Executive Board of UNDP/UNFPA/UNOPS
Item 5: UNFPA Country Programmes & Related Matters

STATEMENT

Dr. Natalia Kanem
Deputy Executive Director (Programme)

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United Nations Population Fund
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Mr. President, Excellencies, Distinguished Members of the Executive Board, Ladies and Gentlemen,

I am pleased to present the statement on the UNFPA Country Programme Documents submitted for approval at this second regular session of the Executive Board. The 21 CPDs will be the largest cohort to be presented in one session and the presentations will be both strategic and succinct.

The Country Programmes were developed in partnership with the Governments based on national development priorities, and will start implementation in 2017. The combined resources total $404 million dollars, of which $167 million are regular core resources.

The CPDs, by regions, are from:

- **Arab States (3)**: Algeria, Lebanon and Morocco;
- **Eastern Europe and Central Asia (1)**: Albania;
- **Asia-Pacific (7)**: Bangladesh, Islamic Republic of Iran, Lao People’s Democratic Republic, Mongolia, Democratic People’s Republic of Korea, Thailand and Vietnam;
- **Latin America and the Caribbean (4)**: Brazil, Honduras, Peru and the sub-regional programme for the English- and Dutch-speaking Caribbean covering 22 countries and territories;
- **Western and Central Africa (4)**: Cote d’Ivoire, Gambia, Chad and Sao Tome and Principe; and,
- **Eastern and Southern Africa (2)**: Eritrea and Mozambique.

UNFPA is also presenting 9 Country Programme extensions for your consideration: Burkina Faso, Burundi, Cape Verde, Central African Republic, Gabon, Malawi, Mauritania, Senegal, and Sudan.

Mr. President, Distinguished Members of the Board,

The Country Programmes were developed through a transparent and participatory process with the full engagement of Governments, United Nations Country Teams and key stakeholders. They respond to national priorities, have been guided by in-country UN Development Assistance Framework (UNDAF) processes, were vetted for quality assurance by the UNFPA Programme Review Committee and reviewed and endorsed by UNFPA Senior Management. Furthermore, and most critically, the Country Programmes are grounded in and aligned with the Sustainable Development Goals and will therefore directly contribute to achieving the 2030 Development Agenda. Specifically, SDGs 3, 4, 5, 10, 16 and 17. I take this opportunity to thank Member States that have provided inputs on the draft documents.

The CPDs are also consistent with the UNFPA Strategic Plan 2014-2017; are further informed by the evaluations, lessons and recommendations of the previous programming cycle; and each is accompanied by a costed Evaluation Plan.
Based on the UNFPA business model where modes of engagement are based on local conditions, 10 CPDs will be implemented in Pink quadrant countries – focusing primarily on advocacy and policy dialogue; 4 in the Yellow and Orange quadrants – prioritizing knowledge management and capacity development combined with advocacy and policy dialogue; and, 6 in Red quadrant countries – concentrating on a range of interventions to ensure sustainable results such as enhancing maternal health through family planning; empowering women and girls; and advancing youth empowerment and development.

As colleagues will present the details of our engagement in the regions and the expected results from implementation of the new Country Programmes, allow me, then, to highlight select results illustrative of UNFPA’s work and contributions in these countries. Specifically,

UNFPA significantly contributed to reducing maternal mortality:
- In Chad, UNFPA’s work increased the number of deliveries attended by skilled birth personnel from 17.5 per cent in 2010 to 36 per cent in 2015; and in Sao Tome and Principe, similar achievements resulted in an increase from 81.7 per cent in 2012 to 92.5 per cent in 2014. While in Mozambique the number of institutional births increased to 74 per cent in 2015 from 63 per cent in 2011.
- And, in Lebanon, UNFPA support to institutionalize a hospital-based maternal mortality audit system which empowered local authorities to understand and improve maternal health.

UNFPA’s work contributed in advancing policy and advocacy dialogue:
- In Barbados, Belize, Guyana, Trinidad & Tobago and Peru, these include the adoption of strategic frameworks to reduce adolescent pregnancy and HIV prevention; establishment of protocols on sexual violence and adolescent sexual and reproductive health; the development of a multi-sectoral plan for the Prevention of Adolescent Pregnancy and a Master Plan for Health Commodities; and, a National Plan of Action for Children and Adolescents passed into law and allotted the required public resources to enable the protection, growth and development of children and adolescents.
- In Thailand, the Adolescent Pregnancy Prevention and Alleviation Bill was enacted and the first National Condom Policy introduced.

Results from UNFPA’s work in adolescents and youth development and empowerment include:
- In Cote d’Ivoire, the establishment of integrated reproductive health services in 97 per cent of national-level school health centres, and an increase in the number of young people receiving contraceptive methods from 266 in 2012 to almost 82,000 in 2014.
- And, in Sao Tome and Principe, the reduction in the HIV prevalence among youth from 0.6 per cent in 2009 to 0.1 per cent in 2014.

Mr. President, Distinguished Members of the Board,

UNFPA also championed the integrated approach to SRH services, as a result:
- In Cote d’Ivoire, the contraceptive prevalence increased by 25 per cent; and in Chad, increased from 0.6 per cent in 2010 to 5.3 per cent in 2015.
• And, in Algeria, access to reproductive health commodities for women and youth was improved informed by expanded family planning method mix, comprehensive assessment of reproductive health commodity services systems, and capacity building including for the conduct of maternal death review and audits.

In advancing gender equality and women’s empowerment, UNFPA’s advocacy and leadership demonstrated the importance of legislation as a reform strategy in ending harmful traditional practices when in Gambia, the National Assembly passed the 2015 Women’s Amendment Act prohibiting female genital mutilation; in Eritrea 26 villages pledged to abandon female genital mutilation – an increase from 4 and exceeding the targeted 10 – with the passing of the anti FGM law; and in Chad, where Members of Parliament approved a law which ratified the presidential decree banning child marriage and setting the minimum age of marriage at 18 years.

In supporting population dynamics, Sao Tome and Principe developed its first demographic dividend profile; Algeria commenced preparatory work for the 2018 census; the Bangladesh Bureau of Statistics established a portal which allowed researchers, and the public, to have access to census data for the first time; and, in the Democratic People’s Republic of Korea an undergraduate course in demography was established.

Mr. President, Distinguished Members of the Board,

I presented to you select examples of results which highlight UNFPA’s mandate aligned to national development goals and priorities and also demonstrate of the SDGs in action. UNFPA stands ready to continue its support and to work with governments and as such, we look forward to results from the next five years of partnership in the implementation of these Country Programmes.

The results achieved and those expected are possible only through your continuous support to the UNFPA mandate and our partnership in programming. For this – Mr. President, Distinguished Members of the Executive Board – we say thank you.