Guidelines (complete text without figures) (296K)

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This document has been prepared by the Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. For further information please contact the United Nations Population Fund, Task Force on ICPD Implementation, 220 East 42nd Street, New York, NY 10017 USA or send E-mail to: pierce@unfpa.org

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ICPD United Nations

Inter-Agency Task Force on the Implementation
of the ICPD Programme of Action

GUIDELINES FOR THE UNITED NATIONS RESIDENT COORDINATOR SYSTEM

September 1995

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ICPD/IATF

11 September 1995

Dear Colleague,

As part of the follow-up to the International Conference on Population and Development (ICPD), an Inter-Agency Task Force has been established to enhance system-wide collaboration in the implementation of the ICPD Programme of Action at the country level under the leadership of the United Nations Resident Coordinator. This Task Force will also help to delineate a common framework for follow-up to other United Nations conferences dealing with social issues.

The Task Force set up six working groups addressing the key areas for action corresponding to the goals and objectives of the Programme of Action -- education, empowerment of women, reproductive health, the development of a common data system for infant, child and maternal mortality, international migration and policy related issues in the social sector. The Working Groups in the first four of the areas listed have produced a set of "Guidelines" for use by Resident Coordinators.

These Guidelines are designed to facilitate the task of the

Resident Coordinators in supporting the implementation of the recommendations of recent United Nations conferences in an integrated manner and improving the efficiency and effectiveness of operational activities of the UN system at the field level. The Guidelines delineate the basic issues in a given area, provide key reference materials and, in some cases, a sketch of the mandates of the various UN organizations in the respective sectors. The priority given to each sector will, of course, depend on the needs and particular situation of each country. We would like to emphasize that these "Guidelines" are in essence "guidance notes" and are not meant to supersede technical guidelines. Sources of technical support can be identified from the listing at the end of each set of guidelines. Such expertise may be sought from the relevant parts of the United Nations system and other appropriate entities. It is hoped that the information provided will better equip Resident Coordinators in their dialogues with Governments and in the overall effort to strengthen national capacity to effectively manage development assistance.

We would also like to remind you that the UNDP/UNFPA Executive Board, at its recent session, approved the use of 1.7 per cent of UNDP's overall resources by the Resident Coordinators to support the UN system's coordination activities from 1997 onwards. UNDP is now actively pursuing an arrangement to make part of that funding available earlier and you will be advised about when the resources can be drawn on to enhance country-level coordination in implementing the Programmes of Action from Cairo, Copenhagen and Beijing, as part of an integrated follow-up of major UN conferences.

These Guidelines should be regarded as a "work in progress";

hence, they are being sent to you in a loose leaf binder. Ideally, we would like to prepare a document on "success stories/lessons learned" for selected sectors and would draw on your experiences as the basis for such a piece.

We look forward to receiving your reaction to the usefulness of this material. We shall utilize your comments to modify existing guidelines and as input for future work.

With kind regards,

James Gustave Speth
Administrator
UNDP

Nafis Sadik
Executive Director, UNFPA
and Chairperson
ICPD Inter-Agency Task Force

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Inter-Agency Task Force on the Implementation
of the ICPD Programme of Action

GUIDELINES FOR THE UNITED NATIONS
RESIDENT COORDINATOR SYSTEM

September 1995

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TABLE OF CONTENTS

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INTRODUCTION

The 1994 International Conference on Population and Development (ICPD) focused global attention on the close interrelationships between population, sustained economic growth and sustainable development. It marked the start of a new era in thinking about population and development by explicitly placing human beings at the centre of development activities. Investing in people, in their health and education, is central to sustained economic growth and sustainable development. The ICPD Programme of Action recommended to the international community a set of important population and development objectives, as well as qualitative and quantitative goals. Among these objectives and goals are: sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health. The challenge for the United Nations is to truly assist developing countries in integrating population concerns into all aspects of economic and social policies and programmes and to sustain cooperation among the United Nations organizations and agencies in achieving the ICPD goals and objectives, as well as those of other recent United Nations conferences in the social sectors.

The Programme of Action, which was endorsed by the United Nations General Assembly through its resolution 49/128, calls on all specialized agencies and related organizations of the United

Nations system to strengthen and adjust their activities, programmes and medium-term strategies, as appropriate, to take into account the follow-up to the Conference. In keeping with this, the Administrator of the United Nations Development Programme (UNDP), on behalf of the Secretary-General of the United Nations, requested the Executive Director of the United Nations Population Fund (UNFPA), who had served as Secretary-General of the ICPD, to convene and chair an Inter-Agency Task Force to develop a coordinated approach for implementation of the ICPD Programme of Action, as well as a framework for reporting on the progress of the implementation.

The Inter-Agency Task Force (IATF) on the Implementation of the ICPD Programme of Action, with UNFPA as the lead agency, held its first meeting on 13 December 1994. The IATF focuses on country-level cooperation, particularly, with regard to policy development, coordination and monitoring of progress achieved in the implementation of the Programme of Action. Five working groups were set up by the Task Force addressing the key areas for action corresponding to the goals and objectives of the Programme of Action. Recently, a new working group was established in response to a request from the Commission on Population and Development that the work of the Task Force be expanded to include migration issues.

The working groups and lead agencies are as follows: (1) Working Group on Reproductive Health -- Lead Agency: World Health Organization (WHO); (2) Working Group on Women's Empowerment --Lead Agency: United Nations Development Fund for Women (UNIFEM); (3) Working Group on Basic Education with Special Attention to Gender Disparities -- Lead Agency: United Nations Educational, Scientific

and Cultural Organization (UNESCO); (4) Working Group on A Common Approach to National Capacity Building in Tracking Child and Maternal Mortality -- Lead Agency: United Nations Children's Fund (UNICEF); (5) Working Group on Policy-Related Issues -- Lead Agency: United Nations Population Fund (UNFPA); and (6) Working Group on International Migration (this newly established working group is scheduled to meet on 19 October 1995) -- Lead Agency: International Labour Organisation (ILO). The first four working groups have produced Guidelines for use by the United Nations Resident Coordinators.

The Terms of Reference of each Working Group were as follows: (a) to develop proposals for inter-agency collaboration in the different areas, to be implemented at the country level; (b) to identify and mobilize the comparative advantages of the specialized agencies, organizations and programmes of the United Nations active in the different areas; and (c) to develop and disseminate a set of practical guidelines for use at the country level by United Nations Resident Coordinators, to facilitate collaborative efforts in the different areas. Each working group held a meeting following which the lead agency produced the guidelines based on the discussions and recommendations of the working group. Thus, the Guidelines have benefitted from a wide-ranging process of collaboration and interaction amongst the United Nations agencies and organizations that constitute the IATF. It was also agreed to attach to the guidelines: (1) a short selected bibliography of key documents in the specific area, including citations of appropriate audio-visual materials; and (2) agency profiles which provide a brief description of what each agency does in the specific area.

The main objective of the Guidelines is to provide the field,

particularly, the Resident Coordinator System, with guidance on operationalizing the ICPD Programme of Action at the country level. The Guidelines build on arrangements that are already in place, in particular, the role of the United Nations Resident Coordinators in coordinating the development efforts of the United Nations agencies and organizations at the country level. Throughout, the underlying concern has been to seek ways to build an enabling environment as called for by the ICPD Programme of Action. The Guidelines are not meant to be prescriptive and will not hinder individual agencies or organizations from pursuing their respective mandates. Rather, they will enhance the complementarity of agencies' programmes and allow the United Nations system to contribute more effectively. In essence, the Guidelines will facilitate more integrated planning and coordination of United Nations inputs for achieving ICPD goals, within a national development framework, and will help foster closer dialogue and collaboration between the United Nations system, Governments and other development partners, including bilateral agencies, non-governmental organizations (NGOs) and civil society.

Common themes that echo in the Guidelines include the following:

- Putting people first
- Reducing gender inequality and inequity
- Promoting sustainable human development
- Accountability and transparency
- Development of common indicators which are critical to monitor programme impact
- Strengthening country-level collaboration

- Enhancing national capacity building
- Facilitating dialogue between the United Nations Resident Coordinator, the Government, non-governmental organizations and civil society

It is hoped that the Guidelines will make a key contribution in assisting Resident Coordinators in their dialogue with Governments and national counterparts and in furthering collaboration with NGOs and the private sector. The ICPD Programme of Action underscored that NGOs are important voices of the people and their associations and networks provide an effective and efficient means of better focusing local and national initiatives and addressing pressing population and development concerns. The Guidelines encourage Resident Coordinators to build partnerships with NGOs, the private sector and civil society, in addressing the challenges of population and development effectively.

The Guidelines can also provide the Resident Coordinators with a basis for advocacy and furthering work in each of the key sectors, including by drawing on the comparative advantage of each United Nations agency and organization. Additionally, the Guidelines may be drawn on for preparing the Country Strategy Note and other planning and programming tools. It is envisioned that the Resident Coordinator will establish a modality for inter-agency coordination which would serve as a catalyst for national initiatives in the key areas. The Statement on the Role and Functioning of the Resident Coordinator System already provides a framework in which the coordination of these substantive areas can be accommodated.

Resident Coordinators are encouraged to share the Guidelines

with all interested parties and, additionally, to use them, as appropriate, in national and regional training sessions, workshops and seminars. While the focus is on country-level cooperation, it is expected that under the leadership of the Resident Coordinator a broader collaboration can take place in association, as appropriate, with regional institutions, including, the regional commissions and regional banks.

The Economic and Social Council (ECOSOC) of the United Nations, in its resolution E/1995/L.61 of 28 July 1995, welcomed the intention of the Secretary General to report to it, through the Commission on Population and Development, on the work of the Task Force, so as to ensure system-wide cooperation in the implementation of the Programme of Action.

The IATF views feedback as essential to strengthening the Guidelines and enhancing the collaborative process. Comments and suggestions on the Guidelines are welcomed from Resident Coordinators, national counterparts, bilateral agencies, NGOs and other interested parties in the field. At the same time, the IATF is also interested in receiving information on success stories, effective strategies, lessons learned and other meaningful country/organization experiences with regard to implementation of the ICPD Programme of Action. The IATF plans to disseminate such information to all interested parties with the objective of further strengthening collaboration and coordination through effective information-sharing and networking. Through maintaining such an open-ended information-exchange process, the IATF hopes to gather key information that will help catalyze the development of "best practices" that have been tested in the field, proven valuable and

can be replicated in other countries and settings, with specific attention to local needs and priorities.

It is anticipated that at a later date the Guidelines will be made available electronically, thereby, facilitating wider dissemination.

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GUIDELINES ON REPRODUCTIVE HEALTH
FOR THE UN RESIDENT COORDINATOR SYSTEM

I. KEY FACTS ABOUT REPRODUCTIVE HEALTH

1. Definition of reproductive health

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.

The International Conference on Population and Development Programme of Action states that "reproductive health ... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of

family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. ... Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."

2. The importance of reproductive health

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care.

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters.

At each stage of life individual needs differ. However, there is a cumulative effect across the life course þ events at each phase having important implications for future well-being. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems.

Because reproductive health is such an important component of general health it is a prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right for all, it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development.

3. What is new about the concept of reproductive health

Reproductive health does not start out from a list of diseases or problems - sexually transmitted diseases, maternal mortality -or from a list of programmes - maternal and child health, safe motherhood, family planning. Reproductive health instead must be understood in the context of relationships: fulfilment and risk; the opportunity to have a desired child þ or alternatively, to avoid unwanted or unsafe pregnancy. Reproductive health contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation þ poor reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death.

The most significant achievement of the Cairo Conference was to place people firmly at the centre of development efforts, as protagonists in their own reproductive health and lives rather than as objects of external interventions. The aim of interventions is to enhance reproductive health and promote reproductive rights rather than population policies and fertility control. This implies the empowerment of women (including through better access to education); the involvement of women and young people in the development and implementation of programmes and services; reaching out to the poor, the marginalized and the excluded; and assuming greater responsibility for reproductive health on the part of men.

4. How this concept of reproductive health differs from existing family planning and maternal and child health programmes

Programmes dealing with various components of reproductive health exist in some form almost everywhere. But they have usually been delivered in a separate way, unconnected to programmes dealing with closely interdependent topics. For example, the objectives, design and evaluation of family planning programmes were largely driven by a demographic imperative, without due consideration to related health issues such as maternal health or STD prevention and management. Evaluation was largely in terms of quantity rather than quality - numbers of contraceptive acceptors as opposed to the ability and opportunity to make informed decisions about reproductive health issues. In general, such programmes exclusively targeted women, taking little account of the social, cultural and intimate realities of their reproductive lives and decision-making powers. They tended to serve only married people,

excluding, in particular, young people. Services were rarely designed to serve men even though they have reproductive health concerns of their own, particularly with regard to sexually transmitted diseases. Moreover, the involvement of men in reproductive health is important because they have an important role to play as family decision-makers with regard to family size, family planning and use of health services.

A reproductive health approach would differ from a narrow family planning approach in several ways. It would aim to build upon what exists and at the same time to modify current narrow, vertical programmes to ones in which every opportunity is taken to offer women and men a full range of reproductive health services in a linked way. The underlying assumption is that people with a need in one particular area - say treatment of a sexually transmitted diseases - also have needs in other areas - family planning or antenatal/postpartum care. Such programmes would recognize that dealing with one aspect of reproductive health can have synergistic effects in dealing with others. For example, management of infertility is difficult and expensive but it can be largely prevented through appropriate care during and after delivery and prevention and management of STDs. Promotion of breast-feeding has an impact on reproductive health in many ways - it helps prevent certain postpartum problems, delays the return to fertility, may help prevent ovarian and breast cancer, and improves neonatal health.

Another important difference between existing programmes and those developed to respond to the new concept of reproductive health is the way in which people - particularly women and young people who are the most affected by reproductive health concerns -

are involved in programme development, implementation and evaluation. When women become more involved in programmes it becomes clearer that they have health concerns beyond motherhood and also that dealing with reproductive health involves a profound rethinking of the behavioural, social, gender and cultural dimensions of decision-making which affect women's reproductive lives.

5. What reproductive health services include

The precise configuration of reproductive health needs and concerns, and the programmes and policies to address them, will vary from country to country and will depend on an assessment of each country's situation and the availability of appropriate interventions. Globally, however, both the epidemiological data and the expressed wishes of diverse constituencies indicate that reproductive health interventions are most likely to include attention to the issues of family planning, STD prevention and management and prevention of maternal and perinatal mortality and morbidity. Reproductive health should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility, malnutrition and anaemia, and reproductive tract cancers. Appropriate services must be accessible and include information, education, counselling, prevention, detection and management of health problems, care and rehabilitation.

Reproductive health strategies should be founded first and foremost on the health of individuals and families. In the

operationalization of the strategies all reproductive health services must assume their responsibility to offer accessible and quality care, while ensuring respect for the individual, freedom of choice, informed consent, confidentiality and privacy in all reproductive matters. They should focus special attention on meeting the reproductive health needs of adolescents.

6. Factors affecting reproductive health

Reproductive health affects, and is affected by, the broader context of people's lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and reproductive behaviours are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills.

The status of girls and women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore an essential element for health.

7. Who is most affected by reproductive health problems

Women bear by far the greatest burden of reproductive health

problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Among women of reproductive age, 36% of all healthy years of life lost is due to reproductive health problems such as unregulated fertility, maternal mortality and morbidity and sexually transmitted diseases including HIV/AIDS. By contrast, the equivalent figure for men is 12%.

Biological factors alone do not explain women's disparate burden. Their social, economic and political disadvantages have a detrimental impact on their reproductive health. Young people of both sexes, are also particularly vulnerable to reproductive health problems because of a lack of information and access to services.

8. How countries can identify reproductive health needs and assess priorities

A number of countries have expressed the desire to move forward with a new and comprehensive approach to reproductive health. Support to national authorities in carrying out a systematic review of reproductive health needs at country level should focus on the importance of adding innovative and participatory approaches to more familiar epidemiological methodologies in which the process tends to be directed by experts and framed by biomedical approaches and indicators. The identification of reproductive health needs, the determination of

priorities and the development of programmatic responses to those needs should be conducted through an inclusive process, soliciting the perspectives of a range of groups concerned with reproductive health including, for example, women's health advocates, youth groups, health care providers at the periphery as well as at the central level, health planners, researchers, and non-governmental organizations.

Several instruments have already been developed for situation analysis and needs assessment in different components of reproductive health, for example, family planning and safe motherhood. However, in the context of the new approach to reproductive health it is necessary to ensure that assessment and prioritization reflect people's concerns as agreed at national and local levels and not the priorities of agencies or donors. It is important to avoid duplication and to develop tools that are appropriate for countries themselves. A number of such instruments already exist and are widely used. However, it is important to ensure compatibility and consistency among the various instruments currently available.

Similar considerations apply to the selection of priorities for action in reproductive health. Criteria for identification of priority problems should include not only importance - prevalence, severity, public concern, government commitment, impact on family, community and development - but also the feasibility of addressing them - known interventions, cost-effectiveness, availability of financing, human resources and adequate equipment and supplies.

9. Human resources for reproductive health

The operationalization of the new concept of reproductive health will mean changes in skills, knowledge, attitudes and management. People will have to work together in new ways. Health care providers will have to collaborate with others, including NGOs, women's health advocates, and young people. Managerial and administrative changes will also be needed because integrated services can impose, at least initially, greater burdens on already over-stretched staff and require attention to planning and logistics in order to ensure availability and continuity of services.

Training for reproductive health workers will need to focus on improving both technical and interpersonal skills. Additional training, particularly in counselling skills and in ways of reaching out to under-served groups will be essential elements of such training. The back-up and support of functioning referral systems will be essential elements if the full range of reproductive health concerns is to be adequately addressed.

10. Monitoring and evaluation

Monitoring and evaluation of reproductive health takes place at two levels - the country and the global level. Globally, the international community has already defined a number of indicators relevant to reproductive health, including:

Maternal mortality

% pregnant women who have at least one antenatal visit

% of pregnant women who have a trained attendant at delivery

% of pregnant women immunized against tetanus

contraceptive prevalence rate

% of infants weighing less than 2500 g at birth (a newborn indicator that reflects maternal reproductive health)

WHO is working on additional indicators for global monitoring in reproductive health, including indicators on incidence and prevalence of sexually transmitted diseases, quality of family planning services, access to and quality of maternal health services, prevalence of female genital mutilation and prevalence and nature of obstetric and gynaecological morbidities.

Reproductive health indicators should cover not only quantitative indicators such as those listed above, but also some qualitative indicators, such as women's satisfaction with services, perceptions of quality, maternal discomfort and dissatisfaction, perceived reproductive morbidities, opportunities for choice, and enabling environments. Particular attention will be paid to indicators that identify disparities within countries - between population groups and/or regions, for example.

Data collection should be seen as a means towards an end rather than an end in itself. It will, therefore, be necessary to focus increasingly on performance-based measures such as maternal audit, surveillance and other process measures. Such programme indicators should be useful for policy-making and be generated through data collection procedures that are useful for programme management at the level at which the data are collected. All data collection efforts should be sustainable by the national authorities and able to take into account new developments in terms of strategic thinking and implementation. In addition, all indicators should be valid, objectively measurable and reliable.

II. KEY ACTIONS FOR THE RESIDENT COORDINATOR SYSTEM TO IMPROVE REPRODUCTIVE HEALTH

1. Advocate for the concept of reproductive and sexual health

The Resident Coordinator system can promote recognition of the concept of reproductive health as central to general health and human development. This implies the integration of reproductive health and reproductive rights into all related development priorities and programmes. Resident Coordinators should be aware that reproductive health is a dynamic and continuously evolving concept. Therefore, information sharing and collaboration will be needed to ensure that the approaches developed and implemented are based on the most recent and relevant information available and on the evolving experiences of those working in the field. The Country Strategy Note should be used as a vehicle to promulgate this vision more widely.

2. Promote multi-sectoral action

Reproductive health is a health issue but encompasses more than biomedical aspects and goes beyond the health sector. The determinants of reproductive ill-health lie in poverty, gender and other forms of inequity, social injustice, marginalization and development failures. All sectors affect and are affected by reproductive health. The Resident Coordinator system can advocate that all agencies and all sectors have roles and responsibilities in promoting reproductive health.

One of the key actions needed to improve reproductive health is the empowerment of women especially through education. The UN Resident Coordinator system can mobilize increased energies and resources for women's education both in-school and out-of-school (youth groups, workplaces, adult literacy and income generation groups etc.).

3. Stimulate adherence to essential principles

The Resident Coordinator system can disseminate the underlying principles which must serve as a guide to action in reproductive health. These are the guiding principles of human rights, equality and gender equity, and placing people at the centre of development efforts. Operational principles for the implementation of reproductive health policies and programmes include participatory processes, involvement of multiple perspectives and multi-sectoral action. The Resident Coordinator system is well-placed to ensure the involvement of different sectors and the participation of all those concerned with reproductive health. Where there are major regional, ethnic, religious or cultural variations within countries, these must be taken into account in the development of reproductive health strategies. Where certain groups have difficulties in making their voices heard, the Resident Coordinator system can play a role in providing a forum for the exchange of ideas and experiences.

4. Foster national ownership

A global reproductive health strategy must be translated into approaches that are country-driven. Implementation of reproductive health programmes is the sovereign right of each country, in a way

that is consistent with national laws and development priorities, with full respect for religious, cultural and ethical values and in harmony with universally recognized human rights. The Resident Coordinator system can ensure that the development of strategies, policies and programmes is a nationally owned process and that decisions taken reflect national priorities and are not dictated by external agencies.

5. Ensure consistency and complementarity

Translating the concept of reproductive health into actions means ensuring a shared understanding of the concept and consistency and complementarity in the application of approaches. It is critically important to avoid conflicting messages from UN agencies to national counterparts. The Resident Coordinator system can help to ensure consistency and bring together different parties in order to avoid duplication and make best use of resources. One practical way of doing this would be the creation in countries of a database of information from all in-country agencies on project design, implementation, monitoring, evaluation, lessons learned and future programme plans. This could be drawn upon by all agencies and would help avoid duplication while ensuring greater information-sharing and networking among agencies.

6. Coordinate agency, regional, bilateral and NGO activities

Each agency has specific mandates and comparative advantages which need to be incorporated into the concept of reproductive health. Some agencies, including WHO, UNAIDS, UNFPA, UNICEF, and UNHCR are likely to have a deeper involvement than others in

reproductive health issues. While subscribing to the overall broad concept of reproductive health, agencies select priorities in a focused way on the basis on capacities and resources. Resident Coordinators should be well aware of agency mandates, capacities and resources and be able to assess where there are gaps and duplications and recommend strategies to overcome them.

Resident Coordinators can promote harmony between the activities of international agencies, bilateral donors and NGOs working to support government and regional strategies in reproductive health. The Resident Coordinator system should gather and disseminate information about the resources available at country, regional and global levels, in terms of funding, knowledge and expertise.

7. Assist in the identification of reproductive health needs

The Resident Coordinator system can help countries in the identification of national reproductive health needs and the selection of priorities, in the evaluation of current programmatic responses to the needs identified and in assessing potential for improvement and avoidance of overlap. The Resident Coordinators should promote the need for appropriate guidance and training for all agency, regional and national representatives in the reproductive health approach.

8. Support national planning

The resident coordinator system should support national planning through making the most effective use of specific agency plans and programmes, making the best use of the comparative

advantages of each agency, and through seeking to achieve an appropriate balance in the response of country and agency activities and promoting an incremental improvement in programmes bearing the overall reproductive health vision in mind. Of particular importance in the national planning process is the development of decision-making tools and the improvement of managerial capacities. The overall objective is to increase national capacity for planning and implementation of reproductive health policies and programmes within national constraints, objectives and approaches.

9. Promote integrated approaches

The Resident Coordinator system can ensure integration of all aspects of reproductive health, especially those delivered in the past through vertical programmes such as family planning. The Resident Coordinator can encourage the incorporation into reproductive health programmes of such concerns as the eradication of harmful practices affecting women's health, as well as various forms of violence.

The Resident Coordinator system can integrate follow-up to the various international conferences on related issues such as population, reproductive health and development, including the World Summit for Children, the United Nations Conference on Environment and Development, the World Social Summit, the United Nations Conference on Human Rights and the forthcoming Fourth World Conference on Women.

10. Support monitoring and evaluation

The Resident Coordinator system has an important role to play in monitoring and evaluation. Global monitoring should be limited and not impose additional burdens on national reporting systems. The Resident Coordinator should support national capacity-building for monitoring progress in country programmes in a way which is helpful to programme management and useful at the point of delivery of the intervention.

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AGENCY PROFILES

World Health Organization (WHO)

WHO was an active contributor throughout the ICPD process and fully subscribes and is committed to the implementation of the Programme of Action, and to reinforcing the central role of health and human development in the global agenda for sustainable development. In following up ICPD WHO is committed to further build upon the existing collaboration within the UN system to support countries in their efforts to take on the challenges of Cairo. WHO will foster its relationship with UNICEF, UNFPA, UNDP and the World Bank in particular, at both global and country levels.

WHO will continue to affirm that to bring about the necessary changes and improve health and quality of life, health policies

must reach beyond the health sector while remaining rooted in the health-for-all principles of primary health care. A primary health care approach includes promotive and preventive aspects as well as care and rehabilitation and comprises actions at the community level supported by referral to a higher level of care when needed.

WHO stimulates and supports research in reproductive health, particularly in the area of fertility regulation, safe motherhood, and reproductive tract infections including STDs and HIV/AIDS prevention. WHO's research is aimed at identifying gaps in addressing reproductive health needs, at adapting technologies and applying existing knowledge, and at developing new approaches and interventions for better reproductive health. WHO works with a worldwide network of collaborating centres to build national research capabilities, develop innovative methodologies and disseminate the results of research to policy-makers, planners, health care providers, women's health advocates, non-governmental organizations and scientists.

As part of its normative function WHO develops policies, strategic approaches, norms and standards. WHO has developed a range of guidelines dealing with technical, managerial and clinical aspects of reproductive health, including family planning guidelines, maternal health care, management of obstetric complications, prevention and management of abortion complications, prevention and treatment of STDs including HIV/AIDS, and detection and management of cervical cancers. The objective is to disseminate appropriate and relevant up-to-date information to those working in the field and to promote adherence to the highest attainable standards of quality health care.

WHO's normative work includes guidance on the elimination of harmful practices such as female genital mutilation and the development of standard definitions and guiding protocols on data collection and analysis.

WHO provides support to the development of training materials, and works with national and international professional and educational bodies on different aspects of health curriculum development. Such training materials must now be adapted to incorporate the concept of reproductive health and to assist the many categories of health care providers in responding to reproductive and sexual health needs in a more integrated way.

Within the broader reproductive health framework WHO is currently paying increased attention to ethical issues in reproductive health; appropriate technologies; gender equity, women's perspectives and the roles and responsibilities of men; the particular needs of women and young people; the interrelationships between reproductive health and other public health issues such as nutrition and the environment; indicators for assessing progress and monitoring and evaluation of reproductive health programmes.

In its technical support to Member States WHO's underlying philosophy is that policies, strategies and programmes must be country-owned, build national capacity and self-reliance, and be sustainable. WHO promotes and supports programme development that is based on a consultative process which brings together all concerned constituencies in reproductive health, particularly those whose voices have hitherto remained unheard -women, young people, the poor, the marginalized, refugees and the displaced.

WHO's governing bodies have given increased attention to reproductive and women's health, and have requested a greater role for the Organization. WHO has started a series of specific activities as follow-up to the Programme of Action of ICPD. The goals and objectives of the Programme of Action of Cairo are being integrated into WHO's 9th General Programme of Work which runs from 1996 to 2001.

WHO has identified reproductive health a priority for the Organization. This will be reflected in the 1996-97 programme Budget and the area of reproductive health will receive increased resources effected by a 5% shift of Regular Budget funds. The World Health Assembly has requested the Director-General to develop a coherent programmatic approach for research and action in reproductive health and reproductive health care within WHO.

United Nations Population Fund (UNFPA)

ln its support for reproductive health, UNFPA will continue to underscore a number of basic programming concepts including, in particular, efforts to:

- involve women, women's organizations, and other groups working for women's needs in the planning, implementation and monitoring of reproductive health services and programmes;

- promote men's participation in reproductive health programmes and responsibility for their sexual and

reproductive behaviour;

- o assure the highest level of quality of care in providing information and services;

- o promote an approach that provides a constellation of linked or integrated services to meet the needs of clients;

- o make available as wide a range as possible of safe and effective modern methods of family planning technically approved by the World Health Organization (WHO);

- o create a better understanding of the social, cultural and behavioural context within which reproductive ill-health occurs; and

- o promote the coordination of national reproductive health programmes among Governments, multinational and bilateral agencies, NGOs and the private sector.

UNFPA supports the concept of sexual and reproductive health as a human right. Women and men must therefore be provided with the necessary information and services to exercise this right. UNFPA support for reproductive health will be based on a public-health, pragmatic and participatory approach. Such an approach: (a) responds to the reproductive health needs of individuals and involves them in the programming process; (b) promotes sustainability: and (c) identifies interventions that have the greatest impact for the most people at an affordable price. It also

encourages partnerships between Governments, NGOs, and the private sector to maximize both coverage and quality of services and to stimulate innovative ideas. This will best be achieved, in practice, through an incremental approach that builds on the system that is currently in place, identifies gaps and inadequacies in that system and strengthens links between programmes in order to respond better to the reproductive health needs of individuals.

The rationale for using such an incremental approach is that it makes the most efficient and cost-effective use of existing staff and health-care facilities. In fact, it is often the same primary care worker, working out of the same facility, who provides family planning care and many of the other components of reproductive health. UNFPA will thus work to integrate reproductive health care information and services into the various other services provided at the service-delivery level and to assure that the health-care personnel working in such facilities receive training in integrated reproductive health care.

Activities supported by UNFPA in reproductive health include:

- the full spectrum of family planning information and services, including counselling and follow-up services, aimed at all couples and individuals;

- prenatal, delivery (including assisted delivery) and postnatal care of mothers at the primary health care level with appropriate referral for the management of obstetric complications;

- prevention of abortion, management of the consequences of

abortion, and post-abortion counselling and family planning;

- prevention of reproductive tract infections (RTIs) including STDs and HIV/AIDS through preventive counselling, condom distribution and treatment of symptomatic infections, as part of primary health care, with appropriate referral for follow-up;

- prevention of infertility and sub-fecundity, as part of primary health care, with appropriate referral for follow-up;

- routine screening for other women's reproductive health conditions such as urinary tract infections, cervical infections, and cervical and breast cancer, where primary level treatment is available or referral for follow-up exists;

- active discouragement of harmful practices such as female genital mutilation.

The fund strongly encourages the further strengthening of collaborative and coordination arrangements with WHO, UNICEF, other UN systems partners, bilateral agencies and non-governmental organisations, in order to assist countries in the development of reproductive health programmes in the most effective and effective manner.

Reproductive health activities constitute a significant portion of all World Bank lending for population, health and nutrition activities:

- In the Bank's 1994 fiscal year, over 40 percent of all lending for population, health and nutrition supported reproductive health activities.

- Over the past 25 years, the Bank has lent more than $2.5 million to support reproductive health components of more than 130 projects in almost 70 countries. Although the number of new commitments have varied from year to year, the trend has been steadily upward.

- In recent years, Bank lending has Integrated reproductive health projects with its population programmes, financing an average of nearly $400 million in such programmes each year since 1992.

Research sponsored by the Bank also often provides the analytical basis for reproductive health policy and action:

- Bank operations research, situation analyses, and field-based pilot projects aid program managers in assessing needs, instituting or modifying services, and in determining the effects of interventions on health systems and health status.

- The Bank's Special Grants programs represent another

mechanism for support of large-scale, long-term efforts that are too costly for most developing countries to undertake independently. For example, the Bank already has contributed $18 million to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) which is being co-sponsored by UNFPA and WHO.

- The Bank is also involved in sector work, in which Bank staff analyse data that enable more informed policy decisions and program development Sector analyses in Brazil, India and Uganda have helped identify the dimensions of women's health problems, as well as constraints on their use of health services.

- In addition to support provided for reproductive health activities through project lending, the Bank's Economic Development Institute organizes training activities that strengthen national capacities to design and implement policies and programs in the field. These activities serve to foster the exchange of ideas and experiences that support the improvement of reproductive health information and services.

Importantly, the World Bank actively seeks and supports collaboration among donor agencies and local non-governmental organizations (NGOs) to spread awareness of reproductive health issues and improve the effectiveness of projects with reproductive health components:

- Special Grants Programs for Population NGOs and Safe Motherhood, for example, provide a coordinating mechanism for safe motherhood programs.

- Bank projects in Bangladesh, Indonesia, and Zimbabwe have strengthened collaboration among multilateral, bilateral, and NGOs, thereby improving the delivery of maternal health and family planning services.

International Labour Organisation (ILO)

Relevant ILO policies and programmes are based on the premise that success in protecting and promoting reproductive health is linked to social and economic factors including education, training, employment, working conditions and gender equality in labour markets. It is accordingly affected by the adequacy of measures designed to protect workers; the levels of success achieved by attempts to promote and ensure equality of opportunity and treatment and the effectiveness of policies to promote employment opportunities. Each of these policies, measures and programmes in various ways promotes the empowerment of women - through legal protection (standard setting and application); all improved access to resources and opportunities, including education, information, employment and incomes. At the same time the ILO recognizes that reproductive health and related outcomes (in terms of timing of births and levels of morbidity and mortality) are important factors affecting gender equality; the levels of living of workers and their families; family responsibilities and workers' ability to cope with them; employment

opportunities and career development; and the viability and profitability of enterprises.

ILO promotes and provides technical support to its constituents to enable them to design, develop and implement comprehensive policies and programmes which link population and reproductive health concerns to social and economic goals and achievements. Accordingly governments are assisted to analyse, identify and address the relevant aspects of population, development and employment policies and to ratify and apply existing International Labour Standards relevant to maternity protection, safety and health at work, and promotion of equality and employment opportunities. Employers are helped to adopt appropriate workplace rules and mechanisms, both to eliminate reproductive health hazards in places of work and to promote family welfare and planning through education and access to supports and services. Workers' organizations are strengthened to promote and implement workers' education on population, reproductive health and gender issues.

United Nations Children's Fund (UNICEF)

UNICEF has been active in developing appropriate strategies and programming interventions in the area of reproductive health, specifically safe motherhood, family planning and in the prevention of HIV/AIDS and other STDs. UNICEF support to women's health activities emphasises working with women's organisations at the community level. The focus is on promoting linkages with the health sector, assisting women's organisations in implementing

information, education, communication efforts and in developing financing mechanisms for purchasing health care. UNICEF programmes of assistance will also include support to national-level mobilization on safe delivery. National commissions or task forces on safe delivery will serve to monitor progress toward reducing maternal mortality, rationalise medical practices, and mobilize political and community commitment to women's health. In close collaboration with WHO, UNICEF support is provided to strengthen essential obstetric care services and referral of women with complications in pregnancy and delivery, including the life-threatening complications of unsafe abortion. Increasing emphasis will be placed on the role of nurses and midwives, specifically training in life-saving skills, maternal and newborn care, pre- and post-natal counselling diagnosis and treatment of reproductive tract infections, and family planning.

UNICEF efforts in the area of adolescent health seek to build stronger dialogue and partnership among young people, parents, educators, health providers and community leaders on health, including reproductive health. They also seek to help assure that adolescents have access to the information, skills and services they need to protect and promote their own health and eventually the health of their children. UNICEF supports school health programmes which emphasise skills-based health education, including reproductive health education, health and nutrition services, water and sanitation on school premises, and extra-curricular activities which promote the health of school-age children. Working closely with parents and community organisations, increasing emphasis will be placed on expanding adolescents' access to and utilisation of quality health care and counselling services. UNICEF will work with governments and NGOs to support increased outreach to vulnerable

adolescents, training of health workers on adolescent health, and strengthening linkages between the health sector and NGOs. The health needs of girls and young women, specifically preventing early and unwanted pregnancy, eliminating harmful traditional practices, like female genital mutilation and nutrition are becoming an increasingly important part of UNICEF efforts. IEC efforts with boys and young men will emphasise healthy practices, including responsible sexual behaviour.

Office of the United Nations High Commissioner for Refugees (UNHCR)

The mission of the United Nations High Commissioner for Refugees (UNHCR) is to assist and protect refugees worldwide. Based in Geneva, Switzerland, UNHCR was created by the UN General Assembly and began work in 1951, aiding millions of European refugees in the aftermath of World War II. Since then, the agency was twice awarded the Nobel Prize - has aided tens of millions of desperate and needy people who have been forced to flee their countries because of persecution, war, or massive human rights abuse. The total number of people who come under UNHCR's concern has risen from 17 million in 1991 to more than 27 million at January 1, 1995: one out of every 205 people on this planet.

Roughly three-quarters of those destitute displaced people are women and their dependent children. Their role within their family and their community is pivotal. But, in areas of the world often deeply scarred by suffering, exploitation and ill-health these refugee women and children - deprived, by definition of the protection of their state are hard-hit by the violence and

uncertainty of displacement. Many have already survived situations of extreme pain. They are among society's most vulnerable members.

For them, food, water, shelter, sanitation and preventive health care are a priority. So is protection: refugees need to be protected from being returned against their will to a country where their lives and fundamental rights are under threat. However, reproductive health care is also among the crucial elements that can give refugees the basic human welfare and dignity that they deserve. The key issues are safe and adequate maternity care; access to family planning and child spacing, treatment and prevention of sexually transmitted diseases (including HIV/AIDS); prevention of - and response to - sexual violence; gynaecological care; and prevention and treatment of complications arising from the genital mutilation of girls and unsafe abortion.

The range of reproductive health services required by refugees are similar to those needed by any other population. The differences: refugees' needs are likely to be more influenced by trauma, in part because, amid the chaos of displacement and exile, refugees are more vulnerable to abuse. Compared to those of other populations, the reproductive health care needs of refugees are therefore likely to be both more urgent and more acute.

UNHCR is committed to improving the reproductive health situation of refugees, particularly of women and adolescents. Recently, UNHCR and UNFPA jointly sponsored an inter-agency symposium specifically to address the reproductive health of refugees. It has also issued guidelines on the prevention and follow-up of rape and has taken a series of steps to better empower and assist refugee women. Together with the non-governmental

organizations that operate as UNHCR partners in many refugee situations. UNHCR field staff in areas as far-flung as Tanzania and Nepal have set up medical services specifically intended to begin work on improving reproductive health.

Staff are also working to develop a field manual, grounded in the practical experience of hundreds of refugee aid-workers. The manual will define the how, where and what of future reproductive health services to refugees. This basic guide should be an invaluable practical tool for UNHCR's more than 3000 field workers. It will be completed before the end of 1995.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO continues to work in close co-operation and collaboration with UN agencies and its partners including NGOs to enhance the quality of life of human populations through effective educational, scientific and cultural development policies and programmes.

UNESCO supports the educational, scientific and cultural dimensions of reproductive health. The interdisciplinary project on environment, population and development (EPD) has drawn expertise from all the relevant sectors of UNESCO to enrich and enhance the EPD programmes. It is believed that EPD will develop its programme further to include the present and emerging issues related to reproductive health in its various population environment, and other educational programmes through effective

training and communication strategies to meet the needs of developing and developed countries. Much success has been achieved in human sexuality education, adolescent/youth participation in development programmes.

EPD has focussed through its various programmes and projects on the development of relevant education, training and information activities that deal with the complex and interlinked issues of population, environment and development. There has been growing emphasis on integrated activities and on national capacity building UNESCO supports and also actively participates to better understand the multicultural aspect of social development that includes reproductive health, because it is crucial to the improvement of quality of life and human resources development programmes. Reproductive health issues involve active participation of individuals, communities and societies and this can be successfully achieved through UNESCO continued support through its education, information, communication training and research policies and programmes at the global, regional and country level.

In the current biennium (1994-1995) and in the forthcoming biennium (1996-1997), EPD proposes enhanced activities in relevant reproductive health issues, through it inter-agency, inter-disciplinary and inter-sectoral projects/programmes in all regions. This task is being and will continue to be achieved in closely collaboration with the UNFPA TSS/CST programme. New programmes are under preparation that will focus on the follow-up on the reproductive health aspects as stated in ICPD and efforts are being made to focus on those areas where best results can be expected through collaborative expertise and activities of UNESCO and its partners in the UN system, NGOs and others.

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GUIDELINES ON WOMEN'S EMPOWERMENT
FOR THE UN RESIDENT COORDINATOR SYSTEM

BACKGROUND

1. The 1990's have seen increasing recognition of the centrality of women's empowerment to the success of development programmes. The empowerment of women was essential to the declarations and platforms for action of the 1990 World Conference on Education for All, the 1992 United Nations Conference on Environment and Development, the 1993 Human Rights Conference, the 1994 International Conference on Population and Development, the 1995 World Summit for Social Development, and the Regional Preparatory Conferences for the 1995 Fourth World Conference on Women. This increased appreciation for and understanding of women's pivotal role in the development process has also been reflected in the goals and priorities of organizations and agencies in the United Nations system. In this regard, the United Nations Resident Coordinators are being called upon to play a key role in facilitating inter-agency cooperation on gender equality and equity and the empowerment of women, with particular emphasis on operational activities at the country level.

2. The Programme of Action of the International Conference on Population and Development stresses that the empowerment and

autonomy of women and the improvement of their political, social, economic and health status is both a highly important end in itself and necessary for the achievement of sustainable human development. It states further that "Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility ...are priority objectives of the international community" (Principle 4 of the ICPD Programme of Action).

3. The Programme of Action further recognizes that in all parts of the world, women are facing threats to their lives, health and well-being. They receive less education than men and are over-represented among the poor and powerless. Achieving change requires policy and programme actions that will improve women's access to the scarce and valued resources of their societies (particularly secure livelihoods and economic resources), alleviate their disproportionate household responsibilities, remove legal and social impediments to their participation in the public sphere, eliminate the spectre of domestic and sexual violence from their daily lives and raise social awareness through effective programmes of education and mass communication.

WOMEN'S EMPOWERMENT: A DEFINITION

4. Clearly, a common thread uniting each of the major international conferences of the 1990's is women's empowerment. Furthermore, the international community is now accountable to the world's women for fulfilling the significant commitments it has made to help make empowerment a reality of women's lives. What, then, is women's empowerment? Women's empowerment has five components: women's sense of self-worth; their right to have and

to determine choices; their right to have access to opportunities and resources; their right to have the power to control their own lives, both within and outside the home; and their ability to influence the direction of social change to create a more just social and economic order, nationally and internationally.

STRATEGY FOR COORDINATION

5. Recognizing that the successful implementation of the Programme of Action at the national level depends upon an inter-disciplinary approach, paragraph 10 of General Assembly Resolution 49/128, Report on the International Conference on Population and Development, "calls upon the organs of the United Nations system and the specialized agencies to undertake the actions required to give full and effective support to the implementation of the Programme of Action." In response to this resolution, the Inter-Agency Task Force on the Implementation of the ICPD Programme of Action proposed that efforts to further the empowerment of women be pursued within the United Nations coordination system led by the Resident Coordinator.

6. The Resident Coordinator is expected to establish a modality for inter-agency cooperation that would serve as a catalyst for national initiatives designed to further the economic, social, political and legal empowerment of women. The Guidelines are not intended to hinder agencies from pursuing their respective mandates. Rather, they will enhance the complementarity of programmes; facilitate integrated planning within a national development framework; foster dialogue among agencies and between the United Nations system and governments, provide space for, and

legitimize the participation of NGOs and other actors of civil society, and allow the United Nations system to contribute more effectively to the achievement of women's empowerment. The Statement on the Role and Functioning of the Resident Coordinator System provides the framework in which this coordination will take place.

7. Among suggested modalities for coordination and collaboration among United Nations agencies and between the United Nations system and its government and civil society partners are:

- standing inter-agency working groups on gender equality and women's empowerment;

- training sessions in gender analysis and gender-sensitive programming for national-level United Nations staff, as well as government, NGO partners and individuals likely to act as national consultants to the UN system;

- multi-donor coordination mechanisms;

- joint working sessions and planning meetings with national officials and representatives of NGOs and grassroots women's groups;

- standing advisory groups made up of gender experts from government, NGOs, women's groups, and academia; and

- the establishment of national-level goals for, and indicators of, gender equality and women's empowerment.

8. Heterogeneous groupings of representatives from different disciplines, the public and private sectors, and a range of civil society associations allow for the dynamic exchange of ideas, sharing of lessons learned, consolidation of objectives, rationalization of activities, coordination of funding and identification of priorities. The inclusion of a range of civil society actors will ensure that the voices and visions of women at the grassroots level are brought into the policy-making process. The inclusion of regional bodies in this expanded partnership is also a necessity.

9. Given the resistance that still exists in many quarters to the promotion of women's empowerment and the use of gender analysis in development programming, as well as the widespread lack of technical expertise in this area, inter-agency working groups, particularly those that include government and civil society representatives, will serve to consolidate a critical mass of support for gender-sensitive programming. Often gender concerns are handled by relatively junior staff, reflecting and reinforcing the historical marginality of women's concerns to the development process. When called by the Resident Coordinator, the highest ranking United Nations official at the national level, however, such meetings will highlight the seriousness with which the United Nations system now seeks to promote gender equality and empowerment of women. This high-level advocacy, which serves to legitimize gender issues in the eyes of United Nations staff and development partners alike, is among the most effective strategies available to the Resident Coordinator seeking to foster women's empowerment at the national level.

SPECIFIC AREAS FOR ACTION

Research, statistics and situational analysis

10. The creation of gender-sensitive development policies at the national level is impeded by the lack of accurate and accessible information about women at both the national and international levels. In this regard, it is vital that a common data base of gender and age-disaggregated statistics be available to all United Nations agencies, and also that common methodologies and statistical indicators be used in data-gathering. This disaggregation is vital to follow-up actions targeted at the well-being of girls, adolescents and women and to identify areas in the life-cycle of women during which gender disparities are greatest. The new volume of the World's Women, to be issued in August 1995, can serve as a model. In addition, there is also a great need to collate, analyse and make accessible statistics and data that already exist. The Resident Coordinator has a key role to play in coordinating multi-disciplinary national-level data-gathering; in discovering what information is already available at the national level (through United Nations and government studies, as well as academia and research institutions) and ensuring its dissemination; in pinpointing the information gaps; in establishing priority areas for research; and in identifying areas where gender disparities are greatest.

11. Areas for which sound statistical information is known to be scarce are the effects of environmental degradation on women; causes and effects of migration; adolescent pregnancy and reproductive health; male roles and responsibilities in promoting

women's empowerment and reproductive health; and the socio-economic implications of changing gender roles. There is also a great need to promote research; gather facts and compile statistics concerning domestic violence; encourage research about the causes, nature, gravity and consequence of violence against women; and test and analyse the effectiveness of measures to thwart gender-based violence and document its recovery process.

12. Creating a roster of gender experts -- national consultants with expertise in different fields, such as agriculture, appropriate technology and health, including reproductive health from a gender perspective -- for use by the United Nations system, government ministries and NGOs, as well as compiling a directory of studies and data bases available at the national level, are useful first steps.

Training in Gender Analysis and Gender-Sensitive Development Planning

13. A key area of concentration for Resident Coordinators should be gender training. This training should be required of all United Nations field staff, including the Resident Coordinator himself or herself. In addition, the Resident Coordinator should work with UN agencies and national-level ministries (not just ministries for women, welfare or social services, but also finance, planning, agricultural, energy and other "hard" sectoral ministries) to train staff to help ensure that gender is more fully understood and gender issues are incorporated within the scope of country- and region-wide development initiatives. It will also ensure that

there are systematic plans at national levels to avoid duplication and overlapping of the training efforts of various UN agencies. The importance of ensuring high-quality gender training cannot be overstated; those already sceptical of the value of gender training find their worse fears confirmed and can become entrenched in their opposition after a poorly designed or poorly run training session. The relevance and practical applications of gender analysis to the audience's day-to-day work must be stressed. Resident Coordinators should take advantage of the methodologies that are being developed collaboratively by several agencies (including FAO, ILO, UNDP, UNIDO and UNIFEM).

Reproductive Health and Reproductive Rights

14. The Resident Coordinator has a key role to play in promoting the reproductive and sexual health and well-being and reproductive rights of women, adolescents and girls at the national level. Included under the rubric of reproductive health are the traditional concerns of family planning, as well as issues coming to the forefront of international attention more recently, such as AIDS and other STDs, unsafe abortion, adolescent pregnancy, practices that are harmful to the health of women and children (such as female genital mutilation), discriminatory nutritional and other practices based on male child preference, and early marriage. Also included in the concept of reproductive health is women and adolescents' control over their sexuality. Reproductive and sexual health are affected by the economic, social, cultural and educational environment in which girls are born, grow to womanhood, marry and repeat the process in starting their own families. The Resident Coordinator's interventions in this area should be imbedded in a human rights framework and informed by several key

principles:

- Women have the right to autonomy and reproductive choice.

- Women have the right and social responsibility to decide whether, how and when to have children and how many to have; no woman can be compelled to bear a child or prevented from doing so against her will.

- Men also have a personal and social responsibility for their own sexual behaviour and fertility and for the effects of that behaviour on the health and well-being of their partners and children.

- Reproductive health issues should be addressed in the way women and men experience them; not as isolated, biomedical phenomena or matters of public policy, but as an integrated part of everyday life.

- The fundamental sexual and reproductive rights of women cannot be subordinated against a woman's will to the interests of partners, family members, policy-makers, or any other actors.

- Women must be respected to make their own reproductive decisions; they must have both the information and the authority to make decisions about reproduction and the services that will enable them to satisfy their reproductive health needs.

15. The goals of reproductive health programmes should be to increase women and adolescents' control over their bodies, their sexuality and ultimately their lives; to improve women's health, including their reproductive and sexual health; and to change socio-economic structures and norms that impede women's free exercise of their human rights, including their reproductive rights (such as women's legal status, access to education, decision-making powers, poverty level, choice regarding marriage partners and rights within marriage).

16. In practice, these goals and principles require that the Resident Coordinator support reproductive health programming rather than "target-oriented" population programmes by focusing on meeting the needs of individual women and men; expanding standard services to include prevention and treatment of AIDs, sexually transmitted diseases, and violence against women; responding to women and girls at all stages of the life-cycle; and emphasizing safe, effective and affordable contraceptive methods that women themselves control and that are of high quality.

Women's Human Rights and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)

17. Since the International Conference on Human Rights, held in June 1993 in Vienna, and the subsequent General Assembly ratification in December 1993 of the Declaration on the Elimination of Violence against Women, political will and mobilization around the issue of women's human rights has increased tremendously. The debate has led to an expanded conception of human rights that explicitly recognizes that women's rights are human rights. In

response to this expanded definition of human rights, in March 1994, the United Nations Commission on Human Rights agreed to appoint a Special Rapporteur on violence against women and to integrate the rights of women into the human rights mechanisms of the United Nations. These advances have shown the potential of the human rights framework for improving the status of women and the condition of their lives.

18. Despite these substantial legal and procedural changes at the international level, however, the majority of the world's girls and women remain outside this enlarged vision of human rights due to the pervasive, structural and systemic denial of their liberty at the national and community levels worldwide. The Convention on the Elimination of all Forms of Discrimination Against Women, approved in 1979, provides concrete ways to bring these international principles to bear at the national level. Unlike other human rights treaties, CEDAW specifically obliges states that ratify the Convention to take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise. In addition, it provides a legal framework for women's empowerment and participation in the development process. It not only guarantees basic human rights and fundamental freedoms, it also lays out policy measures and targets areas of particular concern to women (such as sex roles and stereotyping, affirmative action, trafficking in women, access to health care, education and benefits, and the special needs of rural women).

19. Resident Coordinators can become involved with CEDAW at the national level in several ways. They can play an advocacy role in supporting the lobbying and public education efforts of NGOs in

countries that have not yet ratified CEDAW, working to generate awareness and support, to build partnerships and to assist others in their lobbying efforts.

20. In countries that have ratified CEDAW, the Resident Coordinator can assist NGOs and parliamentarians in lobbying for greater support to the CEDAW Committee, aid the Committee in disseminating its important findings to a larger audience, work with appropriate partners to produce materials that make the Convention accessible and usable at the grassroots level, and establish task forces of legal experts to design innovative uses of the Convention and advise women and other groups on its application. The Resident Coordinator can also support efforts to revise the legal code to protect and promote the rights of women, using CEDAW as a basis. Since women worldwide would be well served by a strengthening of the Convention's mandate and power, Resident Coordinators should also support the efforts of those seeking to "give teeth" to the Convention.

Culture and tradition

21. It is important to make note of one of the concerns most frequently raised regarding efforts to further gender equality and the empowerment of women, i.e., that such efforts constitute undue interference in the culture, religion, or traditional practices of a country. Resident Coordinators have a special responsibility to address these concerns and to draw distinctions among traditional practices that harm women and girls and deprive them of their universally recognized human rights, such as gender-based violence, forced early marriage, and female genital mutilation, and those that are socially valuable and benefit women.

22. Several points are key in addressing this issue of culture in relation to efforts to foster gender equality and women's empowerment. First, all development efforts, including those that seek "merely" to introduce new technologies or promote economic growth, imply social change, for, as the nature, modes, goals and social relations of production are altered, structures of work and family life are transformed. Second, women's empowerment was first articulated and championed as an approach to development by Southern women seeking to improve their lives and those of their families. Third, culture is not a static, fixed entity, but a confluence of beliefs and values continuously undergoing processes of change and redefinition in response to external and internal economic, political and social forces.

23. Fourth, cultures and societies are not monolithic; they are made up of groups of people who often hold conflicting and competing ideologies, beliefs and practices. What is called "culture" can sometimes be more accurately understood as the ideas and practices valued by the dominant group, often men. Social movements that pose a particular threat to women (and which are, in turn, particularly threatened by women's empowerment) often appeal to this concept of cultural or religious tradition as a basis for their attempt to extend their social control. Finally, the argument that gender discrimination is a country or cultural matter (which mirrors the claim that domestic violence is a private act rather than a public crime) falls apart when one substitutes "race" for "gender"; South Africa's past policies of apartheid demanded and received an international response, as should policies and practices of gender discrimination.

Education

24. The role of equality in education in bringing about equality in all walks of life is well known and discussed in detail in the Basic Education Guidelines. Girls' education is fundamental to gender equality and women's empowerment. Key areas for the Resident Coordinator's attention include life-long education and training, including pre-school provision, the elimination of stereotyped teaching and education materials, diversification of the educational and training opportunities available to women and girls, and the promotion of self-esteem and leadership in girls. Providing employment and job training, as well as literacy training, for women past traditional school age should be an area of special focus, as should enabling pregnant adolescents to continue their schooling. The Resident Coordinator could work to raise awareness about the ancillary advantages of educating girls and women, such as a reduction in fertility rates and a more skilled labour force, as well as advocating for the right of women and girls to equality and quality in education.

Violence Against Women

25. Violence against women is not the issue of any particular region or group; it is an ugly universal, crossing the frontiers of ideology, social class and ethnic identity. At the individual level, violence disrupts the lives of women, limits their options, undermines their confidence and self-esteem, and impairs their health psychologically as well as psychically. It denies them their human rights and hinders their full participation in society. Violence against women deprives society of the full participation

of women in all aspects of development, not just in terms of hours of labour missed due to violence, but also in terms of the cost of services to the victims. It also has serious consequences for the mental and bodily health of dependent children.

26. Despite its prevalence, some of the manifestations of gender-based violence respond to, and are determined and patterned by, the specific characteristics of different national and community contexts. Therefore, the Resident Coordinator should ensure that the design and execution of programmes are specifically attuned to respond appropriately at the local, national and regional levels. The Resident Coordinator has a key role to play in countering violence against women by supporting advocacy, social mobilization, institution-building and network strengthening. He or she can also play a key role in coordinating multi-disciplinary approaches to the problem, as well as multi-agency responses.

Women's NGOs and Networks

27. Among the best ways to aid the poor of the developing world and to reach women at the grassroots level is to provide technical and financial assistance to the organizations that they themselves create and control. In this regard, the importance of local institution-building to the process of development cannot be overstated; no matter what problem a project seeks to address, its ultimate success or failure often hinges upon the strength of the implementing agency. Although strong organizations occasionally fail, institutionally weak organizations seldom succeed.

28. The Resident Coordinator can play an important role in

strengthening the capacity of NGOs, particularly those at the grassroots level, by providing them information regarding the nature, norms and requirements of the international development cooperation system. The United Nations Resident Coordinator can also support networking of like-minded or complementary organizations by calling meetings, conferences and seminars. By advocating for the inclusion of NGO representatives in government policy-setting dialogue and facilitating NGO participation in the meetings he or she convenes, the Resident Coordinator can help build partnerships, strengthen alliances between NGOs and governments, and serve to legitimize the participation of civil society. The Resident Coordinator should support NGOs in the areas in which they have a comparative advantage, particularly reaching women at the grassroots level, bringing women's concerns to the attention of policy-makers and fostering the political participation and leadership of women. Finally, the Resident Coordinator's efforts to ensure that women and their concerns are incorporated into NGOs that do not focus specifically on women are also key.

Refugee, Displaced and Returnee Women

29. Refugee, returnee and displaced women and girls have two sets of special needs: the first, because they have been displaced; the second, because they are female. Refugee, returnee and displaced women are particularly disadvantaged, as they are almost entirely dependent on external sources of assistance. Programmes for them must be targeted to ensure that women are not unintentionally marginalized or further disempowered. When a gender perspective is not employed in the design and implementation of projects and efforts are not made to compensate for the power, status and income

differentials between men and women, these gender disparities can actually be sharpened or further entrenched. Initiating gender-sensitive programming in the first stages of an emergency is particularly important and yet can too easily be given lower priority in the very difficult first stages of large population movements requiring immediate life-sustaining support. Given that at least 80 per cent of the total current number of the refugee population worldwide are women and their dependent children and that a high proportion of refugee women are heads-of-household, any negative impacts of development and reconstruction policies and projects on women pose a serious threat to the overall success of such policies.

30. Although they have been removed from their usual social support systems and economic resource bases, and are often emotionally devastated by fear and grief, refugee women are still required to care for the sick, old, injured and young. Because the health of migrant populations, including that of care-taking women themselves, is generally poor, this burden is worsened. Physical security is a particular problem for refugee women and girls. They often face sexual violence (including the increasing deliberate use of systematic rape to terrorize civilian populations), sexual exploitation by guards and so-called peacekeepers, and increased domestic violence triggered by escalating stress and uncertainty.

31. Resident Coordinators must ensure that policies designed to aid refugee, displaced and returnee women and girls are informed by the reality of their lives. They must ensure that policy-makers recognize that most refugee families are headed by women and so do

not limit distribution of resources to male heads-of-household, that women are protected from sexual violence and exploitation, and that the basic needs of women (physical safety, reproductive health information and services) are provided within the context of emergency operations. While refugee life might sometimes reinforce cultural restrictions on women's empowerment, it may also provide opportunities for development that might not have otherwise occurred. Refugee workers are encouraged to be aware of these opportunities and support whenever possible the efforts of refugee women and girls to pursue these new opportunities. Resident Coordinators should be familiar with the policies, guidelines and training programmes developed to assist and protect refugee women and use them when possible and appropriate.

Mainstreaming

32. The points set out above are examples of how a concern for gender can be fully incorporated, or "mainstreamed," into tasks and responsibilities at a senior management level. Resident Coordinators should seek to ensure that the tasks of all staff reflect gender mainstreaming in an appropriate form, and foster similar efforts among senior United Nations system colleagues. Instruments to ensure that gender mainstreaming occurs include: the performance appraisal process; the programme review process; gender training for staff; on-going consultation and dialogue with representatives of civil society; and inter-agency workshops on the mainstreaming of key concerns such as gender, the environment, poverty, governance and the like.

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and societies, and offer their recommendations and insights.

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AGENCY PROFILES

Food and Agriculture Organization of the United Nations (FAO)

The Plan of Action for the Integration of Women in Development embodies FAO's policies and programmes to improve the lives of rural women. It is based on the Organization's commitment to the Nairobi Forward Looking Strategies, which is a pledge by the UN Member Governments to take concrete steps by the year 2000 to eliminate all political, economic, social and cultural forms of sex-based discrimination.

Focusing specifically on agriculture, food and rural development, including fisheries and forestry, the Plan of Action outlines three principal areas of activity:

- Gathering statistical data and research studies on all issues related to women in agricultural development, ensuring FAO's ability to monitor the status of these issues in the field;

- Advising policy makers on women in agricultural development at both the international national levels;

- Assisting in implementing women in agricultural

development projects and programmes, and in mobilizing the necessary resources.

The Plan recognizes the women already make a crucial contribution to agricultural production. It is dedicated to enhancing their participation through projects and programmes that systematically bring women into the mainstream of development activities and national life. Within this framework, future activities will give greater recognition to women's special needs for income-producing activities and control of income, educational and training opportunities, and technologies and other means to ease the burden and increase the productivity of women's work.

FAO takes a two-pronged approach to women in development that is reiterated in the Plan of Action: first, the implementation of projects and programmes oriented exclusively to women (women-specific projects and programmes); and second, the promotion of the integration of women's issues and of women as participants in all of FAO's projects and activities (mainstream programmes and projects).

FAO recognizes the necessity of women-specific projects under certain circumstances; where "women-only" projects can serve as demonstrations to encourage national governments to include women in their mainstream project; where cultural factors prevent women from working alongside men; or where rural women have been generally neglected. However, the success of "women-only" projects is often constrained by small budgets, low government priority, a lack of skilled project staff and concentration on marginal enterprises. Therefore, while the Plan incorporates both approaches, every effort will be given to including both men and

women as full participants in mainstream projects.

In adopting the Plan, FAO's Council requested that Member Governments make all possible efforts to contribute to its implementation. It is evident that without the interest and commitment of governments, the actions envisaged in the Plan cannot succeed. Comprehensive policy designs, programme and project planning, implementation and evaluation, as well as legislation related to women's issues, are requisites at the national level for the Plan's success. In line with its mandate, FAO stands ready and eager to assist Member Governments in the realization of greater participation and greater equality for rural women.

The Plan revolves around four spheres: civil status, economic, social, and decision-making. They are selected on the basis of FAO's long experience in working with women in developing countries and with Member Governments. Each sphere contains its own strategy for increasing women's status at all levels of society-household, community, national and international. Within each sphere, numerous actions are presented that FAO envisages as essential to the Plan's implementation.

International Labour Organisation (ILO)

Within the context of ILO's mandate for the promotion of social justice, the promotion of equality between men and women in employment and the protection of the rights of women workers have been issues of long-standing concern to the Organization. The overall strategy of the ILO is to ensure that gender issues and

equality concerns are integrated across the board within its programme and project objectives and activities, and are reflected in the various means of action (e.g. standard setting, research, information dissemination and technical cooperation). This strategy is based on the recognition that women's equal and full participation in all aspects of life is essential to the achievement of all major development objects -- democracy and human rights, sustainable development, poverty eradication, etc. In this respect, a gender training programme for ILO staff and constituents is currently being implemented, jointly funded by the ILO and the Netherlands Government. The purpose of the programme under the Office for Women Workers Questions, which is overseeing the effective follow-up and use of the outputs of the Interdepartmental Project on Equality of Opportunity for Women in Employment, is to strengthen the capacity of the ILO and its member States to deal effectively with equality for women at work.

The programme is focused on training ILO staff in management, technical and programming positions, as well as representatives of ILO constituents, with the object of creating a common understanding and a basis for fruitful dialogue on gender issues between staff and constituents; and to enlarge the pool of expertise in counterpart institutions to develop ILO programmes with a gender-sensitive approach. The priority target groups of this training programme are the members of ILO's Multidisciplinary Teams (MDTs) and staff of ILO Area Offices in the field.

These institutional arrangements have given added impetus to the gender dimension of ILO's Labour and Population Programme, especially in light of the concerns emphasized in the ICPD Programme of Action. ILO's Labour and Population Programme has a

component on issues of Gender, Population and Development. The essential elements of this component include an inter-regional strategy:

- to enhance the gender sensitivity of population and development policy-making and programme formulation. This includes designing frameworks and guidelines to facilitate and promote participatory gender population and development analysis at the country level;

- to promote legal reforms, training and application of International Labour Standards that advance the position and protection of women workers (including protection of maternity and promotion of Safe Working Mother strategies);

- to improve the knowledge base in critical areas where synthesis of evidence or creation of new information is required through design and promotion of studies and state-of-the-art papers;

- to collect, synthesize and disseminate information about successful initiatives that have empowered women and enhanced their productive and reproductive choices;

- to enhance the training of trainers opportunities available to regional and national experts through the development of special materials, methods and programmes in close collaboration with specialized technical UN agencies and the Turin Training Center; and

- to provide technical advice and support to potentially replicable pilot projects that seek to empower women workers through expansion of available productive and reproductive choices, resources and opportunities.

United Nations, Department for Economic and Social Information and Policy Analysis/ The Population Division

The Population Division of the Department for Economic and Social Information and Policy Analysis (DESIPA) provides gender-disaggregated statistics, conducts a variety of analytic studies that have a gender dimension, monitors population policies and organizes expert meetings that deal with gender issues. Every two years the Population Division/DESIPA produces population estimates and projections, by age and sex, for all countries and areas of the world. Apart from their direct interest, these statistics serve as "denominators" for gender-disaggregated estimates and projections in areas such as school enrolment and employment that are produced within and outside the United Nations system. The Division also regularly monitors fertility, contraceptive practice and mortality levels, by sex, as well as Government policies related to population concerns.

Since 1990, special studies and expert meetings have dealt with female migration, education and fertility, abortion policy, gender differences in age at marriage and living arrangements of women and children, including women-headed households. The Division also produces a manual on techniques of population estimation and analysis, which provide the basis for production of

gender-disaggregated population indicators. These manuals and reports are widely used in developing-country training programmes in the areas of population and development. In addition, the Division serves as global headquarters for the Population Information Network (POPIN). With both global and regional support from UNFPA, POPIN is a decentralized information and communication network for regional, national and non-governmental population information activities, including gender-and-population issues. POPIN facilitates Internet access to population information through the POPIN Gopher (Internet address:gopher.undp.org).

The Population Division serves as the substantive secretariat for the Commission on Population and Development, which has been assigned primary responsibility for monitoring the follow-up to the International Conference on Population and Development (GA Resolution 49/128).

United Nations Development Programme/Gender in Development Programme (UNDP/GIDP)

In the ten years since UNDP's Governing Council mandated the mainstreaming of women-in-development concerns and the subsequent establishment of the Gender in Development Programme, UNDP has developed a twin strategy that aims to mainstream gender in all its programmes and to further the advancement of women as one of its four major focus areas.

The following three principles guide UNDP's efforts to mainstream gender: gender equality and equity objectives are built into Country Cooperation Frameworks and other strategy and policy

documents; the equal participation of men and women is sought in setting priorities in programme design, development, implementation, direction and monitoring; and efforts are made to ensure that programme outcomes benefit men and women equally (where major inequities exist, equal benefits are considered inadequate and affirmative action programmes are put in place). Gender equality and equity at all levels and in all respects within the organisation itself are also explicit objectives of UNDP's human resource management policies and staffing.

GIDP works closely with Country Offices to ensure gender mainstreaming. The assistance that is offered includes: participation in programme reviews; participation in joint programming missions; project and programme evaluation; assisting with the preparation of gender situation analyses; development of gender strategies or action plans, including follow-up to world conferences; review of documentation; and gender training.

By fully mainstreaming gender concerns, UNDP also seeks to assist Country Offices to empower women and contribute to an enabling environment for their advancement, especially by: achieving gender equity in decision-making; developing capacity; recognizing women's power as agents of change; improving women's access to economic resources and assets; arresting the feminisation of poverty; advancing women in crisis situations; and creating legal frameworks that facilitate gender equality and equity.

For UNDP, gender mainstreaming and focusing on the advancement of women are complementary and mutually reinforcing strategies for achieving gender equality and equity. Pursuing the advancement of women requires a gender perspective, while even within a gender-

sensitive framework, provision must be made for a special focus on the advancement of women to compensate for specific inequities.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO has always endeavoured to promote equality between the sexes and to improve the status of women within its fields of competence through education, sciences, culture and communication. In addition to specific activities, efforts have been made to incorporate women's issues at all levels of programme design and implementation. This approach will be followed-up in the forthcoming Medium-Term Strategy (1996-2001), with particular emphasis on the participation of women. Taking its cue from the Platform for Action of the Fourth World Conference on Women, the Organization's Medium-Term Strategy for women will be three-pronged.

First, efforts will be made for the main-streaming of a gender perspective in all policy-planning, programming, implementation and evaluation activities. This will entail the production of refined gender-desegregated data and analysis, as well as the revision of normative instruments to bring them into line with the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the development of gender-sensitive indicators to monitor all UNESCO projects.

Second, UNESCO will encourage the broad and active participation of women at all levels and fields of activity and pay

particular attention to women's priorities, perspectives and contribution to the rethinking of the goals and means of development across cultures and traditions. In this context, the Organization will ensure greater involvement of women in its programmes by supporting professional women's groups and disseminating information about relevant research on women and gender issues.

Third, UNESCO will endeavour to develop specific programmes, projects and activities to benefit women, geared towards promoting equality, endogenous capacity-building, women's full citizenship and equal participation in policy-making. UNESCO will continue to support action to combat discrimination against women in order to make equal rights for men and women a de jure and de facto reality in its various spheres of competence. It will promote information on the human rights of women and legal literacy. Greater attention will be paid to the eradication of sexist stereotypes in education, particularly in textbooks, and practical measures will be taken, in cooperation with the relevant professional organizations, to promote a more diversified and non-stereotyped image of women in and through the media.

As to specific action, the education of women and girls has always been a top priority with special emphasis on rural women, on projects that have a direct bearing on women's access to employment opportunities, and on lifelong education for women's empowerment.

Particularly in regions where enrolment rates for women are still low, UNESCO will encourage a review of legislation, policies and programmes in order to identify the obstacles restricting their access to education. Emphasis will be on diversifying

opportunities for education and training to benefit women without schooling; on improving the access of girls and women to technical and vocational education; and to strengthening women's role in higher education through the establishment of UNESCO Chairs. The organization will also support the training and informatics with particular attention to ways of facilitating their access to posts of responsibility in the media.

In view of the importance of the role and participation of women in the management of natural resources and in environmental concerns, special development projects designed to respond to certain issues such as water resources management; environment, population and development interactions; the improvement of communications, particularly in rural areas; access to new technologies; training and information, will be implemented.

UNESCO will pursue cross-cultural studies on the formation and modification of attitudes, and on the consequences of changes in the perception of women's and men's roles in the family and in society, highlighting the role of women as agents of social change and the cultural changes in women's life cycles. Findings that lead to new concepts will be reflected in teaching and training programmes and materials.

United Nations Population Fund (UNFPA)

In moving forward from Cairo, UNFPA will play an important role in monitoring the implementation of the Programme of Action at the country, regional and global levels. To this end, the Fund has

formulated a mission statement to serve as a framework for its activities over the coming years; it reaffirms the importance of providing quality reproductive health and family planning services, implementing population policies as an integral part of sustainable development, and undertaking advocacy for population and development concerns, particularly for the empowerment of women.

The ICPD recognized that there can be no sustainable development without the full and equal participation of women, gender equality and equity and the empowerment of women. Gender concerns will therefore be an integral component of UNFPA programming and will be factored into all activities undertaken in the three core areas (reproductive health, including family planning and sexual health; population and development strategies; and advocacy) as a "cross-cutting" dimension. Limited support will also be provided to specific areas such as institution strengthening, training and research.

The empowerment of women is a fundamental prerequisite to sound reproductive health and requires that women have increased access to resources, education and employment, and that their human rights and fundamental freedoms are promoted and protected so that they can make choices free from coercion and discrimination. Family life education and public information for young people that encourages responsible sexuality, respect for women, and gender equity are also fundamental to improving the role and status of women in society.

Women will, therefore, remain the focus of reproductive health issues, since the burden of ill health associated with reproduction affects women to a much larger extent than it does men. However,

all programmes and services will also pay special attention to the role and responsibilities of men in reproductive health.

Thus, within the context of primary health care, UNFPA will build upon its traditional support through the strengthening or addition of services that seek to improve reproductive health by reducing the need for abortion; preventing and treating reproductive tract infections, including STDs; preventing HIV/AIDS; preventing and treating infertility; providing routine screening for other reproductive health conditions; and discouraging harmful practices, such as female genital mutilation.

The Fund will also support the development of data systems that generate information that is desegregated by gender as well as by geographic areas, and undertake research studies focusing on the acceptability of reproductive health and family planning practices in various social, economic and cultural settings, and the role and status of women and reproductive rights.

With regard to advocacy, UNFPA activities will be of two types. First, UNFPA will address gender equality and equity; education of women; reproductive rights; protection of the girl child; and the role of men in matters of sexual and reproductive health and in the family. Second, the Fund will work as an advocate for human rights and development issues such as education, poverty, basic health services, empowerment of women and people's participation, all emanating from the Programme of Action and agreements reached at other United Nations fora.

In recognizing that gender issues and concerns have been

expanded beyond women-specific activities to include gender equality and equity, participation of both men and women in all aspects of population and development, and including the role of men in achieving women's empowerment, UNFPA has issued revised guidelines on Gender, Population and Development, and is organizing gender training workshop for all its field staff. The overall objectives of these workshops are to create gender awareness, in particular the strategic and analytical shift from a narrow women in development concept to a broader gender focus, and to ensure that gender issues are mainstreamed in all UNFPA programmes and projects at the country level.

In addition, UNFPA is collaborating with the Royal Tropical Institute (KIT) to organize regional pilot workshops in Egypt, Indonesia, and Zimbabwe, the objectives of which are to: develop the institutional capacity to provide GPD training as an integral part of the Fund's regular training programme and as part of the training and educational structures at local institutions in selected countries; to build staff capacity to integrate gender concerns in population and development among UNFPA field staff and relevant national, government, CST and executing agency staff; and to design flexible guidelines and a trainers' aid that could be adapted by UNFPA field offices for future in-country GPD training.

UNFPA field staff will also be encouraged to collaborate closely with governments and other entities involved in population and development activities, particularly women's NGOs, to ensure that gender concerns are taken fully into account in all programming activities. Efforts will also be made to strengthen the institutional and technical capacities of women's NGOs at the local and grassroots levels to better their ability to undertake

gender-specific activities. A revised set of guidelines for UNFPA collaboration with NGOs has been issued in this regard.

Office of the United Nations High Commissioner for Refugees (UNHCR)

UNHCR's follow-up activities to the International Conference on Population and Development (ICPD) have centred on addressing reproductive health (RH) issues in refugee situations. In addition, an inventory has been made of UNHCR-funded projects to identify the educational needs of refugee girls.

The traditional approach to reproductive health needs in refugee situations has been mainly through mother and child healthcare programmes that focus on reducing infant and child mortality. While in the past refugee reproductive health needs were either not fully addressed for socio-cultural reasons or were overshadowed by competing demands in other life-saving sectors, in recent years increasing concern over the number of unwanted and/or unplanned pregnancies has brought to the fore the issue of family planning and other related activities. Sexually transmitted diseases (STDs), including HIV/AIDS, and widespread rape in armed conflict have added new dimensions to the reproductive health needs of refugees. The ICPD recognized the holistic nature of female reproductive health needs in its conclusions, which expanded the definition of RH to include the "..state of complete physical, mental and social well-being." The conference also addressed the need for inter-agency cooperation to fill the service and resource gap and to harmonize technical approaches in implementing RH programmes in refugee situations.

This new consensus on reproductive health provided UNHCR with a fresh and expanded opportunity to combine expertise and coordinate activities with other United Nations agencies and non-governmental organizations on RH services in refugee settings. A joint venture was launched initially with UNFPA (following their policy on RH service coverage in refugee settings) to undertake a preliminary survey of reproductive health needs and services among refugee populations. The survey revealed crucial unmet needs in the are of reproductive health of young adolescents and victims of violence and trauma. Health service providers in the field further signalled the need to develop technical guidelines of RH to help identify target populations and design appropriate measures for intervention.

As a further follow-up to the recommendation of the ICPD, and as a result of the survey on RH needs, an inter-agency working group has been established to prepare the first-draft technical field guidance manual for standardizing a technical approach to RH needs. The draft manual will be reviewed at the June 1995 symposium on reproductive health.

While efforts are still underway to develop systematic, multifaceted and integrated RH programmes in refugee settings, vertical programmes continue to address specific needs as and when identified. Specific projects such as the STD/HIV/AIDS pilot project in Ethiopia, psychiatric and social counselling of victims of violence in Croatia, and training of traditional birth attendants in the Sudan continue to meet the manifested needs of targeted populations.

In addition to the ICPD-related activities mentioned above, UNHCR has over the past five years developed extensive training programmes and guidelines for its staff and implementing partners to assist them in developing programmes that reduce dependency, enhance the participation of refugee women and ensure their equal access to the benefits of such programmes. Legal training for women has been developed to raise their awareness of their human rights. Human rights training aimed at police, military personnel and government officials includes components on women's rights. Proactive efforts have been made to ensure women's participation in camp organization committees and their access to skills training and literacy programmes. All of these activities are aimed at empowering refugee women and enabling them to take an active role in the rebuilding of their societies after their exile has ended.

United Nations Childrenþs Fund (UNICEF)

The objectives and programme thrusts of UNICEF's actions in gender and development are defined in its 1985/1987 policy on women in development and in its recent 1994 policy paper on gender equality and the empowerment of women and girls. UNICEF's policies are guided by a growing understanding of the gender-based discrimination that affects women and girls throughout the life-cycle, the complementarity of CRC and CEDAW, the needs of the girl child, and the needs of women in their multiple roles. The operational approaches to implement its policies and strategies are mainstreaming gender concerns both as a cross-sectoral dimension and as an integral aspect in the sectoral programmes; promoting gender-specific programme activities for girls and women; and

giving special attention to the girl child. UNICEF actions for the girl child include programmes for the elimination of disparities in health, nutrition and education for girls, initiatives for the elimination of the harmful traditional practices of early marriage and female genital mutilation, and innovative ways to reach adolescent/young men and women with knowledge about and skills to delay parenthood and to protect themselves against sexually transmitted diseases, particularly AIDS.

UNICEF actions are targeted to the elimination of gender disparities in the achievement of the mid-decade goals and those of the World Summit for Children, advocacy and specific initiatives for girls, and integration of gender issues through the application of the Women's Equality and Empowerment Framework. Programme activities will also include capacity-building for gender responsive programme development; involvement of males in sharing familial responsibilities, particularly parenting; and promoting gender equity in the family with focus on early socialization and youth. Other on-going activities for continued action are collection and analysis of gender and age-disaggregated data and development of indicators for gender-sensitive policies and programmes; building capacities through training; advocacy and women's social mobilization and organized participation at the community, local and national levels; and alliance building among government agencies, NGOs women leaders, social activist groups and others to create a positive environment for the effective participation of women in the emerging democratization and decentralization processes in many countries.

United Nations Development Fund for Women (UNIFEM)

UNIFEM, the lead agency for the Inter-Agency Working Group on Women's Empowerment, which produced these guidelines, is mandated to use its resources for four priority areas:

- to serve as a catalyst with the goal of ensuring the appropriate involvement of women in mainstream development activities;

- to support innovative and experimental activities benefitting women in line with national and regional priorities;

- to play an innovative and catalytic role in relation to the United Nations overall system of development co-operation; and

- to implement the goals of the United Nations Decade for Women: Equality, Development and Peace.

Within the framework of its original mandate, UNIFEM is reshaping its directions and strategies to meet current challenges and the priorities of women in the 21st century by focusing on women's political and economic empowerment. To foster women's economic empowerment, UNIFEM works to put resources directly in the hands of women in developing countries to support their livelihoods and to build their capacity to take advantage of new economic opportunities. Another aspect of work is assisting in the formulation of gender-sensitive macro-economic policies and practices in key areas such as trade, structural adjustment and

transitional economies. Of special importance is the examination of development models, best practices, principal constraints and lessons learned for widening choices and opportunities for women's economic participation at all levels.

To foster the political empowerment of women, UNIFEM advocates for gender equity in decision-making structures from the household to the international level and the reform of legal and policy frameworks, codes and instruments that deal with issues such as property rights and inheritance laws. The Fund supports the efforts of those working to improve women's status, eliminate violence against women and promote women's human rights. It also seeks to strengthen women's organization and other civil society actors to better their capacity to participate in the decision-making process.

UNIFEM's comparative advantage lies in its knowledge of and experience in gender and development, particularly in the following areas: identifying emerging gender issues, such as trade, population displacement and structural adjustment; developing innovative approaches and strategies to address critical issues affecting women; applying a gender perspective in development interventions; supporting innovative operational programmes and projects that benefit women directly; and acting as a catalyst within the UN system and at the regional and national levels to bring about women's empowerment. Another area of strength is UNIFEM's long history of partnership with NGOs; UNIFEM has extensive experience mobilizing and working with women's organizations at all levels - grassroots, national, regional, and global.

UNIFEM also works to ensure that UN Conferences address the needs of women. UNIFEM works with others to create new political spaces where women's voices can be heard and consensus can be forged. It has also sought to empower women by training them to negotiate in the international arena. UNIFEM works to keep women's issues high on the agendas of mainstream UN organizations by playing a mediating role between the international women's movement and the UN system. UNIFEM also works to synthesize critical issues and to ensure that the key recommendations of the various UN Conferences, including the ICPD, are translated into catalytic and innovative programmes that will empower women in the developing world.

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GUIDELINES ON A COMMON APPROACH TO NATIONAL CAPACITY BUILDING IN TRACKING CHILD AND MATERNAL MORTALITY FOR THE UN RESIDENT COORDINATOR SYSTEM

INTRODUCTION

1. At the request of the UNDP Administrator, on behalf of the Secretary General of the UN, a first meeting of the Inter-agency task force on the implementation of the ICPD programme of action was convened. This meeting, held on December 13, 1994, at UN headquar-ters in New York, was attended by representatives of 12 UN agencies and organizations. It agreed to establish four working

groups on: child and maternal mortality data; basic education and gender disparities; social policy-related issues; and women's empowerment.

2. These guidelines are the main outcome of the Working Group on a Common Approach to National Capacity Building in Tracking Child and Maternal Mortality which met at UNICEF Headquarters in New York on May 4, 1995. They are intended to provide a succinct and readable summary of the relevance of child and maternal mortality to human development, how the indicators are measured and who in the UN system can provide what specific kinds of assistance at the country level to governments, and more broadly civil society, in their efforts to assess infant, child and maternal mortality as they act to effect improvements. A list of key references for both child and maternal mortality is attached.

I. CHILD MORTALITY

Child mortality - an ongoing concern

3. Under-five mortality and its major component, infant mortality, have been used as measures of childrenþs well-being for many years. However, it was the International Conference on Primary Health Care held in Alma Ata in 1978 which first considered how child mortality could be reduced world-wide by a systematic development of a primary health care system.

4. The number of under-five deaths are huge, 12 or more million annually. But this number only tells part of the problem. These

12 million represent over 700 million years of productive life lost annually. And by far the majority of these lives being lost could be saved. The following table lists the causes of under-five deaths for developing countries. It shows that over 70% of these deaths are caused by diseases for which practical, low cost interventions exist - involving immunization, ORT use, antibiotics and the like.

Table 1: Under-five deaths 1993, developing world

Cause	% of total
ARI (mostly pneumonia)	25
Diarrhoea alone	23
Malaria alone	6
ARI-measles	5
Neonatal tetanus	5
Tuberculosis	2
ARI-pertussis	2
Measles alone	2
Diarrhoea - measles	2
Pertussis alone	1
Total	73

Source: WHO, The World health report 1995, Geneva, 1995

5. In this context, it is not surprising that child mortality measures are of key relevance in assessing progress in overall national development as well as progress for children. Both U5MR

and IMR measure an end result of the development process rather than an input such as school enrolment ratio, per capita calorie availabili-ty, or the numbers of doctors per thousand population - all of which are a means to an end.

6. Furthermore, child mortality is known to be the result of a wide variety of inputs: the nutritional health and the health knowledge of mothers; the level of immunization and ORT use; access to maternal and child health services (including prenatal care); income and food availability in the family; the availability of clean water and safe sanitation; and the overall safety of the child's environment.

International conferences

7. Specific mention of action to be taken on child mortality can be found in paragraph 8.16 of the Report of the international conference on population and development (UN ref. A/CONF.171/13, 18 October 1994). In particular this paragraph includes the following.

> Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situa-tion of each country. By 2005, countries with inter-mediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1000 and an under-five mortality rate below 60 deaths per 1000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1000 live births and an under-five mortality rate below 45 per

1000. Countries that achieve these levels earlier should strive to lower them further.

8. In the context of UN sponsored international conferences, these same goals for the year 2000 were first mentioned in the World Summit for Children, which was held in New York in 1990. Subsequently, the United Nations Conference on Environment and Development, held in Rio de Janeiro in June 1992 repeated these goals, as did the World Summit for Social Development in Copenhagen in March 1995. Thus the target of reducing child mortality has both broad-based and long-term support.

Definitions

9. The generally accepted definitions for under-five and infant mortality rates come from demography, are cohort based and can be stated as follows.

Under-five mortality rate (U5MR): The probability of dying between birth and the fifth birthday (exact age 5 years), expressed per 1000 live births.

Infant mortality rate (IMR): The probability of dying between birth and the first birthday (exact age 1 year), expressed per 1000 live births.

10. The infant mortality rate is often computed as the ratio of deaths of children under one year of age occurring during a given period and births in the same period. The difference between this and the above stated cohort measure are very small. However, a

similar period based estimate cannot be used for the under-five mortality rate.

Data sources and estimation methods

11. In the developed countries, measures of child mortality at the national level have traditionally come from the registration of births and deaths. If births and deaths are completely recorded, and the compilation of statistics from the registration system are timely, then these are the preferred mortality estimates.

12. However, the major problem with vital registration as a data source is its quality. In many developing countries, birth registra-tion is incomplete In a still larger number of countries, the recording of child deaths is incomplete. Registration of deaths after infancy is, in general, more complete than in infancy, but the recording of the population by age in childhood is also subject to error. A further problem with vital registration systems is the frequent delay in compilation and publication.

13. Experience with programmes to improve vital registration coverage have been rather discouraging. Work in this area suggests that complete vital registration evolves over time with general administrative development and as the importance of records becomes evident to, and used by, the general population.

14. However, sample registration is proving valuable in some of the world's largest countries. A successful example is the Indian sample registration system, introduced in some states in the 1960s, and currently operating throughout the country. Bangladesh has developed a similar system which, after some uncertainty, appears

to be stabilizing. China has recently embarked on a related sample system.

15. In countries where the vital registration system as a basis for child mortality estimates is of uncertain or unacceptable quality, as is the case for most developing countries, information from some type of household survey is required to validate, calibrate or substitute for vital registration estimates. A distinction can be drawn between prospective and retrospective surveys.

16. The essential characteristic of a prospective survey is that a defined population is followed over time, with the vital events occurring to the population being recorded. A typical prospective survey involves the initial recording of populations in a sample of areas. The population is then resurveyed at regular intervals, with the reported events checked against changes in household composition between rounds in order to minimize omission. With careful fieldwork, prospective surveys can provide relatively accurate estimates of child mortality. Such surveys, however, require careful fieldwork over an extended period of time to estimate trends, and because of sample size limitations, may have to be extended over several years to provide stable estimates of child mortality levels. This continuity of effort can be difficult to achieve in some developing country settings.

17. Retrospective surveys typically obtain information from mothers on the survival of their children. Such surveys provide the main source of estimates for most developing countries.

18. Response errors, which arise during data collection, are a major source of poor quality mortality data from all sources. This is of particular concern in retrospective surveys where questions require adequate specification and interviewers must be well trained and supervised. In addition to such response errors, the retrospective survey techniques are affected to a greater or lesser extent by potential selection bias, because in order for a child to be reported the mother must be a member of the study population at the time of the survey. Thus, either death or emigration of the mother can affect the reporting coverage.

19. The most extensively utilized retrospective survey techniques are: questions to women on aggregate numbers of children born and dead, often referred to as the 'Brass' questions; and questions to elicit maternity histories, where each woman is asked for the date of birth and, if applicable, the age at death of each of her live-born children. Brass questions have been used in most developing countries and are the simplest and least costly of the two techniques to apply. They have worked well in a wide variety of social contexts and of data collection vehicles, including censuses.

20. Maternity history data have provided a wealth of information on child mortality in developing countries. Complete maternity histories, such as those utilized by the Demographic and Health Surveys, are more onerous to collect than data from Brass questions, and hence have been generally limited to national household surveys where sample sizes are insufficient to provide detailed sub-national mortality estimates. Maternity history data have made a particular contribution to the exploration of differentials and associations in child mortality.

21. There are other retrospective survey techniques, such as asking about recent household deaths by age, or questions on the survival of a motherþs previous birth. However, for these techniques either the experiences have been mixed, or they apply more appropriately to population sub-groups - such as mothers who give birth in health centres.

22. More information on these and other survey techniques can be found in Child mortality since the 1960s, and in Approaches to the measurement of childhood mortality: a comparative review.

Helping countries track child mortality

23. The activities involved in tracking child mortality at the country level can be usefully divided into three components: determine what mortality data exist; generate reasonable time series of mortality estimates; and fill data gaps. These components are further detailed in the following.

Determine what mortality data exist

24. This task can generally be done by local demographers. A good example of what should be done to describe these data and to provide an updateable record is provided in Child mortality since the 1960s (see references). A typical country profile in this publication presents the key features: the available data listed and referenced, and all data graphed. These latter charts (one each for under-five mortality and infant mortality) provide a very useful visual assessment of the amount of data, the consistency of

data from different sources, and the trend of mortality over time.

Generate reasonable time series of mortality estimates

25. There are two important aspects to generating time series estimates (separately) of the under-five and infant mortality rates for period 1960 to 1995. The first is the ensuing result of a single set of estimates. The second is the process of obtaining the time series, which requires assessment of the existing data and discussion among experts.

26. There are often several different estimates of child mortality used by different national bodies, be they in the government, public or private sectors. Different estimates of child mortality for the same or similar time period are almost always detrimental to concerted efforts to reduce child mortality, since the lack of agreement is often associated with a lack of a coordinated effort on reducing child mortality. Different mortality estimates can also lead to different, and separate, programme strategies for mortality reduction. The aim should be to minimize differences between mortality estimates and to obtain very broad country-wide support for a single and consistent set of under-five and infant mortality estimates.

27. Arriving at a single set of under-five or infant mortality estimates is not an easy task, since there is no unique best method and the country situations can differ widely. For example, the data from seven data sets for Bolivia, shown in figure 1, display a very consistent trend and coherency over the period 1960-92. The situation in figure 2, for Papua New Guinea, shows the other extreme. The country has only two data sets, with a very low data

consistency since in the period 1965-67 the 1980 census reports an under-five mortality rate of just over 100 per 1000 live births, whereas the 1970 census reports a mortality rate of around 200 for the same period.

28. In the case of Bolivia, fitting a line representing a single time series of mortality estimates from 1960 to 1995 appears feasible, and most reasonable attempts could be expected to fall within a narrow band (see the annex for further information on line fitting). Fitting such a line to the data in figure 2 for Papua New Guinea would give very questionable results since possible lines would fall within a very wide mortality range, from a line through the 1970 census data projected to 1995 with the same trend as that given by the 1970 census, to a line through the 1980 census data projected both backwards to 1960 and forward to 1995 with the same trend as the 1980 census.

29. Even in the case of Bolivia - and this is an example of a very consistent set of data - there would be individual variations if different experts attempted to produce a mortality time series. For countries with less consistent data the derivation of a single time series becomes more variable, and an explicit methodology for obtaining a consistent and repeatable time series is needed.

30. The work of Hill and Yazbeck in Trends in child mortality provides a model for generating such a time series at the country level. This important work is summarized in an annex to these guidelines. A key consideration in this model is that it be repeatable and useable by others, particularly at the country level. Hence countries can understand, adopt and implement this

methodology themselves, leading to a greater awareness and commitment within each country.

31. The Hill and Yazbeck methodology aids data assessment, since the choice of regression weights explicitly assigns assessments of data source quality (see Annex). Assessment approaches which rely on comparisons between data sources can be found in Child mortality since the 1960s (pages 12 to 15). At the same time, the quality of individual sources can and should be explored. Such assessments are helped if separate quality studies have been implemented as part of the data collection process. But fairly simple data analyses, such as the calculation of male/female ratios and their comparison against known standards, can throw useful light on data limitations.

Fill data gaps

32. A data þgapþ is used here to identify country situations where there are either no mortality data referenced to a year within the last five or, where there are such data, they are inconsistent or refer to a time before a catastrophic occurrence of national impact - such as civil conflict or major natural disaster.

33. Measured mortality, referenced within the last five years, is considered the minimum requirement which all countries should be able to meet. A more frequent measurement of mortality is advantageous in general, preferably annually, but care has to be taken to balance frequency of mortality measurement with the capacity of a country. For example, if a country is facing economic hardships and has a high child mortality level, attempting to measure mortality every year will absorb significant country resources,

resources which could be better used in reducing child mortality rather than its frequent measurement. This example fits the situations in many African countries.

34. Having identified a mortality data gap exists, how it should be filled depends on the country situation. Countries with gaps to fill can be divided into two groups: those which have (or had) an adequate vital registration system, and countries without. An "adequate" vital registration system is defined here as one which covers over nearly all births and under five deaths in a country. The term "nearly all" is used deliberately; it could have been replaced with 'at least 80% of births and under-five deaths'. However, a more relevant specification is whether vital registration can play the major role in tracking child mortality. Clearly a vital registration system which covers all births and under five deaths meets this specification. But so also does a system which covers enough of the births and deaths so that periodic censuses or large surveys can be used to derive an adjustment factor. This adjustment is then applied to the annual vital registration system estimates to arrive at good quality national child mortality estimates.

a) Countries which have (had) an adequate vital registration system

35. Countries which had an adequate vital registration but now have data gaps, are few in number. But this situation can arise when existing systems have been run down or, as in the case of man-made or natural catastrophes, when country infrastructures have been adversely affected. Systems may not have stopped functioning,

but their coverage of births or deaths may have declined, or the reporting lag between occurrence and reported estimate may have increased considerably.

36. Filling such data gaps requires a review of the vital registration system to determine what the problems are, and a support project initiated to correct them. In some situations, where there are no mortality data for the last five years, or since a catastro-phe, a survey may be required to provide more current data until the vital registration system is functioning adequately again.

b) Countries without an adequate vital registration system

37. Countries without an adequate vital registration system comprise the majority of developing countries. An ultimate, long-term aim is to have complete vital registration for all countries. However, as noted earlier, experience indicates that complete vital registration evolves over time, with general administrative deve-lopment and public use. This is not to say the development of complete systems should not be supported, but they do not get built quickly. Projects for vital registration development need to recognize both the several years for which support will likely be required, as well as the implementation of household surveys to provide mortality data in the interim.

38. For those countries where adequate registration systems are sometime in the future, either retrospective or prospective surveys need to be used to fill data gaps. In general the technique of choice is the Brass questions in retrospective surveys, since these are the easiest and least costly to implement over a wide range of

data collection vehicles. Where correlations of mortality with other factors are particularly sought, maternity history questions should be considered.

39. In situations where the primary source of retrospective survey data, mothers, are likely to introduce a significant selection bias, prospective surveys can be considered for filling data gaps. But such situations require careful review, balancing the country capacity to carry out such a logistically demanding survey against the degree to which other less costly and simpler techniques may suffice.

40. Any action on filling data gaps must take into account feasible data accuracy and the use to which the data are to be put. In the case of feasible data accuracy, and including both sampling and non-sampling error components, a useful general rule is that mortality measurements have an uncertainty of at least plus or minus 10% of the measurement value. For example, if an under-five mortality rate of 100 is measured, the actual rate should be interpreted as being, at best, somewhere in the range 90 to 110, and is often outside this range. Reducing the uncertainty of measurement below this 10% level is both difficult and costly.

41. Measurement is of little value if the data are not used. Hence consideration should be given to how mortality data can be used to more effect. As noted earlier in these guidelines, exploring cause of death is useful in helping to better target programme interven-tions. Additionally, it is beneficial to get users as well as producers together, not only to discuss existing data systems and additional data needs, but particularly to clarify

how existing data are presently used, and how new mortality data will be used. In this the guideline should be that where a cost is incurred in measuring child mortality, this cost should produce a greater benefit in mortality reduction, and not solely result in a measurement report, however imposing and official it may look.

II.MATERNAL MORTALITY

Maternal mortality reduction - an overarching goal

42. Deaths of women due to pregnancy or childbirth is a major public health problem in developing countries. On average, 500,000 women die from maternity-related causes every year -approximately one maternal death every minute. 99 percent of these deaths occur in developing countries with the majority concentrated in Africa and South Asia. Although there has been a significant decline in child mortality in recent years, the gap between maternal mortality ratios in the developing and the developed countries remains wider than for any other health indicator. While the absolute number of maternal deaths may seem small in comparison with the number of infants dying, the risk of death accumulates for women with each pregnancy. For example, the life-time risk of death from pregnancy and child birth for a woman in Africa is 1 in 20 while this risk is 1 in 10,000 for a woman in northern Europe. The lack of attention that has been paid to this problem is a reflection of the lack of importance given to women's health issues in general.

International conferences

43. The first time that the international health community's attention was clearly focussed on maternal deaths was in 1987, when

the International Conference on Maternal Mortality was held in Nairobi, Kenya. This conference reflected a consensus that the number of maternal deaths in the developing world was too high, unnecessarily so, and could be prevented or reduced considerably. A second important moment for the Safe Motherhood Initiative was the 1990 World Summit for Children. The Summit Declaration and Plan of Action included the reduction of maternal mortality by half as one of the seven major goals to be achieved between 1990 and the year 2000.

44. Most recently, the International Conference on Population and Development (ICPD) in Cairo, and the World Summit for Social Development held in Copenhagen in March 1995, reiterated the maternal mortality reduction goal set forth in Nairobi and the World Summit for Children, and expanded it to include a further reduction in maternal mortality of 50% by the year 2015. In addition, the ICPD Programme of Action recommends that

> ... Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities within countries and between geographical regions, socio-economic and ethnic groups should be narrowed...

45. Countries which have formally committed themselves to achieving the maternal mortality reduction goal are also responsible for monitoring progress toward that end. To accomplish this, close collaboration among international and national agencies, governments and non-governmental organizations is essential.

Indicators

46. In the context of the World Summit for Children, UNICEF, WHO, UNESCO and others have worked closely together to agree on a basic set of indicators to recommend to countries for monitoring progress toward the goals. In relation to the World Summit for Children and Health for All maternal mortality reduction goals, the two monitoring indicators agreed upon by WHO and UNICEF are the Maternal Mortality Rate (ratio)(MMR): Annual number of maternal deaths per 100,000 live births and the Annual Number of Maternal Deaths.

Measurement problems

47. There are several features of maternal mortality, however, that make it technically difficult to measure. First, as compared to other commonly measured demographic events (such as births or under five deaths), it is a relatively rare event. Second, maternal deaths are often not reported, or when they are, they are not correctly classified as maternal deaths. As a result, most official measures of maternal mortality are under-estimates.

48. The relative infrequency of maternal deaths means that large

populations need to be studied which makes such studies very costly. If the study population or sample is too small, the number of deaths will not be large enough to yield reliable, stable estimates. WHO has calculated that to establish a maternal mortality ratio of 300 (per 100,000 live births), correct to within 20% (95% confidence intervals) would require a sample size of 50,000 births. Of course, many more households would have to be interviewed to yield 50,000 births.

49. Maternal mortality estimates generally have wide margins of error. This presents a particular problem in measuring trends over time because, even if consecutive studies showed a decline over time, it may not be possible to rule out chance as an explanation for this finding. Figure 1 illustrates this point using data from a direct household survey. Scenario B assumes a 50% reduction in maternal mortality and Scenario C a 25% reduction. In both cases the 95% confidence limits overlap with the baseline estimate and it is therefore not possible to measure a statistically significant difference between the two estimates. In summary, measuring trends is much more difficult than generally believed, even using the new sisterhood and network methods.

50. Vital registration is usually relatively complete in most developed and a few developing countries. However, in most developing countries, this is not the case. One of the reasons why many deaths in developing countries are not registered is that they do not occur in health facilities, where health personnel would be required to report them. Many deaths occur in the home or on the way to a hospital and are consequently not recorded.

51. Even in countries with relatively complete vital registration systems, misreporting of maternal deaths is a serious problem. The mis-reporting of maternal deaths means that they were reported but not properly classified as a maternal death. A maternal death is defined as

> the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

52. Therefore, to properly report a maternal death, it is necessary to know not only that the woman died but the timing and the cause of the death as well. Few maternal deaths actually take place in obstetric wards because when a life-threatening situation arises, the patient is moved to another department and the cause of death is not certified by an obstetrician or the death certificate may not mention the obstetric cause which triggered the series of complica-tions leading to death. Even in the United States, studies have shown misreporting of between 25% and 70% of maternal deaths.

Data sources

53. In addition to vital registration systems, the main sources of data on maternal mortality are household surveys, reproductive age mortality surveys (RAMOS), hospital data and community studies. The RAMOS studies are likely to produce the most reliable estimates of maternal mortality but are too costly to implement at the national level on a regular basis. While data from hospitals and

health centres can be informative, they can also be misleading - this is particularly true when data come primarily from hospitals which specialize in maternal care, where mortality rates can be much higher than in the general population. On the other hand, under reporting and mis-classification can lead to gross under-estimates of maternity-related mortality, even in countries where all or most deaths are medically certified. Health systems in a large number of developing countries do not have adequate popu-lation coverage. Community studies of maternal mortality are more common in many developing countries, but these are for very limited geographical areas, and the quality varies enormously.

54. Household surveys require large sample sizes, even with the new sisterhood and network methods. While careful field work can produce good quality estimates, large surveys have often produced poor results. The sisterhood method has been developed more recently and minimizes the number of households that need to be visited in order to obtain information on a large number of women. The method asks all adult women in a household about the survival of their sisters: how many sisters they had who survived to adulthood and how many died of pregnancy-related causes. This information is then converted into a life-time risk of dying from maternal causes and maternal mortali-ty. Questions based on the sisterhood method have been successfully added to many of the Demographic and Health Surveys. However, the sisterhood method produces estimates which reflect maternal mortality levels of ten years or more in the past. Therefore, they cannot be used for monitoring progress toward the maternal mortality reduction goal during the current decade. They also do not provide information on cause of death. Nonetheless, estimates of maternal mortality

derived from the sisterhood technique are valuable, particularly in places where no reliable community studies are available and/or where vital registration is inadequate.

55. Maternal mortality epidemiologic surveillance systems may be appropriate in countries where civil registration is relatively more complete and where most births take place in health facilities. The Pan American Health Organization (PAHO) has been working to develop this methodology further. However, trade-offs should be considered on the return of investment in this type of approach since the improvement of civil registration systems is a long-term undertaking and even in the best systems the measurement of maternal mortality presents specific problems and this type of surveillance does not provide information relevant to programme planners.

56. Because of the measurement problems described above, many of the national level maternal mortality estimates regularly reported by international agencies, and used by national governments, are not accurate reflections of the present situation and are of limited value in measuring trends over time. This raises a serious problem for monitoring the maternal mortality reduction goal since it is set relative to a 1990 baseline. This does not imply that all attempts to measure maternal mortality should be abandoned. However, it is important that the limitations of using these estimates for monitoring progress in maternal mortality reduction be fully recognized: they are costly to produce, may not be nationally representative or, in the case of sisterhood estimates, provide estimates which are not current. Finally, maternal mortality ratios alone do not provide the information needed for development of programme interventions or policy formulation.

Model-based estimates

57. An alternative method is to base estimates of maternal mortality on a mathematical model using widely available predictor variables. At present, the WHO Maternal Health and Safe Motherhood Programme and the UNICEF Planning Office are collaboratively pursuing this option, at least for those countries which are known to have weak data or no data at all on maternal mortality.

58. Preliminary results are promising, although the predicted MMRs resulting from a mathematical model may be somewhat imprecise because of wide margins of error. Given the weakness of the existing data on maternal mortality, however, the model-based estimates will likely be an improvement. For countries which lack accurate national level estimates, the model-based estimates offer a sound alternative to investment in large-scale surveys. They provide, at minimum, an indication of the order of magnitude of the problem which can be used to stimulate action to reduce maternal mortality.

59. Work on the development of model-based estimates is continuing and final results are expected to be available by the Fall of 1995.

In addition to UNICEF and WHO, UNDP and The World Bank have expressed interest in using the model-based estimates for those countries which have no reliable estimates for maternal mortality.

Process indicators

60. An important alternative to monitoring the impact of programmes is to monitor the processes which are known to reduce maternal mortality. There are several distinct advantages to this approach. First, it avoids the substantial expense involved in generating maternal mortality rates, which in many cases may not be accurate, or reflect a situation ten years or more in the past. Second, process indicators can provide information essential for guiding policies and programmes.

61. In 1992, UNICEF issued a set of guidelines for monitoring progress toward maternal mortality reduction which proposed a series of process indicators [D. Maine, et al., Guidelines for Monitoring Progress in the Reduction of Maternal Mortality. (A Workin Prog-ress). UNICEF Statistics and Monitoring Section, October 1992]. These process indicators are based on the assumption that the most effective strategy for reducing maternal mortality is to increase access to prompt, adequate emergency obstetric care (EOC) and therefore are designed to measure progress toward improving access to, utilization of and the quality of EOC services. Using process indicators will help programme planners identify priority interventions and areas, as well as aspects of the programme that need strengthening. Thus, monitoring of process indicators serves a variety of purposes - not just data gathering for its own sake.

62. Following this pioneering work on indicator development, WHO convened a technical working group, in 1993, to make recommen-dations on data collection and analysis for monitoring the maternal mortality and coverage of care goals. The technical working group met at a time of growing consensus on the content of programmes for improving maternal health, growing convergence on

the essential package of indicators for monitoring progress, and growing need for guidance for the collection and utilization of these indicators. The main conclusion of the Technical Working Group meeting was that

> ... there is a need to recognize that, at the national and subnational levels, impact indicators are much less likely to be useful for programme management than process indicators and are insufficiently accurate for monitoring purposes. From an international perspective, impact indicators are probably still needed, principally for advocacy purposes, but the uncertainty over their usefulness at lower levels and the difficulties and cost in collecting the necessary information make it difficult to attach any sense of priority to the two mortality indicators. Consumer information is needed in order to enable countries and programme managers to make a decision on this issue...(p. 26)

63. The outcome of the meeting included a series of recommendations on specific indicators and methodologies [See Indicators to Monitor Maternal Health Goals. Report of a Technical Working Group. Geneva, 8-12 November 1993. WHO Division of Family Health].

64. USAID and The World Bank have also conducted in-depth reviews of indicators for monitoring and evaluation of reproductive health programmes and there is now a growing consensus on the use of process indicators for monitoring progress.

65. It should be noted, however, that there is relatively little

experience in the use of these indicators and additional field testing (of the indicators and data collection protocols) is required. Further guidance is also needed on the use and interpretation of all these indicators.

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Source Key for Figures 1 and 2

Figure 1: Bolivia under-5 mortality

EDNi75 - Encuesta demogr fica nacional, 1975, indirect estimates
CENSi76 - Census, 1976, indirect estimates
EDNi80 - Encuesta demogr fica nacional, 1980, indirect estimates
ENPVi88 - Encuesta nacional de poblacion y vivienda, 1988, indirect estimates
ENDSd89 - Enquesta nacional de demogr fia y salud, 1989, direct estimates
ENDSi89 - Encuesta nacional de demogr fia y salud, 1989, direct estimates
DHSi94 - Encuesta nacional de demogr fia y salud, 1994, direct

estimates

Figure 2: Papua New Guinea under-5 mortality

CENSi71 - Census, 1971, indirect estimates

CENSi80 - Census, 1980, indirect estimates

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BRIEF SUMMARY OF

TRENDS IN CHILD MORTALITY, 1960-90:

ESTIMATES FOR 83 DEVELOPING COUNTRIES

BY K. HILL AND A. YAZBECK

A1. The report describes a methodology for trend fitting, applies it to the data for 83 countries, presents the results in text and charts country by country, and draws some general conclusions about the rates of decline of child mortality since 1960.

Methodology

A2. There are many ways in which a set of estimates can be obtained from a series of observations, and in which extrapolations forward or backward to any time point can be made. The simplest procedure is hand smoothing: drawing a freehand curve through a set of observations, and extending its general trend onwards to some time point for which an estimate or projection is required. Such a procedure is unlikely to be objective - different analysts would almost inevitably draw different lines, particularly for extrapolations beyond the latest observations.

A3. Regression analysis offers a set of possible approaches: robust regression, locally-weighted least squares, weighted least squares, or ordinary least squares. Such regression techniques offer a greater degree of objectivity than hand smoothing, but still require the choice of model specification.

A4. The approach adopted in the Hill and Yazbeck report is to fit a regression line to the relationship between child mortality indicators and their reference dates using weighted least squares. The basic model assumes that the rate at which child mortality changes is linear in time, that is, that child mortality changes at a constant annual percentage rate over some specific time period. The simplest model maintains a constant rate of change in child mortality over the entire period studied. The most complex model used in the report allows the rate of change of child mortality to alter every five years. The choice of model depends on the number of mortality observations by time period.

A5. Weighted least squares is used because a substantial body of

evidence suggests different validity weights for different types of observations. For example, it is generally thought that the quality of retrospectively reported information deteriorates with the length of time since the events reported. All estimates from vital registration or prospective surveys are given initial weights of 1.0; in the former case, the weight is justified by the typically large number of events involved and by the lack of any substantial lag between event and report; in the latter case, the high weight is justified by the lack of lag and by the accuracy enforced by the data collection methodology.

A6. Estimates derived from maternity histories are assigned weights that vary with the length of time before the survey to which the estimate refers. Specifically, estimates for the five years before the survey are given a weight of 1.0, for periods five to nine years before the survey, 0.8, and periods 10 to 14 years before the survey, 0.6, and for yet longer periods, 0.4. Weights for indirect estimates based on the proportions dead of children ever born vary by age group of mother; estimates based on reports of young women are given low weight, zero for women aged 15 to 19, and 0.2 for women aged 20 to 24, because of the selection problems which affect such estimates - early childbearing is highest among the poor, who also suffer the highest child mortality rates. Estimates based on reports of women aged 25 to 29 (0.9) and 30 to 34 (1.0) get the highest weights. Then, as age increases, the weights decline slowly, on the grounds that information about events longer ago is more prone to error.

A7. The observation-specific weights described in the foregoing are essentially based on the authorsþ judgement and experience. However, regression techniques can be used to estimate robust

weights for particular types of observation. These techniques have been applied by the authors on a subset of 13 countries with a large number of different types of observation - particularly indirect estimates based on the Brass questions and direct estimates based on birth histories. They find broad agreement between the robust regression weights and those described earlier.

Applying the methodology

A8. For each country, step one of the smoothing and extrapolation process fits the regression model using appropriate date variables and the weights described earlier. The infant mortality rate and the under-five mortality rate are fitted independently. The only subjective element in the process is in the decision concerning how many slope variables to include in the model. The observations and fitted line are displayed graphically. In step two, the step one results are examined, and data sets that are clearly aberrant are identified - such as vital registration sequences that fall consistently below all other infant mortality estimates, or indirect estimates that are clearly inconsistent with the bulk of the other mortality estimates. In general, the weights for that entire data set are reduced by a constant factor that is usually zero.

A9. Egypt provides an interesting example of the application of the methodology. Figure A1 shows the observations and final regression estimates for infant mortality. The vital registration and observa-tions from the 1976 and 1986 population censuses are clearly out of line with all other survey estimates. The step one regression line (not shown) is pulled down by the registration data, particularly for the 1960s, giving the almost certainly

erroneous impression of rising infant mortality in the 1960s.

A10. In addition, and generally applied throughout the report, it is assumed that response errors are more likely to result in under-estimates of child mortality than in overestimates. Thus when two data sets indicate very different levels, that set indicating higher mortality is assumed, other things being equal, to be more likely to be right. In step two in the case of Egypt, the registration and census data were all given zero weights.

A11. The intention of the methodology is to provide a transparent and partially objective way of fitting a smoothed trend to a set of observations, and of extrapolating the trend to cover the period from 1960 to the present. However, there are subjective judgements which still have to be made. Step one depends on the weights selected for different types of data. At the same time, while analysts might choose different weights, the weights used in the report are broadly supported by robust regression results. It is in the second step that subjective judgements are likely to have a significant impact - primarily in the decision as to whether, and if so by how much, to underweight entire data sets.

Country specific results

A12. Each of the 83 countries reported has its own two page section which is divided into four parts. The first part lists the data sets used in the analysis, and gives both the initial and final weights utilized in the model fitting. The second part notes any unusual characteristics of the application, such as overriding an apparent trend when extrapolating child mortality on the basis of known periods of civil disruption. The third part summarizes the

results of the model in the form of estimates of under-five mortality and infant mortality for the period 1960 to 1992. In addition to the mortality estimates, the time period coefficients estimated by the model and the implied annual rates of change for five year periods are also given. The fourth section presents graphs showing all available observations of infant and under-five mortality by source, together with the fitted trend line.

Source Key for Figure A1

Figure A1: Egypt infant mortality

CENSi76 - Census, 1976, indirect estimates

EFSd80 - Egyptian fertility survey, 1980, direct estimates

EFSi80 - Egyptian fertility survey, 1980, indirect estimates

ECPSi84 - Egypt contraceptive prevalence survey, 1984, indirect estimates

CENSi86 - Census, 1986, indirect estimates

EDHSd89 - Egypt demographic and health survey, 1988-89, direct estimates

EDHSi89 - Egypt demographic and health survey, 1988-89, indirect estimates

EPSd91 - Egypt papchild survey, 1991, direct estimates

EPSi91 - Egypt papchild survey, 1991, indirect estimates Vital reg.- Vital registration, 1960-87

Estimates - Regression estimates from step two.

AGENCY PROFILES

The World Bank (IBRD)

In the area of common data systems for monitoring child and maternal mortality, the World Bank uses the indicators published by UNICEF and WHO. Both the under-five mortality rate and the maternal mortality ratio are considered "priority poverty indicators" that are required by the Bank's Operational Directives to be included in Bank country economic reports. The Bank has also started to incorporate surveillance of both outcome and process indicators for reproductive health into project design and implementation for several projects currently under preparation. A paper on indicators for reproductive health projects is currently in the final stages of preparation. The difficulties in measuring under-five and maternal mortality described in the report of the working group are well recognized, and the Bank endorses the efforts of WHO and UNICEF to improve the data, including the use of model-based maternal mortality estimates.

United Nations Population Fund (UNFPA)

Since its inception, UNFPA has encouraged and supported national efforts to formulate and implement population policies, helping developing countries to establish population planning units and has funded population analysis and research, as well as data collection activities. It has also provided support for national capacity building through training programmes at the national, regional and global levels. Establishing a common approach to national capacity building in tracking child and maternal mortality

form an integral part of UNFPA's support to data collection and analysis activities. UNFPA provides support to numerous population and housing censuses. This is crucial in sub-Saharan Africa, where such support has enabled newly independent countries to undertake their first modern population censuses. Additionally, the Fund supported demographic surveys, such as the World Fertility Survey (WFS) programme, and more recently the PAPCHILD surveys undertaken in the Arab States. UNFPA's future strategy with regards to a common approach to national capacity building will maintain its emphasis on strengthening national data systems and analytical capabilities to provide timely and relevant information for policy formulation, programme development and monitoring, including support to intersectoral and inter-disciplinary efforts to streamline existing national and international approaches to generate and disseminate data. Special emphasis will be given to the development of innovative methodologies to generate, disseminate and use data in population and related areas. UNFPA will support the development of data systems that generate information that is disaggregated by gender as well as by geographic areas. UNFPA has, post ICPD, undertaken a number of initiatives directed at the improvement of monitoring reproductive health and family planning activities. The Fund is currently undertaking a pilot project aimed at establishing the feasibility of a system for the global monitoring of key indicators of family planning and reproductive health programmes. UNFPA is also spearheading an international initiative, with the active participation of the United Nations and bilateral agencies and organisations, to help establish comprehensive national and international data bases on reproductive health and family planning, inter alia, to facilitate the assessment of needs and the

development of indicators including those measures agreed upon to track child and maternal mortality.

United Nations Children's Fund (UNICEF)

In response to the ICPD Programme of Action recommendations, UNICEF will build on its on-going work, with other United Nations agencies, in assisting countries to strengthen their capacity to monitor progress toward the World Summit for Children goals and thus better address the ICPD goals. Most recently, UNICEF, in collabora-tion with WHO, UNFPA, UNESCO, the UN Statistical Division and regional centres of excellence, has been helping countries to build a statistical base for reporting progress towards specific goals at mid-decade. A key objective in monitoring has been to bring together the users and producers of data and to ensure that policy makers have access to understandable and current information to make decisions for programme and policy formulation, development and implementation. This has been a particular concern of UNICEF in tracking child mortality levels. In tracking maternal mortality particular emphasis is being placed on process indicators (i.e., indicators which monitor the processes which are known to reduce maternal mortality, including indicators which measure improvements in access to, utilization of and the quality of Emergency Obstetric Care services). UNICEF has issued a set of guidelines for monitoring progress in maternal mortality reduction which include a detailed description of the measurement issues and proposes a series of process indicators with a methodology for collecting the data needed to calculate these indicators. In addition, UNICEF, in collaboration with WHO, is in the process of developing model-based estimates of maternal mortality for those countries which have no

data at all or very weak data on maternal mortality.

World Health Organization (WHO)

WHO maintains global bibliographic and indicator databases on maternal mortality and associated women's health issues including coverage of maternity care, unsafe abortion, infertility, anemia in pregnancy, and fertility. The maternal mortality database comprises studies bringing together information on a country-by-country basis of all that is known about maternal mortality - the dimensions of the problem, causes and avoidable factors and the populations most at risk. This information provides the foundations upon which the regional and global estimates of maternal mortality and morbidity are made. The databases are available on diskette and have been widely distributed to countries, WHO Regional Offices, international agencies and researchers around the world. Tabulations of the indicators are reissued at regular intervals. WHO also convenes meetings of experts and produces guidelines on measurements issues, including methods for assessing maternal mortality at community level, indicators for monitoring progress towards the attainment of maternal health goals, and methodologies for measuring maternal morbidity. Guidelines on verbal autopsy for maternal deaths and conducting maternal death audits at facility level are currently in preparation. WHO is working with developing countries to improve health information systems in general and in particular to increase national capacity to gather and analyse basic information on births, deaths and cause of death. WHO's philosophy is that all data collection should be seen as a means towards an end rather

than an end in itself. It is, therefore, recommended that in the context of maternal health indicators, countries focus increasingly on performance-based measures such as maternal audit, surveillance and other process measures. Such programme indicators should be useful for policy-making and be generated through data collection procedures that are useful for programme management at the level at which the data are collected.

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GUIDELINES ON BASIC EDUCATION
WITH SPECIAL ATTENTION TO GENDER DISPARITIES
FOR THE UN RESIDENT COORDINATOR SYSTEM

INTRODUCTION

1. In the last five years, following the World Conference on Education for All at Jomtien, Thailand, 1990, four United Nations sponsored world conferences have taken place, each underscoring basic education as a corner stone for human development. These conferences in addition to those held at sub-regional and regional levels have resulted in a multitude of recommendations, declarations and action plans to achieve education for all. The time has come for the United Nations system and the specialized agencies to strengthen inter-agency co-ordination in order to improve the effectiveness of their contributions towards making education for all a reality.

2. Basic education is considered to be the essential learning

required by all members of the community to ensure social and economic progress. The ICPD Programme of Action recognizes basic education as an urgent priority and draws attention to its links with demography and social and economic development. It states that "Everyone has a right to education, which shall be directed to the full development of human resources, and dignity and potential, with particular attention to women and the girl child."....
Recognizing that the effectiveness of the implementation of the Programme of Action depends on an inter-disciplinary approach and must fit into a national development context, paragraph 10 of the General Assembly Resolution 49/128, Report on the International Conference on Population and Development, "calls upon the organs of the United Nations system and the specialized agencies to undertake the actions required to give full and effective support to the implementation of the Programme of Action." In response to the resolution, the inter-agency Task Force on the Implementation of the ICPD Programme of Action proposed that its basic education goals be pursued within the United Nations co-ordination system led by the Resident Co-ordinator, and within the context of the World Conference on Education for All (Jomtien), the United Nations Conference on Environment and Development (Rio), ICPD (Cairo), the World Summit on Social Development (Copenhagen) and the upcoming Fourth World Conference on Women (Beijing).

3. The Resident Co-ordinator is expected to establish a modality for inter-agency co-operation which would serve as a catalyst for national initiatives in basic education. Such a strategy would recognize UNESCO as the lead agency and the complementary roles of other agencies, foremost among them, UNDP, UNFPA, UNICEF, WHO and the World Bank. The guidelines are not intended to be prescriptive

and will not hinder individual agencies from pursuing their respective mandates but rather will enhance the complementarity of their programmmes and allow the UN system to contribute more appropriately to the achievement of basic education. In essence, it will facilitate more integrated planning of UN inputs to basic education within a national development framework and will help foster a dialogue between the UN system and governments in achieving the targets for basic education for all.

4. Eliminating disparities between male and female is essential to achieving basic education for all. There is consensus among governments and agencies on the importance of educating girls and women. However, there is still some reserve about committing resources to make this objective a reality. The Resident Co-ordinator should be committed to the elimination of disparities between male and female in basic education. He/she is expected to keep the education of girls and women high on the national agenda through support to advocacy, national dialogue and programmes and projects intended to improve girls' and women's access to good quality basic education. In addition to disparities between male and female, there are disparities associated with poverty, geographical location and ethnicity. It should be recognized that basic education must aim to eliminate inequalities in the society and to promote peace and tolerance among all peoples.

5. The interplay between culture and education influences achievements in basic education, particularly among cultural minorities and disadvantaged groups. Strategies for basic education should seek to capture those aspects of the culture which can be utilized to enhance learning. Support should be given to programmes which allow for the expression and understanding of

diverse cultures and the acceptance of cultural differences as they relate to basic education for human development.

The Strategies for Co-ordinating Basic Education

6. Already the Statement on the Role and Functioning of the Resident Coordinator System provides a framework in which the co-ordination of substantive areas, such as basic education can be accommodated. The Resident Co-ordinator needs to harmonize three inter-related aspects of planning and programming. They concern: a) governments and national Education For All (EFA) mechanisms, b) the activities/programmes of the various agencies, and c) the inter-national and global priorities for basic education.

a) Relationship to government and national EFA mechanisms

7. The primary responsibility for co-ordinating basic education as well as the inputs from bilateral and multilateral organizations rests with the government. But, a co-ordinated, inter-agency group can encourage governments to increase resources to education and to give priority to programmes directed towards improving educational opportunities for girls. Special support would be given to programmes designed to reduce drop-out rates among girls as well as increase their access to good quality education.

8. The Resident Co-ordinator is expected to plan joint working/training sessions with national officials and UN agencies on selected themes/issues related to basic education. This will allow for the exchange of ideas, the consolidation of objectives, the rationalization of activities and the identification of

investment priorities. This is particularly critical in the case of major education reforms, policy discussions or major joint-agency initiatives in basic education, which may provide a good opportunity for integration of reproductive health considerations. The United Nations System can play an important role in raising education above narrow sectarian interests and in keeping with a changing socio-economic and cultural environment.

9. The development of practical cost-effective policy and plans for the achievement of quality education for all must be seen as a priority activity in which the United Nations System can assist countries. Whilst the drawing up of such a blue print for achievement of good quality education for all may be seen as a largely technocratic process, the wide acceptance of the blue print as a national programme by a wide spectrum of professional, business and other interests is absolutely essential.

b) Relationship to the agencies - the Resident Co-ordinator as a team leader

10. The leadership of the Resident Co-ordinator will be essential in identifying the inter-related areas for support by the UN agencies. Given the various disciplines of the United Nations, an inter-agency approach can create an enabling environment by promoting inter-agency supported studies, programmes and evaluation exercises. It will allow for the timely sharing of experiences, discussions of problems and solutions and the review of progress made. The Resident Co-ordinator should also facilitate inter-change of staff expertise between and among programmes and activities.

c) Relationship to basic education - achieving national and

global priorities

11. Keeping in mind that the "primary objective of the operational activities for development within the United Nations system is to promote the self-reliance of recipient countries through multilateral cooperation", co-ordination for promoting basic education should seek to release "national energies", to sustain good quality basic education which is accessible to all citizens and which uses local organizations wherever possible. This goes beyond identifying national resources. It requires the creative and imaginative use of such resources to increase the demand and supply of basic education as well as to promote learning achievement which will help learners to understand better and cope with a changing socio-economic environment. It is essential to personal and national development that the expected outcomes of basic education be defined within the national context.

12. An underlying objective for basic education improvements is to bring about change and innovation in the education system. Traditionally changes in education tend to be evolutionary and somewhat slow. Under the leadership of the Resident Co-ordinator, the inter-agency group can be a catalyst for change. Changes for improvements can be put into three categories, those which will: a) need few inputs and are not costly. Normally such changes can be effected through policy and policy dialogue, (for example, increasing the proportion of female teachers recruited to the teaching profession requires a policy decision); b) need small scale funding; c) require large scale financing and for which much programming and planning must be done. Having identified the categories of change, the inter-agency group can assist the

government to address them in a timely manner and at a pace which allows development to be sustained by national resources.

13. Education for all is the business of all. Partnerships should be encouraged and simultaneously basic education monitoring mechanisms should be established or strengthened to ensure that standards are maintained. The contribution of the private sector and NGOs should be assisted and encouraged. The active participation of Communities in the provision of their education is of paramount importance and every effort should be made to encourage and recognize their role. At the same time efforts need to be made to bring the quality of education in poor communities on a par with that of more affluent ones.

14. Expanding access to basic education to unserved and under-served groups in ways that are more responsive to local needs (e.g. the establishment of small multigrade schools in remote areas and the provision of good quality non-formal education for youths) should be addressed. Alternative delivery systems for the education of the school age-group should articulate with the education mainstream. Everyone should have access to good quality basic education regardless of their social, cultural, geographic and economic situations.

15. Improving basic education quality has continued to challenge governments and agencies. Basic education is expected to help young people to develop decision-making skills needed for them to function effectively as adults. The implications are that their education must meet their basic learning needs and the teaching and learning process should be participatory so that attitude formation and learning can take place in a meaningful context. The Multi-

channel approach (expanding educational opportunities through a range of delivery options - distance learning schemes, traditional media, radio, television, audio tapes, etc.) may be utilized to enrich educational programmes and reach remote and deprived groups. Multi-channel approaches are most effective when there is a supportive environment - one in which the individual is ready to learn and the channel or channels can be maintained.

16. Basic education strategies must be informed by good quality data, an important area for institutional strengthening in the improvement of basic education data management. It is one of the most complex and challenging problems to be addressed in the education sector. Efforts should be made to strengthen the national capacity to improve data sources (starting at the classroom level) and management information systems. All data should be disaggregated according to sex (male and female) to allow for the monitoring of progress on the education of girls and women. Other examples of key areas for strengthening are research and evaluation, supervision and management, and the training of all levels of educational personnel. In all these efforts, attention should be paid to adequate representation of women personnel as well as the elimination of traditional gender biases.

17. Information sharing, the transfer and adaptation of successful experiences within the country would help to promote programmes for the unserved and under-served groups. It is important that information be disseminated through various channels including traditional means and packaged in various forms to allow both literate and illiterate persons to understand the key messages.

18. Adult literacy, skills training and continuing education should be given priority. The Resident Co-ordinator can exercise leadership in supporting the convergence of services, that is, the "bringing together" of health, education, social welfare and agricultural services in a comprehensive whole at the community level. Early childhood care and education should be addressed at the community level with emphasis on the education of parents or caregivers to enhance the overall development of young children.

19. Rigorous monitoring, evaluation and reforms needed to create the required dynamism to achieve education for all targets should be encouraged. A manageable number of key indicators should be identified for assessment. Some areas of concern may be evaluated through sample research. Special attention needs to be given to progress in reaching excluded groups (among them girls and women), educational achievement and non-academic areas such as values and attitudes. It is important to recognize those strategies which have reached their threshold of usefulness and which must be changed, sometimes radically, to foster further improvements.

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A summary of the magnitude and causes of gender disparities in education, highlighting some possible strategies. The booklet suggests that affirmative action is needed to promote girlsþ education and sustainable development.

Basic Education and National Development, Lessons from China and India M. Ahmed with Cheng Kai Ming, A.K. Jalaluddin and K. Ramachandran UNICEF, N.Y., 1991

A presentation of policy and strategy lessons for the development of basic education, based on two reviews of progress in basic education in China and India, prepared by two teams of researchers

from the respective countries.

Investing in the Future: Setting Educational Priorities in the Developing World J. Hallak
UNESCO (International Institute for International Planning) and Pergamon Press, 1990 A book primarily addressed to national policy makers, describing how educational policies can be formulated, the priorities for educational development established, and appropriate strategies designed, based on a through understanding of the specific local conditions.

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AGENCY PROFILES

United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO is the UN Specialized Agency for Education, Science and Culture. Education for All (EFA) is the undisputed priority area within its vast educational programme.

However, UNESCO also works on many aspects and levels of education, which have a bearing on EFA, e.g. the training of teachers, educational planning, educational statistics and indicators, or curriculum development including such specific aspects as population education, environmental education, education for peace and international understanding, or education against AIDS and drug abuse.

UNESCO initiated and co-sponsored (with UNDP, UNICEF, UNFPA,

the World Bank and other agencies) the World Conference on Education for All (Jomtien 1990) and the Education Summit of Nine High-Population Countries (Delhi, 1993).

In the EFA, UNESCO pursues a strategy where primary education, non-formal education programmes and adult literacy are seen as linked and mutually reinforcing. Programmes which aim at expanding access for girls and women, but also for disadvantaged groups and learners with special needs, are complemented by programmes which seek to improve quality and relevance of basic education, and enhance learning achievement.

Under its Regular Programme, voted by the General Conference every two years, UNESCO co-operates with Member States in such activities as: organization of training programmes tailored to a countryþs requirements; providing technical advice on specific educational questions; carrying out action and policy oriented studies on educational issues; undertaking educational sector work; facilitating policy dialogue and experience exchange between countries in the same region or sub-region.

UNESCO also undertakes þextrabudgetary programmesþ in EFA, typically country-specific operational field projects, but also geared to inter-country co-operation. These tend to be funded by bilateral donors on a funds-in-trust basis. UNESCO also co-operates with UNDP, the World Bank and regional development banks through TSS-1 and TSS-2 arrangements, as well as for the execution of TA components of educational loan programmes.

In practice, UN Resident Coordinators may call upon UNESCOþs

services either by contacting Headquarters directly, or linking up with the growing number of UNESCO field offices. UNESCO maintains at present 52 field offices with either a country-specific, sub-regional or regional mandate. This field network is being continuously expanded and strengthened.

Three UNESCO-affiliated International Education Institutes are also available to work with countries and UN Resident Coordinators: the International Institute for Educational Planning (IIEP) in Paris, specialized in training and studies on educational planning: the UNESCO Institute for Education (UIE) in Hamburg, specialized in training and studies on literacy and adult education; the International Bureau of Education (IBE) in Geneva, a worldwide centre of educational documentation and research.

Addresses

UNESCO Headquarters Basic Education Division	7, Place de Fontenoy 75352 Paris 07 SP Fax: 33 1 40 65 94 05
UNESCO Office for Education in Africa - BREDA	12, avenue Roume, B.P. 3311 Dakar, Senegal Fax: 221 23 83 93
UNESCO Regional Office for Education in Latin America and the Caribbean - OREALC	Casilla 3187 Santiago, Chile Fax: 56 2 209 18 75
UNESCO Regional Office for	P.O. Box 2270

Education in the Arab States - UNEDBAS	Wadi Saqra, Amman, Jordan Fax: 962 6 68 21 83
UNESCO's Principal Regional Office in Asia & the Pacific - PROAP	Prankanong, Post Office P.O. Box 967 Bangkok, Thailand Fax: 66 2 391 08 66
IIEP	7-9 rue EugŠne Delacroix 75116 Paris, France Fax: 33 1 40 72 83 66
IBE	15, route des Morillons 1218 Grand Saconnex, Switzerland Fax: 41 22 798 14 86
UIE	Feldbrunnenstrasse 58 20148 Hamburg, Germany Fax: 49 40 41 07 723

United Nations Population Fund (UNFPA)

UNFPA uses a three-pronged approach to create awareness about population issues (IEC activities):

Public Information/Advocacy

Population Education

Population Communication

Population Education takes place in both formal and non-formal education and has expanded rapidly since the 60's and its first tentative introduction into the school systems and curricula. One of the main contributions of Population Education has been its emphasis on the teaching of gender issues and the importance of educating girls, which was also highlighted during the EFA Summit of the Nine High Population Countries in New Delhi. UNESCO, with UNFPA funding, is the primary source of international expertise on Population Education for the formal sector.

In April 1993, the Istanbul Declaration, adopted at the International Congress on Population, Education and Development, stated that "Population Education should be part of every schoolþs curriculum along with reading, writing and arithmetic."

The 1994 International Conference on Population and Development (ICPD) adopted a Programme of Action whose principles, goals and recommendations will influence the Fundþs policies and operational work for the coming years. One of its three goals is expanding the availability of education especially for girls and it calls on countries to consolidate the progress made in the 90's towards providing universal access to primary education as agreed upon in Jomtien. According to the holistic approach of the Programme of Action, which makes cooperation within the UN system and outside it crucial to success, UNFPA will undertake strong advocacy in support of girlsþ and womenþs education and will continue to be an active partner in the EFA initiative together with UNESCO, UNDP, UNICEF and others.

Specifically, UNFPA supports:

advocacy for the education of girls and the achievement of female education goals as specified in the ICPD Programme of Action, with particular attention to primary and secondary education of girls. Such advocacy spells out those interventions known to promote female enrolment and retention of girls in school, e.g., quality education, female teachers, flexible schedules, incentive programmes for girls' education, female extension workers, etc.; activities to improve the quality and relevance of school curricula through the introduction of population education including gender equity, responsible reproductive behaviour and decision-making skills.

International Labour Organisation (ILO)

Enhancement of the institutional strengths of constituents to promote social justice and protect workersþ well-being and family welfare through basic education activities of several kinds is a major concern of the International Labour Organisation. In the ILO, therefore, basic education is viewed as a process of developing awareness, knowledge, potential, and skills to contribute in the most efficient manner to the production of goods and services, and to survive in the workplace. ILO programmes accordingly aim to build national capacities for organizing, bargaining and representing the interests of the social partners and for disseminating information and raising awareness on key issues which affect worker status and productivity. They include

efforts to promote tripartite participation in policy design and programme implementation and to support trade union activities designed to safeguard and ameliorate conditions of vulnerable groups including women, youth, working children, rural and disabled workers and workers in the informal sector.

Activities to promote basic education include technical cooperation projects to develop capacity for designing, planning and organizing educational programmes; provision of advisory services in development of curricula; assistance in the preparation and publication of training materials (manuals, study guides, various forms of teaching aids, etc.), organization of seminars, conferences, workshops; and meeting and provision of grants and fellowships. With regard to basic education on population and reproductive health issues in work settings, there have been successful programmes with ILO's constituents - governments, employers and workers organizations - in more than sixty countries for over quarter of a century.

World Food Programme (WFP)

Human resources development has always been a priority area of action for the World Food Programme, which since its creation has allocated over 50% of its development food assistance to projects having such objectives. As WFP believes that investment in basic education is one of the most effective tools for human resource development, the vast majority of this type of assistance has been channelled through school feeding programmes. As of December 1994, WFP was providing support to 44 primary school feeding projects, with a total commitment of US$535 million. Besides these currently

operational projects, during 1994 new projects were approved which will provide assistance to over one million additional schoolchildren.

WFP's assistance to school feeding programmes is tailored to address specific problems in the educational sector in individual countries. Aid is most often aimed at encouraging parents to enrol their children, especially girls, in primary school and to ensure they complete the full cycle. Once children are enrolled in school, feeding plays an essential role by relieving short-term hunger, improving childrenþs ability to concentrate and to benefit from their education. As school feeding alone cannot ensure gender equality in education, WFP collaborates with Governments, NGOs and other agencies in development of complementary activities to promote basic education for girls. In light of growing evidence of the importance of early stimulation in preparing children for primary school, WFP is exploring possibilities for increasing support to pre-primary education.

WFP support to basic education is targeted to the most disadvantaged groups in the countries assisted. In some cases, WFP assistance helps to provide children of extremely poor and marginalized groups the only opportunity for primary education.

In pursuing the Programme approach and greater inter-agency collaboration, WFP will continue to seek more innovative ways to use food aid in support of basic education. It is hoped, for example, to increase the coverage of literacy and numeracy training for women in rural development projects, to ensure they are able to put into practice the marketable skills which they learn through

such projectsþ training components.

United Nations Children's Fund (UNICEF)

UNICEF policies, strategies and actions in basic education are in harmony with the education objectives of the ICPD. UNICEF strongly and explicitly advocates affirmative action in favour of girls' education. UNICEF country programmes strive to mainstream girls in the formal system by making it more responsive to girls' special needs and concerns. UNICEF also supports nonformal education programmes of equivalent quality. Training of female teachers and administrators; gender sensitization of textbooks, curricula and teacher training materials; mobilizing parents and communities to get involved in the education of girls; and sensitization of the civil society about the benefits of girlsþ education are important areas of UNICEF support in basic education. While most of the activities will be at the national level, the regional offices provide technical support in training, curriculum development, collection of gender disaggregated data and monitoring progress. At the global level, UNICEF has been active in the development of policies and strategies and advocacy for them as well as mobilizing resources for girls' education.

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Report of the First Meeting of the Inter-Agency Task Force on the Implementation of the ICPD Programme of Action

13 December 1994, New York

I. Introduction and Purpose of the Meeting

1. Paragraph 16.29 of the Programme of Action of the International Conference on Population and Development (ICPD), that was adopted by consensus in Cairo, Egypt, on 13 September 1994, invites all specialized agencies and related organizations of the United Nations system to strengthen and adjust their activities, programmes and medium-term strategies, as appropriate, to take into account the follow-up to the Conference. In addition, paragraph 10 of General Assembly resolution 49/128, "Report of the International Conference on Population and Development", calls upon the organs and organizations of the United Nations system and the specialized agencies to undertake the actions required to give full and effective support to the implementation of the Programme of Action.

2. At the request of the Administrator of the United Nations Development Programme (UNDP) on behalf of the Secretary-General of the United Nations, Dr. Nafis Sadik, in her capacity as Secretary-

General of the ICPD, convened and chaired the first meeting of an Inter- Agency Task Force to develop a coordinated approach for the implementation of the ICPD Programme of Action.

3. The meeting was convened on 13 December 1994 at the United Nations Headquarters in New York. Twenty-five participants, representing twelve UN Agencies and organizations, attended the meeting. The agenda and the list of participants appear as an annex.

II. Summary of Opening Remarks

4. Dr. Sadik opened the first meeting of the Inter-Agency Task Force on the implementation of the ICPD Programme of Action by stating that she had been requested by the Administrator of UNDP, on behalf of the Secretary-General of the UN, to convene an Inter-Agency Task Force aimed at assisting in the development of a coordinated approach for the implementation of the ICPD Programme of Action. She referred to the importance the Secretary-General attaches to a common framework emerging from all the various UN Conferences, as elaborated in his Agenda for Development. Dr. Sadik explained the purpose of this meeting, i.e., to agree on a common framework for follow-up to ICPD and other conferences in the social sector, past and future, in order to assist countries in the implementation, and to agree on a common system for monitoring. The focus of the Inter-Agency Task Force is on country-level cooperation.

5. According to Dr. Sadik, such a common framework should be designed so as to reduce the burden on countries with regard to implementation and be based on the UN Resident Coordinator system.

She stressed the need for coordination among UN agencies and organizations, particularly at the country level. Paragraph 16.29 of the ICPD Programme of Action and the General Assembly Resolution on ICPD requested all UN agencies and organizations to cooperate and coordinate in the follow-up on ICPD and to adjust their programmes to make them in line with the ICPD Programme of Action.

6. In order to do so, all UN agencies involved in the follow-up to Cairo should first of all use one set of country data. Where such data was absent, unreliable or not timely available, UN agencies should collaborate to establish a system of collecting data for monitoring and evaluation purposes. Dr. Sadik suggested to develop a set of guidelines for the UN Resident Coordinator that would give him/her guidance in coordinating the follow-up at the country level. She urged all participants not to miss this opportunity for inter-agency cooperation and to maintain the momentum of inter-agency collaboration that prevailed throughout the Cairo process.

7. The Administrator of UNDP, Mr. Speth, reiterated the great importance the Secretary- General of the UN attaches to the follow-up on the Cairo Conference. He hoped that this task force would become a model for future cooperation among UN agencies. There was a need for the UN to exert leadership in the follow-up to all major UN conferences. Mr. Speth called upon the agencies to forge a unified agenda, based on common priorities. The strength of the UN is its ability to identify problems, to come up with solutions and to assist countries in the implementation of its proposed actions. UNDP looked forward to continued cooperation among the agencies in the follow-up to Cairo.

8. Mr. Desai of UN-PCSD asked what lessons to be learned from UNCED and observed that it was important to learn from the UNCED follow-up process and urged participants to focus on what needed to be done before the next session of ECOSOC, in accordance with draft resolution L.67 on ICPD. He noted that UNCED proved that the implementation of the outcomes of UN conferences are limited if there is no momentum or commitment at the national level. The question is how to maintain the momentum at the national level. The same goes for the role of NGOs, how to maintain the role and commitment of NGOs in the follow-up. UNCED made clear that there should be a link between the UN policy process and the financing process, otherwise the implementation will be severely hampered. He urged the Task Force to discuss how the preparation for ECOSOC related to the ICPD resolution will be undertaken.

9. Mr. Milleron of UN-DESIPA welcomed the outcome of the ICPD and assured the participants that his department will continue to play an active role in technical assistance, given their experience and network at the national level in the area of data collection and analysis. In particular, Mr. Milleron also referred to the changing role of the Population Commission.

10. All organizations participating in the meeting promised support for the inter-agency follow-up to Cairo and to become an active participant in the cooperation. Several participants underscored that it was important that all UN agencies make sure that the goals of the ICPD would be reinforced in future conferences, notably the Social Summit and the Women's Conference. The representative of UN-PCSD informed the group that the goals of ICPD and other UN Conferences are being incorporated in the draft

Programme of Action of the World Summit on Social Development.

11. Several participants welcomed the holistic, integrated and forward-looking approach of the ICPD Programme of Action. UNICEF informed the Task Force that it is preparing a health strategy paper which will reflect the ICPD Programme of Action and that the UNICEF Executive Board has asked for a paper on UNICEF's role in the follow-up to ICPD. Since so much emphasis was put on monitoring, he suggested all UN agencies should collaborate in finding ways to generate data in a more speedy manner. He also referred to the need for UNFPA to revise the Population Assistance Report in order to reflect financial contributions in accordance with the Programme of Action. Dr. Sadik supported the first suggestion, and noted that there is a need to find a balance between timely data and its reliability. With regard to the second suggestion, she agreed, in principle, noting that we need to define what should be classified as "population" activities. She urged some cautiousness in this regard, noting that not everything should be categorized as population.

12. Several participants explained the initiatives being undertaken by their respective organizations to integrate the ICPD recommendations into their programmes. One participant called upon the UN agencies to reinforce the role of the CCPOQ in the follow-up of the ICPD.

13. A number of participants stressed the importance of national ownership in terms of reporting, noting that coordination at the national level will depend on the individual country situation. It will be critical for the UN system to make sure that population

issues are being integrated into the broader national development plans and the central role for the UNDP Resident Coordinator in this respect was affirmed by several participants. The importance of concerted advocacy efforts by the UN system with respect to the Cairo follow-up was stressed.

III. Summary of the Discussion on the Background Note

Agenda item 2: Technical assistance modalities

14. It was decided that (a) the Task Force should focus on country-level cooperation; and (b) to add a fourth category for cooperation, namely situation analysis/diagnostic assessment of country capacity and the exchange and dissemination of information both in terms of what UN agencies are doing at the country level and to exchange country experiences. The latter implies the exchange of information both within and across countries. South-South cooperation had, inter alia, proven to be very useful in this regard. For the moment, the situation analysis and information dissemination should focus on the social sectors, such as health and education, and not on issues such as poverty, employment, etc., pending the outcome of the World Summit on Social Development.

15. Acknowledging the usefulness of the Background Note, it was agreed that it should be revised to reflect some of the points raised at the meeting. In commenting on the Background Note, a number of participants suggested some changes. WHO would like to see its role be inserted in the section on female genital mutilation in the background note. WHO provides both normative and technical support to countries and other UN agencies. FAO would like to see its role in issues such as the empowerment of women,

migration, and the environment being reflected in a revised background note on inter-agency cooperation. Some participants suggested that more emphasis be put in the Background Note on the need for developed countries to report on their progress in implementing the outcomes of UN conferences. In addition, it was suggested to develop a modality to assess the national capability to implement the results of UN Conferences.

16. The participants agreed on the need for a unified advocacy strategy on certain goals/topics, independently from whether these goals or topics are within the areas of each own programme. It was deemed essential not to focus narrowly on each agency's or organization's own agenda, but rather agree on a broader agenda. This would provide coherence to the UN system in terms of advocacy. All agreed on the need for a clear framework of advocacy messages.

Agenda item 3: Specific areas of support

17. The need to define a common set of goals emanating from the Agenda for Development and the various international conferences was discussed. The title of the first topic population policy development will be changed in population policy and sustainable development policies, in order to more reflect the purpose of this point, namely the integration of population policy development into the overall development plans. Policy development was understood to include policy dialogue with governments at macro level and population policy included a number of issues, not only family planning. It was agreed that UNFPA, UNDP and the World Bank have important roles to play in this area, particularly in ensuring that population issues are addressed when economic policies are

discussed.

18. Regarding basic health improvement, it was noted that there are areas such as nutrition and food production and women's empowerment which are part of a broader holistic approach to health. Based on the suggestion of the chairman, it was agreed to start the working group on data systems, with the goal to develop a common data system at country level, based on an agreement on methodology on data. WHO, UNICEF and UNFPA could focus on this. In addition, the Resident Coordinator could be requested to start addressing this issue immediately at country level. Suggestions were also made to add issues related to adolescent health.

19. With regard to reproductive health care, it was noted that HIV/AIDS should be listed in this section.

20. Concerning basic education, it was observed that if specific areas of education are included, the number of actors will increase tremendously in terms of those who play a role in either advocacy, technical assistance, or direct funding. It was suggested to focus on the question of how to eliminate gender disparities. National statistical systems are critical for work in this area. It was agreed that, to start with, the working group on this topic should focus on gender disparities in education, and issues related to data may be part of the discussion.

21. With regard to the empowerment of women, ILO noted it had a role here, since issues related to time budgets/time use were important and there was need for more information on this. UNESCO observed that there was need to address the specific training needs of women, and protection of women's legal and other rights. Other

suggestions included to examine employment conditions/practices, gender specific statistics and data needs. It was agreed to expand the fifth topic, empowerment of women, to include the following five issues: Income generation, education and training; the legal, economic and social rights of women; employment conditions; harmful practices; and, data collection and analysis.

22. Issues related to difficulties with indicators and measurement in the area of environment, and the need for a common set of indicators in this field, were discussed. The roles of UNEP and HABITAT were referred to. Several participants also noted the importance of migration issues. Further discussions on the environment and migration will be postponed pending discussions in the Social Summit and the preparation of a report to ECOSOC on a UN conference on migration. The chairperson observed that the discussion on migration issues in the Task Force might contribute to the discussion on a UN conference on migration.

23. The chairperson raised the question whether or not a new item should be included, namely emergency support. In that case the issue of the countries with economies in transition could be included in the discussion.

Agenda item 4: Inter-agency coordination

24. It was decided that the Task Force could also address issues related to collective resource mobilization for the implementation of the ICPD Programme of Action, taking note, however, that a separate Task Force on resource mobilization has been established, and will be chaired by Dr. Sadik in her capacity as Secretary-

General of the ICPD. In the section on inter-agency cooperation in the background paper, it was agreed to add the issue of collective resource mobilization.

IV. Decisions

25. In closing the meeting, the Chairman summarized the principal points of the morning's discussion and enumerated the decisions taken.

26. Four working groups will be established:

(1) Working group to discuss a common data system at the national level in the field of health, notably in the areas of infant, child and maternal mortality;

(2) Working group on basic education, with special attention to gender disparities;

(3) Working group on policy-related issues, including the drafting of a common advocacy statement on social issues;

(4) Working group on women's empowerment.

27. UNFPA, in consultation with its UN partners, will organize meetings of the working groups as soon as possible. In the meantime, it was agreed that all of the relevant agencies, organizations and programmes of the UN system should begin to work on the issues for ICPD follow-up discussed at the Task Force meeting, in the context of their respective mandates. The need for each organization to give attention to follow-up at the field level was emphasized.

28. The Background Note on Inter-agency Cooperation on the Implementation of the ICPD Programme of Action will be a revised, taking into account the comments and suggestions made during the meeting.

29. It was decided that the UN Division for the Advancement of Women, Habitat, UNEP and UNIFEM will also be invited to join the Inter-agency Task Force.

30. The chairman suggested that areas for further research should be identified and ways explored for collective funding of studies. In addition, she added that other important concerns, such as human rights, which, while not specifically addressed in this Task Force, should certainly play an important role in the work of the Task Force.

31. All participants agreed that it was important to move quickly ahead with the discussion on inter-agency cooperation and collaboration in follow-up to ICPD, both at Headquarters and field level, in order to utilize the momentum of the Cairo Conference.

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ANNEX

LIST OF PARTICIPANTS

United Nations Development Programme (UNDP)

- Mr. James Gustave Speth

Administrator

- Ms. Sarah Timpson
  Deputy Assistant Administrator and Director of the
  Bureau of Programme Policy and Evaluation

United Nations Children's Fund (UNICEF)

- Mr. Paul Altesman
  Director, UN Affairs and Special Assistant to the
  Executive Director

- Mr. Kul Gautam
  Director, Programme Division

- Dr. France Donnay
  Senior Adviser, Women's Health

World Health Organization (WHO)

- Dr. Tomris Trmen
  Director, Division of Family Health

United Nations Educational, Scientific and Cultural Organization
(UNESCO)

- Mr. Gustavo Lopez Ospina
  Director of the Interdisciplinary and Inter-Agency
  Co-operation project:
  Environment and Population Education and Information
  for Human Development (EPD)

- Ms. Serim Timur
  Interdisciplinary and Inter-Agency Co-operation
  project: Environment and Population Education and
  Information for Human Development (EPD)

International Labour Organisation (ILO)

- Mr. Aziz
  Director, a.i.
  ILO Liaison Office, New York

- Mr. E.K. Andoh
  Coordinator of Population Activities
  Development and Technical Cooperation Department,
  Geneva

The World Bank (WB)

- Mr. David de Ferranti
  Director of the Population, Health and Nutrition
  Department

- Mr. Carlston Boucher
  Special Representative to the UN

United Nations, Department for Policy Coordination and Sustainable
Development (PCSD)

- Mr. Nitin Desai
  Under-Secretary-General for Policy Coordination and Sustainable Development

- Mr. Jean-Claude Faby
  Chief, Office of the Under-Secretary-General for Policy Coordination and Sustainable Development

United Nations, Department for Economic and Social Information and Policy Analysis (DESIPA)

- Mr. Jean-Claude Milleron
  Under-Secretary-General for Economic and Social Information and Policy Analysis

- Mr. Joseph Chamie
  Director, Population Division

- Mr. Herman Habermann
  Director, Statistical Division

Food and Agriculture Organization of the United Nations (FAO)

- Mr. Jacques du Guerny
  Population Programme Co-ordinator

United Nations Population Fund (UNFPA)

- Dr. Nafis Sadik
  Executive Director

- Mr. Joseph van Arendonk
  Deputy Executive Director (Programme)

- Mr. Jyoti Shankar Singh
  Director, Technical and Evaluation Division

- Ms. Mari Simonen
  Chief, Office of the Executive Director

- Mr. S.L.N. Rao
  Chief, Governing Council, UN Liaison and External Relations Branch, and Deputy Director, Information and External Relations Division

- Ms. Catherine S. Pierce
  Chief, Women, Population and Development Branch, Technical and Evaluation Division

- Mr. Arthur Erken
  Associate Research Adviser, ICPD Secretariat

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First Meeting

of the

Inter-Agency Task Force

on

the Implementation

of the

ICPD Programme of Action

Tuesday, 13 December 1994

United Nations Headquarters

Conference Room 9

10:00 - 13:00 hours

Agenda

1. Goals of the ICPD in relation to other UN Conferences.

2. Technical assistance modalities.

3. Specific areas of support.

4. Inter-agency coordination.

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Report of the Second Meeting of the ICPD Inter-Agency

Task Force on the Implementation

of the ICPD Programme of Action

25 July 1995

UNFPA Headquarters

New York, NY

1. The Second Meeting of the ICPD Inter-Agency Task Force (IATF) took place on 25 July 1995, at the United Nations Population Fund (UNFPA) Headquarters in New York. Dr. Nafis Sadik, Executive Director, UNFPA and Chairman of the Task Force presided over the initial sessions and the closing segment of the meeting. Mr. Jyoti Shankar Singh, Deputy Executive Director (Technical Services), UNFPA, who had served as Executive Coordinator of the ICPD, presided over the rest of the meeting.

2. The agenda and list of participants are attached to this report.

Agenda Items I and II: Welcome and Adoption of the Agenda

3. Dr. Nafis Sadik opened the Second Meeting of the ICPD Inter-Agency Task Force by welcoming the participants. She noted that the work of the IATF had evoked positive comments from various sources, including the recent session of the Economic and Social Council (ECOSOC) and had generated "great expectations" concerning the follow-up to the ICPD Programme of Action. She added that the Secretary-General was also aware of and appreciated the work of the IATF. The agenda was adopted as presented.

4. Dr. Sadik congratulated the members of the IATF on the impressive body of work that had been produced since the first IATF meeting on 13 December 1994, and commended the Task Force for the speed with which this had been accomplished. While the guidelines

from each group varied, all were user-friendly and instructive. She noted that the format of the Guidelines on Reproductive Health clearly illustrated how the Resident Coordinator System could help to operationalize programmes in the field. She also suggested that the reproductive health dimension be included in the Guidelines on Tracking Child and Maternal Mortality.

5. Dr. Sadik reiterated that the main purpose of the guidelines was to provide advice to the field and, in particular, to the Resident Coordinator to guide the operationalization of the Programme of Action and the follow-up to other UN conferences in the social sector. These were not meant as technical sectoral guidelines. She observed that the Resident Coordinator should not be expected to be an expert in the technical areas covered by the guidelines, however, the five sets of guidelines should provide the Resident Coordinator with guidance and a sound basis for: developing dialogue with the Government; assisting the Government in working in a particular sectoral area; and developing networks and partnerships that include non-governmental organizations (NGOs) and other groups. Dr. Sadik added that bilateral agencies were also keenly interested in sharing the guidelines and in being part of the process in ways that would facilitate their own work at the country-level. She emphasized that each set of guidelines should be accompanied by a short bibliography listing key documents and relevant audio-visual materials. Additionally, the Resident Coordinator should be provided with a list of experts who could be drawn on as needed. Dr. Sadik urged all the lead-agencies to collect these materials so that they could be sent to the field.

6. Dr. Sadik emphasized the need for improving data collection and analysis at the country level. She noted that data systems

should help monitor the progress in achieving ICPD goals, as well as, the impact of programmes and should guide the formulation of future programmes.

7. Dr. Sadik stated that the Administrative Committee on Coordination (ACC) had recognized the ICPD IATF with UNFPA as the lead-agency. The work of the IATF would be reported on to the ACC. Also under consideration by ECOSOC was a proposal for the Secretary-General to report on the work of the IATF. Dr. Sadik invited the participants to discuss, during the course of the meeting, the appropriate format and time-table for the report. Dr. Sadik noted that with regard to the IATF report to the Commission on Population and Development we would need to discuss and define its focus and content. She added that the theme of the 1996 report was reproductive health.

8. Noting that she had received requests from several NGOs and inter-governmental organizations to participate in the IATF, Dr. Sadik observed that it would be very useful to have this participation at the country-level. However, the IATF itself should not be expanded to a point where it becomes unwieldy.

9. With regard to the future of the IATF and the Working Groups, Dr. Sadik noted that the Working Groups had been established for the specific purpose of producing the guidelines and once this had been accomplished they would not continue. If necessary, ad-hoc meetings could be convened. Dr. Sadik added that it was important to keep alive the momentum, interest and attention that had been generated by the IATF. At the same time, it was necessary to ensure ways and means for receiving and acting on views and

comments received on the guidelines and the work of the IATF in general.

10. Dr. Sadik concluded by once again commending the work achieved by the IATF. She expressed the hope that the discussions would be constructive and fruitful and that the Task Force would be able to finalize the guidelines. She thanked the member agencies for their participation and invited questions and comments.

11. During the ensuing discussion the representative of the International Monetary Fund (IMF) inquired about the relationship of the IATF to the Consultative Committee on Programme and Operational Questions (CCPOQ). Dr. Sadik noted that she had agreed to provide a report on the IATF to the next meeting of the CCPOQ for its consideration, however, in the meantime the work of the IATF should continue and not be delayed in any way. The CCPOQ had agreed to this. Dr. Sadik added that since most of the IATF members also belonged to the CCPOQ they should advise their representatives of this.

12. The representative of the Economic Commission for Europe (ECE), on behalf of the five regional economic commissions of the UN, noted that it would be useful to include the linkages between the regional framework and country programming.

13. The meeting then turned to the next agenda item, a review of the activities of the five IATF Working Groups.

Agenda Item III: Review of the Working Group Reports and Guidelines

Working Group on Women's Empowerment (Lead agency: UNIFEM)

14. Ms. Noeleen Heyzer, Director of the United Nations Development Fund for Women (UNIFEM), gave a short introduction on the work of the Working Group on Women's Empowerment which had met on 16 May 1995. She noted that ICPD was seen by many women as a key conference on women's empowerment. She defined women's empowerment as consisting of five components, namely, women's sense of self-worth; the right to have choices; the right to have access to opportunities and resources; the right to have the power to control their own lives; and the ability to influence the direction of social change.

15. The draft Guidelines on Women's Empowerment for the Resident Coordinator System contained strategies to address and operationalize this concept. Ms. Heyzer stressed the importance of the guidelines in providing legitimacy at the country level to the need for empowering women. The guidelines also underscored the need for multi-donor coordination and the desirability to bring civil society and governments together in addressing this issue. Most importantly, the guidelines were aimed at facilitating the creation of gender-sensitive development policies by encouraging the Resident Coordinators to play a key role in coordinating multi-disciplinary national-level data-gathering. Ms. Heyzer also explained that the guidelines placed much attention to the need for training in gender analysis and gender-sensitive development planning.

16. The issue of reproductive health was also addressed in the Guidelines on Women's Empowerment. The guidelines stress that the

Resident Coordinators' intervention in this area should be guided by adhering to several key principles: a woman's right and social responsibility to decide whether, when and how many children to have; reproductive health issues should be considered an integral part of everyday life; women have the right to autonomy and reproductive choice and reproductive rights; and women have the right to make their own fertility regulating decisions. The goal of an empowered reproductive health programme should be to increase womenþs control over their bodies, their sexuality and ultimately their lives. The guidelines further addressed the issues of culture and tradition, violence against women, the role of the Convention on the Elimination of Discrimination Against Women (CEDAW) as a legal framework for action at the country level, the importance of women NGOs and the need for strengthening their capacity.

17. Thanking Ms. Heyzer for her presentation, the Chairman opened the discussion by suggesting to include in these guidelines the need to identify knowledge and research gaps and to set up a research agenda in this field at regional and global levels. She further suggested to avoid instructing Resident Coordinators as to what they should do. It is up to the United Nations system, not the guidelines, to instruct the Resident Coordinator on what he/she should do. It was further pointed out that an annex to the guidelines, summarizing the activities of different organizations in this area, should be added.

18. The representative of the ECE suggested that the Resident Coordinators include all organizations active at the country level in this field in the process of coordination, such as the Organization for Economic Cooperation and Development (OECD) and the European Union (EU). The Resident Coordinators should further

make use of the regional frameworks for follow-up activities to ICPD. Gender issues should also be an integral part of the Country Strategy Notes (CSNs). The Chairman noted that the guidelines will be accompanied by an introductory note on how to use the guide-lines, including the involvement of non-UN organizations. This note would draw the attention of the Resident Coordinators to involving regional organizations.

19. The representative of the United Nations Department for Policy Coordination and Sustainable Development (DPCSD) informed the participants of the comments she received from the Division for the Advancement of Women. These comments would be submitted to UNIFEM. She noted that the guidelines should place more emphasis on the need to create economic opportunities for women, as well as the role of men in womenþs empowerment. The Resident Coordinators should also be encouraged to communicate the issue of womenþs empowerment in their contacts with government officials and representatives of UN agencies and organizations.

20. The representative of the International Labour Organisation (ILO) emphasized creating economic opportunities for women in terms of income generation. He further commented on the need for lifelong training, in addition to lifelong education, to be included in the paragraph on education. He also promised to submit some factual comments on the report of the Working Group to the secretariat of the IATF. One of the representatives of the United Nations Development Programme (UNDP) shared the view that gender training was important and that gender issues needed to be included in the CSNs.

21. The representative of the World Health Organization (WHO) welcomed the emphasis in the guidelines on gender training. She felt that the guidelines should not target women exclusively but should also emphasize the importance of an enabling environment for empowering women and focus on the roles and responsibilities of men, particularly young men. The World Bank representative suggested that some clarification be included in the guidelines on how to make effective use of the comparative advantages of the different United Nations agencies and organizations. The representative of the United Nations Educational, Scientific and Cultural Organization (UNESCO) stated that the introductory note to the guidelines should include reference to the role of culture and tradition.

22. The Chairman concluded the discussions on the Guidelines on Women's Empowerment by reiterating the decisions made on the follow-up procedure, namely that the set of guidelines would be accompanied by a general introductory note which would explain their purpose and underscore common dimensions.

Working Group on a Common Data System (Lead agency: UNICEF)

23. Ms. Tessa Wardlaw, Project Officer, Statistics and Monitoring, Planning Office, United Nations Children's Fund (UNICEF), gave a brief introduction on the work of the Working Group on a Common Approach to National Capacity Building in Tracking Child and Maternal Mortality. She explained that the Working Group participants had decided to focus on developing a common approach to tracking child and maternal mortality. The larger task of developing a common data system would be taken up by the ACC Sub-committee on Statistics.

24. The guidelines were divided into two parts: child mortality and maternal mortality. She explained that the focus on child mortality was chosen because of the huge numbers (12 million or more deaths of children under five years of age) and the fact that under-five mortality measures are a key indicator for human development and well-being. To track child mortality, the guidelines proposed a three-step approach: (1) determine what country level child mortality data are available; (2) determine a reasonable set of child mortality estimates over time; (3) fill data gaps.

25. Maternal mortality, on the other hand, was a rare event. Also, maternal deaths were often not reported, or when they were, they were not correctly classified as maternal deaths. As a result, most maternal mortality measurements were under-estimates. Also, the progress in achieving the ICPD goals needed to be measured against the 1990 baseline data, but in many countries there was no baseline data on maternal mortality. The guidelines draw attention to measurement problems, so that Resident Coordinators are aware of the limited value of the existing data. Ms. Wardlaw pointed out that an important alternative to measure maternal mortality with conventional methods was to monitor the processes which lead to reductions in maternal mortality, such as access to emergency obstetric care. UNICEF and WHO had developed process indicators, but more field testing was required.

26. The Chairman thanked Ms. Wardlaw for her presentation and opened the floor for discussion.

27. The Director of the United Nations Statistical Division began

the discussion by reminding the participants that with regard to the development of a common data system, the ACC Subcommittee on Statistics could play a coordinating role. Further he offered that DESIPA would prepare a proposal that would elaborate common approaches to data collection and presentation including, for example, development of more explicit guidelines to countries not only for monitoring mortality but social goal indicators more generally such as those to be developed on reproductive health. In the meantime, the guidelines on a Common Approach to National Capacity Building in Tracking Child and Maternal Mortality should be issued.

28. The representative of the World Bank expressed the Bank's support for a common approach. He noted that the Bank had decided to discontinue its own population projections as of the beginning of this year and to use the data of the Population Division. With regard to the guidelines, he suggested that the guidelines should stress the need for the timely collection and analysis of data and the explicit identification of their sources. The representative of the United Nations Food and Agriculture Organization (FAO) complimented UNICEF for the excellent guidelines. He stated, however, that the guidelines were too focussed on monitoring and less so on the importance of data collection for policy purposes. The UNICEF representative replied that it was definitely the intention to emphasize the link between data and policy-making.

29. The WHO representative reminded the participants of Dr. Sadik's statement on the need to set in motion a system to get the information the UN agencies and organizations need for policy and programming. She also suggested that this Working Group continue working on the development of alternative indicators and methodo-

logies, including those on reproductive health. The Chairman then concluded that the participants were in favour of setting up a smaller working group with representatives of UNICEF, UNFPA, the UN Statistical Division, WHO, and other interested organizations. The UN Statistical Division would take the lead and submit a proposal on how to proceed.

30. All participants agreed that in the meantime the current guidelines should be finalized and sent to the Resident Coordinators, while further work is being carried out on a common approach to data collection and analysis. The representative of the ECE expressed the hope that problems in measurement would not lead to discontinuation of ongoing activities in data collection, particularly at the regional level. The guidelines should encourage Resident Coordinators to continue current work in this area.

Working Group on Basic Education (Lead agency: UNESCO)

31. The Chairman invited Mr. Gustavo Lopez Ospina, the representative of UNESCO, to present the Guidelines on Basic Education. UNESCO served as the lead-agency for the Working Group on Basic Education.

32. Mr. Lopez Ospina noted that in formulating the Guidelines on Basic Education one key contextual element for the Working Group was the World Conference on Education for All (Jomtien, Thailand, 1990). The Working Group had emphasized the need to incorporate open learning outside the school setting. It underscored that opportunities for learning must be offered to those who had never

been to school as well as a second chance to those who had dropped out. Such an approach would have a special impact on women who constituted 60 per cent of the world's illiterates. The guidelines highlight the fundamental elements of Basic Education; present strategies for programme implementation; suggest the types of resources available; indicate sources of technical assistance; emphasize the use of data; and suggest how momentum may be generated and institutions mobilized. The guidelines also emphasize the need for good data, an effective strategy and timely action. The Working Group had stressed that the guidelines for Resident Coordinators be clear, concise and available in the appropriate language.

33. The UNESCO representative added that the guidelines currently provided a brief background on Basic Education and outlined a strategy for coordination. The guidelines also underscored that under the leadership of the Resident Coordinator, the inter-agency group could serve as a strong catalyst for change at the country level. In addition, they noted the need to eliminate gender disparities in education; and to encourage partnerships amongst Government, NGOs, UN agencies and civil society in an effort to make "education for all the business of all".

34. During the discussion that ensued, the UNIFEM representative noted that paragraphs 3 and 4 of the Guidelines on Basic Education were very useful and had been incorporated into the Guidelines on Women's Empowerment. She suggested that the paragraphs could be incorporated in the other sets of guidelines as well.

35. UNDP and UNICEF representatives observed that the guidelines needed to have a greater focus on gender disparities in basic

education and the need to eliminate those disparities since the elimination of gender disparities was a key objective. Several other participants concurred with this view. One participant suggested that the gender dimension should be added to the principal sections of the guidelines.

36. The Chairman noted that the goal set by ICPD takes the "Education for All" concept further and emphasizes the need to dispel gender disparities. He added that the Guidelines on Basic Education would be amended as suggested and that the two annexes under preparation would shortly be completed.

37. The representative of the IATF Secretariat informed the meeting that the Guidelines on Basic Education had been sent for review to Resident Coordinators in ten countries and replies had been received from three Resident Coordinators (Ghana, Morocco and Sudan). These Resident Coordinators noted that the guidelines served a very useful purpose in providing insights into key issues; one expressed the need for more details on how to proceed on specific issues. The Chairman then invited the representative of WHO to introduce the Guidelines on Reproductive Health.

Working Group on Reproductive Health (Lead agency: WHO)

38. Ms. Carla AbouZahr, the WHO representative, noted that the Working Group on Reproductive Health held its meeting on 29 June 1995 at WHO Headquarters in Geneva. She observed that the Guidelines on Reproductive Health were developed on the basis of the Working Group discussion with a thematic focus on "what is new" and "what is different" with regard to the concept of reproductive

health. The WHO representative stated that the guidelines were divided into two parts: (1) Key Facts about Reproductive Health; and (2) Key Actions for the Resident Coordinator System to Improve Reproductive Health. Noting that reproductive health is a crucial part of general health and impacts all stages of life, the WHO representative underscored that reproductive health does not start out from a list of diseases, problems or programmes. The aim of interventions is reproductive health and rights rather than population policies and fertility control. She highlighted the involvement of people (including women, adolescents and other marginalized groups such as refugees and migrants) as being a key element in defining reproductive health concerns and responses and stated that this marked a new approach.

39. The guidelines point out that each country must define its own reproductive health programme in light of its own needs and priorities in this area. The reproductive health programme should be the product of and should derive from a local "bottom-up" process. Reproductive health priorities need to be defined through a participatory process at the national level. She stressed the need to clarify that reproductive health is not just a bio-medical issue but is determined by a whole series of structures and relationships -- social, economic, legal, civil and sexual. Clearly, women bear the greatest burden of reproductive ill-health. Also, young people of both sexes are particularly vulnerable to reproductive health problems because of a lack of information and access to services. The WHO representative noted that the reproductive health concept had major human resource implications. Also, there is a clear need to define and develop better indicators for monitoring and evaluation, particularly of quality concerns. It should also be emphasized that data collection is a means to an end

and not and end in itself. She concluded by mentioning the key actions for the Resident Coordinator System that were outlined in Part II of the guidelines.

40. During the discussion that followed, the representative of the World Bank complimented WHO on its leadership role in producing clear guidelines in a timely fashion. He suggested the following revisions: (1) delete the word "must" from the sub-heading of item 5; and (2) rephrase the second sentence in the first paragraph under item 8, so as to avoid any negative connotation in the use of the word "experts". The representative added that item 10, Monitoring and Evaluation is very important and needs to be developed further. He emphasized the need to develop surveillance systems that utilize performance-based/operational measures and move away from population-based measures.

41. Mr. Eduardo Gutierrez, Director, Office of UN System Support Services, UNDP, stated that he was very pleased to note the kind of discussion that was taking place as well as the nature and scope of the guidelines that had been developed. The clear focus on specifics is ultimately what is most useful to the Resident Coordinators and their teams. He added that it would be helpful to include the following information in the guidelines: (1) Availability of Resources -- the UNDP/UNFPA Executive Board at its recent session had approved the use of 1.7 per cent of overall resources (approximately US $18 million per year) by the Resident Coordinator System; (2) Regional dimension -- in an effort to integrate the follow-up to various UN conferences, several proposals were under consideration. A major debate on development was scheduled to take place in the near future and the main actors had indicated a clear

willingness for synthesizing and integrating the outcomes of various UN conferences. It was also important to bear in mind Chapter III of the Agenda for Development, as well as, the upcoming triennial review of operational activities. Clearly, all this would have implications for the Resident Coordinator System and the guidelines should signal that changes would take place as a result of the effort to integrate the follow-up process; and (3) Training -- it is essential to think of ways and means to include the guidelines in the training offered to Resident Coordinators. The UNDP representative concluded by noting that it would also be useful to select a few Resident Coordinators and have them review and provide feedback on the guidelines. He observed that perhaps this could be done in Beijing at the time of the Women's Conference.

42. The Chairman thanked Mr. Gutierrez for the useful information he had provided and noted that some of it could be incorporated in the introductory note to the guidelines.

43. The other UNDP representative noted that it would be useful to indicate in the guidelines that the reproductive health concept was new and would evolve and be further elaborated over time. She added that the Working Group should orchestrate an information exchange amongst countries on how the ICPD Programme of Action was being operationalized. She also stressed the need to further develop Part II of the guidelines and, in this context, underlined the need for greater emphasis on national capacity building.

44. The representative of FAO observed that item 9 "human resources for reproductive health" should be developed further. In particular, training needs should be outlined. Also, the issue of

training should be included under the item on Monitoring and Evaluation.

45. The representative of the ECE commended the format of the Guidelines on Reproductive Health and suggested that the same format be followed in the other sets of guidelines. She added that the need for regional coordination could be highlighted in part II, section 6 of the guidelines. The ECE representative agreed with the suggestions made by the UNDP representative and noted that perhaps the guidelines should underscore the need for Resident Coordinators to seek co-financing and cost-sharing for programme operationalization. She observed that this may be especially necessary in countries where Governments may not be keen to promote reproductive health.

46. The WHO representative expressed her appreciation for the comments made and noted that they would help to strengthen the guidelines. She welcomed further comments and noted that WHO would need about three weeks to finalize the Guidelines on Reproductive Health.

47. The Chairman agreed that this schedule was appropriate and noted that the annexes to the guidelines should also be completed in the same time-period. IATF members were asked to submit their comments to WHO within two weeks. The Chairman then closed the discussion on the Guidelines on Reproductive Health.

Agenda Item IV: Review of the Common Advocacy Statement on Social Issues

Working Group on Policy-Related Issues (Lead agency: UNFPA)

48. Mr. Michael Vlassoff, Senior Technical Officer, Technical and Evaluation Division, UNFPA, introduced the work of the Working Group on Policy-Related Issues. He explained that the Working Group had decided to address the "common advocacy" concern by drawing up a Statement of Commitment that would then be issued by all agencies and organizations involved in the IATF. The aim of such a statement would be to ensure that all UN agencies and organizations use the same language regarding population and development issues. The "Statement of Commitment on Population and Development by the United Nations System", drafted by the Working Group, is divided into three sections: a general introduction stressing the commitment by the UN agencies and organizations to implement ICPD; a section on the linkages between population issues and other development issues; and a concluding section calling for global partnership in addressing these interrelated issues.

49. During the discussion that followed, different points of views were expressed as to the "Statement of Commitment". One of the representatives of UNDP noted that the Programme of Action was in fact a statement of commitment. The Chairman stated that the idea behind such a Statement was to ensure that in the follow-up to ICPD all the UN agencies and organizations would say the same thing. This Statement just reiterates what is in the Programme of Actions of the ICPD and the World Summit for Social Development (WSSD); it is not an operational tool describing the actions to be carried by various organizations.

50. The UNICEF representative offered some suggestions which she

felt would further strengthen the Statement. She thought that the Statement did not give adequate attention to the central issues of the ICPD Programme of Action, such as education, health, including reproductive health, and womenþs empowerment. If the purpose of this Statement is to link the ICPD with the WSSD, then this should be made clear in the introduction. The Statement should be made more operational, not in the sense of guidelines, but in committing the UN system to implement ICPD. She also suggested changing the order of topics in section II, to read: education; health; womenþs empowerment; environment; food security; employment and sustainable livelihoods; and poverty eradication. Subsequent speakers, however, felt that the existing sequence could be retained.

51. The UNICEF representative also suggested some changes in the opening sentence, to read as follows: "The organizations and agencies of the United Nations System fully commit themselves to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), in accordance with their respective mandates, building upon international agreements related to population and development". In order to resolve the difficulties the representative of UNICEF had with the reference to paragraph 8.25 in the last paragraph on page 6 of the Statement, the Chairman suggested that the complete text of paragraph 8.25 of the ICPD Programme of Action be included in the Statement.

52. One of the representatives of the United Nations Department of Economic and Social Information and Policy Analysis (DESIPA) felt that the tone of the Statement was too pessimistic. He also suggested to add the word "programme" after "policies" in paragraph 14, line 5. Another representative of DESIPA noted that the issue

of data gathering should be extended to all issues in the Statement and not just in the section on poverty eradication. The representative of the IMF stated that her organization would like to be associated with the Statement. The IMF would submit some comments on the text. It was currently looking into ways to integrate the issues included in the Statement in its own policies.

53. The representative of WHO, like UNICEF, felt that the Statement did not adequately reflect the main issues of the ICPD. Also, she would like to see included in the section on health reference to paragraph 7.3 of Programme of Action on reproductive rights and in the goals section mentioning of paragraph 8.5 of Programme of Action, containing the goals in the field of life expectancy. She further suggested some editorial changes, i.e., to add the "quality" before "care" in paragraph 18, line 7, and the word "primary" before "health-care" in paragraph 18, last line.

54. The ECE representative cautioned the participants to be careful with the use of the word "commitment". She suggested to change the title to "Statement of Immediate Follow-up". She also questioned why there was nothing on migration in the Statement.

55. The participants felt that a common statement was useful as an advocacy tool. The Chairman suggested that UNFPA redraft the Statement, taking into account the comments received. The final text could eventually be submitted to the CCPOQ and then ACC for final consideration, although such a statement could stand on its own. The issue of reordering would be decided later, based on the comments received. It was agreed that the tone should be more positive and that, where necessary, the commitments should be made more specific

Agenda Item V: Future Work of the Inter-Agency Task Force

56. It was agreed that four of the working groups had completed their work, but could be convened on an ad-hoc basis, if deemed necessary. The IATF participants decided that the tasks dealt with by the Working Group on a Common Approach to National Capacity Building in Tracking Child and Maternal Mortality would be addressed further by a smaller group consisting of UNICEF, UNFPA, DESIPA, WHO and other interested organizations. DESIPA would submit a proposal for future work aimed at inter alia elaborating and refining the current guidelines and perhaps extending them to social indicators more broadly.

57. At the suggestion of Dr. Sadik, who chaired the closing session, it was agreed that the Working Group on Reproductive Health would continue its work, since reproductive rights and reproductive health were new and evolving issues. This Working Group would deal, inter alia, with the development of performance indicators in reproductive health. The Working Group would, however, not meet for some time, given the range of meetings on this topic already planned for in the near future. The organizations will keep WHO informed of developments in this area and vice versa.

58. In response to the views expressed by the Commission on Population and Development, at its 28th session, the Inter-Agency Task Force decided to establish a Working Group on international migration. Such a working group would deal, in the first instance,

with chapter X "International Migration" of the Programme of Action. The working group would explore the implications for inter-agency collaboration in this area. The ILO, together with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), and with the support of the regional economic commissions and DESIPA, would organize this working group. It was suggested that ILO serve as the lead agency for this working group. The ILO representative indicated that he would consult with headquarters and revert to the IATF Secretariat on this matter.

Agenda Item VI: Other Matters: Action Items

59. A schedule for finalizing the guidelines was drawn up: by 11 August, each of the organizations present would send their comments on the guidelines to the lead agency; by 18 August the lead agency would send the completed guidelines to the IATF Secretariat. These would be compiled and sent out to the Resident Coordinators with an introductory note which would address the purpose and common dimensions of all the guidelines.

60. The meeting was reminded that each set of guidelines should include a short bibliography of the key publications in the area and citations of relevant audio-visual materials. Each agency should also submit a brief profile of its activities in the respective fields of women, reproductive health and common data systems. It was noted that most organizations had already submitted a brief profile of their activities in the area of basic education.

61. With regard to the reporting on the IATF to the 29th session of the Commission of Population and Development (26 February - 1 March 1996), it was decided that the IATF Secretariat would draft an outline for the approval by the organizations involved in the IATF on their input for the report. This outline would be sent to the agencies and organizations by early September.

62. It was agreed to have the third meeting of the IATF prior to the 29th session of the Commission on Population and Development, i.e., end of February 1996. With regard to the shipment of materials to the Resident Coordinators, the UNDP representative noted that they would pouch those materials when the IATF secretariat made them available to UNDP. In order to assure broad dissemination of IATF materials, UNICEF suggested that they be put on a CD-ROM and the UNDP representative noted that the materials should be added to the UNDP gopher.

63. In closing the meeting, Dr. Sadik thanked the organizations for their hard work and commitment of the past six months. She was very pleased with the way the IATF had functioned and expressed the hope that the spirit of cooperation that had prevailed in the first half year would continue in the months ahead.

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Second Meeting of the ICPD Inter-Agency Task Force

25 July 1995

UNFPA Headquarters

New York, NY

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ICPD INTER-AGENCY TASK FORCE

Second Meeting of the Task Force

Tuesday, 25 July 1995

UNFPA Headquarters

Rafael M. Salas Conference Room

19th Floor

AGENDA

I. Welcome and Chairmanþs overview of the work of the Task Force

II. Adoption of Agenda

III. Review of the reports and guidelines produced by the Working Groups

IV. Review and adoption of the Common Advocacy Statement on Social Issues

V. Future Work of the Task Force - items for consideration:

1. Working Groups - should existing ones continue; should

additional groups be set up?

2. Scope of work - response to the view of the twenty-eighth session of the Commission on Population and Development, "that the Task Force's work should be expanded to include migration issues."

3. Inputs for the Report of the Inter-Agency Task Force to be submitted to the twenty-ninth session of the Commission on Population and Development.

VI. Other Matters
