum.</p> <hr/> <p><b>-Sudan-</b></p> <p>UNFPA supported amendment of two articles in the criminal law; article 149 – on rape and article 151 - on sexual harassment; this implied involvement of law enforcement personnel, parliamentarians, judiciary power and policy makers through advocacy and capacity building.</p> <hr/> <p><b>-Turkey-</b></p> <p>Women Friendly Cities Programme Phase 2 was implemented in 12 provinces with the support of UNFPA. This has been implemented in collaboration with United Nations Development Programme and Ministry of Interior. In six provinces the Equality Units enacted by-laws to regulate and sustain the institutional structures (by their own will). Local Equality Action Plans were developed, approved and being implemented in 12 cities.</p> <hr/> <p><b>-Turkmenistan-</b></p> <p>first ever National Action Plan on Gender Equality for the period of 2015-2020 was approved at the highest leadership level demonstrating a strong national political will and commitment in ensuring gender equality, women empowerment, and GBV prevention, protection and response.</p> <hr/> <p><b>-Zimbabwe-</b></p> <p>UNFPA strengthened the capacity of the Government and NGOs to provide services to survivors of gender-based violence. As a result, 2,107 survivors accessed shelters during 2015 while 7,169 survivors were benefited legal support.</p>
<p><b>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis</b></p>	<p><b>-Bangladesh-</b></p> <p>With the support of UNFPA, Bangladesh Bureau of Statistics with technical assistance from the Institute of Statistical Research and Training of Dhaka University conducted a population projection estimates for rural, urban and for 64 districts of 2011-2061.</p> <hr/> <p><b>-Costa Rica-</b></p> <p>The National Survey of Sexual and Reproductive Health was conducted in 2015 with the support of UNFPA. This will be helping to monitor the public policies, in particular the National Policy on Sexuality.</p> <hr/> <p><b>-Georgia-</b></p> <p>UNFPA supported Georgian government to develop a road map for mainstreaming Ageing in Georgia. A multi-sectoral working group on ageing was formed in 2015 to develop a National Action Plan on aging to integrate aging issues in policies and programmes.</p> <hr/> <p><b>-Lebanon-</b></p> <p>Technical support, guidance and advice provided by UNFPA led to finalization, institutionalization and dissemination of the first national report on the monitoring of the National Women Strategy in Lebanon.</p> <hr/> <p><b>-Maldives-</b></p> <p>Information cards, known as ‘<i>Know Your Island</i>’ cards, have been developed by the UNFPA Maldives as a creative way of illustrating census data of the local communities living on each of the country's 188 inhabited islands. Information from the cards will help empower</p>



	<p>decision makers to better plan development interventions aimed at combating climate change.</p> <hr/> <p><b><i>-Nepal-</i></b></p> <p>Through UNFPA's support, Government of Nepal formulated and endorsed a right-based and inclusive National Population Policy. Using this new policy document, UNFPA advocated with the Parliamentarians that led to the inclusion of safe motherhood and reproductive health rights, as fundamental women's right, and population management in the newly promulgated Constitution of Nepal. With UNFPA's support, four districts formulated and endorsed 5-year district periodic development plan incorporating key socio-demographic indicators including population, reproductive health and gender equality.</p> <hr/> <p><b><i>-Papua New Guinea-</i></b></p> <p>The National Population Policy 2015-2024 officially launched by the Government in 2015.</p> <hr/> <p><b><i>-Solomon Islands-</i></b></p> <p>National population policy formulated with the support of UNFPA.</p> <hr/> <p><b><i>-Tunisia-</i></b></p> <p>UNFPA supported the development of the demographic trends 2014-2044. This analysis is used to design the national development plan 2016-2020.</p> <hr/> <p><b><i>-Kosovo-</i></b></p> <p>Through UNFPA support, the first Population Situation Analysis for Kosovo was finalized in 2015.</p> <hr/> <p><b><i>-Sierra Leone-</i></b></p> <p>Supported Sierra Leone Population and Housing Census after the Ebola outbreak; it had been postponed twice in 2014.</p>
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