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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Paraguay

Proposed UNFPA assistance:	$5.5 million, $3.0 million from regular resources and $2.5 million from multi-bilateral and/or regular resources
Programme period:	5 years (1998 - 2002)
Cycle of assistance:	Fourth
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	$2.3	$2.0	$4.3
Population & development strategies	.4	.5	.9
Programme coordination & assistance	.3	-	.3
Total	3.0	2.5	5.5

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PARAGUAY

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	66.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	48.0	≥55
Access to basic health services (%)[3]	63.0	≥60
Infant mortality rate (/1000)[4]	38	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	86.5	≥75
Adult female literacy rate(%)[7]	88.8	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. *Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	4,828
Population in year 2000 (000)	5,496
Sex ratio (/100 females)	101.6
Per cent urban	53
Age distribution (%)	
Ages 0-14	41.6
Youth (15-24)	18.8
Ages 60+	5.2
Percentage of women aged 15-49	47.8
Median age (years)	19.2
Population density (/sq. km.)	12
Annual population growth rate (%)	2.59
Urban	3.90
Rural	1.04
Crude birth rate (/1000)	31.3
Crude death rate (/1000)	5.4
Net migration rate (/1000)	0.0
Total fertility rate (woman)	4.17
Life expectancy at birth (years)	
Males	67.5
Females	72.0
Both sexes	69.7
GNP per capita (U.S. dollars, 1994)	1,570

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Paraguay in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.5 million, of which $3 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. Part of this amount may be obtained through cost-sharing arrangements with the Government. This would be UNFPA's fourth programme of assistance in Paraguay.

2. The proposed programme has been developed in accordance with the findings and recommendations of the UNFPA programme review and strategy development (PRSD) exercise that included a visit to Paraguay in March 1997. The findings and recommendations of this exercise have been fully subscribed to by the Government. It is harmonized with the programming cycles of UNDP and will be implemented in close coordination with UNICEF.

3. The main goal of the proposed programme is to contribute to the improvement of the quality of life of the people of Paraguay through better reproductive health and better management of population and other resources for sustainable development. Paraguay is classified a category "B" country under UNFPA's system of resource allocation. Thus, the proposed programme will focus on two programme areas in which the country has the greatest needs. Programme outputs will be delivered in the framework of two subprogrammes designed to ensure complementarity of programme components and coordination with other donors. The main part of the resources for the proposed programme (72 per cent) will be devoted to the reproductive health subprogramme with 55 per cent of the total going to improve services and provide contraceptives and 45 per cent for information, education and communication (IEC) and advocacy activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. In 1992 the population of Paraguay was 4.2 million. The United Nations estimates an annual growth rate of 2.6 per cent while national sources estimate the growth at 3.2 per cent a year. The country's population in 1995 was 4.8 million, in 2000 it is expected to exceed 5.5 million and in 2025 it is estimated to be 9.3 million. Fertility remains high at 4.2 children per woman (5.3 in the rural areas, 3.4 in urban areas and 2.8 in the capital, Asunción). Ninety-seven per cent of the population of Paraguay live in 40 per cent of the territory (the Oriental region). Asunción and its metropolitan area and three eastern urban centers contain 68 per cent of the urban population and 35 per cent of the country's total population. The urban growth rate is high -- almost three times that of rural areas (3.67 per cent and 1.37 per cent, respectively). Economic growth in the last five years has been lower than demographic growth, and both urban and rural poverty have increased dramatically. The current per capita gross domestic product (GDP) is estimated at $1,500 annually, but its distribution is highly inequitable. Peasants and small farms represent 300,000 families with only marginal contact with the market economy and precarious tenancy of the land they farm. These problems lead to social tension and sporadic unrest that could jeopardize recent advances in terms of democratization, governability and civil rights.

6. Despite the significant decline in infant mortality over the last 20 years, its level is still high (43.3 per 1,000 according to the National Statistical Office). Maternal mortality is also high at 300 per 100,000 live births, according to United Nations estimates. Utilization of prenatal care is higher among urban women (94.5 per cent) than rural women (83.9 per cent). Most childbirths (42 per cent) occur in the public health care centres, followed by births at home (40.8 per cent) and in private hospitals and clinics (13.5 per cent). Recent statistics reveal that 64 per cent of Paraguayan households lack one or more basic services (quality housing, sanitary infrastructure, access to education and nutrition).

7. Contraceptive prevalence in Paraguay has increased in the last decade, reaching half of the women of reproductive age (50.5 per cent). The urban contraceptive prevalence rate is 56.5 per cent, and in rural areas it is 45 per cent. The total fertility rate (4.17) is higher than in other countries with similar contraceptive prevalence rates. The highest levels in the use of contraceptives are of women with secondary or higher education: 64 per cent, compared to 32 per cent among women with no education. The use of traditional or unreliable contraceptive methods is very high (15 per cent). Two thirds of rural women lack access to efficient contraceptive methods. Nearly 75 per cent of contraceptive users obtain their supplies from the private sector (50 per cent buying directly from pharmacies). Although no adequate data are available, the experience of obstetrical and gynaecological hospital services reveals a high prevalence of abortion. Adolescent fertility is the highest in the region and has been increasing (109 births per 1,000 girls 15-19 per year: 82 per 1,000 for urban girls: 142 per 1,000 girls in rural areas and 256 per 1,000 for girls with 0-2 years of education).

8. UNFPA assistance to Paraguay started in 1972, when several projects were approved. In 1978, the Governing Council approved the first programme of assistance that provided $6 million for the period 1979-1982, which was subsequently extended through the end of 1987. The second programme, 1988-1992, amounted to $3.1 million. The third programme, 1993-1997, in the amount of $5 million ($2.5 million from regular resources), will have expended $4.3 million by the end of 1997. A total of 57 per cent of the expenditures of this programme went for reproductive health activities. The preparations for and follow-up to the ICPD significantly increased the country's absorptive capacity. This is reflected in the fact that in 1995 programme expenditures reached $1.3 million while total expenditures for 1993 and 1994 had only been $1.5 million.

Proposed programme

9. The purposes of the proposed programme are to reinforce the national capacity to deliver quality reproductive health and family planning services, including helping to prevent unwanted pregnancies among adolescents, and will strengthen the Government's capacity to incorporate population issues into the country's development agenda. Activities under the proposed programme would be included in two subprogrammes: one for activities in the area of reproductive health and the other concerning population and development strategies. The proposed programme will take account of lessons learned during the previous programme and will focus on areas in which the Fund perceives that it has a comparative advantage, including developing the capacities for managing reproductive health programmes both nationally and at decentralized levels of government.

10. Reproductive health. One of the main lessons learned from past UNFPA assistance is the need to foster a supportive climate in Paraguay in favour of reproductive health and reproductive rights. The National Committee on Population that prepared the participation of Paraguay in the ICPD has substantially contributed to a greater national understanding of these issues. In 1994, the National Reproductive Health Council (NRHC) was instituted by law, and other legal and institutional measures have been taken to strengthen reproductive and sexual rights and to promote gender equity and equality. The proposed programme will assist the NRHC in building up its capacity to mobilize support from other social actors, such as parliamentarians, religious groups, the armed forces, journalists and private enterprises.

11. The proposed programme will continue to build on past experience by fostering social recognition of reproductive health problems, particularly of the needs of adolescents, by working with non-governmental organizations (NGOs) in advocating in favour of gender and reproductive health issues, supporting media coverage of problems affecting adolescents and promoting the organization of a network of journalists and communicators on reproductive health and population issues. Women's NGOs, with UNFPA's support, have played an important role in this process and also in starting to operationalize the ICPD Programme of Action. Special events organized for

parliamentarians, members of the Constitution Drafting Committee, political leaders, professional associations, and media representatives played an important role in changing perceptions, bringing about advanced gender-sensitive legislation and the constitutional recognition of reproductive and sexual rights.

12. The Ministry of Health was UNFPA's counterpart for the implementation of the reproductive health component of the last UNFPA country programme. The Ministry led the promotion of the ICPD reproductive-health concept and the adoption of a National Reproductive Health Plan (NRHP) in 1996. The law creating the National Health System, passed in 1996, transfers resources and responsibilities to decentralized layers of government and establishes district and departmental health councils. The law foresees the participation of different sectors, including women's organizations and community representatives, in the implementation of health plans. Under the law, the Ministry of Health remains responsible for developing service standards and ensuring compliance.

13. At present, the decentralization process in Paraguay is hindered by limited management capacity and by the weak understanding of the reproductive health approach at local levels. The new UNFPA programme will strengthen the national capacity to manage reproductive health programmes at both national and sub-national levels. At the national level, the Fund will assist in developing reproductive health norms and guidelines as well as regional reproductive health plans based on them. In this area, the main focus of the UNFPA country programme will be the development of human resources to improve the quality of services and to involve the community and local governments in the implementation of reproductive health plans at the district level. The programme will also support the expansion of reproductive health within the health services provided by the armed forces, which cover about 12 per cent of the country's population.

14. During the past programme cycle, UNFPA assisted in carrying out educational reforms that incorporated population education into school curricula, produced didactic materials and trained teachers. Some of these efforts have been rendered ineffective because teachers were troubled by the contents of family life and sex education courses. To encourage actual implementation of the curricula, the proposed programme will develop demonstrative experiences and additional training for communities and families in order to increase the acceptance of these themes and to make teachers more comfortable and familiar with the messages. Small initiatives developed by the past country programme in cooperation with the Ministry of Agriculture and NGOs to incorporate health education into the agricultural extension services and to develop community education proved useful as ways of reaching adolescents. Therefore, the new UNFPA country programme will expand these experiences and work with the Vice-Ministry for Youth Affairs, the Social Welfare Department of the Ministry of Health, institutions related to the Catholic Church, Secretariats for Youth Affairs at the municipal level, and youth organizations to establish interdisciplinary teams and carry out participatory educational activities designed to reach parents, teachers, local leaders and local health

and education personnel. In this effort, UNFPA will also incorporate successful experiences from other countries in Latin America.

15. Pharmacies are the main source of contraceptives supply in Paraguay (50 per cent of users). This positive role of the private sector is jeopardized by the inability of shop attendants to provide orientation on contraceptive use, and this may be associated with the frequency of method failure. The new UNFPA country programme will improve information given to clients on the use of contraceptives sold directly by pharmacies. It will also support training of salespersons on contraceptive use and counter-indications and on recognizing critical situations when medical advice should be sought. This work will start in selected urban centres and then will be replicated in other areas after proper evaluation.

16. The logistics, information and management issues associated with the distribution of contraceptives remain serious problems. Currently, UNFPA and the United States Agency for International Development (USAID) provide most of the contraceptives not commercialized through the private sector. UNFPA supplies about 17 per cent of contraceptives distributed by the Ministry of Health, while USAID, in addition to contraceptives, provides technical assistance for logistic and management information systems. UNFPA has coordinated with USAID to ensure that appropriate training is provided once the system is fully developed. The Government recognizes the need for a sustainable supply of commodities and has allocated funds to that end. The Ministry of Health has prepared budget proposals that include such supplies. The World Bank and the Interamerican Development Bank (IDB) have been requested to make provisions for contraceptive supply in the areas where their programmes are centred. Nevertheless, the next UNFPA country programme will have to provide contraceptives, in coordination with other donors, until the Government is able to take over the supply of those commodities.

17. Population and development strategies. The availability and utilization of population data have increased significantly over the last few years, but links between population and development are still inadequately understood in Paraguay. UNFPA supported the processing and analysis of the 1992 population census. Several studies carried out on demographic variables, poverty, gender, the status of indigenous populations, and population projections demonstrate that institutional capacities to produce data and undertake analysis increased during the previous programme. These studies played an important role in increasing awareness among political leaders and the civil society on the role of population trends vis-à-vis the challenges facing the country in achieving sustainable development and higher living standards. Decentralization has significantly expanded the demand for professionals with an understanding of demography and population analysis, but human resources are still insufficient to meet those needs. The UNFPA country programme will strengthen national capacity to produce and analyse population data and projections needed for the formulation of sustainable development strategies by training professionals and providing technical assistance to relevant institutions.

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18. The proposed programme will also provide technical assistance to produce population projections, analysis, medium- and long-term scenarios on population and sustainable development, to introduce population contents into relevant undergraduate courses and to promote interaction among professionals of different disciplines for a better understanding of population issues. South-South cooperation will be promoted by facilitating the participation of national professionals in graduate training programmes conducted in Brazil, Chile and Argentina in the context of MERCOSUR cooperation and stimulating professional contacts between institutions and individuals from different countries in the region. Cooperation with other countries will also be sought to develop models and methodologies for the formulation of population and development scenarios.

19. Based on the past positive experiences that the Fund has had in cooperating with the National Women's Secretariat and women's NGOs, the proposed programme will continue to cooperate with these organizations in their efforts to promote better understanding of the impact of gender inequality on the well-being of the Paraguayan people, particularly in relation to the population and reproductive health issues faced by the country. These will be incorporated into a vision for Paraguay in the 21st century that will help to increase the legitimacy of population, reproductive health and gender concerns and will improve strategies to achieve sustainable development.

Programme management and coordination

20. The assistance of the World Bank, IDB, European Union and USAID is concentrated in a number of regions. Some projects follow the traditional approach of maternal and child health or focus only on certain components of reproductive health. UNFPA has conducted consultations with other donors and the general understanding is that it would not be productive to geographically fragment external assistance further. UNFPA will support the Government, and particularly the Technical Secretariat on Planning in the President's Office, to facilitate improved coordination between agencies and within the Government, thus optimizing the use of resources. UNFPA will complement other donors, focusing on increasing the capacity of communities and individuals to demand and use quality reproductive health services.

21. Within UNFPA-supported activities, the programme approach needs to be strengthened. During the 1993-1997 programme there were cases of projects implemented autonomously, without enough coordination with other components of the country programme. At the same time, technical support staff within the projects could have been used more efficiently had they been recruited to provide technical assistance across the programme rather than within the context of one individual project. Programme management and coordination will be strengthened through technical assistance in the context of a programme support project. A technical support team at the country level will enhance the Government's coordination of external assistance. It will be complemented with technical support from the UNFPA Country Support Team headquartered in Santiago, Chile.

Programme management, monitoring and evaluation

22. All activities under the proposed programme will have built-in monitoring and evaluation components, and innovative projects, in particular, will be subject to independent evaluations at appropriate stages. Programme monitoring and financial execution will be carried out according to UNFPA procedures. A programme mid-term review is planned for 2000.

23. The programme will be executed by the Government and monitored by the non-resident UNFPA Representative. Day-to-day activities will be managed by the UNFPA office in Paraguay, as part of the United Nations Resident Coordinator system, complemented by programme support staff for reproductive health and gender areas. UNFPA and the Technical Secretariat on Planning in the President's Office will participate in a Programme Coordination and Management Committee (PCMC) composed of the project directors and coordinators. A National Technical Support Team will be established, and its workplan will be determined by the PCMC and supervised by UNFPA and the Technical Secretariat on Planning. The UNFPA Country Support Team will provide technical backstopping and contribute to strengthening the NTST.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Paraguay as presented, in the amount of $5 million over the period 1998-2002, $3 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral and/or other, including regular, sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of China

Proposed UNFPA assistance:	$20 million from regular resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	Fourth
Category per decision 96/15:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	20	--	20

CHINA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	95.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	83.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	44.0	≤50
Maternal mortality rate (/100,000)[5]	95.0	≤100
Gross female enrolment rate at primary level (%)[6]	80.7	≥75
Adult female literacy rate(%)[7]	68.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1995. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*1,220,224*	*Annual population growth rate (%)*	*0.90*
Population in year 2000 (000)	*1,276,301*	*Urban*	*3.45*
Sex ratio (100 females)	*106.3*	*Rural*	*-.32*
Per cent urban	*31.0*	*Crude birth rate (/1000)*	*16.2*
Age distribution (%)		*Crude death rate (/1000)*	*7.1*
Ages 0-14	*26.5*	*Net migration rate (/1000)*	*-0.1*
Youth (15-24)	*18.1*	*Total fertility rate (woman)*	*1.80*
Ages 60+	*9.3*	*Life expectancy at birth (years)*	
Percentage of women aged 15-49	*56.6*	*Males*	*68.2*
Median age (years)	*27.6*	*Females*	*71.7*
Population density (sq. km.)	*127*	*Both sexes*	*69.9*
		GNP per capita (U.S. dollars, 1994)	*530*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations. World Population Prospects, the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects, the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support the People's Republic of China through a four-year programme of assistance (1997-2000). The main focus will be on reproductive health, including family planning and sexual health, hereafter referred to as reproductive health. An amount of $20 million is proposed from UNFPA's regular resources to the extent such resources are available. The proposed programme is concurrent with the ninth five-year plan for socio-economic development of the Government of China and will be synchronized with the sixth five-year programme of UNICEF and the fifth programme of UNDP.

2. This will be UNFPA's fourth programme of assistance to China, and it has been designed in close consultation with the Government of China. The experiences of other United Nations organizations (UNDP, UNICEF, WHO, UNESCO and WFP), bilateral and multilateral donors, as well as several national and international non-governmental organizations (NGOs) operating in China, have been reviewed and taken into account in the proposed programme. A number of technical consultations have been undertaken in connection with the development of the programme including missions from UNFPA headquarters and UNFPA Country Support Teams. The proposed programme takes into account the Programme of Action of the International Conference on Population and Development (ICPD), as well as lessons learned during UNFPA's experience in China.

3. In the past two decades China has considerably reduced population growth through its national family planning programme and other development efforts. Population issues have been accorded high political commitment and resources at all levels and continue to be a priority for the Government. Today, China appears to have met the threshold levels for all the ICPD indicators outlined in Executive Board decision 96/15 governing the allocation of UNFPA resources; it is therefore classified as a group "C" country. Within China, however, there are great socio-economic disparities, especially between urban and rural areas in terms of income and access to and availability of social services including health care, particularly reproductive health care. The proposed programme of UNFPA cooperation with China will seek to assist the Government in addressing these challenges.

4. The purpose of the programme is to implement the people-centred approach agreed to at ICPD by assisting in making quality client-oriented services available to Chinese men and women on a voluntary basis; specifically, the four-year programme will develop client-oriented reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. These efforts will be reinforced and complemented by programmatic activities aimed at creating an enabling environment in terms of women's empowerment, advocacy and South-South collaboration in reproductive health.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. China's annual population growth rate declined from 2.2 per cent in the early 1970s to 1.1 per cent for the period 1990-1995. In the same period the total fertility rate fell from nearly 4.8 to around 2.0 (just below replacement level). Still, roughly 13 million people are added to China's population every year. The population is expected to stabilize at around 1.6 billion people by the middle of the next century provided the efforts of China's population programme are maintained.

7. In the period since the national family planning programme was first implemented in 1979, the contraceptive prevalence rate has been reported to have reached as high as 83 per cent. Long-term and irreversible methods are predominant, e.g., intra-uterine devices (IUDs) account for 33 per cent and female sterilization accounts for 34 per cent of contraceptive usage. The onus of contraceptive use, as in many other places, falls largely on women.

8. Population factors have been integrated into socio-economic development planning in China, stemming from the Government's conviction that economic growth, population growth and sustainable development are closely linked. Since the early 1980s, the tenets of the national population policy have been delayed marriage, fewer births and longer spacing between births. The goal of the policy is keeping the annual population growth rate below 1.25 per cent per year for the period 1995-2000 and maintaining the total fertility rate at replacement level, in line with the recommendations from the Bali Regional Conference on Population and Development.

9. Economic reforms in China over the last two decades have resulted in rapid economic growth. Nonetheless, more than 65 million Chinese continue to live in poverty (mainly people living in remote and inaccessible areas). Some regional disparities have been exacerbated by social and economic reforms. Development in rural areas has been lagging behind that of urban areas and the eastern provinces. Agricultural reforms have released a great labour surplus, estimated to be as many as 150 million people. A large number of these people, up to 100 million, have migrated to cities or the eastern provinces seeking employment opportunities.

10 Economic reform has been coupled with the decentralization of the provision of social welfare services including health care. Local and provincial governments are now responsible for funding health care to a greater extent than in the past. As a result, reproductive health is under-funded in some regions. This means that reproductive health services are limited in the less developed areas of the country. Improving the role and status of women has made less progress in these areas, and typically women do not have equal access to education, employment, health care and other social benefits. In major cities, the maternal mortality rate is comparable to those of developed countries, whereas in some rural areas it is reportedly as high as 400 to 700 deaths per 100,000 live births. There are insufficient data, however, to get a clear overall picture of maternal mortality and morbidity as well as of the presence of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs). There are indications that the prevalence rates of RTIs are very high and that STD

prevalence has also increased in recent years. Awareness of STDs and RTIs as a health problem is low, and China is facing the risk of the extensive spread of HIV/AIDS, although HIV infection is not widespread at present. Furthermore, up to now, reproductive health services are not readily available for adolescents.

11. Changes are gradually taking place in the organization and modes in which family planning services are provided reflecting the aforementioned economic and social changes. Emphasis has been given to the integration of family planning with women's empowerment and family livelihood projects, and such schemes are now being promoted nation-wide. Despite these advances, the concepts of reproductive health and quality of care are still relatively new in China. Improving client-oriented reproductive health services presents a major challenge to the Government since it requires profound changes in management, training, service delivery systems, monitoring and evaluation.

Previous UNFPA assistance

12. UNFPA's collaboration in China started in 1979. The first country programme (1981-1984) and second country programme (1985-1989) were each in the amount of $50 million. The third programme (1990-1995) was in the amount of $57 million. UNFPA's presence in China has contributed positively to the quality of services and women's health, and facilitated contacts and exchange with other countries and international expertise. The choice and quality of contraceptives has improved; research has confirmed the economic and health benefits of converting to copper IUDs and a policy decision to stop production of the common stainless steel rings; gender and population development projects have empowered women and contributed to present policies in integrating the family planning programme with socio-economic empowerment of women; integrated MCH/FP projects have contributed to a reduction in maternal mortality and abortion; and demographic training of Chinese abroad and the establishment and strengthening of demographic training and research centres at 22 universities have improved national capacity and helped in stimulating scientific discussions on policy options.

13. In its third programme of assistance to China from 1990 to 1995, UNFPA provided $57 million to support a broad range of population activities. Given UNFPA's relatively small contribution in the context of China's total programme, UNFPA assistance focused on capacity-building and on innovative interventions with clear demonstration effects. Models developed by UNFPA are now in use across China. A key component of the programme was strengthening MCH/FP services at the grass-roots level in 305 poor counties. This was carried out jointly with UNICEF, integrating family planning with MCH services, backstopped by WHO. Due to its success in the integration of these services, the World Bank adopted the model and expanded it to 285 additional counties.

14. Women, population and development schemes were also supported in 38 counties. These projects, in addition to promoting the status of women, promoted health, literacy, family planning and

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community participation by women. In the women, population and development (WPD) projects, it was found that horizontal project coordinating bodies, circumventing several layers of bureaucracy, increased the relevance and responsiveness of the projects.

15. In its past programmes, the Fund provided assistance for increasing the production capacity and quality of contraceptives, which, coupled with research, contributed to the phasing out of the steel-ring IUD for the safer copper-T IUD and the expansion of contraceptive choice. The Fund continued its support to family planning research institutes in collaboration with WHO. Support was also provided for capacity-building in national demographic institutes and for increasing the capabilities of national demographic research institutes. Both types of institutions have now reached a maturity that will make them useful adjuncts to the proposed programme. Previous UNFPA assistance also supported information, education and communication (IEC) activities, especially those aimed at improving the counseling skills and knowledge of village workers on contraceptive methods and usage. This contributed significantly to improving the quality of services. UNFPA's projects (with UNESCO's technical collaboration) also pioneered population education in rural or remote areas. In view of their success, these activities have been replicated far beyond the original schools, and sex education has been instituted by the Chinese in many schools.

16. The commitment of the county governments, community involvement and coordination were found to be key factors in the successful implementation of project activities at county level. An important element of this approach included focused and participatory training for governors and vice-governors. An innovative feature that was also adopted was an inter-county evaluation mechanism, whereby county governors evaluated each other's project performance according to pre-determined performance criteria. This mechanism encouraged the replication and expansion of successful activities to neighbouring areas. Most provinces would subsequently use their own funds to replicate key activities in non-project counties thus indicating that the intended demonstration effects had been achieved.

17. Another lesson learned from the previous programme of assistance was that enhancing the interpersonal communication skills of service providers was a key input to successful service delivery, building trust between provider and client. The experiences gained in the training of grass-roots family planning workers in these skills should be utilized in the new programme, particularly with respect to quality-of-care issues.

18. Advanced training programmes by leading Chinese institutions could have been utilized to a greater extent in providing efficient and cost-effective training and in encouraging technical cooperation between developing countries (South-South cooperation). Chinese NGOs, such as the China Family Planning Association (CFPA) and the All China Women's Federation, through their experience in reproductive health and women's issues respectively, can play an instrumental role in project implementation, monitoring and evaluation. Similarly, some women's NGOs have developed experience in action-oriented research and awareness creation in areas relevant to the programme.

Other external assistance

19. The World Bank currently has seven major on-going projects in the health sector in China totaling $700 million. These include a project financing the expansion of MCH services to an additional 282 counties, based on the model supported by UNFPA/UNICEF in 305 counties. A new World Bank project for $70 million, for the provision of basic health services in poor rural areas, has an MCH component. A UNAIDS office was established in Beijing in 1997. The United Nations and the Government will organize a conference in 1997 to raise financial and technical support for the Chinese HIV/AIDS control programme. Donors, including UNDP, WHO, UNICEF, the World Bank and the European Union, have committed $17.4 million to support Chinese efforts to address the HIV/AIDS problem. UNDP's fifth Country Cooperation Framework for China (1996-2000), approved in September 1996, includes components to improve basic education and health, address women's issues and promote sustainable development. The resource mobilization target for this period is $197 million.

20. Some bilateral donors, notably Canada and Australia, support MCH/FP in a small number of counties. Some international NGOs (The Ford Foundation, International Planned Parenthood Federation, the Japanese Organization for International Cooperation in Family Planning, Inc., Medecins Sans Frontières, Save the Children and The Rockefeller Foundation) are active at the county level, either in service provision, IEC, or in research and training. Based on the idea of complementarity and the notion that health issues, and particularly reproductive health issues, do not exist in isolation from the larger context of development, UNFPA will strive to ensure coordination of reproductive health activities with ongoing and planned social sector initiatives, especially those in the areas of poverty alleviation and women's empowerment.

Proposed programme

21. The overall goal of the proposed programme is to assist the Government of China in implementing the ICPD Programme of Action in the area of reproductive health and women's empowerment, specifically to meet the unmet needs for comprehensive and integrated client-centred reproductive health services. The long-term objective is thus to contribute to making comprehensive quality reproductive health services available to Chinese men and women on a voluntary basis and in line with the principles, approaches and recommendations of the ICPD Programme of Action.

22. During its four-year period, the proposed programme aims to develop comprehensive client-centred reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. The programme strategy will be an incremental one in the sense that it will concentrate on strengthening and refocusing the service delivery programmes of existing institutions and service delivery points towards the provision of broader and more-client

centred reproductive health services based on the principle of free and responsible choice. This will be accomplished by building on the experience of previous programmes, enhancing institutional cooperation, improving quality and choice by adding new components to existing services. The new components will be in such areas as interpersonal counseling on the benefits and side effects of different contraceptive methods; availability of a broad range of family planning methods; informed consent; prevention, diagnosis and treatment of RTIs and STDs; and improvement of infection control in all reproductive health procedures. This main programme strategy of strengthening reproductive health service delivery will be reinforced and complemented by activities aimed at creating an enabling environment towards achieving reproductive health goals, namely: (a) women's empowerment, (b) advocacy and (c) South-South collaboration in reproductive health. These interrelated programme areas are described below.

23. Thirty-two counties have hence been selected for UNFPA activities during the proposed programme. They have been chosen on the basis of unmet reproductive health needs, commitment of local authorities to the implementation of the ICPD Programme of Action, agreement to provide adequate institutional support including finance and services, as well as on their broad representation of various cultural, socio-economic and geographical areas of China.

24. In addition to working directly at the county level, the programme will provide support at the central level to the State Family Planning Commission (SFPC) and the Ministry of Health for the development and revision of standard service delivery protocols for a broad range of reproductive health services as well as for the revision, modification and development of in-service training materials designed to improve clinical and interpersonal counseling skills and basic IEC materials. Technical assistance will also be given to the State Pharmaceutical Administration (SPAC) for improved contraceptive quality assurance management.

25. At county level the proposed programme will work with the existing reproductive health service delivery institutions at the field level -- SFPC, Ministry of Health and CFPA -- by training field staff health professionals in technical and clinical skills, counseling and management. The status of equipment, drugs and contraceptives that are required to provide a broader range of reproductive health services will be assessed in accordance with the requirements of the new standard service delivery protocols, and necessary requirements will be provided for through the programme. Strengthening reproductive health management capacity at the county, township and village level is pivotal for the improved delivery of client-oriented services. To achieve this goal, training and workshops will be supported to introduce up-to-date management techniques and concepts. Support will be provided to develop indicators and monitoring mechanisms to assess quality-of-care and to improve the current management information and supervisory systems. The programme will also provide support for the revision and modification of IEC materials so that they address broad reproductive health aspects through a client-centred approach.

26 The revision of IEC materials will include design and implementation of programmes for

adolescents to help them understand their sexuality and promote responsible reproductive behaviour. In addition, the programme will attempt to improve reproductive health through introducing approaches that are innovative in the Chinese context. This will include establishing, on a pilot basis, service delivery of reproductive health in cities specifically designed for urban adolescents. IEC materials will also be developed for this audience. Another innovation, not specifically addressed to adolescents, will be the social marketing of contraceptives, especially condoms in urban areas.

27. Gauging the reproductive health status of the 32 selected counties and monitoring demand and use of services and improvements in health status will be the key to assessing the impact of the programme as well as drawing lessons that can be used in refocusing and improving service delivery on a national level. This will be done through conducting a baseline and end-of project reproductive health study (including a survey as well as studies to obtain information on the prevalence rates of STDs. In addition, knowledge, attitude, practice (KAP) surveys, action-oriented research and rapid assessment procedures will be carried out in selected counties.

28. Seventy percent of the programme resources will be allocated to a reproductive health service delivery component project covering the improvement of reproductive health service delivery in the selected counties as well as the above-mentioned national-level activities. The remaining 30 per cent will be devoted to complementary activities in the areas of advocacy, the empowerment of women and South-South collaboration, which will be carried out in order to create an enabling environment for achieving the reproductive health goals. These three complementary component projects are described below.

29. Advocacy. Support will be provided to assist the Government in undertaking advocacy on reproductive health and women's empowerment issues among various ministries at the central level as well as policy makers at the local level (province, county, etc.). This will include field observation visits by decision makers to pilot counties, in-country, regional and international seminars and workshops as well as exchange visits to countries that have adopted successful client-centred reproductive health programmes. In addition, support will be provided for the development, production and distribution of advocacy materials at the central and local levels. Advocacy will mainly be centred on the benefits and content of client-centred reproductive health services. Other issues to be addressed include advocacy to increase public awareness of the value of the girl-child and to contribute to strengthening the self-esteem of women and girls. Advocacy will also focus on increasing male involvement in all aspects of reproductive health, in child-rearing and in sharing household work responsibilities.

30. Women's empowerment. In recognition of the linkages that exist between women's status and their decision-making abilities in all aspects of their lives including reproductive health, community-based interventions and research will be supported under the proposed programme. This includes leadership skills training and activities aimed at ensuring access to livelihood skills and credit, as well as research on the effects that increased income have on the status of women and on issues

such as son preference, health, contraceptive choice and desired fertility levels. Baseline studies including data collection and analysis will be conducted to examine changes in the status of women and girls in order to compare them with the results shown by evaluations at the end of the programme in the 32 selected counties. The lessons learned from these interventions will be analysed and complemented with the lessons learned in service delivery for use in future programme strategies.

31. South-South collaboration. Support will be given to help promote the sharing of experiences in operationalizing post-ICPD concepts and approaches in reproductive health among Chinese officials and their counterparts in other countries and also for enhancing national capacity through South-South cooperation. This will include field observation visits, training, promoting the use of Chinese expertise, and facilitating Chinese participation in exchanges through the establishment of a database on national experts and institutions in the area of reproductive health.

Programme implementation, management and coordination.

32. As the government counterpart agency to UNFPA, the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation will have overall responsibility for coordination of UNFPA's assistance and will be responsible for overseeing programme implementation. Projects will be executed by Government, WHO, UNICEF and other United Nations agencies. Reproductive health projects, or project components, will be mainly implemented by the State Family Planning Commission and the Ministry of Health. In addition, the State Pharmaceutical Administration of China, China Family Planning Association and women's NGOs will implement activities in their respective areas of expertise. In the area of women's empowerment, the main responsibility for implementation will be the county governments. In the area of South-South cooperation, activities will be coordinated by the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation. At county level, "leading groups" will be established for reproductive health activities and for women's income-generation activities. These will be headed by county vice-governors or county governors. Provincial and central authorities will give county governors the administrative and financial support necessary to ensure effective project implementation. Project activities will be implemented by local staff, including some of those staff trained under projects in the previous programme cycle. National and international experts will assist in designing and preparing project documents, monitoring and evaluation, and in other activities when and where appropriate.

33. In accordance with UNFPA monitoring requirements, the proposed programme will have a mid-term review in 1999 and an end-of-programme evaluation. In addition, annual review meetings will be conducted to review the progress and experiences gained from the projects. These reviews will include the submission of annual project reports prior to the review meetings. Monitoring and financial reporting at county level will provide a regular source of information on programme progress. Progress of implementation and impact will be assessed via the collection of baseline and end-of-project data, the monitoring of the actual process of reproductive health service delivery, and

the definition and utilization of specific indicators as measures of the achievement of project objectives. Hence, though quantitative data will be collected that are indicative of progress in achieving reproductive health goals, qualitative methods of data collection and analysis -- such as rapid assessment procedures -- will be emphasized in the formulation, monitoring and evaluation of projects and will be promoted as tools to guide management decisions. Such methods may provide data in greater depth, at lower cost and more quickly than the more commonly used quantitative methods and could be particularly useful when examining quality of care, assessing client needs and user satisfaction, measuring aspects of women's empowerment and acquiring data for tailoring IEC messages to particular target groups.

34. The UNFPA country office in Beijing is staffed by two international staff: a Representative, a Deputy Representative, and two national professional staff and several General Service support staff. In addition, a Junior Professional Officer (JPO) is being sought for the period 1997-1999.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the People's Republic of China, as presented, in the amount of $20 million from UNFPA's regular resources over the period 1997-2000 to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
