

# BALKAN RENAISSANCE

CROSSING BOUNDARIES, MENDING FENCES

# KISSING & STUFF

YOUNG AT HEART

# EUROPEAN LEADERSHIP

THE VOICE THAT CLAIMS OUR RIGHTS

**IPPF EUROPEAN NETWORK • ANNUAL REPORT 2002**



O U R M I S S I O N I S

to advance and defend the basic human right of all people to make free and informed choices in their emotional, sexual and reproductive lives; to strive for the development and provision within Europe of high quality, accessible information, education and health services regarding sexuality and sexual identities, conception, contraception and safe abortion.

**IPPF European Network (IPPF EN)** is one of six regions of the **International Planned Parenthood Federation (IPPF)**, the world's largest voluntary organization in the field of **sexual health and rights and family planning**, founded in Bombay in 1952.

IPPF links national **Family Planning Associations (FPAs)** in over 180 countries worldwide, with the aim of increasing support for, and access to sexual and reproductive health services. IPPF European Network has member FPAs in 39 countries, and is active in several more, all over Europe and Central Asia.

IPPF EN has consultative status with the Council of Europe.





MESSAGE FROM THE PRESIDENT	<b>02</b>
FROM SLOANE STREET TO THE RUE ROYALE: PERSONAL MEMORIES	<b>03</b>
THE MAKING OF A FAMILY PLANNING ASSOCIATION	<b>04</b>
CROSSING BOUNDARIES, MENDING FENCES	<b>06</b>
YOUNG AT HEART	<b>14</b>
THE VOICE THAT CLAIMS OUR RIGHTS	<b>20</b>
SNAPSHOTS	<b>24</b>
GOVERNANCE AND MANAGEMENT	<b>26</b>
ACCOUNTS	<b>27</b>
POLICY STATEMENT: MEDICALLY ASSISTED CONCEPTION	<b>28</b>

cover:  
image taken from a documentary film on the living  
conditions of internally displaced persons in Georgia

# MESSAGE FROM THE PRESIDENT

In 2002 we celebrated the 30th anniversary of the IPPF European Network .

Health, Rights and Choice have been the three pillars of our work: responding to people's needs through health promotion

and healthcare services; caring for the individual and for freedom of choice in sexual and reproductive life; affirming the universality of the right to health and choice for everyone without discrimination. This last aspect, often expressed with the formula 'sexual and reproductive rights are human rights', is the ethical foundation of our whole endeavour.

We have been pioneers in approaching health from a human rights perspective, both in theory and in practice.

But 2002 was not spent in narcissistic self-praise: we – the 39 European family planning associations, the Regional Office in Brussels, the Field Office in Kazakhstan, staff and volunteers – worked even harder. Projects, initiatives and activities in Europe were innumerable. In this Annual Report we bring you some stories from countries at the edge of Europe, a showcase of our work with young people, the challenges and successes of our political work.



In November 2002, Lyn Thomas left her position as Regional Director of the European Network to become Deputy Director General at IPPF in London. No words can express the gratitude we all feel for what she did for Europe, and our admiration for her dedication and commitment to the issues and the people affected by them. We know that her long experience, her positive spirit and good sense of humour will be a source of new energy for IPPF.

It is with great pleasure that I announce that Vicky Claeys, former IPPF EN Advocacy Manager, has been appointed to succeed Lyn as Regional Director for Europe. We know she will embrace the tasks ahead with optimism and determination,

to help the organization make a difference to the lives of many women, men and young people, in Europe and beyond.

Our thanks go to all those who, in the past year, have given their energies and resources to our cause: volunteers, staff, donors, supporters. Thank you for not losing sight of the importance of our work.

A handwritten signature in black ink, appearing to read 'Vrancken', with a long horizontal flourish extending to the right.

Carine Vrancken  
Regional President

**Lyn Thomas was Regional Director of the IPPF European Network from 1990 to 2002, when she left to become IPPF Deputy Director General. Lyn left a deep imprint on the European Region, and witnessed some of the most dramatic changes of the past thirty years.**

I have a very distinct recollection of arriving in 1973 as a temporary secretary at 64 Sloane Street, in London, the former offices of IPPF. I was deeply impressed by Joan Rettie, the then Regional Director, and fascinated by the issues confronting European family planning associations [FPAs]. This was a time when FPAs in Belgium, France, Italy and Luxembourg were funded through IPPF grants, when part of my job involved making lunch for the Regional Executive Committee (the Board) in the small kitchen in Sloane Street, and when projects focusing on migrants, sexuality education and 'why people don't have children' were the mainstay of our work.

Following a downsizing of the Europe Region office to only two staff members, we slowly began to grow in the 1980s, concentrating our efforts on critical issues relating to adolescents, sexual abuse and rape, disabled people and sexuality. The collapse of the Soviet Union in 1989 brought about unimaginable changes to the reproductive health scene. The Europe Region grew from 24 member associations in 1990 to 38 by 2002. In some Eastern European countries, the FPA was the first non-governmental organization [NGO] ever established.

For me, Romania proved a landmark. For several years we had been aware of reports of the inhuman treatment of women, whether as 'baby-making machines' forced to fulfil Ceausescu's desire for a larger population, or suffering death or disease from illegal and unsafe abortion, and the thousands of abandoned children in the orphanages. I will never forget my first visit to Bucharest, sitting in a small smoky room in the Giulesti Hospital, talking about how IPPF wanted to help. Over the following years we worked to establish SECS, the Family Planning Association, and watched it grow to the large organization it is today.

Assisting in setting up the Russian association, on the ashes of what had been the FPA of the USSR, is something else which has left me with a lasting impression. I saw how people with so few resources managed to

do so much, in such a difficult environment. A small project, started in the Samara Oblast in 1994, when for the first time an NGO co-ordinated efforts to reduce abortion, still continues to have a positive impact on protecting young people's sexual health.

I remember our excitement in 1992, when we won our first grant from the European Commission to work in six Eastern European countries; our enthusiasm when IPPF adopted the Charter on Sexual and Reproductive Rights, which had started as a European initiative at the request of Halfdan Mahler [former IPPF Director General]; the contribution of our volunteers to reforming IPPF's governance structure, and our anxieties about how abortion was being dealt with in Ireland.

Relocating the Regional Office to the Rue Royale in Brussels was a very positive and timely event. I believe that the European Network is much stronger and better placed by being closer to the major political and financial force of the European Parliament and Commission.

I will look back on the many years working in IPPF European Network with a sense of pride in what has been accomplished, a sense of humility for everything I learned about human nature, and with a tinge of sadness to be leaving it. I would like to express my appreciation and gratitude to all of those with whom I have had the privilege to work - sometimes not in the most relaxed of circumstances. I am happy to say I am not far away, and although I must now adopt an international rather than a regional perspective, I shall be watching closely and with continued interest to see where Europe goes next.

## FROM SLOANE STREET TO THE RUE ROYALE: PERSONAL MEMORIES

*by Lyn Thomas*



**“The waves of history crash against us as against a cliff.”**

**The Bosnian writer Mesa Selimovic captures in this image the centuries-long fate of Bosnia and Herzegovina (B&H). Crossroads for a continuous flow of cultures, traditions and religions; theatre of violent collisions and clashes as well as cultural mergers and creative outbursts; graveyard and birthplace of new identities – B&H represents a complex mosaic of peoples seeking throughout history a safe haven under the southern sky.**

## THE MAKING OF A FAMILY PLANNING ASSOCIATION



After the 1995 peace settlement, B&H began the process of reconstruction and is now progressing towards political and economic stability. Civil society is playing an important role; though it has a relatively recent history, it is maturing and bearing fruit. Even during the war a group of local medical professionals began to address some of the major sexual health problems confronting the population, and initiated contacts with IPPF. In 2001, they founded the association for sexual and reproductive health 'XY'. A conversation with the present Director, Emina Kupusija, outlines the evolution of the youngest member of the IPPF European Network.

### **How was the association established?**

Initially, IPPF gave us information and training in sexuality and reproductive health until we were able to operate independently. For the most part, our board members shared their vision of the association, but its mission was developed step-by-step through a confrontation with the actual problems experienced in our country.

We didn't face hostility or hindrances in the environment. Nevertheless, we had to tackle our issues very carefully since many subjects are still taboo, especially in rural areas.

### **Which were the most urgent problems after the war?**

#### **lems after the war?**

It is hard to rank the post-war problems: they were all great and urgent. Disabilities, war trauma, effects of violence and rape, homelessness... Among the population, the most needy were certainly refugees, elderly people, the disabled.

### **What was the situation of sexual and reproductive health in B&H after the war?**

Sexual and reproductive health became a matter of great concern in B&H. Many women had been raped, had become pregnant and had suffered violence during the war. The rest of the population was at risk of HIV infection, needed treatment for sexually transmitted infections (STIs) and lacked knowledge of family planning. Public health institutions, such as the State Ministry of Health, were responsible for sexual and reproductive health, but they dealt only with certain issues. STIs, for example, were treated like any other contagious disease.

### **What did you see as your most important initial task?**

Culturally, we are a traditional society, with double standards concerning what is acceptable sexual practice for men and for women. Young people under 18 are excluded from family planning services: only men, not boys, have access to contraception. In general, little is known about sexuality and reproduction. Therefore, the greatest challenge for our Association was to help young people and to prevent STIs and HIV. We focused also on the needs of marginalised groups. Giving aid to the population was initially more important

# **“BY SHARING OUR STRENGTHS WE SHALL CREATE A BETTER FUTURE FOR UPCOMING SEXY GENERATIONS.”**

ZORAN CATIC, RADIO CAMPAIGN EDITOR



than political action, though our work has clearly had an impact on policies.

## **What does it mean to be a non-governmental organization (NGO)?**

The war affected people in so many ways and the Government is not able to take care of them all because of limited financial means. NGOs try to fill the gap as much as they can. Being an NGO means you can act independently of governmental institutions. An example of our contribution to social change is the education we offer to young people, which is essential since there is no sexuality education in schools. Our association has always targeted both men and women, as it believes in promoting gender equality, mutual respect and relationships free of violence. This is significant in a country where so much violence has been perpetrated.

## **Is there awareness in B&H of the contribution volunteers can make?**

Yes, but it is not easy to find volunteers. The economic situation in B&H is very bad and people are not very fond of working without being paid. However, we manage to recruit and motivate our young volunteers in various ways. We have now about 50 committed volunteers, like Haris (19, from Sarajevo), who has worked as a volunteer since 2001 and has enjoyed new experiences, some travel and being part of a group of young people trying to 'make things better'.

## **Are people in B&H still suffering from trauma?**

Yes, they are. And sexuality is a very touchy issue: how do you communicate without offending or hurting people? Our Association, though, has not been shy of using humour in its initiatives for young people. For example, we called a series of debates we organized in

2002 'Little seXY chats', a playful title which emphasises the Association's name and the issues promoted. In our radio programmes, or in events such as the 2002 concert 'What do we know about love?', we want to encourage people to communicate frankly about sensitive issues in a climate of trust and understanding.

## **How do you cope with the ethnic character of the country?**

We haven't had any problems so far. We are actually very satisfied. We have succeeded in involving people from all parts of the country regardless of their nationality. Nevertheless, the ghost of nationalism is still haunting the country and threatening its unity.

## **What are the challenges now and how important is it to be part of a European network of family planning associations ?**

We need to raise more money for projects such as the youth counselling centre, and to become self-sustainable as an organization. From joining the European Network we expected to increase our knowledge and expertise, to share experiences and collaborate with other family planning associations (FPAs). In fact, we have a very good relation with the Bulgarian FPA, which is a sort of model for us: they have given us technical support and advice on how to implement our activities. Since 2001, we have been partners in a large project for HIV prevention among youth in the Balkans. This project [see story on p.8] has brought us in touch with other organizations in the neighbouring countries in our region, which is in itself a very positive outcome. In the words of Zoran Catic, the editor of our recent radio campaign: "We have no false illusions, we are aware that we are at the very beginning of a process, but we think that by sharing our strengths we shall create a better future for upcoming seXY generations."



Girls from a community of displaced people in Georgia.

# CROSSING BOUNDARIES MENDING FENCES

**Four countries, four stories. Different people, different events, one thing in common: somewhere there is a line of division, a boundary, an inside and an outside. Borderlines (geographic, cultural, symbolic) are points of separation as well as contact. Sometimes the line can and should be crossed, at other times it should be respected. In Georgia, Moldova and the Balkans, our Associations have tried to bring together what conflict had severed. In Israel, empowering the Arab community means respecting their otherness. These stories show that pioneer work is not over in Europe. These projects were not selected according to the usual performance criteria, but rather because of their social impact and their human value.**

**The images accompanying the texts are taken from a documentary film on the living conditions of internally displaced persons in Georgia.**

# HOME IS WHERE THE HEART IS

**Leaving behind their homes and belongings, familiar places and trusted habits, countless people are uprooted as they seek refuge from violence or armed conflict. Safety often has the smell of a damp shelter and the taste of stale bread. It is accompanied by the distress of separation, the destitution of poverty and the humiliation of dependency.**

**“I CLOSED THE DOOR, LOCKED IT, PUT THE KEY IN MY POCKET AND LEFT THINKING I WOULD COME BACK TOMORROW.”**

**DISPLACED WOMAN,  
GEORGIA, ‘PEOPLE ON WAR’  
CONSULTATION, ICRC 1999**



Through the media we are familiar with the plight of the refugee fleeing across country borders; but maybe we do not know as much about the fate of those who are displaced and uprooted within their own country. The international community has coined a name for them: ‘internally displaced persons’ (IDPs) - too sterile a term for the ugly reality it actually denotes.

Georgia counted 250,000 displaced people in its territory after the fighting with the separatist north-west region of Abkhazia at the beginning of the 90s. Mostly ethnic Georgians from Abkhazia (about one-third from the Gali district), the majority of them are still living in the temporary centres created at the time, while a minority has returned to their homes in the Gali district. Hardship and insecurity define the lives of both groups, the IDPs on the Georgian side and the returnees in Gali. ‘Crisis’ is a euphemism when people are living in slums without electricity, hardly any running water, unable to meet their basic food, health and shelter needs.

The health situation of IDPs has been from the start a concern of the Georgian Family Planning Association (FPA). A relatively young organization which joined the IPPF European Network in 2000, the FPA understood the vulnerability of this particular group of the Georgian population. Georgia itself has one of the highest rates of teenage pregnancy and a decreasing but still high abortion rate, with abortion still used as a method of regulating fertility. Maternal and infant mortality are higher than in most countries in the region. Epidemics of sexually transmitted infections and an alarming number of babies born with congenital syphilis complete the discouraging picture.

To respond to these needs, the FPA, in 1998, established a family planning clinic for IDPs. In 2002, the Association endeavoured to bridge the division between Georgia and Abkhazia and reach out to the population in the Gali district. The Director, Nino Tsuleiskiri, recalls: “The Head Doctor of the Gali polyclinic visited our office asking us to assist them in opening a family planning clinic in Gali. Consequently, the Association was contracted for one year by the Gali municipal administration to support the opening of the clinic. The polyclinic hosting the service is located on the border and, therefore, can serve both the population in Georgia and in Abkhazia. Since Georgians cannot enter the Gali territory, we trained the Gali staff in Tbilisi [capital of Georgia] and we supplied the Gali clinic with information materials on modern methods of contraception, infections, clients’ rights, etc.”

Unfortunately, the political situation worsened during 2002. “The area is considered a conflict zone and it was impossible to monitor the activities of the clinic,” regrets Nino. But the experience left some good behind it: the Association received a request from the territory of Abkhazia to open a similar clinic. “During the last ten years of conflict, it was the second request of collaboration from the side of occupied Abkhazia (the first one was addressed to the Minister of Health). We consider this fact as politically relevant: this initiative has not only the potential of improving public health in an area where the problems are very acute. It is also a positive move towards dialogue and co-operation, above and beyond the existing conflict.”

# “FINALLY WE WILL HAVE A NETWORK – A BALKAN NETWORK.”

MARIJA RAJKOVIC, SERBIA

## BALKAN RENAISSANCE

1997. At the Venice Art Biennale, the performance artist Marina Abramovic sits alone in a large room, in the midst of an enormous pile of some 1,500 animal bones, scrubbing them with disinfectant, clearing away the scraps of flesh still attached to them. This performance, entitled 'Balkan Baroque', enacted a dramatic ritual of purification and mourning, expression of the artist's feelings of shame for the devastating war in the Balkans.



2002. In Brussels, a group of young people sit together around a table in animated discussion. They come from Serbia and Montenegro, Bosnia and Herzegovina, Croatia, Macedonia and Kosovo. Aware of the fragile political equilibrium of their countries after almost ten years of war, these young people look at the present with a clear-sighted and realistic gaze. But they also look at the future with the hope and the idealism to which they are entitled. They are together to talk about life: about relationships without fear and sexuality without disease; about their rights, their commitments, their future. They are the representatives of youth organizations involved in a new and groundbreaking project for the promotion of the sexual health and human rights of adolescents in the Balkans.

Three well-established Family Planning Associations (Albania, Bulgaria and Romania) selected youth organizations from the various Balkan countries with the potential to carry the project through because of their expertise in working with young people and on youth issues. All the representatives of the chosen organizations attended workshops together and received training in the main components of the project. The organizations started to weave a network spanning the whole region.

Activities started in each of the participating countries, ranging from the development of leaflets, brochures, newsletters and web sites, to the organization of seminars, debates, radio campaigns, and training courses for young people interested in becoming peer educators.

All the project leaders showed tremendous insight, commitment and creativity. They identified the most critical needs of their peers through meetings, interviews and personal contacts. They took initiatives and used methodologies that were attuned to the background, the mentality and the tastes of young people. And they involved youth in all social conditions and especially from vulnerable and marginalised groups.

This project is meaningful and important in many ways. Besides bringing health benefits to young people in the Balkans, it is also an exemplary training in co-operation. Hopefully, it will contribute to the growth of more tolerance, better communication and a democratic consciousness. If the Balkans, once defined as the region 'where traumas never die', will ever see its Renaissance, it might be thanks to the constructive will of its young people.

CROSSING  
BOUNDARIES  
MENDING  
FENCES

**“THOSE HIGH-SCHOOL STUDENTS KNEW ONLY CONDOMS AND PILLS AS TYPES OF CONTRACEPTION. THEY ALSO BELIEVED THAT THERE IS NO AIDS IN OUR COUNTRY, AND NONE OF THEM COULD NAME THREE SEXUALLY TRANSMITTED INFECTIONS.”**

**ZLATKO VUJOVIC AND BOSKO NENEZIC, MONTENEGRO**

**“TWENTY ADOLESCENTS, MOST OF THEM ORPHANS FROM INSTITUTIONS FROM ALL OVER BOSNIA AND HERZEGOVINA, PARTICIPATED IN OUR WORKSHOP. I AM SO PROUD THAT OUR ORGANIZATION ALLOWED THEM TO HAVE GREAT EXPERIENCES AND LEARN MANY NEW THINGS. AND WHAT IS MORE IMPORTANT: TO SPEAK AND ASK QUESTIONS FREELY.”**

**TIJANA MADVEDEC, BOSNIA AND HERZEGOVINA**



**Temporary shelter for internally displaced persons, Georgia**



An elderly refugee woman from Gali, Georgia.

**“THE HEAD OF THE YOUTH BRANCH IN TRANSNISTRIA WAS VERY HELPFUL. THANKS TO HER, WE COULD CROSS THE BORDER WITH INFORMATION MATERIALS. SHE MADE A GOOD CASE TO THE MILITARY CONTROL POST FOR THE NEED OF THESE MATERIALS TO BE DELIVERED TO YOUNG PEOPLE IN TRANSNISTRIA.”**

**MANANA BLAJA, EXECUTIVE DIRECTOR, MOLDOVA FPA**

# ON BOTH SIDES OF THE RIVER DNIESTER

**It was the ancient Greek historian Herodotus who first described the Dniester River, which flows through the whole territory of the Republic of Moldova. Legend has it that the charm of the land bewitches travellers to settle along its beautiful river banks. Today's reality is less enchanting.**

Since Moldova's declaration of independence in 1991, the river Dniester has been the dividing line between the large territory of the Republic on the west and the break-away 'Trans-Dniester Republic' or Transnistria on the east bank. The tensions between the two sides burst out into the 1992 civil war and ended in an unstable peace settlement that has not solved the many issues which are linked together: the ethnic, linguistic, ideological, political and military.

In spite of the conflict and aware of the health needs of the Transnistrian population, the Moldova Family Planning Association (FPA) attempted collaboration between medical professionals from both sides of the river as early as 1997-98. In 2001-2002, the Association had the opportunity, with the support of the United Nations Development Programme (UNDP), to 'cross the river' with a substantial project. Its aims were twofold: on the one hand, to strengthen collaboration between the medical professionals from Moldova and Transnistria and on the other, to initiate educational collaboration between young people in both communities.

"The idea was to build both partnership and friendship between professionals and youth from both sides of the river," says Manana Blaja, Director of the FPA. "Publishing materials on family planning in Russian was already an important first step. Training courses with participants from Moldova and Transnistria followed, and helped the Transnistrian doctors, who lack access to medical literature, to catch up with recent medical developments." Among the youth initiatives: a disco show with participants from Moldova and Tighina (Transnistria), to raise awareness of contraception; and an educational workshop for peer educators, based on the recognition that, when school sexuality education or youth-friendly centres are lacking, friends and peers are the most common source of information about sexuality.

The project was successful: it made a difference to the quality of maternity care in both regions, it updated the professional knowledge and methodologies of the health specialists, it produced useful materials and improved the delivery of sexuality education to young people and future educators. But beside the professional and educational dimensions, the project touched on the personal: it established friendly and co-operative relationships between people living in separate territories. "Training courses have shown that there are no barriers and obstacles when we are talking about sexual and reproductive health issues," said a participant. A common concern and a shared commitment appear to be powerful vehicles for mutual understanding across the River Dniester.



BOUNDARIES  
ING  
FENCES

# BEYOND OPENING THEIR EYES

**Aneesah is a fifty-year old hairdresser who has a shop in Ramlah, a mixed city of Arabs and Jews in central Israel. Brides come to her hairdressing salon to prepare for their wedding celebration. They are young, inexperienced and anxious about their first wedding night, of which they know only that it will be painful and difficult. Aneesah knows how they feel, but is convinced that it could be otherwise.**

**Understanding their needs she has the skill to respond to them in a simple and caring manner. She surprises the girls with an unusual conversation about marriage and sexuality. She reassures them, tells them what they can expect, and encourages them to relax and enjoy themselves.**

**“THIS AMBITIOUS PROJECT WAS INITIATED BY THE ISRAEL FAMILY PLANNING ASSOCIATION TO RESPOND TO THE NEGLECTED NEEDS OF THE ARAB COMMUNITY IN ISRAEL, TAKING INTO CONSIDERATION THE CULTURAL AND LINGUISTIC NEEDS OF THE ARAB SOCIETY.”**

**SAFA TAMISH,  
ARAB SOCIETY PROGRAMME  
CO-ORDINATOR**

Aneesah is one of many Arab women to take part in a series of workshops in sexuality, facilitated by trainees of the sexuality education programme offered by the Israel Family Planning Association (FPA). The workshops take place in different Arab towns and cities, and they target women and men from different educational, professional and economic backgrounds. Participants discuss many issues related to gender, sexuality, intimacy and love, as well as family conflicts and parent-teenager relationships. These workshops were the revolution that set Aneesah in motion to do something for her community. They are part of the project 'Open the doors in the Arab society', that took off in 2000 under the aegis of the Israel FPA, and had a real breakthrough in 2002.

This initiative is entirely carried out by Arab-Palestinian professionals, from the Palestinian society in Israel. "It is very important to understand the approach we have taken," says Safa Tamish, the Palestinian-Israeli expert in sexuality education who is the National Co-ordinator for the Arab Society programme. "We believe that cultural factors play an essential role in defining sexuality and the sensitive issues related to our daily lives. Therefore, it is of the utmost importance that sexuality education be conducted by people belonging to the community, speaking its language and understanding its particular culture."

Even for an Arab professional it may not be easy to work within an Arab community. "We started our project by choosing a challenging location," says Safa, "that is, a Bedouin community in the Negev. We met with 30 Bedouin women, most of them very shy, some illiterate and others academic. They were all volunteers in their neighbourhoods. When I presented the idea of sexuality education, they started laughing: 'You mean you want to talk about sexuality in a Bedouin society like ours?' A justified scepticism, in a society where taboos underlie traditions and social norms. But, in one year of work, we have organized courses for school counsellors and we have reached mothers, students, and even men and fathers. We were quite surprised by their request for a special training course for Bedouin male professionals!"

Some 150 people have already graduated from the sexuality education training courses so far. Representatives of these graduates have established the Arab Forum of Sexuality Educators and they meet monthly to discuss sexuality-related issues concerning the Arab society. The turnout is high: even people who are not members of the Forum come to share their experiences with the workshops they conduct. In fact, no exam is required at the end of the course, but trainees must organize one or two workshops in their community. "Trainees come back to us saying that they end up conducting

**“ONCE EYES ARE OPEN, THE REAL WORK BEGINS.”**

seven to ten workshops instead of two,” says Safa. “People ask for more because they want to talk about their emotions, their difficulties with their husbands and their teenage kids. There was a time when the Ministry of Education wouldn’t even talk to us. Now we have schools calling and parents asking.”

Safa believes that the role of sexuality educators is to initiate dialogue and to encourage people to think, reach a better understanding and make their own choices. “We provide culture-sensitive professional support without compromising on content and quality,” she says. “We may be eye-openers, but beyond opening their eyes, it is within the community that change has to happen. It is its people who will take the tools they have received and use them, question them and adapt them. They themselves are the agents of their own empowerment. Once eyes are open, the real work begins.”



**Stables used as shelter for internally displaced persons, Georgia**



# YOUNG AT HEART



**NO ONE KNOWS WHAT IT IS BUT SOME HAVE IT MORE THAN OTHERS. PRIOR TO ENGAGING IN SEXUAL ACTIVITY ONE MUST BE ABLE TO MAKE CERTAIN SIMPLE DECISIONS: MAY I, CAN I, DO I WANT, DOES MY PARTNER WANT, IS THE TIMING RIGHT, DO WE NEED CONTRACEPTION?**

(The quotes accompanying the texts are from the 'Rubber Print' Campaign, Finland FPA)

## RUBBER PRINT

**The good news is: the number of teenage pregnancies in the UK has decreased. The bad news is: one in ten adolescents has chlamydia, a sexual infection which is on the increase. The good news is: the Netherlands has the lowest rate of teenage pregnancies in the European Union. The bad news is: in 2002, its teenage pregnancy rates increased. The battle to protect adolescents from sexual disease and unwanted pregnancy is clearly not yet won in Western Europe. It's hard to speak of 'good news', considering also that the highest figures for Western Europe are actually the lowest of the spectrum if compared with those for Eastern Europe. That's why we need to focus on youth more and more: we need to address not only their supposed ignorance, indifference or bad habits, but also the ignorance, indifference and bad policies of the health and education systems. A selection of our projects in 2002 gives evidence to our commitment towards young people.**

'Rubber Print' is the name of a campaign carried out by the Family Planning Association (FPA) of Finland in the spring of 2002. Its goal was the promotion of condom use and of emergency contraception, which had just become available without prescription from pharmacies. A leaflet and a condom were distributed to 550 schools and to 1,000 pharmacies: altogether 70,000 copies of the leaflet were given out. A massive campaign, with a serious message in a humorous package, including a short 'dictionary of sensible terms' (some of which are reproduced here) which, in a non-paternalistic but respectful and direct way, gives young people some important hints as to how they can protect and enjoy their sexual lives.



**'Congratulations, you may have got a sexual infection.'**

Information and awareness-raising campaigns for young people are an important part of the work of our member associations. The style of the campaigns varies according to the national and cultural context. The UK FPA launched, for example, heat-sensitive post-cards which, kissed on a particular part of the male or female body, revealed the words: 'Congratulations, you may have got a sexual infection.' With their dark humour, UK FPA products are appealing and at the same time designed to make people think.

# YOUNG AT HEART

## **BIOLOGY =**

**ENORMOUS AMOUNT OF URGES AND REACTIONS THAT WORKED FINE WHEN WE WERE CAVEMAN. NOWADAYS THEY ALONE WON'T GET YOU VERY FAR IN MATING RITUALS.**

## **SLOW FOOD**

If information is often consumed so fast that it hardly gets absorbed, education is of necessity a gradual and long-term process. 'Slow food', we may call it. This is particularly true in the case of sexuality education, which doesn't just have cognitive goals, but aims to make an emotional impact and inducing long-lasting behavioural changes. The whole emotional and psychological make-up of the person needs to be addressed. Sexuality education enters the mysterious regions of our affections and passions, and touches the delicate dimensions of intimate and relational life. This calls for specific methodologies. Therefore, many family planning associations (FPAs) in Europe have adopted an approach that puts young people at the centre of the educational process.

Dialogue and young people's experiences and feelings are the starting points of the work of the Danish FPA, which, in 2002, offered sexuality education classes to 3,430 young people in schools. "We make a point of giving young people free scope to speak about their own experiences and to ask the questions that are on their minds," says Brian Linke (Co-ordinator). In addition to the knowledge of physical facts, the educators give space to topics such as feelings and sensations, the first time, 'game rules' between the sexes, etc. "Our educators," says Brian, "are outsiders in the school context and often younger than the regular teachers. The kids feel able to talk to them about things they wouldn't want to discuss with a teacher who corrects their papers, gives them grades and knows their parents. Anonymity makes for a freer tone."

In Romania, the FPA finished in 2002 a five-year project set in rural communities in Transylvania and in the south-west of the country. About 8,000 secondary school pupils aged 14-18 received education on sexual and reproductive health. It was the first time that young people of these poor and isolated communities (the closest school is sometimes 40 km. away, there is no internet and hardly any television) received information about sexuality. Parents are, in general, not up to the job and, being aware of this, they responded very positively to the initiative and trusted the schools in their endeavour. At the close of the project, trained students showed not only better knowledge of sexuality and health than their untrained peers, but also more self-esteem, more confidence in taking decisions and improved communication skills. Teachers were also pleased about their improved relationship with their students, due to the interactive teaching methods they had put into practice.



## **OOPS, I DID IT AGAIN**

**YOU DON'T GET SCHOOL GRADES IN USING CONTRACEPTION. YOU EITHER DO IT RIGHT OR YOU DO IT WRONG. IF THERE IS EVEN A SHADOW OF A DOUBT THAT YOU HAVE FAILED WITH A CONDOM, IT IS HIGHLY RECOMMENDED THAT YOU USE EMERGENCY CONTRACEPTION, WHICH IS AVAILABLE AT ALL PHARMACIES WITHOUT PRESCRIPTION.**



## **EMOTION =**

**STRANGE SENSATION IN THE LOWER ABDOMEN. MAKING LOVE ALWAYS INVOLVES FEELING AND RESPECT FOR YOUR PARTNER. IF THE FEELING IS MISSING YOU MIGHT AS WELL DO PUSH-UPS. AT LEAST THAT KEEPS YOU IN SHAPE.**

## **P.S. DON'T PANIC!**

Sensitization and information are necessary, but not enough. What is to be done with the questions, doubts, dilemmas and emergencies that confront Anna, Peter, Kasia and Jürgen on their way to adulthood? Young people often need individual support and guidance; they need interaction and contact with people who can listen to them and answer their queries without imposing their views. They need counselling which is respectful of their privacy. In many European countries counselling services took, in 2002, a virtual turn. And with success.

The Estonian FPA, for example, set up an online counselling service. A group of thirty 'online counsellors' answers queries and, when necessary, makes referrals to other services. Starting from 30 questions a month in 2001, the requests reached 20-30 a day in 2002. A pioneer in the field, the FPA of Finland manages a web site that, besides allowing for virtual counselling (by a team of experts often as remotely located from Helsinki as Lapland), also hosts a large database of the most frequently asked questions, and a chat line. Anonymity is secured; private virtual counselling appointments are possible. Numbers for 2002 say it all: 200 questions a month, 20 counselling sessions of 20 minutes each a month, thousands of visitors.

More FPAs (in Hungary, Poland, Ukraine and Latvia) are following these examples, which show that the internet is an accessible and acceptable channel of communication about sexuality and related issues. It may actually be the most cost-effective means of primary prevention of sexual problems among young people. The possibility of remaining anonymous is, of course, an added value, as it helps to win over fear and break the silence.

# YOUNG AT HEART

## NOT ONLY TALK

The right of adolescents to sexual health can only become a reality if they have access to services that provide health care as well as a variety of contraceptive options. But even in countries where the national health system is developed and well functioning, services often fail to reach teenagers.

In the course of 2002, many family planning associations (FPAs), such as those in Albania, Latvia, Moldova, Poland, Sweden and Uzbekistan, have developed or expanded their centres or clinics for youth, where medical and non-medical services are available according to a 'youth-friendly' formula.

For IPPF, a youth-friendly centre is one that is accessible and acceptable to a diversity of young people; it attracts them and meets their needs. It has to be confidential and free from judgement, and must offer a complete range of services, including contraception. This vision can be translated through a variety of concrete measures. In 2002, some FPAs have opted for the integration of health and/or counselling services with internet facilities, libraries, youth clubs activities, in order to reduce young people's embarrassment or dislike of going to a medical centre.

### ***DON'T BLOW IT***

***LAST MINUTE ARRANGEMENTS WITH  
THE RUBBER AREN'T RECOMMENDED.  
THE CONDOM IS GREAT IN PREVENTING  
PREGNANCY AND SEXUALLY  
TRANSMITTED INFECTIONS - BUT ONLY  
WHEN USED PROPERLY.***



**OK**

**FLIRTING, SEDUCING, DATING,  
MAKING EYES AT, SENDING TEXT  
MESSAGES AND E-MAILS, FANTASISING,  
KISSING, PETTING, MAKING LOVE,  
HAVING SEX.**

**NOT OK**

**GROPING, HARASSING, RAPING.**

## KISSING & STUFF

A duck, a cupid and a condom are some of the pleasant icons you can find on the opening page of the web site for physically or visually impaired young people, launched in 2002 by the Netherlands FPA. With the inviting name 'Zoenenenzo' ('Kissing & stuff'), this web site has attracted positive comments and even an award for the accessibility and the clarity of the information. Disabled young people often do not have access to information about sex, relationships and intimacy. Parents or social workers often don't recognise their feelings and desires, or tend to act too protectively. This web site talks in simple but frank language about topics such as puberty, flirting, and sex and disability, and has a forum that allows the users to get in touch with each other and share their experiences. The web site can be adapted for the visually impaired and can be used without mouse.

Activities for youth with special needs took place all over Europe in 2002. Branches of the Portuguese FPA directed their efforts to help young victims of social exclusion. In one of the largest clandestine neighbourhoods of Lisbon and in the Alentejo region, which, together with the Azores and Madeira islands, has the highest number of teenage mothers in the country, the FPA worked to educate young women to choose, rather than undergo pregnancy.

Taking a new programmatic direction, the Russian FPA designed a programme focused on responsible parenthood. The increasing number of orphans, neglected and homeless children is a concern for the Russian Government. For this programme, aimed at prevention of these phenomena through responsible family planning, the FPA won the competition for socially significant programmes held by non-profit organizations in partnership with the public sector.

Prevention of sexual abuse in residential institutions for young people was the theme of a large-scale project involving the FPAs of Belgium, France, Italy, Estonia, Poland and Spain. The project, funded by the Daphne Programme of the European Commission, ended in 2002 with a series of training courses for professionals in the sector and the publication of a training and resource package.





# THE VOICE THAT

**Social and political engagement is at the heart of our work. The mission of the IPPF European Network extends beyond aid or healthcare programmes. The service-provision part of our work is in fact embedded in our role as representatives of civil society and framed by our belief in the rights of all people to good sexual health and to freedom of choice in their reproductive lives. As the voice that claims these rights, we address decision makers in the professional and political realm, to persuade them to act in favour of structural changes supported by adequate policies for the sake of society as a whole. What follows are some highlights of the successful political work carried out by our Network in 2002.**

## WORKING FOR ADEQUATE LEGISLATION

In Armenia, the Law on “Reproductive Health and Reproductive Rights of Human Beings” was adopted by the national Parliament in December 2002. Based on the recommendations of the Armenian Family Planning Association (FPA), this law incorporates sexual and reproductive rights as defined in human rights terms by IPPF. The FPA’s task is now to monitor and strengthen governmental efforts towards the application of the law. Similar challenges face the FPA in Latvia, where the new Ministry of Health was established in 2002 and a Reproductive Health Law came into force in July 2002.

In Lithuania, where the Government does not implement a national Reproductive Health Programme, the FPA presented a draft Reproductive Health Law to the Lithuanian Parliament in July 2002. The draft law includes articles on reproductive rights, abortion, contraception, sterilisation, safe motherhood, prevention of sexual infections and HIV/AIDS, and sexuality education. The

draft law received support from the Parliamentary Group for Reproductive Health, Population and Development, established in the spring of 2002. The FPA organized three round tables to present to the Government the main trends in reproductive

health policy, especially for reducing the number of abortions. The Ministry of Health recognised the leading role of the FPA, and offered it the position of National Co-ordinator on reproductive health.

According to the law, abortions in Poland can be performed only in cases where the mother’s life is threatened or when pregnancy is the result of criminal activity. This raises the number of ‘back street’ abortions, which are often provided by people with no

medical background, with consequent danger to the life of the woman. The political response of the Polish FPA is twofold: while trying to change that law through the work of sympathetic decision makers in government bodies,

### LEARNING ABOUT SEXUALITY IN SCHOOLS

Integration of sexuality education in the school curriculum is an important issue. Some of the year’s successes:

- The Romanian sexuality education project (see p. 16) had an important side effect: it made the Government commit to the introduction of sexuality education in all Romanian schools. The curriculum for the new subject matter, to be introduced in September 2003, has been developed in consultation with the Romanian FPA and other NGOs active in the field.
- The Armenian FPA was chosen as one of the experts to support the Ministry of Education and Science in developing the national strategy for the provision of sexuality education in schools, due to start from the academic year 2003-2004.

# CLAIMS OUR RIGHTS

**“OUR WORK WITH POLITICIANS AND PROFESSIONALS IN HEALTH CARE AND EDUCATION REPRESENTS THE MAINSTAY OF OUR REMIT - LOBBYING AND CAMPAIGNING FOR POSITIVE CHANGE, PROTECTING PEOPLE’S RIGHTS AND ENSURING THAT WHAT IS GOOD AND RIGHT PREVAILS.”**

*UK fpa, ANNUAL REPORT 2002, p.6*



## CHALLENGING AND DEFENDING

the FPA campaigns for greater access to family planning methods. A concrete result of the 2002 campaign has been the decision of the Ministry of Health to add the hormonal pill to the list of contraceptives which can be refunded. The price of contraceptives has also come down and availability has improved.

On 2 June 2002, the people of Switzerland voted by a large majority (72 per cent) to legalise abortion on request within the first 12 weeks of pregnancy. Under the revised law, women must present a written request for an abortion, and a doctor is required to provide information and discuss the situation with the woman. Young women under the age of 16 must visit a counselling centre. The Swiss FPA played a leading role in the campaign to decriminalise abortion, and is now concerned with the implementation of the measures. Ireland was the subject of significant public and media inter-

est in Europe at the beginning of 2002, when the Government sought to have a constitutional referendum passed on the issue of abortion. The core purpose of this referendum was to give constitutional approval to legislation which ruled out

abortion in cases where the risk of suicide was a threat to the life of the pregnant woman. The Irish FPA was a key campaigner against this proposal, that was defeated by fewer than 10,000 votes, leaving Ireland’s abortion law unchanged. The Irish FPA has been given a place on the Consultative Committee of the governmental agency in charge of reducing the level of crisis pregnancies.

In the United Kingdom, the Society for the Protection of Unborn Children, an anti-choice group, tried

to stop the sale of emergency contraception in pharmacies, claiming it causes abortion. This view was comprehensively rejected by the High Court, thanks to the intervention of the UK FPA which submitted key evidence.

### YOUNG DECISION MAKERS IN SWEDEN

The Swedish FPA has initiated an outreach and awareness project targeting young decision makers. In March 2002, the FPA established a network of representatives from different party youth leagues and youth NGOs. Among the activities done in the course of the year, there were discussions on issues related to sexuality, HIV/AIDS, poverty and human rights, and a one-week study visit to Zambia. The results have been very promising. The young decision makers showed a keen interest in the issues and a strong will to integrate them into the activities and the political agenda of their organizations. This project is strategically important, as the young decision makers of today will be parliamentarians and highly placed professionals tomorrow, and thus capable of influencing future public policy.



## A BOOST TO EUROPEAN POLICY

On 26 June 2002, Chris McCafferty, UK MP and Chair of the UK Parliamentary Group on Population and Development, launched a motion in the Parliamentary Assembly of the Council of Europe to establish a European strategy for sexual and reproductive health for the 43 member countries of the Council of Europe. This motion builds upon the work of IPPF European Network (IPPF EN), together with other NGOs that support the call for a Europe-wide strategy in this field.

On 3 July 2002, the European Parliament voted in favour of the 'Resolution on Sexual and Reproductive Health and Rights in Europe', presented by MEP Anne Van Lancker (Belgium). This landmark resolution is a political success for the affirmation of sexual and reproductive rights in Europe. The adoption of the resolution is the result of tireless work on the part of IPPF EN to persuade European Parliamentarians and civil servants of the importance of sexual and reproductive rights. Among the activities preceding the resolution, in February 2002 the Committee on Women's Rights and Equal Opportunities held a public hearing during which Lyn Thomas (then Director of IPPF EN) gave an overview of the situation in the European Union, showing how sexual health indicators varied widely between Member States.

The resolution formulates specific recommendations to the European Union in a number of key areas. It calls for easier access to emergency contraception; comprehensive sexuality education; improved access to affordable health services for young people, minorities and the poor; and legal, safe and accessible abortion.

## EUROPEAN LEADERSHIP

Needs, challenges, trends and solutions in the area of development co-operation were the focus of a European High Level Meeting on 'Challenges and Solutions to European Financing for Population and Development, organized by IPPF EN in September 2002 in Brussels. Participants from 15 European countries included parliamentarians and representatives of family planning associations, NGOs active in population and development and governments, as well as UNFPA, the OECD, the European Commission and IPPF.

The meeting reaffirmed the need for Europe to take the moral leadership in defending, funding and advancing the right to sexual health internationally. Discussions also focused on financial shortcomings in following up the commitments made in the Programme of Action of the UN International Conference on Population and Development (ICPD 1994; 1999). Poul Nielson, European Commissioner for Development, seized the occasion to act on his pledge to fill the 'decency gap' (i.e., the de-funding of UNFPA and IPPF by the U.S. administration) by signing publicly new partnership agreements with IPPF and UNFPA for € 32 Million. Commissioner Nielson also expressed his appreciation for the work of these two organizations and their commitment towards full achievement of the goals of the ICPD Programme of Action.

In the same month, IPPF EN and UNFPA presented their priorities in the field of population and development in a joint meeting with members of the Parliamentary Assembly of the Council of Europe and the European Parliament in Strasbourg.



## MONITORING COMMITMENTS FOR DEVELOPMENT



In the course of 2002 our Network kept a steady eye on government commitments for funding development aid. In Ireland, for example, following the withdrawal of U.S. funding to UNFPA, some opposition groups led a campaign urging the Irish Government to follow suit. The Irish Family Planning Association (FPA) ran a counter campaign, which involved high-level parliamentary advocacy, media work and meetings with senior politicians, officials and UNFPA. The effort paid off: in 2003 the Irish contribution to UNFPA has been increased by 38 per cent.

The Regional Office continued its production of shadow reports on donor country spending for sexual and reproductive health in developing countries. The reports for 2002 were on the European Commission, the U.S. and Canada. FPAs use these shadow reports in their advocacy activities; for example, in 2002, the Spanish FPA drew attention to the Spanish Government's insufficient funding of sexual and reproductive health as a part of its development co-operation policy. The FPA presented the shadow report at a press conference on the same day as the OECD released its official report on the country's development performance. Questioned by journalists who had compared the reports, the Government's Development Secretary was forced to admit that sexual and reproductive health was not a priority in the Government's development co-operation policy - an admission which received wide coverage in the national press.

### PUBLISHED IN 2002

- The DAC Newsletter, featuring the World Bank as donor for sexual health, and new donor countries accessing the European Union.
- The Cotonou Watch Newsletter, providing the latest information about EU development policy (the Cotonou Agreement), with a particular focus on its health and reproductive health aspects.
- The briefing paper 'HIV/AIDS in Eastern Europe and Central Asia: a crisis in the making'. Published on the occasion of the XIV International AIDS Conference in Barcelona, July 2002, it called for an increased commitment from international donors to fight the growing HIV/AIDS problem in Eastern Europe and Central Asia.

# SNAPSHOTS

## TALK TO YOUR KIDS!

Research shows that children from families that talk about sex are more likely to have first sex later and use contraception when they do so. But many parents are embarrassed or afraid to talk to their children. 'Speakeasy' is an initiative designed by the UK Family Planning Association (FPA) to help them. It consists of a set of weekly workshops to give parents the knowledge and skills needed to discuss sex, sexual health, contraception and relationships with their children. Tried and tested in Northern Ireland, the 'Speakeasy' format has already proved highly successful. Parents reported increased communication skills, greater self-confidence and better relationships with their children enabling them to discuss not only sex but other issues such as alcohol and drugs. In 2002, the project was extended to cities in England to work with parents in areas of high teenage pregnancy.



***"ONLY BY TALKING TO OUR CHILDREN OPENLY AND HONESTLY CAN WE REDUCE THEIR FEARS, CORRECT THEIR MISCONCEPTIONS AND MAKE SURE THEY RECEIVE THE RIGHT INFORMATION AND SUPPORT WHEN THEY NEED IT."***

**DAVID KESTERTON,  
'SPEAKEASY' PROJECT MANAGER**

## MERGING CONCERNS, STRENGTHENING SOLUTIONS

In Belgium, a new organization named 'sensoa' emerged in 2002 from the integration of CGSO Trefpunt (the former Federation of Family Planning Centres of the Flemish Region) and 'sensoa' (itself a merger of five HIV/AIDS organizations). The newly-born organization is the result

of the vision of the former Flemish Minister of Health, Mieke Vogels, who wished to integrate the issues of HIV/AIDS and sexually transmitted infections into a more global concept of sexual health, which would include the prevention of unwanted pregnancy and of sexually

abusive behaviour. "To our knowledge," says Dirk Pyck, Director of the former CGSO Trefpunt, "bringing together in one organization the issues of HIV/AIDS prevention, care and treatment with those of sexual and reproductive health and rights is a rather unique initiative."

***"OUR EXPERIENCE HAS PROVEN THAT, FROM THE POINT OF VIEW OF PREVENTION, THE EXISTING GAP BETWEEN THE WORLD OF HIV/AIDS AND THAT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IS QUITE ARTIFICIAL."*** DIRK PYCK, SENSOA

## ROMA MINORITIES

In April 2002, IPPF European Network (IPPF EN) embarked upon a new initiative entitled 'Reproductive health and health education for the Roma minority in Central and Eastern Europe'. The aim is to set up specialised family planning centres in regions with high Roma populations in Moldova, Slovakia and Hungary, and to develop educational activities and materials for professionals and volunteers from the Roma communities. While representatives of the participating countries met in Sofia (Bulgaria) to define their common and country-specific approach, the Regional Roma Committee, consisting of well-known Roma leaders, met in Brussels with members of the European Parliament and European Commission (EC) representatives. The purpose of this committee is to speak to policy makers and institutions about the health needs of their communities, and raise interest and commitment in improving the situation of the Roma people in



Europe. MEP Ollie Schmidt assured the Roma representatives that they could "count on the European Parliament to be open on the issue." The EC representatives said that the situation of the Roma people is an important issue for the Commission, but remarked that, although the Commission can advise and press the governments concerned, "at the end of the day, it is the governments who make the decisions."

# SEVEN DAYS IN SIBERIA

The Republic of Sakha (Yakutia/Siberia) is a very poor region of the Russian Federation where, according to the World Bank, 40 per cent of people live below the poverty line. The health situation is alarming. Rates of infant and maternal mortality and morbidity are high: one-third of maternal deaths are caused by unsafe abortion, two-thirds of births have complications, rates of syphilis among children exceed those among adults. The state of health services is lamentable: one-third of maternity clinics have no internal sanitary system. Among the many interventions necessary in the region, raising the professional level of healthcare providers is essential. In September 2002, IPPF EN and the Yakutian Branch of the Russian FPA organized on location a seven-day training on sexual and reproductive health for service providers from 25 rural districts in the region. This training was so much appreciated by the participants that they left their impressions in poems and letters. The seven days 'went as easily as a cart down the mountain', but didn't take away the awareness of what still needs to be done. In the words of Natasha, Ajka, Dusja and the others: "This road is long and we are too far from the end. We need more education, training and financial support."



***"THIS ROAD IS LONG AND WE ARE TOO FAR FROM THE END. WE NEED MORE EDUCATION, TRAINING AND FINANCIAL SUPPORT."***

***PARTICIPANTS IN THE TRAINING IN SIBERIA***



## DEDICATED TO MEN

The 2002 issue of IPPF EN's journal 'Choices' was devoted to discussion of a variety of themes related to men and boys and their involvement in sexual health and reproductive life. 'Male involvement', 'gender equity', 'men as partners' are all trendy expressions these days. But what do men themselves think of these topics? How do they experience their role? Are they go-

ing through a crisis of identity? What are their needs? What are the programmes that will reach them? What are the findings of the pioneers who, from the early days, saw men as a necessary component of the gender equation? What are the challenges when culture and tradition stand in the way of a change in attitudes and practices? 'Choices' questions, explores and reports.

## PEOPLE ON THE MOVE IN CENTRAL ASIA

There are many internally displaced people in the Central Asian Republics both refugees and migrants, whose living conditions are often below standard and whose urgent needs cry out for intervention. Emergency relief mostly focuses on housing, food and clothing, and the important area of sexual health is often forgotten. In fact, these populations are especially at risk from sexual infections and HIV, and live in stressful situations that may be more conducive to high-risk sexual behaviour and sexual abuse. In the autumn of 2002, IPPF EN Field Office in Kazakhstan started a new project in the five Central Asian Republics of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. This regional project will aim at improving the health of 'people on the move' through the provision of information and healthcare services. The participating FPAs have already done the groundwork

– such as a survey of migrant knowledge, attitudes and practice in three regions of Kyrgyzstan – and are proceeding to put the project into effect.



# GOVERNANCE & MANAGEMENT

## VOLUNTEERS MEET

In June 2002, IPPF European Network (IPPF EN) held its annual Regional Council, with representatives from all the European Family Planning Associations (FPAs). The group of more than one hundred volunteers discussed, among other things, the topic of male involvement and issued a statement on Medically Assisted Conception (see p. 28).

## ELECTRONIC MANAGEMENT

IPPF has recently developed an electronic Integrated Management System (eIMS), i.e., a results-based system designed to serve the planning, programming and related information needs of the whole Federation. In the course of 2002, the IPPF EN Regional Office and selected FPAs were trained to use eIMS. The system will be fully implemented in 2003.

## THE ART OF FUND RAISING

Economic crises, changes in donor priorities, a competing environment, and the indifference of governments are just some of the obstacles faced by our European associations in sustaining their programmes. The scarcity of financial resources is felt particularly in Eastern Europe, where organizations which are still supported by IPPF are trying to become self-sustaining. To help them in this, IPPF EN held, in December 2002, a workshop on 'Donor Knowledge, Cultivation and Management'. Participants from FPAs in Central and Eastern Europe and Central Asia were trained to improve both their fund-raising and communication skills. The training placed the emphasis on developing in-country sources of funding, so as to ensure long-term sustainability.

## CLINIC IN A CARAVAN... WHILE WAITING FOR DONORS

Kocaeli-Bekirpaşa Municipality, Yeşilova Region, Turkey. Its population suffered a great deal in the earthquake of 17 August 1999. There is only one health centre which provides health services to 30,000 people in the new area of settlement and to the families already in the region. Waiting for the support promised by the Municipality, the Turkish Family Planning Association (FPA) is, for the time being, providing its clinical services in a caravan.

Bekirpaşa is just one of five areas in Turkey where the Turkish FPA aims to open or strengthen health centres for mothers and infants. Health services in those regions, if they exist, are too few and inadequate to serve a population which is poor, non-educated, often displaced and victim of natural disasters. In May 2002 the FPA started a one-year campaign to raise funds for the establishment of these centres.



***“ONE DONOR HAS ALREADY PLEDGED A BUILDING, FURNITURE AND MEDICAL EQUIPMENT TO BE USED FOR ONE OF THE SQUATTER REGIONS.”***

# IPPF EUROPEAN NETWORK FINANCIAL STATEMENTS 2002

This information is a summary of the 2002 income and expenditure of the IPPF European Network (IPPF EN). It is not the statutory accounts. Copies of the audited annual accounts of IPPF are available from IPPF Central Office, Regent's College, Inner Circle, Regent's Park, London, NW1 4NS, UK.

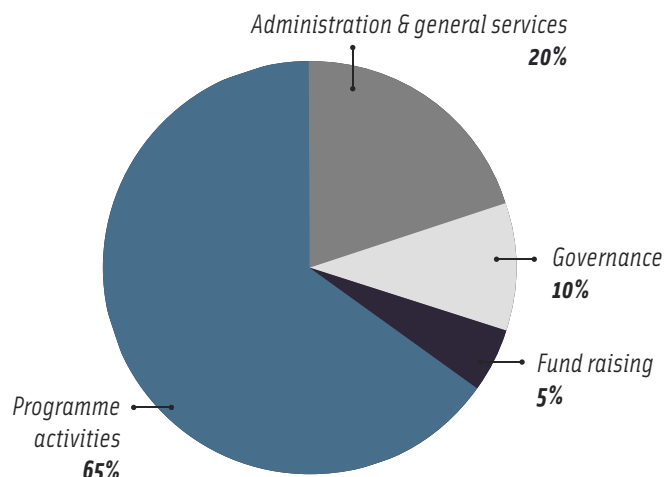
## INCOME

In 2002, IPPF provided U.S. \$ 2,697.4 in unrestricted funding to the IPPF EN Regional Office and to some FPAs in Europe.\* This figure represents a decrease of 6.9 per cent compared with 2001. This main source of funding was provided by IPPF through its distribution of governmental contributions to the Regional Office via the Resource Allocation System.

Restricted grants from governments, multilateral agencies and other sources accounted for 44 per cent of the total income of IPPF EN. The chief donors of these grants continue to be the European Commission, BMZ, the Rockefeller Foundation, the Global Wallace Fund, the William and Flora Hewlett Foundation, UNFPA and the Kleinwort Fund.

## EXPENDITURE

Breakdown of the IPPF EN Regional Office expenditure:



Notes:

**Programme activities** represent direct charitable expenses attributable to specific projects.

**Fundraising costs** comprise activities related to income generation and resource development.

**Governance** represents the costs of membership meetings.

**Administration and services** represent all other expenses related to the running costs of the Regional Office and the Field Office.



\*In 2002, IPPF provided core funding to 19 FPAs in the Europe Region (Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Poland, Romania, Russia, Slovak Republic, Ukraine and Uzbekistan).



# IPPF EUROPEAN NETWORK POLICY STATEMENT ON MEDICALLY ASSISTED CONCEPTION (MAC)★

Adopted at the Regional Council 2002

## THE IPPF EUROPEAN NETWORK BELIEVES THAT

medically assisted conception should be available and affordable to all individuals living in Europe for reasons of:

- **HEALTH:** everyone has the right to the enjoyment of the highest attainable standard of physical and mental health<sup>1</sup>
- **CHOICE:** everyone has the right to decide whether or when to have children<sup>2</sup>
- **RIGHTS:** everyone has the right to the benefits of scientific progress<sup>3</sup>

## THE IPPF EUROPEAN NETWORK FURTHER BELIEVES THAT:

- All people, irrespective of marital status or sexual orientation, have the right to be parents
- All people have the right to correct information, counselling and services which will enable them to protect their sexual and reproductive health and reduce the risk of infertility
- All people, irrespective of marital status or sexual orientation, should have access to medically assisted conception
- All people must be free from any medical intervention related to their sexual and reproductive health, save with their full, free and informed consent
- All people seeking medically assisted conception must be informed of the risks and the success rates before embarking on complex and costly procedures
- All people considering MAC have the right to be informed of alternative options, such as adoption or surrogacy
- All people should have an access to MAC provided by the public health system
- All people should have access to confidential, non-judgmental infertility counselling, information and referral

\* MAC is the use of medical technology to assist women to become pregnant.

Methods include among others: in vitro fertilisation, embryo transfer and intra-tubal insemination.

<sup>1</sup> International Covenant on Economic, Social and Cultural Rights, 1966, Art. 12.1.

<sup>2</sup> Declaration of Human Rights, Tehran 1968, Para. 16.

<sup>3</sup> International Covenant on Economic, Social and Cultural Rights, 1966, Art. 15.1.

## **IPPF EUROPEAN NETWORK THANKS THE FOLLOWING FOR THEIR GENEROUS SUPPORT:**

- Bill and Melinda Gates Foundation
  - European Commission
- Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ)
  - IPPF Netherlands Trust Fund
    - IPPF Vision 2000 Fund
      - Kleinwort Fund
  - Rockefeller Foundation
- UK Department for International Development (DfID)
  - UNFPA
    - Wallace Global Fund
- William and Flora Hewlett Foundation

## **PHOTOGRAPHS AND CREDITS**

Front cover, page 1, pages 6-13: stills from a documentary film on internally displaced persons in Gali, Georgia - © Municipality of Gali

Page 3: (from left to right) Inga Grebesheva (Russian FPA), Lyn Thomas, Lioudmilla Kamsiuk (Russian FPA) - © IPPF EN

Pages 4, 5: women and young people at a training in Bosnia and Herzegovina - © Liuska Sanna

Pages 14, 17, 18: Lester, Olivia, Rinus - © Marc Herman

Page 15: postcards for the campaign on sexual infections - © UK fpa

Page 16: young people participating in the sexuality education project in Romania - © Marieka Vandewiele

Page 19: young people from Belgium - © Monica Pini

Pages 20, 21: Anna's profile - © Anna Dailey

Pages 22, 23, 26: Turkish woman with child; African children; Turkish family - © Gazelle Technologies

Pages 23, 24: Roma woman with child; (bottom left) two Roma women from Soroca with their children - © Moldova FPA

Page 24: young man - © Photodisc

Page 25: (top right) housing in Siberia; training participant - © Gayane Dolyan

Page 25: (bottom right) training for people on the move - © Kyrgyzstan FPA

Page 25: (middle right) Italian man - © Monica Pini

Written and edited by Monica Pini

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