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FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

ACTIVITIES CONDUCTED BY NON-GOVERNMENTAL ORGANIZATIONS AND
INTERGOVERNMENTAL ORGANIZATIONS IN SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS: THREE YEARS AFTER THE INTERNATIONAL
CONFERENCE ON POPULATION AND DEVELOPMENT

Report of the Secretary-General

SUMMARY

The present report has been prepared by the United Nations Population Fund in accordance with the topic-oriented and prioritized multi-year work programme of the Commission on Population and Development, which was endorsed by the Economic and Social Council in its resolution 1995/55. Pursuant to the request of the Council in its resolution 1996/2, adopted on the recommendation of the Commission on Population and Development, the present report is a revised version of the report of the Secretary-General relating to the activities of the non-governmental sector in the area of reproductive rights and reproductive health submitted to the Commission at its twenty-ninth session.

The report, which reflects the responses received from 482 international, regional, national and grass-roots non-governmental organizations (NGOs) in 103 countries and four intergovernmental organizations, is intended to give a

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broad overview of the range of activities conducted by these organizations in the areas of sexual and reproductive health and rights. It assesses the strategies and approaches adopted by NGOs to implement the recommendations of the Programme of Action of the International Conference on Population and Development. It also provides an analysis of the difficulties and constraints encountered by NGOs in implementing sexual and reproductive health and rights programmes and services, in monitoring the implementation of the recommendations of the Conference and in working in partnership with Governments.

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I. INTRODUCTION

1. The International Conference on Population and Development, held at Cairo in 1994, was instrumental in articulating a response to a worldwide demand for improving quality of care and for integrating family planning into the broader context of sexual and reproductive health and rights. Governments of almost all countries of the world reached a consensus on the concept of sexual and reproductive health, clearly recognizing the rights of individuals to high quality reproductive health services. Non-governmental organizations (NGOs), both as participants and as part of national delegations, played a critical role in formulating the Programme of Action of the International Conference on Population and Development.¹ The Programme of Action identifies a critical role for NGOs in its implementation, in partnership with Governments and the private sector.

2. In accordance with the request of the Economic and Social Council in its resolution 1996/2, adopted on the recommendation of the Commission on Population and Development, the present report is a revised version of the report of the Secretary-General relating to the activities of the non-governmental sector in the area of reproductive rights and reproductive health that was submitted to the Commission at its twenty-ninth session.² The report summarizes the information gathered through a questionnaire sent to international and national NGOs and to intergovernmental organizations (IGOs) to assess their progress towards achieving the goals and objectives of the Programme of Action.

3. The findings included in the report are based on responses to a questionnaire completed by 482 national and international NGOs and IGOs; reviews of written reports and materials shared by respondent organizations; and interviews with some key NGOs involved in monitoring the implementation of the Programme of Action at the international level.

4. Section II describes the main characteristics of NGOs; section III refers to the mandate of the Programme of Action on the role of NGOs; section IV discusses the methodology used in preparing the report; section V provides an overview of the activities accomplished by NGOs in the area of sexual and reproductive health and rights; section VI discusses the role of NGOs in monitoring the implementation of agreements reached at the Conference; section VII focuses on collaboration between Governments and NGOs; section VIII analyses the limitations of the work of NGOs; section IX provides an overview of the activities of IGOs; and section X discusses the lessons learned from the involvement of NGOs three years after the Conference.

II. WHO ARE THE NGOS?

5. NGOs are organizations of civil society that are formally constituted, self-governing and non-profit and are characterized by some degree of voluntary involvement. They include special interest organizations; networks; service providers and public service contractors; funding, operational and advocacy NGOs (particularly women's NGOs); professional associations; community associations;

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and paid membership organizations. NGOs exist at the international, regional, national and grass-roots levels.

6. In many countries, national and local NGOs concentrate efforts on the "supply side", delivering services or assisting Governments to increase the coverage of national programmes. Other NGOs concentrate on the "demand side" by helping different segments of the community articulate their concerns and preferences on such matters as quality of care, by influencing policy agendas and by mixing technical operational skills with communication, advocacy and networking skills. International NGOs participate in the development of global policies; in monitoring the implementation of the Programme of Action at the global level; in providing technical assistance to Governments of developing countries; and in conducting research studies.

7. Many NGOs have demonstrated an ability not only to serve segments of the community that are difficult to reach, such as adolescents or women living in poor communities, but also to provide high quality services, to work in inaccessible or sensitive areas and to test innovative approaches. In addition, they help in making the whole Conference implementation process more accountable, transparent and participatory. They not only fill gaps but also identify areas that require further attention.

III. THE PROGRAMME OF ACTION AND NGOS

8. The Programme of Action recognizes the need for establishing partnerships with NGOs for the implementation of the recommendations of the Conference. For instance, paragraph 15.6 of chapter XV of the Programme of Action (Partnership with the non-governmental sector) specifies that:

"In recognition of the importance of effective partnership, non-governmental organizations are invited to foster coordination, cooperation and communication at the local, national, regional and international levels and with local and national governments, to reinforce their effectiveness as key participants in the implementation of population and development programmes and policies. The involvement of non-governmental organizations should be seen as complementary to the responsibility of Governments to provide full, safe and accessible reproductive health services, including family planning and sexual health services."

9. The Programme of Action also emphasizes the need to ensure that NGOs and their networks are able to maintain their autonomy and strengthen their capacity through regular dialogue and consultations, as well as through training.

IV. METHODOLOGY USED FOR COLLECTING INFORMATION ON NGOS AND IGOS

10. The methodology used for preparing the present report was a questionnaire sent to NGOs and IGOS, supplemented in many cases by their annual reports and other materials. Some direct interviews with selected NGOs were also carried out. The questionnaire for NGOs and IGOS was developed by topic area and

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included the most significant aspects identified in the Programme of Action of the role of NGOs in the implementation of sexual and reproductive health and rights. In order to obtain a globally representative response, the questionnaire was sent to NGOs in all regions, at all levels - grass roots, national and international - and in different substantive areas, such as service delivery and advocacy.

11. The questionnaire, which was issued in English, French and Spanish, was sent to national and local NGOs through representatives of the United Nations Population Fund (UNFPA) who, in turn, were asked to suggest additional NGOs to include in the original list. It was sent to approximately 938 organizations worldwide, 920 NGOs and 18 IGOs, between July and August 1997. Of this total, 116 entries were received from the additional NGOs contacted by UNFPA field offices. From the total of 938 questionnaires sent, 482 were returned to UNFPA, representing a response rate of 51 per cent. The response by region (numbers and response rate) was distributed as follows: Africa, 131 (49 per cent); Asia and the Pacific, 142 (72 per cent); Arab States, 33 (27 per cent); Eastern European countries, 13 (48 per cent); Latin America and the Caribbean, 86 (51 per cent); developed countries in Western Europe, North America, Australia and New Zealand, 73 (53 per cent); and IGOs, 4 (22 per cent) (see table 1).

Table 1. Total number of NGO and IGO responses, by geographical region

	(1)	(2)	(3)	(4)	(5)	(6)
	Number of questionnaires sent to NGOs	Number of additional questionnaires sent by field offices	Total number of questionnaires sent to NGOs	Number of questionnaires received from NGOs	Percentage distribution	Rate of response (4)/(3)
Africa	223	45	268	131	27	49
Asia and the Pacific	160	36	196	142	29	72
Arab States	121	3	124	33	7	27
Eastern Europe	26	1	27	13	3	48
Latin America and the Caribbean	136	31	167	86	18	51
Developed countries	138	-	138	73	15	53
IGOs	18	-	18	4	1	22
Total	822	116	938	482	100	51

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V. OVERVIEW OF ACTIVITIES DEVELOPED BY NGOS IN SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS

12. There is a widespread sense among NGOs that the International Conference on Population and Development marked a turning point for them. Although many NGOs were already involved in the area of sexual and reproductive health long before the Conference was held, they recognize that the Conference served to legitimize them as genuine partners in the implementation of the Programme of Action. In many countries, as a result of the Conference, members of national NGOs have gained direct access to ministries and international agencies as never before, and they are now consulted widely on reproductive health efforts. At the same time, their role as watchdogs is also growing. Over the past three years, therefore, NGOs appear to have assumed an increasing role in the implementation of the Programme of Action. Some have expanded significantly in size, degree of influence and scope of work.

13. Due to their diversity, it is not possible to describe the average NGO. For the purpose of analysing their role in the implementation of the Programme of Action, they have been divided into advocacy and service NGOs at the international, regional, national and local levels. Regardless of this division, many NGOs working in the provision of services are also involved in advocacy activities. A large number of advocacy NGOs work in the area of reproductive rights - trying to raise public awareness, to mobilize support and to influence and participate in the development of policies. As for service NGOs, they participate in the delivery of services, training, the provision of technical assistance and research. Both types of NGOs appear to take part in monitoring activities related to the Conference.

A. Role of the Programme of Action

14. Because it represents a commitment to sexual and reproductive health and a platform for common action developed on a consensus basis, many NGOs reported that the Programme of Action has helped them to guide their own process of operationalizing sexual and reproductive health; to negotiate with Governments and other agencies; to monitor national programmes and activities; and to remind national authorities about their responsibilities and obligations.

15. NGOs have utilized the Programme of Action for a variety of purposes, including training; information, education and communication (IEC); advocacy; lobbying; and the development of projects and programmes. For some NGOs, such as PROFAMILIA in Nicaragua - a family planning organization - the Programme of Action represents a model for the reorientation of programmes towards providing reproductive health services. For many others, such as Marie Stopes International in Ethiopia, the recommendations endorsed by the Conference have renewed the enthusiasm of their pre-Conference commitment to sexual and reproductive health.

16. The Programme of Action has also served as a framework for protecting reproductive rights. For example in the Philippines, the Philippine Center for Investigative Journalism (PCIJ) - an advocacy NGO working in communications - used the Programme of Action as a platform to speak out for women's rights, with

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the endorsement of the Government, when a governor in a province south of Manila ordered a ban on modern contraceptives. In India, NGOs have used the Programme of Action to advocate for a target-free approach to family planning.

17. In Denmark, the Programme of Action has been instrumental in guiding the reorganization of the Danish Family Planning Association. In addition to contraceptive services, it now offers pregnancy counselling, and counselling and testing for sexually transmitted diseases (STDs), among other services, to every clinic user. This has meant an improvement in meeting the needs of clients and an improvement in the quality of services provided.

18. In summary, the Programme of Action is used by the majority of NGOs. The document stands as a common tool that they share with Governments and international organizations. It is also a critical instrument that they can use to ensure that national authorities, IGOs and NGOs themselves keep the promises made at the Conference.

B. Advocacy activities developed by NGOs

19. Since the Conference, many NGOs have adopted ground-breaking advocacy strategies. They advocate in favour of the human rights basis for ensuring sexual and reproductive rights through the provision of information and by providing a wide range of services. NGOs have been active in reinforcing changes in policies and legislation, mobilizing support to ensure reproductive rights, and in raising public awareness relevant to sexual and reproductive health and rights.

20. Of the total 482 NGOs responding to the questionnaire, 247 (52 per cent of the respondents) reported undertaking advocacy activities for raising awareness on reproductive health issues and 193 (40 per cent of the respondents) reported undertaking advocacy activities to mobilize public support for reproductive rights and to ensure that they are respected. Most of these groups are women's NGOs. It is interesting to note that numerous NGOs report that they are now including advocacy activities to complement their service activities.

21. Role of NGOs in mobilizing public support for ensuring reproductive rights. Many NGOs are working to ensure that the reproductive rights of women and men are guaranteed in the context of human rights. They promote gender equality and equity, document violations, push for legal and procedural reforms and mobilize community support. The Center for Reproductive Law and Policy (CRLP) in New York is working to enhance global awareness of the existence and operation of laws and policies that affect the reproductive rights of women. It is preparing a series of reports that describe and analyse legal codes and cultural practices affecting women's reproductive choices in 51 countries around the world.

22. Many NGOs that focus on human and reproductive rights have formed alliances to promote their shared concerns. For example, Arrow, a network of NGOs in South-East Asia, has developed a health resource kit that includes a women-centred reproductive health framework; the perspectives of three countries on the issue; policies and programmes that could be used for effecting change; a

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directory of resource materials; and tools that could be used to improve family planning and reproductive health programmes.

23. Participation of NGOs in the development of sexual and reproductive health policies and laws. According to the respondents, NGOs appear to be increasingly involved in the development of policies and laws in some countries. They often participate as advisers to specially created commissions that review national plans, discuss and elaborate policy changes and organize national consultations. They are also actively involved in lobbying to influence the agenda of lawmakers. For example in Argentina, NGOs have been instrumental in creating a favourable environment to draft a reproductive health law currently in the process of approval.

24. Role of NGOs in raising public awareness for sexual and reproductive health. Advocating for the recommendations of the Programme of Action means striving to make sexual and reproductive health services available and accessible to all, addressing the needs of adolescents, involving men in programmes, empowering women and promoting gender equality. According to responses to the questionnaire, NGOs are actively involved in campaigns promoting the use of services that will address these needs. In India, the organization Voices has developed a reproductive health information kit. It was designed for health workers to reach out to and empower women and men of the community to take decisions regarding their reproductive needs.

25. International NGOs play a critical role in developing the institutional capacity of many national advocacy NGOs. For example, the International Women's Health Coalition provides technical and financial assistance to help national NGOs get started and to assist those that are already established to grow and effect policy change in their own countries.

26. Also at the international level, advocacy NGOs are actively involved in influencing global communication networks and national media to raise awareness of reproductive health issues. They also try to lobby their own Governments, which, in turn, may convince other national Governments to implement reproductive health in their own countries. The advocacy NGOs are also involved in monitoring the implementation of the recommendations of the Conference and in trying to influence the agenda of donors and their own Governments to increase funding for NGOs working in reproductive health. These NGOs have been instrumental in the creation of NGO networks in many regions of the world that try to raise awareness on specific issues related to women's health.

C. Role of NGOs in the provision of quality sexual and reproductive health services

27. Although there are still some NGOs working on traditional population-based and stand-alone family planning programmes, many of the NGO respondents reported that the Programme of Action had greatly influenced them in integrating family planning into other reproductive health services. Almost one third of the NGO respondents from developing countries provide all the following services: family planning; maternal health; and prevention of reproductive tract

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infections and STDs, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

28. The Programme of Action identified a series of key issues to be included in the provision of services to meet the reproductive health needs of the population. A broad analysis of the work conducted by service NGOs indicates that quality of care and adolescents are the areas that attract particular attention. An important number of national NGOs indicated that they tend to provide selected services to marginalized populations because of the unavailability of public services in the areas where these people live. In addition, many NGOs reported addressing sensitive or controversial issues such as providing services to battered women and to adolescents.

D. Quality of care

29. The Programme of Action stressed the need to improve the quality of care of reproductive health programmes as an effective way to address existing unmet demands for reproductive health information and services. Table 2 shows that across all regions (with Latin America having the highest percentage), the majority of NGO respondents - including both those that do and those that do not provide services - are committed to the "quality of care" approach.

Table 2. Total number and percentage of NGOs working in quality of care activities

	Total number of NGOs	Total number and percentage of NGOs committed to the quality of care approach
Africa	131	55 (42%)
Asia	115	50 (43%)
Latin America	86	54 (63%)
Arab States	33	17 (52%)
Eastern Europe	12	5 (42%)
Total	377	181 (40%)

30. Among NGOs, there appears to be a common general understanding of what quality of care is. Many service NGOs are working to promote referral systems and strengthen linkages with other reproductive health services, to develop tools for understanding user needs and to expand contraceptive choices in both their own and national programmes.

31. Parivar Seva Sanstha is an Indian NGO that has been working in the provision of comprehensive reproductive health services for many years. Since the beginning it has worked to stand as a model for quality of care in family

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planning, maternal health, reproductive tract infections, abortion and programmes for adolescents. Based on its experience, it is collaborating with the Government to improve the quality of programmes. In China, the Institute of Population Research at Beijing University reported that its project to introduce new contraceptives with informed choice and to improve services has received a great deal of attention from international organizations and donor countries.

32. Numerous advocacy NGOs are training providers in the concept of gender equality and in the need to provide services that respond to users' reproductive intentions. They have also monitored human rights abuses in family planning programmes and demanded respect for the right of people to freely select their contraceptive choice. In Mexico, for example, the Red de Salud Reproductiva del Distrito Federal (Reproductive Health Network of Mexico City) organized a public tribunal to denounce cases of abuse in reproductive health services. This resulted in the commitment of programme managers to improve the quality of services provided, including amelioration of the way women are treated in those services.

E. Working with groups that have special needs

1. Adolescents

33. Until recently, adolescents were often largely neglected in reproductive health programmes. One of the probable reasons for this is the unfounded fear that providing information and services encourages sexual activity. As a result, unmarried adolescents have been denied access to services in many countries by law or policy. Since the Conference, NGOs have increasingly addressed the reproductive health needs of adolescents. Many NGOs appear to have included adolescents in the development of programmes. Others have expanded the scope of their work, taking a more comprehensive approach that addresses a variety of adolescent needs within the context of a comprehensive approach to health. Table 3 shows the number of NGOs working with adolescents by region and sex.

34. The use of the media has proved to be an effective strategy in targeting adolescents. In Nigeria, a local NGO, YouthAid, uses private television stations to provide counselling to adolescents. It is the first of its kind devoted solely to adolescent reproductive health. Also in Nigeria, ADON designed a parent-child communications programme that trains parents as educators in sexuality. In the Philippines, multimedia service centres for youth have been established in three cities with media services that include a cable television music programme, television movies and school tours.

Table 3. Number of NGOs working with adolescents,
by region and sex

	Total number of NGOs	Number of NGOs working with adolescent females	Percentage of NGOs working with adolescent females	Number of NGOs working with adolescent males	Percentage of NGOs working with adolescent males
Africa	131	81	62	68	52
Asia	142	45	32	32	23
Latin America	86	44	51	32	37
Arab States	33	19	58	17	52
Eastern Europe	13	9	69	9	69
Developed countries	73	19	26	19	26

2. Males

35. The reproductive health needs of men and their influence on women's reproductive health decisions have often been ignored by family planning services in the past. An analysis of the responses to the questionnaire show that many of the NGOs that state that they work with males in fact work with adolescent males. The number of NGOs working with adult males appears to be very small. Most of the activities of NGOs working with males are implemented by international NGOs. Johns Hopkins University has developed a project focusing on men's participation in family planning and reproductive health that was launched at a conference of policy makers and programme managers from sub-Saharan Africa in 1997. The project uses sports, particularly soccer, as a vehicle for providing reproductive health messages for males.

36. NGOs are just beginning to work with males. Working with men on sexuality and gender roles and in the development of services tailored to their needs appear to be the issues around which NGOs are developing their work.

3. Refugees

37. The need for the provision of reproductive health care services in refugee camps has been widely discussed since the Conference. More and more NGOs are involved in the provision of such services.

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38. A high proportion of NGO respondents from the Arab and Eastern Europe regions have been addressing the reproductive health needs of both female and male refugees. In Africa, international NGOs such as Médecins du monde, the International Red Cross and Marie Stopes International are providing services in refugee camps and are part of the Reproductive Health for Refugees Consortium of NGOs. This is a network of NGOs that are working together in the development of tools to rapidly implement reproductive health services in emergency situations.

4. Women: female genital mutilation and violence against women

39. In countries where female genital mutilation is widespread, numerous NGOs are working to eradicate such practices. Female genital mutilation has been identified as a risk for reproductive health and a violation of women's human rights. The Population Council has assisted the Government of Mali in developing a research plan, intervention and policy to eventually eradicate female genital mutilation. In Burkina Faso, the Population Council helped an advocacy NGO to organize a regional conference to design ways to influence policies for the eradication of female genital mutilation.

40. NGOs are clearly very active in providing legal and clinical services for women suffering from abuse by their partners. A large proportion of advocacy NGOs are working in this area. Flora Tristan, an NGO with almost 20 years of experience in the field in Peru, is working to address this neglected and universal issue by training police officers and by providing legal support to victims.

F. Training activities

41. Training is one way in which NGOs have been able to make their activities more sustainable over time. Through training activities, experience accumulated in their own work is very often transferred to government staff and/or to other national and local NGOs. Approximately 50 per cent of NGO respondents offer training as a way of transferring resources. Advocacy NGOs provide training to programme managers, community leaders and the community in general on gender issues and on the principles of reproductive health. Service NGOs are often involved in training providers, counsellors and programme managers on the different aspects of service provision. For example, the Women's Health Coalition in Bangladesh trains paramedics and doctors in the provision of sexual and reproductive health care. In addition, they have an exchange programme through which they train providers from other national and foreign NGOs.

42. International NGOs also provide assistance in training. For example, the International Training Programme in Health (INTRAH), an international NGO based in the United States of America, trains health providers in all components of reproductive health, mainly family planning, the prevention and control of STDs and maternal health care, in Benin, Ghana, Guinea, Morocco and Togo. It also assists Governments in the development of training curricula and by providing training equipment.

G. Participation of NGOs in research activities

43. The new approach to reproductive health following the International Conference on Population and Development has posed enormous challenges in the area of research. Important research issues include the needs and opinions of clients; the needs of women and men concerning sexuality and reproduction at different stages of their lives; and the gender perspective. New methods of research such as rapid assessment procedures (RAP) are also used by many NGOs. For example, Reprosalud is a project developed by the NGO Manuela Ramos in Peru, with substantial financial support from the United States Agency for International Development (USAID) that has the objective of increasing the demand for reproductive health services in rural areas of Peru. The project consists of three modules, including reproductive health, income-generating activities and advocacy, and the whole process begins with the development of a community self-assessment of needs using RAP.

44. International NGOs, such as the Population Reference Bureau, conduct national-scale surveys - demographic and health surveys (DHS) - that have been used to evaluate family planning programmes. At present, many research NGOs are incorporating other aspects of reproductive health into such surveys. They are also contributing to the improvement of national databases, which in turn provide information on important aspects of reproductive health. For example, the Centre d'études et de recherches sur les populations africaines et asiatiques in Paris has designed a methodology called "multidisciplinary monographs" that contributes to providing information at the national level, including local and regional multidisciplinary data, that sample surveys such as DHS cannot provide. At the same time, this methodology allows in-depth investigations of attitudes and behaviours with respect to reproductive health issues. The methodology has been successfully applied in Burundi, Cameroon, Mali, Mauritius and Senegal.

VI. ROLE OF NGOS IN MONITORING THE IMPLEMENTATION OF THE PROGRAMME OF ACTION

45. Monitoring progress in the implementation of the Programme of Action has required the creation of new mechanisms of follow-up, the revitalization of existing structures and the strengthening of participatory processes. In many countries, particularly developed countries, there are institutional mechanisms that can be used to follow up on the implementation of the Programme of Action. However, in the developing world, the creation of follow-up mechanisms has taken longer. This is in part owing to the lack of available instruments to measure progress - mainly indicators - as well as the absence of baseline studies to document the current reproductive health situation in each country against which progress can be assessed.

46. Many Latin American countries report the creation of commissions with NGO representation to follow up on the agreements reached at the Conference. However, some national commissions have not taken a very pro-active approach. Peru has recently created a Tripartite Commission with the participation of the Government, NGOs and UNFPA. Mexico has created the Interinstitutional Group in

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Reproductive Health. In Chile, NGOs are working with the Government to create a National Commission on Population and Development.

47. Many of the NGOs participating in these commissions are members of the Latin American and Caribbean Network on Women's Health. The Network has identified six thematic issues to monitor in each country where the NGOs work, including sexuality and the reproductive health of adolescents, quality of care, management of unsafe abortion, male involvement and the participation of women in decision-making. Qualitative and quantitative indicators have been elaborated for each of those issues and will be used to assess the reproductive health situation in each country.

48. USAID issued a report in 1996 entitled "Reproductive health programmes supported by USAID: a progress report on implementing the Cairo Programme of Action" that summarizes its initiatives. Although the report was an official one, NGOs concerned with USAID work were invited to provide comments and enquiries on that work. In the Netherlands, the World Population Foundation, through its Post-Cairo steering committee, is monitoring the extent to which the Government lives up to its Conference commitment to devote approximately 4 per cent of the budget of the Ministry of Development and Cooperation to sexual and reproductive health activities.

49. In Africa, the majority of NGOs have reported that there are mechanisms to monitor the implementation of the Programme of Action. But almost all reported that these mechanisms are the responsibility of Governments. The East African Reproductive Health Network in Uganda, Kenya and the United Republic of Tanzania is recommending the inclusion of NGOs in monitoring activities. In Nigeria, the Social Sciences and Reproductive Health Research Network plans to gather information that will eventually help to evaluate activities in the country. Even though a majority of NGOs mentioned specific monitoring mechanisms, there does not appear to exist a coordinated or consistent approach to monitoring responsibilities between government agencies and NGOs.

50. At the international and regional levels there are several monitoring experiences including the initiative coordinated by WEDO (Women in Development), HERA, coordinated by the International Women's Health Coalition, Arrow in the Asia and Pacific region and the Latin American Women's Health Coalition initiative. WEDO has published a document entitled "One year after Cairo", which is a comprehensive report on the national implementation of the Programme of Action.

51. In sum, a number of NGOs have been invited to participate in a number of newly created mechanisms in some countries to follow up on the implementation of the Conference recommendations, although it appears that not all these mechanisms are as yet operative.

VII. PARTNERSHIP OF NGOS WITH GOVERNMENTS

52. By subscribing to the Programme of Action, Governments and NGOs have begun to share common objectives and tools as well as a commitment to work together for its implementation. Numerous NGOs recognize that as a result of the

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Conference they legitimately participate in the development of national policies and programmes.

53. An analysis of the responses to the questionnaire indicates that in those countries in which partnerships between NGOs and Governments are well established and channels of interaction are in place, implementation of the Programme of Action appears more articulated. A good working relationship between Governments and NGOs is conceivable only when both parties share common objectives. The responses to the questionnaire show that where the national commitment to reproductive health is not strong, NGOs feel frustrated in their dialogue and collaboration with Governments.

54. The nature of collaboration between Governments and NGOs varies from country to country. At the national level, NGOs collaborate with Governments in various ways - for example, in the implementation of projects; in policy making (serving on committees, assisting with public consultations); as links to communities; in training; by subcontracting services; and by providing subsidies in the procurement of contraceptives. In those areas where the decentralization process has begun (as is the trend in most regions of the world), NGOs are collaborating with local governments on specific projects, providing services and participating in local health committees, as has been the case in Brazil. At the international level, most NGOs tend to collaborate with Governments and national NGOs by providing training and technical assistance.

55. There have been several cases of successful collaboration between Governments and NGOs. In Bangladesh, for example, NGOs are grouped in a consortium and the Government works closely with them by subcontracting their services. In Mozambique, NGOs are in a constant process of consultation with the Government, providing training and participating in the development of projects.

56. Overall, where there is political commitment on the part of Governments to the principles of sexual and reproductive health, there seems to be positive progress in the collaboration between Governments and NGOs.

VIII. LIMITATIONS ON THE WORK OF NGOS

57. In spite of their intensive and impressive work, NGOs face many obstacles. Some limitations are intrinsic to the implementation of the Conference recommendations themselves and touch all actors at whatever level they work. For example, some NGOs report that they experience difficulties in working with some religious groups or in areas where cultural beliefs are strong - for example, where female genital mutilation is considered an important cultural tradition. There are also limitations related to the lack of appropriate technology to work in reproductive health in such areas as the prevention and management of STDs and the empowerment of women. Other obstacles are related to the work of NGOs as organizations. These include their dependence on external funding; the problems of growth as grass-roots NGOs take on national-level functions; and tensions in collaborating with Governments.

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58. Funding is a major constraint for the majority of NGOs responding to the questionnaire. This is in part due to the increased number and competence of NGOs for the diminishing amount of existing funds and the incapacity of many to develop strategies for securing long-term funding. In fact, a major question about many NGOs is their sustainability. In many instances, an NGO may disappear following the withdrawal of support from the Government or donors or the departure of a charismatic leader who was effective in raising funds. In addition, many NGOs report that the funding policies of donors do not provide institutional support, which makes it difficult for them to develop long-term strategies for their development.

59. For those national NGOs that collaborate with Governments, this process has created a new dilemma. Many NGOs have recognized that collaboration may have some costs. There seems to be some tension between collaboration with Governments and the traditional watch-dog role of NGOs. Some NGOs reported that they felt that a greater degree of financial autonomy could help resolve this issue. However, one of the most important challenges for these NGOs in the post-Cairo era is the need to think more strategically about their role as partners of Governments and as representatives of special groups that have specific demands. Consideration of the proper role of an NGO that collaborates with the Government and at the same time tries to preserve its autonomy is a question that is often missing from the agenda of many NGOs. Strategic planning is a key issue for many NGOs. However, funds available for this are also limited.

60. For NGOs working in the provision of services, replicability is a major problem. Because of the particular nature of management and resource allocation, most NGO efforts remain unreplicable. However, some elements of NGO programmes have been successfully transferred to public sector programmes. NGOs also reported that lack of human resources and of opportunities for training are serious limitations to their work.

61. In sum, three years after the Conference, there appear to be new and old constraints in the work of NGOs. For some NGOs, resolution of the problems will very much depend on their ability to think strategically and on the willingness of donors and national programmes to encourage the sustainability of NGOs.

IX. INTERGOVERNMENTAL ORGANIZATIONS

62. Only two of the four IGOs that responded to the questionnaire conduct activities related to the implementation of the Programme of Action. They are the Fund for International Development of the Organization of Petroleum Exporting Countries (OPEC) and the Organization of African Unity (OAU).

63. The OPEC Fund is an intergovernmental development aid agency that provides financial assistance to developing countries in support of their social and economic development efforts. It often collaborates with reproductive health programmes but on a small scale. It has recently supported a project in Guatemala on maternal health and a project in Malaysia on training.

64. OAU is a regional organization of the African countries whose main goal is to promote cooperation among African States in the economic, social, cultural and educational fields. OAU adopted a resolution in 1995 requesting member States to make policy, institutional and financial arrangements for the implementation of the Programme of Action. Since then, OAU has organized numerous seminars, workshops and conferences for different target groups, such as the diplomatic community in Addis Ababa. In addition, a Steering Committee of African and Middle East Parliamentarians was organized to encourage and promote the formation of national committees of parliamentarians on population and development. Study tours to promote population issues will soon be implemented under this programme. The objectives are to seek areas of collaboration and exchange between Governments and NGOs on population issues.

X. CONCLUSIONS

65. A total of 480 local, national, regional and international NGOs have reported on progress and limitations in implementing the Programme of Action. Their work is complex and diverse, and there is no doubt that they will continue to make enormous efforts to advance the implementation of the Programme of Action.

66. Advocacy NGOs at the international and national levels are successfully placing sexual and reproductive health within the context of human rights and gender equality and are participating actively in monitoring the implementation of the Programme of Action.

67. Service NGOs have demonstrated clear progress in implementing the Programme of Action. Although it is true that some were applying the sexual and reproductive health approach long before the Conference was held, almost 53 per cent of the respondents reported that they are now providing reproductive health services in addition to family planning. Many NGOs that do not provide reproductive health services are referring users to those services. Almost all reproductive health components are being incorporated into programmes. Quality of care and adolescents are central areas in the work of NGOs. However, much remains to be done in the area of male involvement.

68. Increasingly, national NGOs are collaborating with Governments. Whatever the status of collaborative activities in each country, it is almost unthinkable now for Governments and international agencies to propose a reproductive health activity that does not include NGOs. International NGOs play a pivotal role in providing technical assistance and securing funds for national NGOs and in creating an international environment supportive of the work of NGOs throughout the world.

69. The number of responses received for this monitoring exercise is an indication that NGOs continue to be pro-active and are very enthusiastic about the recommendations of the Conference and their commitment to its operationalization. Through their responses, it is also clear that international and national support continue to be critical to the pivotal work they perform.

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Notes

¹ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

² Official Records of the Economic and Social Council, 1996, Supplement No. 5 (E/1996/25), para. 3.
