

**SENATE FOREIGN AFFAIRS, DEFENCE AND TRADE
LEGISLATION COMMITTEE**

**ADDITIONAL SUPPLEMENTARY ESTIMATES
3 MAY 2000**

**QUESTIONS TAKEN ON NOTICE
by AusAID**

Senator Harradine asked the following questions on notice:

1. In answers to questions 6 and 7 placed on notice at the December hearings, I was asking the Department to give its official view on whether it considered fines, loss of promotions and bonuses and other punishments, in Guangdong province, were coercive. The Dongguan administration in that province had advised that "coercion had no place in its program." The question did not relate to Australian funded projects, but to the Department's view of what may or may not constitute coercive policies. The relevance of this question goes to the nature of information held by the Department and how it is interpreted by Departmental officials, particularly when supporting multilateral agencies working in those areas, and also in such information being used in determining asylum claims. I would therefore appreciate new responses to questions 6 and 7.

Response:

While it is necessary to consider the particular circumstances of each situation, in general fines, loss of promotions and bonuses and other similar measures are not consistent with a voluntary approach to family planning.

Where they exist, such measures are an aspect of the environment in which multilateral agencies, including UNFPA, are working in China. The measures are not an element of UNFPA's programmes in China. The goal of UNFPA programmes is to promote voluntarism in family planning. That is the basis on which its efforts are supported by Australia and other donors.

The Department of Immigration and Multicultural Affairs (DIMA) advises that information on China's family planning policies drawn from a wide range of sources, including but not exclusively, DFAT, is available to protection visa decision makers of DIMA and the Refugee Review Tribunal. It is for DIMA and Tribunal decision makers to decide whether the facts indicate that an asylum seeker faces a real chance of persecution if they were to return to their homeland.

Senator Harradine:

2. Further to the answer received to question 8 at the December hearing, could the Department ask the UNFPA whether it collects information relating to unplanned pregnancy in Sijui City in Guangdong province and the response of authorities to those pregnancies, and the subsequent outcome?

Response:

AusAID has requested this specific information from UNFPA, and will provide a response to the Committee when it is available.

Senator Harradine:

3. Have the reports requested in questions 13 and 14 of the December hearings been provided as yet?

Response:

AusAID requested UNFPA to provide copies of reports of monitoring visits undertaken by the UNFPA Field Office in China. UNFPA has advised that these reports are internal to UNFPA and UNFPA has chosen not to disclose them to the Australian Government (Q13 December Hearings). Instead, UNFPA has provided the following summary information:

"All 32 project counties were monitored by UNFPA for project implementation and quality during the year 1999. The missions were spaced throughout the year, except for major Chinese holidays. The number of office staff participating ranged from one to three. During these missions, the UNFPA project management and programme officers paid particular attention to the integrated, voluntary approach in Family Planning and Reproductive Health within the project counties, in addition to management issues. Strong Government commitment to implementation of this project in order to improve Quality of Care was observed in all the counties. There were many instances where orientation seminars for policy makers, training workshops and activities in relation to Information, Education and Communication (IEC), were conducted with counterpart funds while awaiting the disbursement of project funds.

The field office had designed and used a number of structured prototype monitoring tools to enable the collection of coherent information for the use of programme managers. During the last quarter of 1999, a comprehensive monitoring tool for the assessment of programme quality was finalised and is now being used without problems by project management and programme officers. This tool has recently been translated into Chinese so that it can be used after some training by national counterparts.

Some consistent findings during the monitoring visits were:

- a. Targets and quotas have officially been removed in all our project counties. There is good public and service provider awareness about this through extensive IEC and training activities conducted by the Government with UNFPA support.
- b. There is good public awareness and knowledge about informed choice since the majority of women who were interviewed was able to name at least five family planning methods available at the clinics. This is also promoted by the Government through their Population Education Schools that all newly weds are expected to attend.
- c. There is strong expressed preference for receiving care in Reproductive Health/Family Planning from female doctors. The Government is now aware of this preference.
- d. Male participation in Family Planning particularly through vasectomy use needs to be strengthened in training of service providers and IEC activities.
- e. Male responsibility in STIs/STDs/AIDS also needs to be strengthened and is being addressed in all UNFPA supported training and IEC activities.
- f. Access to services for adolescents and sexually active unmarried women remains difficult for cultural and policy reasons.
- g. Physical facilities and basic equipment are better in State Family Planning Commission than in Ministry of Health (MOH) clinics, particularly in the poorer counties or at the township levels. The MOH clinics also tend to be heavily loaded. This makes a strong and urgent case for UNFPA to provide basic equipment to MOH."

With regard to copies of reports of the monitoring visit undertaken by UNFPA member governments: the UK has indicated that it will make a report available to the public, but has not yet done so. AusAID is continuing to follow this up with the UK Department for International Development and will provide the report to the Committee when it is available. Other countries have indicated that no report on the monitoring visits is, or will be made, publicly available (Q14 December Hearings).

Senator Harradine:

4. On p188 of the Hansard for the hearing of February 10, I asked whether the UNFPA has supported the population award given last year to Vietnam. Would the Department now have a response to that question?

Response:

UNFPA has advised that the award was determined by secret ballot in accordance with the rules of the award. The recipient was selected by the Committee of the United Nations Population Award which is comprised of 10 members of the United Nations and 5 eminent persons. The Executive Director of UNFPA serves as an ex-officio member of the Committee. UNFPA has not disclosed whether it supported, or did not support, Vietnam being awarded the population award.

Senator Harradine:

5. On p189 of the February 10 Hansard, Ms Rawlinson stated: "...we are pursuing with UNFPA the implications of counties levying unreasonable fines."

Could the Department detail how it is pursuing this issue with UNFPA and what is considered an "unreasonable fine"?

Response:

AusAID maintains an ongoing dialogue with UNFPA regarding this issue. AusAID raised concerns at the continued application of fines in China in meetings with UNFPA officials during the UNFPA Executive Board Meeting in April this year.

UNFPA agrees with the Australian Government that the application of any fines is undesirable, as it does not promote voluntarism in family planning.

It is important to note that the existence of fines is an aspect of the environment in China in which UNFPA is operating, not an element of the UNFPA program. The Government considers that the UNFPA Program in China is making improvements in voluntarism in family planning, despite the existence of fines.

We have forwarded this question and our response to UNFPA to seek any additional comments that they may like to make on this issue.

Senator Harradine:

6. What were the reasons for Australia not supporting the United States motion before the UN Commission on Human Rights condemning China's human rights record?

Response:

The Government judges that its bilateral human rights dialogue with China, including the Human Rights Technical Assistance (HRTA), is the most effective means of addressing China's serious human rights situation. The United States-China Human Rights Dialogue is now suspended following the United States' involvement with the resolution on China at recent sessions of the Commission on Human Rights (CHRs). Due to a procedural motion the China resolution was not debated at CHR56.

The annual bilateral human rights dialogue allows Australia to raise human rights concerns with a diverse range of interlocutors at senior levels of the Chinese government. It is an opportunity to encourage incremental improvements in China's human rights situation. The HRTA program provides technical assistance targeted at legal reform and respect for human rights, including training for judges, police and government officials. We think that the HRTA is the most practical way of assisting with the human rights situation in China and promoting its improvement. (This response has been prepared in consultation with DFAT.)

**SENATE FOREIGN AFFAIRS, DEFENCE AND TRADE
LEGISLATION COMMITTEE**

**BUDGET SUPPLEMENTARY ESTIMATES
2 DECEMBER 1999**

QUESTIONS TAKEN ON NOTICE

This answer is in addition to the initial response provided by AusAID on 13 January 2000. It includes additional information provided by the United Nations Population Fund (UNFPA).

Senator Harradine asked the following question on notice:

4. In answers received following the June 9 hearings, it was stated: "UNFPA has been encouraging the Chinese Government to move to a voluntary and non-coercive approach to family planning..."

Could the Department obtain from UNFPA the specific ways in which it has been encouraging this move and detail any specific positive outcomes as a result?

Additional response:

UNFPA has advised that it is confident that its Reproductive Health/Family Planning (RH/FP) Project in 32 counties will have a positive influence over the direction of family planning (FP) policies in China and that this will facilitate the move to an integrated voluntary reproductive health (RH) approach. The following activities have been specifically carried out to establish a client-oriented approach emphasising free choice and Quality of Care.

- a) At the policy level the targets and quotas have been lifted in the UNFPA supported project sites, enabling couples to have greater freedom to choose the timing and spacing of childbearing. Advocacy meetings are conducted for key government policy makers and family planning officials at national, provincial and county levels to enhance a greater comprehension of and support for a voluntary reproductive health approach and a better understanding of the goals and purposes of the RH/FP project.
- b) Training in RH has been carried out for service providers at county township and village levels. The training includes raising awareness and understanding of Quality of Care with an emphasis on voluntarism in RH/FP.
- c) Information, Education and Communication (IEC) materials are provided to individuals of reproductive age in the project sites. These materials are designed to disseminate information on the new voluntary and non-coercive RH approach,

including knowledge of family planning, STD/HIV/AIDS and Safe Motherhood.

- d) Inter-country and international study tours have been conducted to exchange information and experiences on client-centred RH care.

UNFPA advises that the RH/FP activities such as advocacy meetings and training have reiterated the unacceptability of coercion in family planning. This has also been reinforced by the distribution of the IEC material, thus encouraging the general public to know their rights so that they demand better services. Service Providers are also made aware of the boundaries of their responsibilities.

UNFPA also advises that within UNFPA's project sites, targets and quotas have been removed, thus ensuring a more client-oriented approach with greater emphasis on free choice and Quality of Care. The removal of targets and quotas has allowed couples more freedom to decide on the timing and spacing of their births. UNFPA, through the RH/FP project, has assisted clinics to provide clients with an informed choice of at least five different methods of contraception along with information on the advantages and disadvantages of each method.