

From choice, a world of possibilities

“Today, more than ever, the world needs IPPF to be the voice of sexual and reproductive health and rights for people everywhere. We will not retreat from doing everything we can to safeguard choices and rights for current and future generations.”

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International Planned Parenthood Federation

Arab World Regional Office

Strategic Plan 2005—2009

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International Planned Parenthood Federation, Arab World Region

Strategic Plan for 2005 – 2009

The International Planned Parenthood Federation (IPPF), a pioneer in family planning, is now a leading partner in the global movement to ensure that all women, men and young people can achieve their full sexual and reproductive health and rights. The Arab World Region is one of six IPPF regions.

These are exciting times for the IPPF Arab World Region. Together with our network of 13 Member Associations (MAs), we are working to advance reproductive health and rights throughout the region, broadening out from our traditional strengths in the design and delivery of family planning programmes, to embrace more elements of reproductive health. Maternal mortality ratios are still very high in several countries of the region, and our MAs will continue to play a lead role in advocating and initiating policy and attitude change.

While recognizing the acute regional sensitivities surrounding young people's sexual and reproductive health, the Region and MAs are pledged to build on our achievements in the design of innovative youth programmes, including peer education initiatives, hotlines, and the development of youth networks. MAs have led the way in addressing the needs of adolescents and youth without encountering major setbacks; on the contrary, many governments seek out our MAs as partners or coordinators of national initiatives for reaching youth. Similarly, we plan to build on our advocacy and programme track record of sensitive introduction of much-needed public health interventions by pledging ourselves no longer to remain silent about what the ICPD Programme of Action called the "health impact of unsafe abortion as a major public health concern".

Another priority is increasing access to reproductive health services, which our MAs currently provide through an extensive network of service delivery points including static and mobile clinics as well as community agents. The Region will focus on providing access to groups in countries where services are still very limited, and to groups that are isolated or have special needs.

One growing concern for the Region is the transmission of HIV/AIDS. Although the HIV prevalence rates in most countries in the region are among the lowest in the world, the rate of new cases is rapidly increasing. The IPPF Arab World Region is strongly committed to demonstrating, through advocacy and STI prevention, diagnosis and management work, that low prevalence does not equal low priority.

In today's world we cannot address these issues alone, we must work together in partnership and synergy. The Region is committed to strengthening existing links with donors, international and national governmental and non governmental organizations and agencies and forging new ones with a range of agencies working to advance reproductive health and rights. We will also harness the best expertise, whether within or outside the region, staff or volunteers, with international, regional or MA experience to advance reproductive health within the Region.

SUPPORTING STRATEGIES AND CROSS CUTTING ISSUE

A - Capacity Building. The Strategic Interventions are:

- A.1. Strengthen Member Associations' Strategic Planning capacity
- A.2. Strengthen Member Associations' project / program planning, monitoring and evaluation capacity
- A.3. Enhance the capacities of volunteers to advocate through the media for SRHR for all

B - Resource Mobilization. The Strategic Interventions are:

- B.1. Develop strong linkages and obtain funding from donors active in and/or specifically interested in SRH in the Arab World Region
- B.2. Develop strong linkages with donors - organize a "mini donors" meeting for donors specifically interested in SRH in the region
- B.3. Participate in fundraising conferences
- B.4. Focus efforts on small grants (under US \$50,000) that fit within larger MA and AWRO initiatives
- B.5. Explore the possibility of private sector funding
- B.6. Publish and disseminate the AWRO Capability Statement

C - Governance / Policy. The Strategic Interventions are:

- C.1. Ensure that all Member Associations are in compliance with IPPF membership standards
- C.2. Increase the prominence of youth and women in Member Associations
- C.3. Ensure the involvement of youth on volunteer boards and committees

D - Evaluation. The Strategic Interventions are:

- D.1. Build Member Associations' capacity in program evaluation
- D.2. Ensure the existence of an evaluation component in developing/implementing projects
- D.3. Ensure the operationalization of the e-IMS system within AWR
- D.4. Development and implementation of a regional Learning and Evaluation Initiative (LEVI)

E. Gender and Rights as a Cross Cutting Issue. The Strategic Interventions are:

- E.1. Implementation of the AWRO Gender Mainstreaming in Member Associations' Policies, Programmes and Practices Strategy within the framework of the 5A's
- E.2. Ensuring that a rights-based approach is adopted in all programmatic areas in the region
- E.3. Communicate gender equity related messages with strategic societal partners (media, policy makers, etc).

Objectives

- V.1. To strengthen recognition of SRHR, including policy and legislation which promotes, respects, protects and fulfils these rights
- V.2. To achieve greater public support for government commitment and accountability for SRHR
- V.3. To raise the priority of SRHR on the development agenda resulting in an increase in resources

Strategic Interventions

- V.1. *To strengthen recognition of SRHR, including policy and legislation which promotes, respects, protects and fulfils these rights*
 - Present papers at and participate in regional meetings organised by or in partnership with other regional and national agencies involved in SRH
 - Work with parliamentarians to strengthen their commitment to SRHR
 - Lead the NGO and regional activities around ICPD@10 and/or other major events related to SRHR
 - Develop and disseminate outline materials to be used by MA's in their advocacy programmes.
 - Publish and disseminate an annual review of IPPF activities in the AWR.
- V.2. *To achieve greater public support for government commitment and accountability for SRHR*
 - Finalise and maintain AWRO website as a resource for information and advocacy on SRHR in the region -
 - Provide MA's and other organizations with information on SRHR in Arabic (e.g. electronic newsletter)
 - Organise 2-3 workshops for regional media representatives/ journalists on SRHR (including for example youth, HIV/AIDS, Access, gender and rights etc)
- V.3. *To raise the priority of SRHR on the development agenda resulting in an increase in resources*
 - Develop and disseminate a paper demonstrating the linkage between SRHR and poverty alleviation
 - Develop strong linkages and obtain funding from donors active in and/or specifically interested in the Arab World region.
 - Develop strong linkages with donors - organise a "mini donors" meeting for donors specifically interested in the region
 - Participate in fund raising conferences
 - To build the capacities of MA's in public speaking and interview techniques, resource mobilisation, business planning and marketing through the AWR Sustainability Initiative
 - Strengthen the importance of commodity security through a regional workshop
 - Publish and disseminate the AWRO Capability Statement

Accountability is at the forefront of legitimate concerns of donors and beneficiaries. We have produced this document as a demonstration of our commitment to ensuring accountability to our beneficiaries and partners, our capacity to deliver programmes of high quality, and our competence to work to internationally accepted best practice standards in the field of financial, technical, programme, and human resource management.

The Strategic Plan presented herein reflects IPPF / AWR's history of promoting and providing access to family planning services and positions IPPF / AWR to promote sexual and reproductive health and rights in the next five-years and beyond.

IPPF/AWR VISION

IPPF AWR envisages a region in which every woman, man and young person has access to the information and services they need; in which Sexual and Reproductive Health is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place

IPPF/AWR MISSION

IPPF AWR aims to improve the quality of life of individuals by campaigning for sexual and reproductive health and rights through advocacy and services, especially for poor and vulnerable people.

We defend the Sexual and Reproductive Health and Rights of all young people.

We defend the recognition of a woman's right to have access to information and health education on dangers of unsafe abortion, and to make it legal, safe and rare.

We strive to eliminate sexually transmitted infections and to eradicate HIV/AIDS.

IPPF/AWR CORE VALUES

IPPF AWR believes that sexual and reproductive rights should be guaranteed for everyone

We are committed to gender equality, and to eliminating the discrimination which threatens individual well-being and leads to the widespread violation of health and human rights, particularly those of young women

We value diversity and especially emphasize the participation of young people and people living with HIV/AIDS in our governance and in our programmes

We consider the spirit of volunteerism to be central to achieving our mandate and advancing our cause

We are committed to working in partnership with communities, governments, other organizations and donors

V. ADVOCACY

Goal: Strong public, political and financial commitment to and support for sexual and reproductive health and rights at the national and international level.

Situational Analysis: The Arab World Region is composed of 22 countries. The AWR has a total population of 308 million, 85% of which is covered by AWR MA's. Most of the countries are socially, culturally, linguistically and demographically similar.

Despite substantial progress in the areas of population and sexual and reproductive health rights (SRHR) in Arab countries, there is still much to be done with regard to adolescents, access, abortion, advocacy, HIV/AIDS and gender.

Studies assessing the impact of international conferences indicate that although there has been a general agreement on the ICPD programme of action by countries of the region, yet national implementation of comprehensive reproductive health programmes has been slow.

The AWR has some of the highest maternal mortality ratios in the world, 38,000 women in IPPF/AWR member countries die due to pregnancy or childbirth related causes each year; 1,900 of those deaths are due to unsafe abortion. HIV/AIDS is also an issue to be addressed, although it is a major public health problem in only two countries of the region, Djibouti with its very high-infection rate of almost 12% and in Sudan 450,000 persons are infected; 50% of those infected are women.

Young people constitute a substantial portion of the population of AWR member countries, estimates indicate that 60% of the Arab World population is less than 25 years of age, maternal mortality and morbidity remain high in the region with adolescent girls bearing the highest risk of death from pregnancy related causes. Most of AWRO MA's do not provide sexual health services in their clinics to young people.

There are many challenges and issues related to population and SRHR that AWRO will address by targeting decision makers, women, young people/adolescents, volunteers and international donors. The main issues are: Inadequate public support for SRHR due to insufficient media understanding & reporting on SRHR related issues; inadequate SRHR policy due to insufficient parliamentary understanding and support; inadequate funding due to a lack of public, government, private sector and donor support; inadequate policies on HIV/AIDS; inadequate range and coverage of sex education services for youth; conservative cultural, religious and political environment hindering safe-abortion; conservative influence of religious people; cultural attitudes towards the role of women; and no clear advocacy strategy within the region.

The 5 A's

Strategic Interventions:

IV.1. *To strengthen public and political commitment to have access to information on safe abortion particularly on medical grounds*

- Work in partnership with the Centre of Arab Women for Training and Research (CAWTAR) on the issue of abortion. Jointly organise a 'theme' activity on abortion and maternal mortality in the Arab World. This might include a panel and a publication on maternal mortality and abortion in the region
- Organise a regional training initiative on the issue of abortion in partnership with a regional organization (e.g. the Arab Institute for Human Rights)

IV.2. *To increase access to information on safe abortion, for health reasons*

- Regional survey of legislation and practices related to abortion. (Dissemination under objective 4)

IV.3. *To expand the provision of post-abortion services as an integral part of SRH services*

- Development of a TOT package on post abortion-related services
- Implementation of a TOT workshop in post abortion-related services for AWR MA's in partnership with regional partner(s)

IV.4. *To raise awareness among the general public, policy makers and key professional groups on the public health and social justice impact of unsafe abortion*

- Implementation of a three-country survey (small-scale) on post-abortion case loads in selected hospitals
- Development and dissemination of case studies (negative and positive)
- Publication and dissemination of results of regional surveys implemented under objectives 2 and 4
- Organization of a regional conference on medico legal aspects of abortion, using information gathered and practices developed under the AWRO Safe Abortion Strategy

At the 50th Anniversary of IPPF in November 2002, the Governing Council approved the new IPPF Strategic Framework that focuses on:

- The sexual and reproductive health and rights of adolescents and young people;
- HIV / AIDS and other STI's;
- Access to sexual and reproductive health information and services for all, especially the poor and marginalized;
- Safe abortion; and
- Advocacy on behalf of all these objectives.

The IPPF/AWR Strategic Plan for 2005 to 2009 is based on the IPPF framework and encompasses the five priority areas of:

Adolescents and Young People: Young people aged 15-24 lack information and services related to their RH as they become sexually active. IPPF and its MAs are in a unique position to address this issue, combining service delivery with advocacy. Providing services to young people is sensitive from a political, cultural, moral and religious standpoint. IPPF/AWR responds to this challenge, seeking to bring information and services to youth in ways that are sensitive to cultural circumstances and conditions.

Combating Unsafe Abortion: The absence of access to safe abortion results in major health risks for women who are desperate to avoid a pregnancy, or manage a pregnancy which they probably didn't want in the first place. Hundreds of thousands of preventable deaths of women occur every year because of unsafe abortion. IPPF Arab World Region and its MAs are working to increase awareness of this problem, and to propose culturally appropriate solutions.

Access to services: Much more work is needed to ensure that all people, particularly the poor, marginalized, the socially-excluded and under-served have access to sexual and reproductive health information, sexuality education and high quality services. IPPF AWR is working to realize the ICPD-endorsed goal of universal access to reproductive health care services throughout the region.

HIV/AIDS: Young people, both men and women, are the most seriously affected by STIs, including most tragically HIV/AIDS. We must gain the upper hand on an epidemic that otherwise will have devastating consequences. IPPF AWR is working with other organizations to ensure that the current low prevalence of HIV/AIDS does not mean that this is a low priority issue.

Advocacy: IPPF Arab World Region works at all levels, from Parliamentary to community groups, to ensure a greater level of understanding of sexual and reproductive health and rights, and the linkages between these issues, the elimination of poverty, and the achievement of the Millennium Development Goals.

Within the Region's strategic plan, strategic interventions have been incorporated within each of the five A's that relate to capacity-building, resource mobilization, governance and policy and evaluation. Similarly, interventions related to gender and rights, which are an important cross-cutting issue for the Region and for all MAs, have been incorporated within the overall portfolio of interventions to address adolescents and young people, HIV/AIDS, access to services, abortion, and advocacy.

I. ADOLESCENTS / YOUNG PEOPLE

Goal: All young people are aware of their well being and are prepared to make informed decisions and choices regarding their sexual and reproductive health.

Situational Analysis: According to UNDP, the Arab World Region has the largest number of young people of any region. The age structure of the population is significantly younger than the global average, with almost 38% under the age of 14.

Approximately 60% of the Arab World population is under 25 years of age and the wellbeing of young people in the Arab World Region is under threat due to causes such as FGM, HIV/AIDS, early marriage, maternal mortality, lack of SRH information and lack of access to services. This growing segment of society represents both an opportunity and a challenge to health equity. Therefore, ensuring the well being of all young people will contribute towards a flourishing economy, a productive labor force, lower health expenditure, a safer environment, healthier societies, and healthy parents for future generations.

In the last two decades, governments and NGOs have focused their efforts and have been committed to improving the health and status of women, men and young people in the AWR. According to WHO EMRO, death rates and infant and child mortality rates have fallen appreciably in almost all Arab countries, and life expectancy trends have continued to be highly positive. The total fertility rate, though still high, has continued to fall in nearly all Arab countries. Nevertheless, alarming issues still persist across the region.

UNAIDS (2002) estimated that there were 572,000 cases of HIV infection in the Arab World Region, with young people at the greatest risk of infection. Indeed, by the end of 2001, 156,000 young people aged 15 to 24 years, were estimated to be living with HIV/AIDS in the Middle East and North Africa .

Recent regional estimates have also indicated that 1.6 million girls are married before the age of 20. Early marriage remains a tradition practiced in many countries, resulting in high teenage pregnancy rates, and hindering the educational attainment of many girls. To this should be added significant challenges that are still facing SRH programmes in the region such as poverty, illiteracy, socio- cultural norms, political unrest and gender inequality.

The reproductive health of young people is of concern in the Arab World Region. Existing national and local studies in the region do not address all aspects related to the sexual and reproductive health of young people. Hence, although information is available, it remains insufficient in its scope. The available literature illustrates a lack of reliable statistics due to cultural sensitivity and mores impeding proper data collection.

Too often addressing and meeting the health needs of young people is neglected. Public health priorities and measures generally focus on ensuring survival of those highly vulnerable groups such as infants, children and the elderly. According to WHO, the adolescent health component occupied between 2% to 5% of health programs in the Eastern Mediterranean region, and the adolescent reproductive health component was even more limited.

IV. ABORTION

Goal: A universal recognition of a woman's right to have access to information and health education on dangers of unsafe abortion, and methods of prevention to reduce its incidence.

Situational Analysis: Between 1995 and 2000, the 52,565,000 women of reproductive age in the Arab World Region experienced more than 59,000,000 pregnancies. Of these, at least 14,000,000 were unintended.

And yet, during the same period of 1995-2000, 7,106,800 million abortions occurred in the region (i.e. more than 50 percent of all unintended pregnancies). Nearly 5 percent of all maternal deaths were due to abortion related complications; about 1,900 deaths per year are due to abortion.

This is a clear indication that despite the prevailing legal and religious strictures, resorting to abortion exists in the region, and it is most probably performed under hazardous conditions.

With the exception of Tunisia, abortion is mostly illegal in the Arab World Region except in cases where the mother's life is in danger. In Tunisia, abortion is made legal on demand and becomes a right for all women on a single condition: that it is performed by a qualified practitioner during the first three months of pregnancy (Decree-law of September 26, 1973). Beyond this period, abortion may be performed if the pregnancy is life-threatening for the mother, or if the foetus is likely to be born handicapped or with a serious illness. Tunisia has one of the lowest abortion rates in the world.

As yet, none of the Arab World MA's provide abortion services. The efforts of MA's to combat unsafe abortion have focused on encouraging men and women to use contraceptive methods in order to prevent unwanted pregnancies. It has been a strategy for AWR to advocate for combating unsafe abortion by maximizing access to quality FP services through static service delivery points, mobile clinics and community-based services (CBS). Measures to increase access to quality FP services in the Arab World Region have resulted in an increase in FP users with subsequent prevention of unsafe abortion.

Objectives:

- IV.1. To strengthen public and political commitment to have access to information on safe abortion particularly on medical grounds
- IV.2. To increase access to information on safe abortion, for health reasons
- IV.3. To expand the provision of post-abortion services as an integral part of SRH services
- IV.4. To raise awareness among the general public, policy makers and key professional groups on the public health and social justice impact of unsafe abortion

- Regional reproductive rights initiative: a conference, cluster workshops, country activities
- Regional study and initiative on religion, women and SRHR
- Document and disseminate AWR best practices in providing social counselling for women (website, publications, RH rights conference)

III.4. *To increase male commitment to SRH*

- Develop and disseminate AWR best practices on eliciting male commitment and involvement
- Develop and disseminate to MA's outline materials for use in male involvement activities

III.5. *To improve access to SRH information and sex education using a rights-based approach*

- Disseminate technical information on SRHR to AWR MA's (AWRO/Youth website for dissemination and exchanging of information)
- Participate in regional conferences and technical meetings
- Gather and disseminate best practices in providing SRH information and sex education

III.6. *To improve access to high quality SRH services using a rights-based approach*

- Assess and document the SRH needs and concerns of marginalized populations and using the findings to develop appropriate, relevant and effective advocacy and service delivery programmes
- Promote community-based and/or social marketing approaches to service delivery for marginalized and underserved groups (regional workshop; exchange visits; materials, etc.)
- Regional training workshop on the management of outreach, mobile and community-based services
- Dissemination of successful approaches to reaching poor, marginalized and underserved groups (presentations/ papers in conferences, website, publications)
- Joint organization of and/or support for regional conferences on family planning methods and other SRH medical issues
- Adapt, publish and disseminate service delivery standards and guidelines for all components of SRH services (FP, STIs, maternal health, etc.)
- Two QOC workshops (based on evolving needs and outcomes of current project)
- Regional TOT and/or training activities on specific methods (e.g. IUD) and new technologies. Insofar as possible, these will be organised with a regional partner

Objectives:

- 1.1. To strengthen commitment to and support for the sexual and reproductive health and rights and needs of young people
- 1.2. To promote participation of young people in governance and in the identification, development and management of programmes that affect them
- 1.3. To increase access to comprehensive, youth friendly, gender sensitive sex education
- 1.4. To increase access to a broad range of youth friendly services
- 1.5. To reduce gender related barriers and practices which affect the sexual and reproductive health and rights of young women

Strategic Interventions:

1.1 To strengthen commitment to and support for the sexual and reproductive health and rights and needs of young people

- Present papers and participate at regional meetings organised by or in partnership with other regional and national agencies involved in adolescent SRH
- Organise a regional conference/ forum on sex education in and out of school
- Develop and maintain the AWRO Arab Youth Website on SRH as a forum and information source for youth in the region
- Training of trainers' workshops to develop trainers to be able to train young people in speaking about and presenting the issues and rights of adolescents in SRH
- Produce and disseminate information on adolescent SRHR to MA's
- Establish and maintain a network on youth SRHR (to include NGOs, CSOs, government, individuals) in the Arab World
- Develop and publish an annual report on the "State of Youth in the Arab World Region." This will be achieved in partnership with at least one partner agency and one academic institute from the region
- Establish and maintain a network of IPPF AWR youth volunteers
- Development of AWR youth posters

1.2 To promote participation of young people in governance and in the identification, development and management of programmes that affect them

- Develop and monitor the implementation of clear criteria, guidelines and tools for the participation of young people in MA governance and programmes
- Organise a regional meeting on youth participation that targets MA staff and youth volunteers
- Development and dissemination of procedures and tools for ensuring youth participation in project/activity design, implementation and evaluation (also under objective 4)
- Ensure active and full participation of young people in all regional youth activities

1.3. To increase access to comprehensive, youth friendly, gender sensitive sex education

- Develop and implement a regional peer education initiative based on the successful experiences in Tunisia and Mauritania. This will include regional TOT workshops and AWRO support to country-level activities
- Regional workshop on youth centres to share experiences of AWR MA's as well as other MA's/NGOs and develop best practice guidelines/tools for the region
- Disseminate the above tools to MA's and other agencies in the region. The initial activity will be a regional workshop to present the guidelines/tools
- Develop a TOT training package on "Sex Education"
- Develop and pilot test an in-school SRH training curriculum

1.4. To increase access to a broad range of youth friendly services

- Regional workshop to share experiences on and develop MA strategies for youth-friendly services (YFS)
- Development and implementation of a training package for service providers
- Development and dissemination of procedures and tools for ensuring youth participation in project/activity design, implementation and evaluation

1.5. To reduce gender related barriers and practices which affect the sexual and reproductive health and rights of young women

- Regional workshops to develop MA capacities to integrate gender considerations in all MA youth activities
- Develop and implement an initiative to develop dialogue with young men

Objectives:

- III.1. To reduce socio-economic, cultural, religious, political and legal barriers to accessing SRH information, education and services
- III.2. To strengthen political commitment and support for SRH programmes
- III.3. To empower women to exercise their choice and rights in regard to their sexual and reproductive lives
- III.4. To increase male commitment to SRH
- III.5. To improve access to SRH information and sex education using a rights-based approach
- III.6. To improve access to high quality SRH services using a rights-based approach

Strategic Interventions:

- III.1. *To reduce socio-economic, cultural, religious, political and legal barriers to accessing SRH information, education and services*
 - Present papers at and participate in regional meetings organised by or in partnership with other regional and national agencies involved in SRH.
 - Lead the NGO and regional activities around ICPD@10 and/or other major events related to SRHR
 - Develop and disseminate outline materials to be used by MA's in their advocacy programmes.
 - Publish and disseminate an annual review of IPPF activities in the AWR. *(Taken from Advocacy V.1..5)*
 - Finalize and maintain AWRO website as a resource for information and advocacy on SRHR in the region *(Taken from Advocacy V.2.1)*
 - Provide MA's and other organizations with a steady flow of information on SRHR in Arabic (e.g. electronic newsletter) *(Taken from Advocacy V.2.2)*
 - Organise 2-3 workshops for regional media representatives/ journalists on SRHR (including for example Youth, HIV/AIDS, Access, Gender and Rights etc.). *(Taken from Advocacy V.2.3)*
- III.2. *To strengthen political commitment and support for SRH programmes*
 - Develop and disseminate briefs and/or other materials on successful approaches to providing high quality services E.g. Develop /disseminate report on the role of MA's in ensuring access in conflict and post-conflict situations (Sudan, Palestine, South Lebanon, Iraq, Djibouti) in 2004
- III.3. *To empower women to exercise their choice and rights in regard to their sexual and reproductive lives*
 - Implement the AWR Gender Mainstreaming Strategy, including: Conduct a needs assessment in order to identify gender gaps at organisational and programmatic levels of the MA's
 - Development and dissemination of tools to ensure gender-sensitive programmes and services (design, implementation, evaluation)

III. ACCESS

Goal: All people, particularly the poor, marginalized and underserved are able to exercise their rights, to make free and informed choices about their sexual & reproductive health, and have access to SRH information, sex education and high quality services including family planning in a gender-sensitive manner

Situational Analysis: In the Arab World, improvements have been recorded in the health status of infants and children. An impressive decline has been noted in crude death rates. Fertility rates are falling as well. The average number of children per women has dropped from 6.6 in 1950 to 4.2 today, but this number is still high according to international standards. Knowledge of contraceptives has reached a high level in many countries, with usage rates averaging 40% of married couples. During the last three decades, improvements in health services have also led to an increase in life expectancy. Nonetheless, although there have been marked improvements, the Arab World still faces many reproductive health challenges.

High maternal mortality is a key challenge facing most Arab countries. Data gathered in the region show that half of the Arab countries have a maternal mortality rate exceeding 200 per 100,000 live births. Some countries such as Yemen, Djibouti, Sudan and Mauritania have a maternal mortality rate exceeding 500 per 100,000 live births.

The overall fertility rate is still significantly high; the average number of children per woman in Arab countries was estimated at 4.2 in 1998, with wide variations among countries. Countries such as Yemen, Palestine, Djibouti, and Iraq have very high rates, while countries such as Lebanon and Tunisia have low rates.

Contraceptive prevalence rates are still generally low in the region; varying between extremely low rates of 8% in Mauritania to 64% in Algeria. The contraceptive prevalence rate is stagnant in other countries (e.g. Iraq and Syria). Half of all Arab World countries have a contraceptive prevalence rate of less than 40% for modern methods.

In some Arab countries there is a lack of public health facilities and service delivery systems. The inability of governments to finance adequate health services has contributed to the high levels of morbidity among the poor and the marginalized, especially in rural areas where access to services remains a challenge. Moreover, public health facilities rarely offer comprehensive reproductive health services.

In addition to the issue of physical infrastructure, access to SRH services is often limited by socio-cultural factors, particularly with regard to women's mobility and role in family decision-making

Many AWR MA's continue to be a major source of supply of contraceptives in their countries. This is particularly the case in low prevalence countries.

All MA's in the region have expanded their range of services over the past decades.

II. HIV / AIDS

Goal: Reduction in the regional incidence of HIV/AIDS and the full protection of the rights of people infected and affected by HIV/AIDS

Situational Analysis: HIV/AIDS arrived relatively late to the Arab World Region resulting in relatively lower levels of HIV infection. However, countries such as Djibouti and Sudan already have widespread levels of infection. A number of other countries are experiencing increasing infection rates among specific population groups such as intravenous drug users, migrant workers and commercial sex workers, and there is evidence to suggest that this is crossing over into the general population. Half of those currently infected in the region are women. There is still much stigma attached to HIV/AIDS, both among the population at large and among policy makers. National HIV/AIDS programmes are still very low-key, even in countries with higher infection rates, and in many cases the national statistical data bases do not provide an accurate reflection of the reality. In 2002, UNAIDS reported a total of 572,000 people infected with HIV/AIDS in AWR member countries, excluding Syria, Palestine, Tunisia, and Mauritania. In Sudan alone, there were 450,000 HIV infected people.

The Arab World is less affected by HIV/AIDS than other regions of the world with most countries having an HIV prevalence rate of less than 1%. Nonetheless: 450,000 people in Sudan are HIV positive; 11.75 % of the population of Djibouti (i.e. some 70,000 people) are infected with HIV/AIDS; Mauritania is considered to be more affected than other countries, although the official statistics do not reveal this; and overall 50 % of those infected are women, very often wives of migrant workers or of men who travel across borders for work (e.g. tradesmen in Mauritania).

Specific groups that are at great risk: Regions in Arab countries sharing borders with sub-Saharan Africa (Sudan on its borders with Ethiopia and in the south, Djibouti, the southern towns and villages of Mauritania, towns such as Tamanrasset in Algeria); the risk groups in these areas are often commercial sex workers (although it is taboo to talk about them openly); migrant workers in countries such as Morocco, Algeria, Tunisia, Egypt, Palestine, Yemen; partners (i.e. mainly wives) of 'men-on-the-move'- migrant workers or tradesmen. This situation is found in many countries and accounts for a considerable portion of those countries (Morocco, Algeria, Tunisia, Yemen, Palestine, etc); commercial sex workers; youth, particularly young men; men who have sex with men (ex. Morocco, although it is taboo to talk about it openly); transmission is mainly through heterosexual relations and injected drug use (mainly migrant workers); there is much stigma associated with HIV/AIDS- families are afraid to reveal the illness; governments are still very much in denial of the issue, although most countries do have national HIV/AIDS programmes funded by UN organizations; access to HIV testing is very limited in the region and is not usually youth or gender-friendly; availability of condoms is usually restricted to health centers and pharmacies. This makes access particularly difficult for young people; all AWR MA's are active in HIV/AIDS awareness, particularly through the organization of events on World AIDS day and advocacy among youth, men, women and religious leaders; several MA's (e.g. Jordan, Sudan and Mauritania) have integrated STI diagnosis and treatment into their service package; through their youth programmes, MA's focus on providing young people with information and raising their awareness on HIV/AIDS.

Objectives:

- II.1. To reduce social, religious, cultural, economic, legal and political barriers that make people vulnerable to HIV/AIDS
- II.2. To increase access to interventions for the prevention of HIV/AIDS/STIs through integrated gender-sensitive SRH programmes
- II.3. To increase access to care, support and treatment for people infected and support for those affected by HIV/AIDS
- II.4. To strengthen the programmatic and policy linkages between SRH and HIV/AIDS

Strategic Interventions:

- II.1. *To reduce social, religious, cultural, economic, legal and political barriers that make people vulnerable to HIV/AIDS*
 - Regional 3 centre study on attitudes towards HIV/AIDS to understand barriers and enable development of approaches to combat stigma
 - Development of materials on HIV/AIDS for MA's to use in their advocacy at the policy level
 - Development and dissemination of guidelines for the design, implementation and evaluation of HIV/AIDS initiatives to ensure full stakeholder involvement and participation
- II.2. *To increase access to interventions for the prevention of HIV/AIDS/STIs through integrated gender-sensitive SRH programmes*
 - Regional training workshops for MA's: a) HIV/AIDS in the AWR: issues, vulnerable groups, programme strategies and materials; and b) Approaches to combating HIV/AIDS among women
 - TOT workshop to develop the capacities of MA service providers to integrate counselling and management of STIs and HIV/AIDS into their service delivery packages
 - Development and dissemination of simple tools to ensure gender sensitivity in HIV/AIDS initiatives
 - Dissemination of information on best practices in combating HIV/AIDS
- II.3. *To increase access to care, support and treatment for people infected and support for those affected by HIV/AIDS*
 - Training on /dissemination of service delivery standards and guidelines to MA's in countries with a high incidence of HIV/AIDS either nationally or on a local level (e.g., Sudan, Djibouti, Mauritania)

II.4. *To strengthen the programmatic and policy linkages between SRH and HIV/AIDS*

- Work with parliamentarians in order to promote the important linkages between SRH and HIV/AIDS among policy makers
- Work with the National Population Commission to strengthen the programmatic and policy linkages between SRH and HIV/AIDS
- Collaborate with Ministry of Health to make decisions about updating guidelines to create linkages between SRH and HIV/AIDS