

Towards poverty eradication

Working in partnership to improve
sexual and reproductive health and rights



Shared vision

UNFPA, the United Nations Population Fund and IPPF, the International Planned Parenthood Federation share a vision – to improve the sexual and reproductive health and rights of women, men and young people around the world. UNFPA directly supports governments while IPPF provides comprehensive services at the community level and holds a strong civil society presence.

The different approaches of the two organizations complement each other and harmonize to ensure that all people everywhere, especially poor and socially excluded groups, can access sexual and reproductive health services to realize their human rights and improve their health and well-being. In many countries around the world, UNFPA and IPPF Member Associations work in partnership to bring the services and information to the people who need them.

The European Union (EU) is committed to the implementation of the Programme of Action that was adopted at the International Conference on Population and Development (ICPD) in 1994. This commitment has been reaffirmed in the *European Consensus on Development*, adopted in 2005, which

states the EU's commitment to the ICPD Programme of Action in the context of poverty eradication and human development.

The member states of the African, Caribbean and Pacific (ACP) Group of States are also committed to the ICPD Programme of Action. The *EU-ACP Cotonou Agreement*, which provides the basis for the European Development Fund, commits to "integrating population issues into development strategies in order to improve reproductive health, primary health care, family planning; the prevention of female genital mutilation; and promote the fight against HIV/AIDS." In addition, the *Joint Africa-EU Strategy*, adopted in December 2007, spells out the EU's and African countries' commitment to support the ICPD agenda.

In 2002, at a time when a change in political leadership led to the loss of funding from a major non-European donor for both IPPF and UNFPA, the European Commission (EC) and the ACP Group of States put their commitment into action and agreed to fund a joint UNFPA-IPPF programme of sexual and reproductive health services in ACP countries. The purpose of the grant was to consolidate and expand sexual and reproductive health services in 22 countries. A total of €30 million from the 8th European Development Fund was awarded, with €10 million going to IPPF and €20 million to UNFPA. The programme ran from January 2003 until October 2008.¹

The IPPF component of the programme supported projects in 13 ACP countries which are among the poorest in their respective regions: the Republic of Congo (Congo Brazzaville), the Dominican Republic, the Gambia, Haiti, Lesotho, Madagascar, Mauritania, Nigeria, Rwanda, Sierra Leone, Sudan, Tuvalu and Zambia. These countries all fit into a similar demographic profile characterized by a

young population, high fertility and high maternal mortality rates.

The UNFPA component of the programme supported 10 countries that face important challenges in the areas of maternal mortality, adolescent and youth health, and the prevention of HIV/AIDS and other sexually transmitted infections: Burkina Faso, Equatorial Guinea, Ethiopia, Ghana, Guinea-Bissau, Jamaica, Niger, Rwanda, Suriname and Tanzania. Projects were designed from the outset to be integrated into public health systems and to be aligned with national priorities and country contexts.

This publication is designed to give a comprehensive overview of the programme activities and outcomes in each of the 23 project locations. The 23 country sheets highlight key statistics, achievements and lessons learned from each project. This overview leaflet explains in more detail the overall objectives and results from both the IPPF and UNFPA components of the programme.

1 The project was initially for a period of 42 months but was extended in 2006 following the recommendations of a mid-term review of the programme.

Working in partnership

IPPF, the International Planned Parenthood Federation

The International Planned Parenthood Federation is the world's largest provider and advocate for sexual and reproductive health services. IPPF has 148 Member Associations working in 159 countries worldwide. Approximately 36 million client visits a year are made to over 58,000 IPPF service delivery facilities around the world.

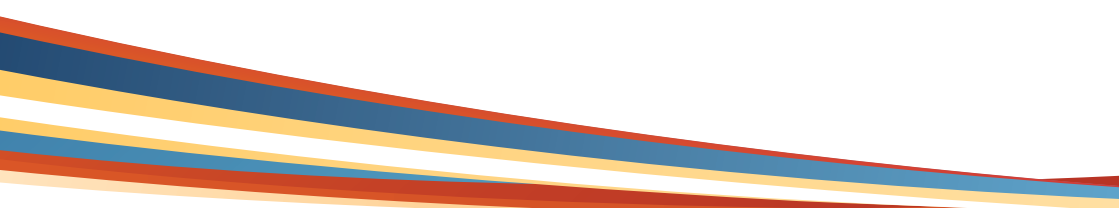
IPPF is a worldwide network of national organizations that are run by and for local people who understand the needs of their fellow citizens and families.

IPPF has a unified Secretariat, which consists of the Central Office in London and six Regional Offices based in Brussels, Kuala Lumpur, Nairobi, New Delhi, New York and Tunis. IPPF's unique structure is recognized internationally for its ability to ensure accountability, to demonstrate achievements, build capacity and to maintain a good quality of care across the network.

All IPPF Member Associations are united by core values, shared principles and policies, and a strong sense of solidarity. They work within their national contexts to realize sexual and reproductive health and rights. This is achieved through a combination of providing information and services alongside targeted advocacy.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. IPPF works to safeguard these important choices and rights for current and future generations.

IPPF – From choice, a world of possibilities.



UNFPA, the United Nations Population Fund

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNFPA, which became operational in 1969, is the world's largest multilateral source of funding for population and reproductive health programmes. The Fund works with governments, at their request, through its network of country and regional offices, and aims to build national capacity. UNFPA multiplies its effectiveness by working in close coordination with other United Nations agencies and through partnerships with non-governmental organizations,

faith-based groups, foundations, donors and the private sector.

In 2008, UNFPA worked in 158 countries, areas and territories through its headquarters in New York and five regional, six sub-regional and 115 field offices worldwide. UNFPA also has liaison offices in Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. UNFPA has decentralized its programmes to bring staff closer to clients. As a result, about three-quarters of UNFPA's 1,119 staff members work in regional, sub-regional or country offices.

UNFPA promotes the right of all individuals to develop to their fullest potential. To exercise this right, all people, but especially women, need access to reproductive health information and services, including family planning and sexual health, to enable them to make informed and voluntary choices and decisions.

UNFPA – because everyone counts.

Commitments into action

IPPF key achievements

The programme focused on three main strategic areas to improve sexual and reproductive health in the project locations. Firstly, to increase geographical coverage with regard to sexual and reproductive health through the upgrading of existing structures and the establishment of mobile teams and community-based programmes. This enabled a better distribution of facilities according to population needs and allowed remote and hard-to-reach groups to be reached.

Secondly, to increase access to information and awareness of sexual and reproductive health issues, including HIV/AIDS prevention, among the target population especially young people. All projects had a strong component of information and awareness raising as part of a targeted effort to bring about behaviour change and increase service uptake.

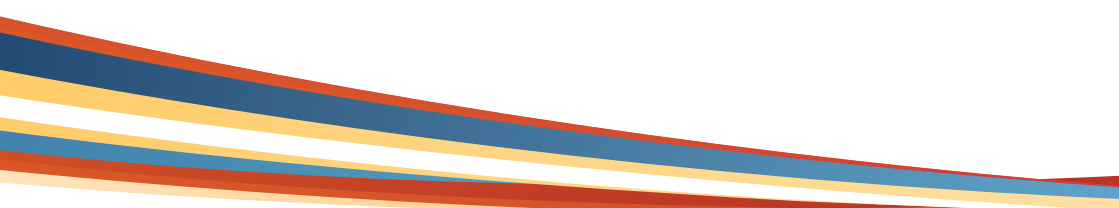
Finally, the project sought to increase national capacities, including the improvement of technical and managerial skills of the personnel involved in the programme, as well as the organization

and functioning of Member Association management systems. Campaigns, dissemination of focused information, education and communication materials, debates and rallies drew the attention of policy makers and led to their public support of sexual and reproductive health and rights. This helped to mobilize public opinion and inform people of the services made available through the projects.

QUANTITATIVE

Through clinics, youth centres and community networks built up with EC/ACP support, IPPF Member Associations were able to:

- provide 178,335 service users with modern family planning methods for the first time
- provide 1,454,298 non-family planning sexual and reproductive health services
- distribute 5,735,995 condoms
- provide 190,333 couple years of protection to service users



Targeted information and awareness campaigns were conducted in all 13 countries and Member Associations were able to:

- reach 1,661,364 people with sexual and reproductive health information
- produce and distribute 558,870 information, education and communication resources

The technical and management capacity of the 13 Member Associations was strengthened through:

- training 3,416 community workers and peer educators to work in their communities, distributing condoms, raising awareness and referring clients to static clinics for services
- specialized training of 746 health care providers to carry out sexual and reproductive health-related services

QUALITATIVE

Key achievements include the following:

- ▶ access to services for disadvantaged and marginalized groups has been widened
- ▶ community participation has been at the centre of country projects
- ▶ partnerships between IPPF Member Associations, governments and stakeholders have been strengthened

UNFPA key achievements

The programme's key focus was on three fundamental health challenges: maternal mortality and morbidity, adolescents and youth sexual and reproductive health, and sexually transmitted infections, HIV and AIDS. Its principal strategy centred on the development of sustainable national capacities to operationalize reproductive health and rights, especially at decentralized and local levels, including community mobilization and public sector partnerships with civil society and the private sector.

The programme supported the provision of training, technical assistance, community mobilization, procurement of medical and non-medical equipment, supplies and contraceptives, materials development, participation and social mobilization, and related activities. It achieved this through initiatives aimed at strengthening country health care systems for better service delivery – renovating/building health facilities infrastructure, and improving the capacity of managers, health service providers and communities to become more proficient at developing and implementing activities to reduce maternal mortality and to combat

sexually transmitted infections and HIV and in integrating reproductive health training modules into the curricula of health training institutions.

QUANTITATIVE

The programme contributed to improvements in national capacity and the policy/legal environment in the area of sexual and reproductive health through:

- development of 29 sexual and reproductive health clinical protocols, norms and guidelines
- institutionalization of 27 sexual and reproductive health training modules/curricula
- 48 sexual and reproductive health operational research and other studies
- support for the development/adoption of 30 national laws, strategic policy documents and plans of action

Increased access to sexual and reproductive health services was achieved through:

- 1,805 existing health facilities
- 516 additional health facilities
- 8,735 newly-trained health care providers

Increased awareness of sexual and reproductive health issues was achieved by:

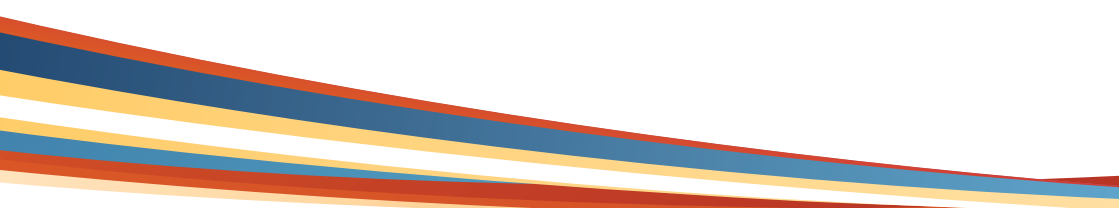
- training 21,582 non-medical personnel on sexual and reproductive health
- reaching out to more than two million young people with sexual and reproductive health information

QUALITATIVE

Key achievements include the following:

- ▶ broader access to quality sexual and reproductive health information and services, particularly for young people
- ▶ promoting an enabling environment for improved sexual and reproductive health-seeking behaviour

Overall, the programme contributed to increased sexual and reproductive health service utilization and improvements in key reproductive health indicators, including skilled attendance at birth, better antenatal and post-natal coverage, fewer teenage pregnancies, higher contraceptive prevalence rates and increased access to caesarean sections.



Measuring success

The overall results of this joint effort can be assessed now, at the end of the programme. However, the full extent of the contribution and the positive changes brought about by this programme will become fully visible over the longer term. It has been of great importance to ensure the sustainability of the programme. Equally important for longer-term change is the advocacy for sexual and reproductive health. In order to inform and strengthen future efforts by the partners in this programme – ACP, EU, IPPF and UNFPA – it is also essential to look at the lessons learned. Here we highlight some of the experiences of both implementing organizations.

International Planned Parenthood Federation

SUSTAINABILITY

Twelve of the 13 projects under the IPPF component of the programme have continued to operate and some of the projects have been expanded, replicated or integrated into government services.

IPPF Member Associations are well-established, long-standing institutions in their respective countries. The equipment procured and the training provided from programme funds will continue to increase the quality of sexual and

reproductive health services in many health institutions for years to come.

All the projects worked in close collaboration with local communities creating a sense of ownership and involvement in the projects and further ensuring their sustainability.

ADVOCACY

IPPF advocates for political and financial support to achieve sexual and reproductive health and rights for all by 2015. Without this, we believe that the Millennium Development Goals will not be realized. Although advocacy was not a direct component of this programme, many IPPF Member Associations carry out advocacy activities with their national governments and key stakeholders to strengthen recognition of the importance of sexual and reproductive health and rights.

CONCLUSIONS AND LESSONS LEARNED

► Significant achievements have been seen in all three strategic focus areas. Over the course of the project, IPPF successfully increased geographical coverage for sexual and reproductive health, increased access to education and raised awareness about sexual and reproductive health and rights, and

- increased the capacities of Member Associations and clinics at the local level.
- ▶ The projects were able to establish strong roots in the communities that they served through the involvement of community members in the governance and decision making processes. This resulted in strong local ownership, increasing motivation to keep services operational and improving the sustainability of the projects.
 - ▶ Young people under the age of 25 make up more than half the population of developing countries. Ensuring their sexual and reproductive health and rights are met is essential if the Millennium Development Goals are to be fulfilled, in particular, those relating to maternal health, HIV and AIDS, child mortality, gender equity and the empowerment of women. IPPF has risen to this challenge and will continue to implement effective and innovative programmes to reach young people.
 - ▶ As service providers with an extensive geographical reach and high profile national presence, IPPF Member Associations are in a unique position to advocate for sexual and reproductive health and rights in their respective countries. This role will be developed and strengthened so that they can lead national movements to advocate for sexual and reproductive health and rights as an effective intervention for reducing poverty and fulfilling the Millennium Development Goals.

United Nations Population Fund SUSTAINABILITY

Country projects were designed from the start to be completely integrated into both national strategies and ongoing UNFPA Country Programmes. This process of embedding in existing government frameworks and structures has been a critical factor underpinning the sustainability of the initiatives. A favourable environment was created for future sexual and reproductive health interventions by strengthening the policy and legal framework and institutional environment.

A fundamental strategy employed across countries has been the support of the integration of sexual and reproductive health services (including emergency obstetric care) into the minimum health care package at all levels of the national health care system, and into training curricula of medical and public health teaching institutes.

Strongly rooting the management, planning and implementation of reproductive health service provision in the communities has been another key dimension in helping to ensure that the momentum generated from project interventions is kept going once project funding ended. There are many instances of community ownership and involvement across the 10 countries and community mobilization was indeed a central programme strategy in most countries.

ADVOCACY

In each of the programme countries, substantial efforts were placed on communicating the importance of sexual and reproductive health in the context of poverty reduction and the achievement of the Millennium Development Goals. UNFPA and its partners engaged in an array of advocacy and awareness raising activities, including at the level of decision makers, through mass media campaigns, local media and specific targeted activities. These activities have created a favourable environment for policy changes, and have also led to positive change that could be observed with regard to sexual and reproductive health-related behaviour and awareness. The various operational research studies and analyses that were conducted in the context of this programme also played an important role, not only in improving evidence-based programming, but also in underpinning the advocacy arguments.

CONCLUSIONS AND LESSONS LEARNED

- ▶ The programme accomplished important ground-work by strengthening the policy, legal framework and institutional environment in order to facilitate current and future interventions in the area of sexual and reproductive health through a more enabling environment – this is an area where UNFPA has particular strength.
- ▶ It has also contributed to substantial improvements in the trends of key reproductive health indicators in the participating countries (for example in skilled birth attendance, utilization of antenatal care services and use of contraceptives).
- ▶ At the level of service provision, the programme made a demonstrable contribution to the development of key clinical and operating protocols, norms standards, and reference manuals and guidelines in a host of settings and of particular relevance to improving quality of care.
- ▶ Through an extensive body of information and evidence gathered through a spectrum of operational research studies and analyses, the project has helped generate additional understanding on key underlying reproductive health topics at the country level (including basic reproductive health needs among different population segments, the effectiveness of different tools and programme approaches, capacity assessments and many others).
- ▶ As evidenced also by the programme, developing and implementing appropriately tailored sexual and reproductive health human resources strategies are key to access to quality sexual and reproductive health services.
- ▶ Given the widely acknowledged weaknesses in monitoring and evaluation of many countries' national health information systems, UNFPA could play a critical role in providing guidance to set up appropriate indicators for monitoring sector support and general budget support for sexual and reproductive health.

IPPF
4 Newhams Row
London SE1 3UZ
United Kingdom
Tel: +44 20 7939 8200
Fax: +44 20 7939 8300
Email: info@ippf.org
www.ippf.org
UK Registered Charity
No. 229476

UNFPA
220 East 42nd Street
New York
New York 10017
USA
Tel: +1 212 297 5000
Fax: +1 212 370 0201
Email: hq@unfpa.org
www.unfpa.org

UNFPA EUROPE
14 Rue Montoyer
3rd Floor
B-1000 Brussels
Belgium
Tel: +32 2 550 1830
Fax: +32 2 550 1833
Email: unfpa-brussels@unfpa.org
europe.unfpa.org

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