

1. Facts and figures

Type of organisation: Fund financed through voluntary contributions

Established in: 1967

Headquarters: New York

Number of country offices: 112

Head of organisation: UN Under-Secretary-General and Executive Director Babatunde Osotimehin (Nigeria)

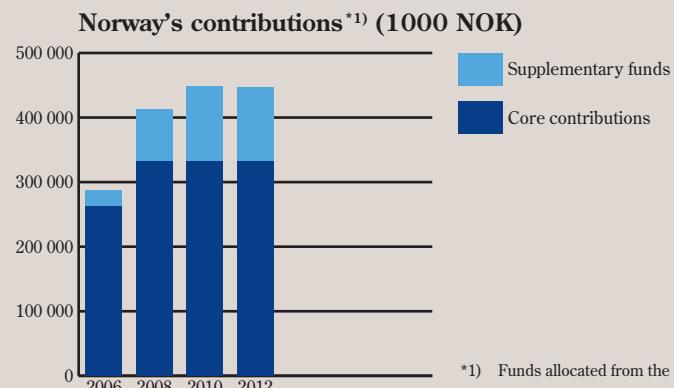
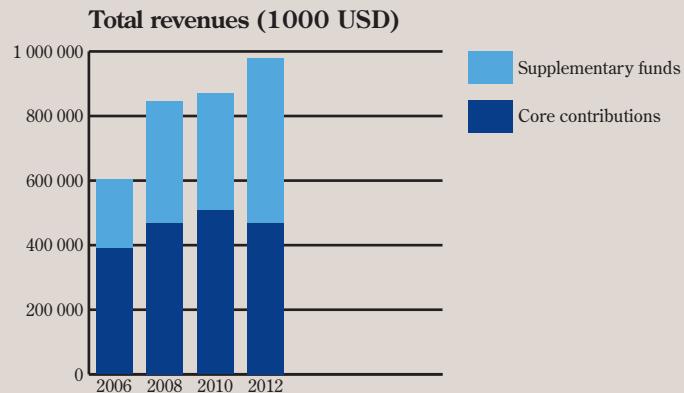
Dates of Board meetings in 2013:
28 January – 1 February, 3–14 June, 9–13 September

Norway's representation on Board:
Executive Board member 2012–13, in 2013 also member of the Board's Working Committee

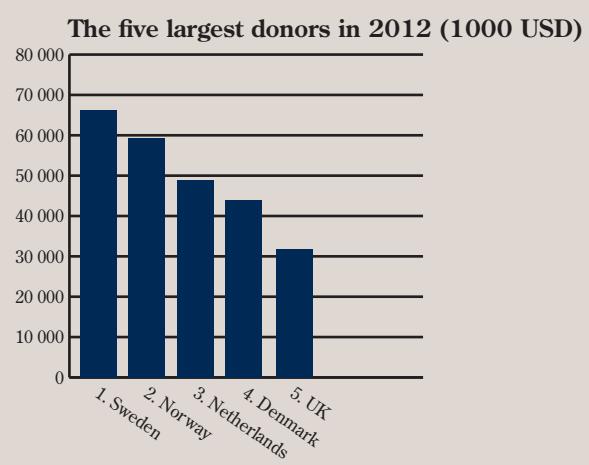
Number of Norwegian staff: 2

Competent ministry: Norwegian Ministry of Foreign Affairs

Website: www.unfpa.org



*1) Funds allocated from the MFA's budget



Mandate and areas of activity

The mandate of the United Nations Population Fund (UNFPA) is to promote reproductive health and gender equality, and support the development of population programmes to reduce poverty. After the 1994 International Conference on Population and Development (ICPD) in Cairo, UNFPA was assigned a leading role in assisting member states to implement the adopted programme of action. The sexual health and reproductive rights of individuals constitute the core of UNFPA's mandate.

UNFPA's Strategic Plan for 2014 – 2017 has four main outcomes:

- Universal availability and use of integrated sexual and reproductive health services that are gender-responsive and meet human rights standards
- Increased prioritisation of adolescents, especially young girls, in national development policies and programmes, with emphasis on increased availability of sexuality education and sexual and reproductive health services
- Advanced gender equality, women's and girls' empowerment, and realisation of reproductive rights
- Strengthened national policies and international development agendas through integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Results achieved in 2012

In the last couple of years, UNFPA has been an important global advocate of and alliance-builder for efforts to reach agreement on sexual and reproductive health and rights (SRHR) in relation to the International Conference on Population and Development (ICPD) agenda and the post-2015 discussion. UNFPA has also played an important role in connection with Family Planning 2020 and the UN Commission on Life-Saving Commodities for Women and Children. The Human Rights Council's resolution on Maternal Health as a Human Right and the UN resolution on intensifying efforts for the elimination of female genital mutilation are both important results of UNFPA's global advocacy in 2012.

As part of the process of extending the Cairo programme of action beyond 2014, a global survey was conducted in 2012 to map the implementation of the plan. The responses of the 174 countries that replied to the survey will inform recommendations for further efforts that will be presented at a special session of the UN General Assembly in 2014.

The annual report is based on main goals (development goals) and subsidiary goals (UNFPA's efforts) and associated indicators that are defined in UNFPA's Strategic Plan, 2008 – 2013. The report shows that UNFPA followed its own plans, but often had high expectations with regard to global changes.

In 2012, UNFPA contributed to the implementation of broader midwifery programmes in 39 per cent of the 128 countries in which the Fund works to reduce maternal mortality, compared with 32 per cent in 2011. A total of 65 per cent of the women in these countries had access to skilled health personnel during childbirth in 2012, a slight improvement on 63 per cent in 2011. UNFPA also contributed to the increase in access to emergency obstetric care from 24 per cent to 32 per cent in the same period.

UNFPA's Global Programme on Reproductive Health Commodity Security assists countries to improve their national distribution systems by building capacity and developing strategies and action plans. The percentage of countries with facilities that offer modern contraceptives rose from 37 per cent in 2010 to 44 per cent in 2012. UNFPA also helped to promote HIV and AIDS prevention among women, young people and particularly vulnerable groups through information programmes and provision of treatment for HIV-positive pregnant women. However, studies show that close to 50 per cent of the population in severely affected countries has little knowledge of HIV and similar diseases. The number of countries that have developed comprehensive sexual education, including HIV prevention, increased from 44 in 2010 to 95 in 2012. Nonetheless, sexual education meets resistance in many countries in spite of its evidence-based utility.

Despite the difficulties involved in changing cultures and tradition-based behaviour, a joint UNFPA-UNICEF programme helped to increase the number of local communities that abandoned the practice of female genital mutilation from 1,677 in 2011 to 2,900 in 2012.

There was a small increase in the percentage of countries with legislation that promotes women's empowerment and gender equality, from 45 per cent in 2011 to 48 per cent in 2012. However, the percentage of women who were married before the age of 18 was, as in 2011, still 35 per cent in 2012. Globally, moreover, 7 out of 10 women reported that they had experienced physical and/or sexual violence.

A total of 102 countries carried out household surveys in 2012 to facilitate the implementation of efforts to achieve Millennium Development Goal 5B on reproductive health. Since 2003, as a result of UNFPA's campaign to end fistula (post-natal damage), 7,000 women have received necessary assistance for fistula repair.

UNFPA has helped to increase the number of countries that are considering the link between population trends and poverty in their national development plans. The number of countries that included the implications of a larger ageing population increased from 23 in 2010 to 43 in 2012, while the number of countries that considered the needs of their growing youth population rose from 49 to 59 in the same period.

The number of deaths in connection with pregnancy and childbirth fell globally from 543,000 in 1990 to 287,000 in 2010, a reduction of 47 per cent. Intensified efforts at country level, supported by UNFPA and other parties, are producing results, but not enough to achieve UN Millennium Development Goal 5A (reduction of maternal mortality by 75 per cent by 2015). Considerable progress has been made in most regions, and it is primarily in African countries that the goal will be difficult to attain. Among the 40 countries in the world with the highest maternal mortality rate, 36 lie in Sub-Saharan Africa. East Asia has seen the greatest progress in efforts to reduce maternal mortality. In this region, 84 per cent use modern contraceptives, while the corresponding figure for Sub-Saharan Africa is only 22 per cent.

An evaluation of UNFPA's work to improve maternal health in the period 2000 – 2011 reports that UNFPA has contributed to important policy changes and played a key role in coordinating maternal health work in several countries. UNFPA has focused on collaboration with governments and helped to strengthen national ownership. However, poor capacity at several country offices weakened its performance in many countries. The launch of the Maternal Health Thematic Fund in 2008 helped to strengthen capacity, particularly to train health professionals, including midwives, who were especially important. Results in the fields of family planning and access to contraception are good, on the whole, while they vary more with respect to obstetric care.

2. Assessments: Results, effectiveness and monitoring

The organisation's results-related work

A new Strategic Plan (2014 – 2017), which was adopted in September 2013, aims at further focusing and improving the results framework. The linkage between strategy and framework is good and facilitates adaptation of UNFPA's efforts and resource utilisation in different types of country. In June 2013, UNFPA adopted a new evaluation policy that secures the independence and capacity of the central evaluation function. This, combined with the introduction of tools and procedures for results-based planning and reporting, and plans for results-based budgeting, provides UNFPA with a solid foundation for good, results-oriented management.

Planning and budgeting systems

In 2009, the Boards of Directors of UNDP/UNFPA and UNICEF adopted a resolution whereby the organisations are to introduce harmonised but organisation-specific budgets based on the results frameworks and the organisations' strategic plans for the period 2014 – 2017. The budget reform is intended to strengthen the budget as a tool for achieving priority goals and improve transparency as regards the planned and actual use of funding in relation to the long-term strategy and its results framework. UNFPA's integrated budget for 2014 – 2017, which was adopted by the Executive Board in 2013, provides better insight into the planned and actual use of funding in relation to the long-term strategy and its results framework.

Oversight and anti-corruption

UNFPA's control systems are considered to be good. The independence of the internal audit function is ensured by the fact that it reports directly to the Executive Board and has its own Board-approved budget. UNFPA has guidelines for the prevention of corruption and follow-up of suspected cor-

ruption. External audits are carried out by the UN system's common Board of Auditors. The weaknesses revealed are largely related to country offices. UNFPA is probably the UN agency that works most through local partners. Inadequacies in monitoring these partners, not least in connection with the timely submission of audit reports and documentation of expenses, were one of the main reasons that UNFPA received a qualified audit opinion for the period 2008 – 2009. UNFPA has made significant headway in the process of remedying these weaknesses and therefore received an audit report with no comments for the period 2010 – 2011. The Board has adopted a resolution regarding public access to internal audit reports.

Institution-building and national ownership

UNFPA attaches importance to national capacity development and works through national partners to ensure national ownership and durable development results. The country programmes are aligned with the priorities of the programme countries. UNFPA also engages in advocacy efforts targeting civil society. The new results framework stresses the importance of monitoring the effects of UNFPA's capacity and institution development efforts.

Willingness to learn and change

UNFPA has demonstrated great willingness to change and undertake reforms in the past few years, particularly in its follow-up of the qualified audit opinion for 2008 – 2009. This is reflected in the revision of the strategic plan and associated framework, the efforts to strengthen selected country offices and the improvements in planning and monitoring tools. Following the adoption of the new evaluation policy, new, improved mechanisms are now being established to facilitate systematic follow-up of the evaluation recommendations.

3. Norway's policy towards UNFPA

UNFPA's mandate to ensure sexual and reproductive health and rights (SRHR) makes the agency an important partner for Norway. Conservative forces are now opposing women's rights in general and SRHR in particular. It is therefore important to support UNFPA in its efforts to ensure a good outcome in the process of extending the programme of action adopted at the International Conference for Population and Development (ICPD) in Cairo in 1994 (ICPD) beyond 2014.

UNFPA plays a pivotal role in the implementation of the UN Secretary General's Global Strategy for Women's and Children's Health within the framework of the Health 4+ (H4+) partnership between UNFPA, WHO, UNICEF, UNAIDS and the World Bank, which is a key element of Norway's efforts to achieve UN Millennium Development Goal 4 (MDG 4) on child mortality and MDG 5 on maternal mortality and access to reproductive health services. UNFPA also contributes to achieving MDG 3 on gender equality and empowerment of women, and MDG 6 on combating HIV and AIDS, both of which have been designated priority areas of focus by Norway.

UNFPA is an important partner in the implementation of the Government of Norway's Action Plan for Combating Female Genital Mutilation and in efforts to end sexual and gender-

based violence. Norway takes a positive view of UNFPA assuming a more active role in humanitarian work.

Systematic use of population statistics and analyses is important to provide a good basis for development strategies and plans. In Norway's view, UNFPA's efforts to support the development of a national policy on the linkage between population and development are an important contribution to this process.

Norway is committed to ensuring that UNFPA continues to pursue its rights-based approach with a stronger focus on women and young girls, which is emphasised in the new strategic plan.

Norway has supported the reform process in the organisation and, in the consultations on a new strategic plan, has advocated that UNFPA must further concentrate its efforts at country level in the 2014 – 2017 strategic plan period, based on the resources available. In the consultations, Norway also called for further improvement of the results framework as a basis for enhancing results-oriented management and reporting.

UNFPA is one of the most active advocates of the "Delivering as One" UN reform process at country level, a focus which Norway views very positively.

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