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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Cape Verde

Proposed UNFPA assistance:	$3.5 million, $2.5 million from regular resources and $1 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

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

	Regular resources	Other	Total
Reproductive health	1.5	0.8	2.3
Population and development strategies	0.8	0.2	1.0
Programme coordination and assistance	0.2	-	0.2
Total	2.5	1.0	3.5

CAPE VERDE

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	54	≥60
Contraceptive prevalence rate (%)[2/]	53	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	79.0	≤65
Infant mortality rate (per 1,000 live births)[5/]	56	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	61	≥50
Secondary net enrolment ratio (%)[8/]	94	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	437	Annual population growth rate (%)	2.14
Population in year 2015 (000)	567	Total fertility rate (/woman)	3.24
Sex ratio (/100 females)	87	Life expectancy at birth (years)	
Age distribution (%)		Males	67.0
Ages 0-14	39.3	Females	72.8
Youth (15-24)	21.6	Both sexes	170.5
Ages 60+	6.5	GNP per capita (U.S. dollars, 1998)	1200

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme covering the period 2002-2006 to assist the Government of Cape Verde in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $3.5 million, of which $2.5 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Cape Verde is classified as a "Category A" country under the Fund's resource allocation system. This would be UNFPA's fourth programme of assistance to Cape Verde.

2. The proposed programme is the result of a process undertaken jointly by the Government and UNFPA. The process, using a broad participatory approach, began in 2000 with the creation of a multisectoral technical working group comprising representatives of key ministerial departments involved in the national population programme, managers of UNFPA-sponsored projects, non-governmental organizations (NGOs), members of civil society, other development partners and a team of three national specialists in reproductive health, population and development strategies, and advocacy. The situation analysis conducted by the technical working group adopted a bottom-up methodology by holding regional workshops on 5 of the 10 islands of the country. A two-week national workshop, which completed the process, brought together participants from governmental and non-governmental institutions, civil society, United Nations agencies, including UNFPA Country Technical Services Team (CST) advisers from Dakar, Senegal, and bilateral donor partners.

3. The proposed programme is based on the new Government's orientation programme for the period 2001-2005; the Government's action plan for the period 2001-2010, which was presented at the Third United Nations Conference on the Least Developed Countries (LDCs) held in Brussels in May 2001; and the national population policy adopted in 1995. The programme is also based on the recommendations of the Country Population Assessment exercise that followed the Common Country Assessment, which will lead to the elaboration of the United Nations Development Assistance Framework (UNDAF). The programme cycle will be harmonized with those of the Government's national development plan for 2002-2006 and of UNDP. The ongoing programme of UNICEF (2000-2004) will be extended to 2006. Thus, UNFPA, UNDP and UNICEF will have harmonized programme cycles as of 2007.

4. The Government's main development priorities are: poverty reduction; decentralization; improved health care, with emphasis on maternal and child health; gender equity and equality; and promotion of women and youth. Proposed UNFPA assistance to Cape Verde would contribute to government efforts through promotion of balanced development, the improvement of the reproductive health status of the population, and gender equity and equality.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and 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

6. The gross national product per capita of $1,354 (2000) masks the real economic situation in Cape Verde and the numerous challenges it faces. The country has almost no natural resources, suffers from continuous droughts and needs to import most of its basic needs. The economy relies heavily on external assistance and revenue generated by transfer of funds from Cape Verdeans living abroad. The country is still classified as an LDC, and the poverty rate is estimated at 30 per cent.

7. According to the 2000 census, the population of Cape Verde is estimated at 432,000, with an equal number of Cape Verdeans living abroad. Given the annual population growth rate of 2.4 per cent for the period 1990-2000, the population is expected to double in the next 29 years. Population density varies from 237 inhabitants per square kilometre on the main island of São Tiago to 298 on São Vincente, 61 on Santo Antão and 7 on Boa Vista. These great disparities are aggravated by recent trends in inter-island migration and a high urban growth rate. It is estimated that 53 per cent of the population now lives in the three main cities of the country, a situation that exerts great pressure on infrastructure and basic social services.

8. Mortality rates have decreased significantly in recent years. The crude mortality rate dropped from 15 to 6.7 per 1,000 between 1970 and 1998; infant mortality dropped from 130 to 36.6 per 1,000 live births; and maternal mortality declined from 70.1 to 27.5 per 100,000 live births. Although the impact of HIV/AIDS on mortality trends is not known, due to a lack of data, its prevalence is estimated by the national health authorities to be less than 1 per cent. However, it appears that the number of cases tripled between 1994 and 1998. Given growing migration and the increasing numbers of tourists, there is great potential for the epidemic to spread quickly. The national AIDS programme has not been active over the past few years because of institutional weaknesses, lack of leadership and frequent changes in management. A new programme is being prepared for the period 2001-2004 and is likely to receive funding from the World Bank and the Government of Japan.

9. The country has begun a demographic transition, with a marked reduction in the proportion of young (42.3 per cent of the population under the age of 15 in 2000, compared to 45 per cent in 1990), and an increase in the number of older persons (from 5.8 per cent in 1990 to 6.3 per cent in 2000). The demographic and reproductive health survey (DRHS) conducted in 1998 reported that the total fertility rate (TFR) decreased from 6 children per woman in 1988 to

4 in 1998. The TFR varies significantly between urban (3.14) and rural (4.85) areas and according to educational levels (6.9 children per woman without basic education and 2.22 for women with secondary or higher education). During that same period, the contraceptive prevalence rate (CPR) for modern methods rose from 16 per cent to 32.9 per cent. In urban areas, the CPR is 64 per cent, double that of the rural areas.

10. Despite considerable progress made in the use of contraception, the fertility rate among young persons remains high and is a source of concern to the country's authorities. The DRHS estimated the age-specific fertility rate for the 15-19 age group to be 100 per 1,000. As many as 12.5 per cent of live births were from females under the age of 20, and 17.5 per cent of that age group have been pregnant at least once. Furthermore, half of young girls between the ages of 15 and 19 reported that their pregnancies were unplanned. Only 18 per cent of girls and 13 per cent of boys used a contraceptive method at the time of their first sexual encounter. The median age of first sexual intercourse was estimated at 16.3 years for girls and 15.3 years for boys. This alarming situation is the result primarily of the sociocultural context and of inadequate reproductive health clinical services for youth. Currently, such services are delivered in only two clinics run by an NGO, Verdefam, the local affiliate of the the International Planned Parenthood Federation (IPPF). Counselling centres established with support from UNFPA provide information and counselling services as well as the distribution of condoms and a referral system to NGO clinics. Clinical services are not yet provided in the centres due to the lack of official approval to provide such services outside the formal health-care system.

11. Cape Verde has ratified the Convention on the Elimination of All Forms of Discrimination Against Women. The national population policy has defined a specific strategy for the promotion of women and their complete integration into society. The 1997-2000 national development plan placed emphasis on the reduction of social exclusion and on the promotion of equal opportunities and women's participation in the development process. The legal context is also favourable to equity and equality between men and women. Laws have been modified to protect the physical integrity of the person, including in case of rape. Laws on contraception and abortion give women the ability to control their own fertility. Sexual violence and mistreatment of women constitute a crime. However, there is no protocol in clinics for follow-up in cases where women have been victims of violence or for referral to law enforcement authorities.

12. Despite the generally favourable context, gender disparities persist, as shown, for example, by the gap in the literacy rates: 83.5 per cent for men and 67.2 per cent for women (2000). In rural areas, the imbalance is even greater: 56.6 per cent of women know how to read and write as opposed to 76.1 per cent of men. The sociocultural context is considered to be among the main constraints to gender equality. The legal age of marriage is 18, but marriage is not common, and it is estimated that 80 per cent of children are born out of wedlock. Another cultural pattern is "de facto" polygamy, which results in women bearing children from different

fathers. Unions are vulnerable, and the result is that 40 per cent of women are heads of households and are often economically disadvantaged as a result, particularly in rural areas.

13. Government officials have progressively adopted the concept of reproductive health. The formulation of a national programme to provide an institutional framework for reproductive health, with standardized norms and protocols, is under way, but the lack of national expertise in this field and frequent changes in leadership at the Ministry of Health have delayed the process. Reproductive health service delivery is offered in a combined approach: (a) gradual integration into the minimum package of public services; (b) introduction in private sector and NGO medical services; and (c) community-based distribution. It is estimated that 80 per cent of the population has access to a health centre within a one-hour walk. Coverage of a minimum of three reproductive health services is estimated at 100 per cent of hospitals and health centres; 88 per cent of health posts; and 26 per cent of basic health units. Emergency obstetric and neonatal services and treatment of post-abortion complications are available only at the main hospital. The delivery rate within the health infrastructure is on the increase (from 43 per cent in 1998 to 53.2 per cent in 1998). A significant number of traditional birth attendants have been trained to assist with the relatively high proportion of deliveries still taking place in the home.

Previous UNFPA assistance

14. UNFPA has provided assistance in the amount of $12 million to Cape Verde since the early 1980s, starting with the funding of the 1980 population census. Thereafter, the first integrated programme (1986-1990) in the amount of $2.5 million contributed to the funding of the 1990 census, the establishment of the Population and Human Resources Development Unit, the integration of family planning services into the national health system, and IEC activities. The second programme (1991-1995) in the amount of $4 million succeeded in helping the Government adopt a national population policy, in improving accessibility to maternal and child health and family planning (MCH/FP) services, to establishing the Institute for the Condition of Women, and to promoting a better understanding of the interrelationship of population and development through the analysis and dissemination of census data and an extensive IEC programme on population issues.

15. The 1995-2001 programme in the amount of $6 million, of which $5 million was from regular resources, concentrated its interventions in 5 of the country's 10 islands. Multi-bilateral funds have been mobilized from the Government of Luxembourg in the amount of $312,132 to support the Government's youth programme. Due to financial constraints, it is estimated that the expenditure level by the end of the programme will be 75 per cent.

16. The programme recorded several achievements: (a) a gradual acceptance of the reproductive health concept by health authorities and personnel; (b) improved accessibility to quality reproductive health services, including wide expansion of family planning services; (c)

awareness creation about, and understanding of, adolescent and youth reproductive health concerns, which has led to the creation of five adolescent counselling centres, better access to information, education and communication (IEC) and counselling services and the extension of in-school population and family life education; (d) greater visibility and understanding of social and economic disparities among men and women; (e) improved quality in media presentation of demographic and population issues; (f) availability of updated population and demographic data following the successful completion of the 1998 DRHS and the 2000 census; (g) reinforced capacity of the National Institute of Statistics in census preparation and data processing; (h) training at post-graduate level in demography, enabling the country to have three new demographers; and (i) reinforced partnerships with NGOs and civil society.

17. Several problems and constraints were encountered. First, formulation of the programme was very slow. Second, there was lack of coordination of the national population programme in general and of the country programme in particular, primarily due to institutional weaknesses. As a result, projects were implemented in an isolated manner and the decentralized level was not fully involved in implementation. Third, the high staff turnover during the transition between governments and the lack of national expertise in population and development and reproductive health affected implementation. Finally, annual financial allocations were reduced by 40 per cent over the last two years of the programme. As a result, the population and family life education project could not reach the projected number of schools.

18. There were a number of key lessons. For effective national ownership, the programme needs to be formulated in a participatory way by the main stakeholders involved in the national population programme. Similarly, those responsible for executing projects need to be involved at the programme formulation stage. Considering resource constraints, interventions should be limited to specific geographic zones to increase programme impact. The existence of coordination mechanisms does not necessarily lead to effective coordination; it needs the strong commitment of stakeholders and strong technical leadership. To ensure harmonized IEC messages and coordinated interventions, an IEC programme in support of reproductive health activities needs to be put in place. And last, it is of utmost importance to reinforce understanding of the linkages between population and development and to have updated data.

Other external assistance

19. International funding for population activities in Cape Verde comes from bilateral and multilateral agencies. In the health sector, including reproductive health, the main donors have been the Governments of France and Portugal (for HIV/AIDS and rehabilitation and upgrading of the obstetric and gynaecological services of the main hospital). The Government of Luxembourg supports the adolescent counselling centres that have also been funded by UNFPA. UNICEF provides support in the areas of primary health care, nutrition, water and sanitation, and assistance to vulnerable groups. WHO is active in the fields of nutrition, surveillance of

communicable diseases, mental health and drug abuse, upgrading of laboratory equipment and reproductive health. The Government of Germany funds an important sensitization programme in the area of reproductive health, with youth and men as target groups. In respect of population and development strategies, support has been provided by the European Union, the Government of Portugal and UNICEF to complement UNFPA funding for the 2000 population census. The United States Agency for International Development (USAID), UNICEF, the European Union and the Government of Portugal complemented UNFPA funding for the 1998 DRHS.

Proposed programme

20. The overall goal of the proposed programme is noted in paragraph 4 above. The programme would have two subprogrammes: reproductive health and population and development strategies. The gender dimension and advocacy would be systematically streamlined into the two subprogrammes as cross-cutting elements. Taking into account the regional disparities of the archipelago, the programme's interventions would be concentrated as much as possible in the country's underserved areas, in particular rural areas, and focus on the underprivileged segments of the population.

21. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to increased utilization of integrated and quality reproductive health services. The programme would help to ensure: (a) the effective integration of a minimum services package for reproductive health at all levels of the national health system, in line with the service norms and standards that are currently being developed; (b) reinforcement of reproductive health services, in particular in underprivileged areas, which will be chosen on the basis of selected indicators; (c) provision of information for targeted groups; and (d) increased availability of services, including information, counselling and guidance, to adolescents and youth. In order to be cost-effective and have the maximum impact, the strategy would focus on 5 of the archipelago's 10 islands. The islands have been selected in collaboration with the Ministry of Health, based on such criteria as the size of the population, health coverage, reproductive health and social indicators, and financial support from other donors. However, in certain areas, the subprogramme would have national coverage, for example, in the provision of modern contraceptive methods, which would be made available throughout the country until complementary funding could be obtained from other donors.

22. The first output of the subprogramme would be reinforced management capacities to implement reproductive health programme activities at the national and regional levels. In that regard, the institutional framework and staffing of the Ministry of Health would be reviewed, and an assessment to determine managerial capacity needs would be conducted. On that basis, a training plan for managers would be developed and implemented. Management and supervisory tools, namely the health information system, would be revised to reflect the integrated reproductive health approach. The technical capacities of health personnel would be reinforced

in collecting, analysing and interpreting health data for planning, monitoring and evaluation purposes. The contraceptive commodity security system would be revised and reinforced.

23. The second output would be increased availability of quality, integrated reproductive health services. The subprogramme would assist the health infrastructures in the underserved areas of the five islands to deliver a minimum of three quality reproductive health services in conformity with the standards of the national reproductive health plan. Family planning services would be extended to all health posts and basic health units. A reorganization of the basic obstetric care system would also be carried out at these two levels. The prevention and treatment of STIs would be carried out using the syndromic approach recommended by WHO. In that regard, the technical capacity of health personnel and agents of the health posts and basic health units would be reinforced through training and provision of materials. Training would also include a component on gender, including violence-related issues and male involvement in reproductive health. At the higher level of the health system, support would be provided to reinforce emergency obstetric care in three regional hospitals. At the intermediate level, namely in the five MCH/FP referral centres, services would be reorganized to include a greater range of reproductive health services. Support would also be provided to NGOs that have the potential to offer such services. It should be noted that UNFPA support to the higher levels of the health system would be provided only as a complement to contributions provided by other partners, namely UNICEF, WHO, the World Bank and the Government of Japan.

24. The third output would be increased demand for reproductive health services. To that effect, IEC activities would be reinforced, with a special focus on sensitization to prevent sexually transmitted infections (STIs), including HIV/AIDS, and teenage and unplanned pregnancies. The institutional and technical capability of the National Centre for Health Information would be reinforced to assume a leading role in the health education field and to help coordinate information. A national reproductive health IEC strategy would be developed based on outcomes of focus groups and other data from behavioural and sociocultural studies in order to select target groups and define appropriate messages. Funding would be provided to media campaigns, with the help of NGOs involved in reproductive health and the promotion of women and youth. This would be done in cooperation with the Government of Germany.

25. The fourth output would be increased accessibility of youth to reproductive health services. In that context, the five existing adolescent centres would be reinforced in the areas of counselling, IEC (in particular for STI and HIV/AIDS prevention) and an increase in the range of available services. A pilot project would be conducted for the integration of basic reproductive health clinical services into one of those centres and would be extended as needed. The peer counselling strategy developed with the help of youth associations would be extended to the in-school population and family life education programme, which would be extended to cover all primary and secondary schools. The curriculum would be updated to reinforce its coverage of reproductive health and gender issues. A feasibility study would be undertaken to revise the law

that prohibits the provision of reproductive health services to minors under the age of 16. Its results would be used for advocacy activities directed at parliamentarians, decision makers and other leaders. UNFPA would seek contributions from the Government of Luxembourg, which is currently supporting the adolescent counselling centres.

26. Reproductive health commodity security. Responsibility for the overall management of the contraceptive logistics system falls under the Ministry of Health. At the regional level, this responsibility rests with the directors of the MCH/FP referral centres who compile, on a monthly basis, estimates of contraceptive needs. These needs are then transmitted to the central level for replenishment of stocks. Upon receiving the stocks requested, referral centres distribute the contraceptives to the health units. This system will be reorganized and strengthened as part of the implementation of the national reproductive health plan. The contraceptive needs and estimated costs for 2002-2006 have been projected at $1.52 million. Until now, contraceptives, including condoms, have been provided almost exclusively by UNFPA and, on a limited scale, by the IPPF through Verdefam. Negotiations are under way with the World Bank and the Government of Japan to provide condoms in the context of an HIV/AIDS prevention project.

27. Population and development strategies. The purpose of the population and development strategies subprogramme is to: (a) achieve a balance between sectoral development strategies and population parameters; and (b) reduce gender inequalities. The Country Population Assessment commented positively on progress made in Cape Verde with regard to population data production. However, these data need to be further analysed and projections made to include the impact of new migration trends and the HIV/AIDS pandemic. Such efforts would provide updated data for the integration of population variables into several forthcoming planning processes. Assistance would also address the inadequate institutional framework for implementing the national population policy, including the lack of qualified staff resources in population and development, and the need for the country to establish a coherent and integrated data system in population and development. The country has a draft plan of action for the reduction of inequalities between men and women. The subprogramme would support advocacy activities directed at decision makers and parliamentarians in that regard.

28. The first output of the population and development strategies subprogramme would be ensuring adequate conditions for the coordination and monitoring of the implementation of population programmes. Through an advocacy plan and relevant activities aimed at decision makers, parliamentarians, planners and technical cadres, the subprogramme would help to: (a) create awareness about the need to update the national population policy, integrating new demographic parameters, including migration, youth issues and the gender dimension; and (b) bring about a review and reinforcement of the institutional framework responsible for implementing the policy as well as its coordination mechanisms.

29. The second output would be reinforced technical capacities at both national and decentralized levels for developing, managing, monitoring and evaluating population programmes. The existing human resources development plan in population and development would be updated, made gender-sensitive and disseminated to the international community for support. Based on available resources, the subprogramme would fund both local and overseas training of technical staff, from the five islands, in population and development and gender. A population and development module and a gender module would be developed for integration into the curricula of selected local training and higher education institutions.

30. The third output would be improved knowledge of interrelationships between population and development. The country has an excellent institutional framework for statistics, the National Institute of Statistics, which has successfully carried out major operations such as censuses and the DHSR. However, much of the statistical data have not been fully analysed, and information compiled by ministerial planning units needs to be processed and harmonized. The subprogramme would help to establish a mechanism for the coordination and management of population data. In that regard, institutional capacities would be reinforced for the creation of an integrated population and development information system together with an Internet website to facilitate its access by users. Data would be used to develop a simulation model that would help to improve the understanding of population dynamics and development. The model would be used as an advocacy tool for resource mobilization, both at national and international levels.

31. With regard to gender, the two expected outputs have been considered separately to give more visibility to the gender concept and to ensure the effective integration of the gender dimension into the two subprogrammes. These outputs are: (a) the effective integration of gender concerns into plans, policies and sectoral programmes (including the national reproductive health programme) at national and municipal levels; and (b) an improved sociocultural environment to facilitate women's access to social, political and financial resources. As a result of efforts made by the Institute for the Condition of Women in the field of gender, the country has developed various tools and techniques for integrating the gender dimension into planning processes. The subprogramme would assist the Institute for the Condition of Women in making these tools available and in reinforcing the capacities of technical staff at various levels in their use. The gender training plan would be pursued with a focus on decentralized levels. Support would be provided to the planned parliamentarian's network in population and development for sensitization of newly elected parliamentarians in the areas of gender and development. Advocacy activities would be undertaken with the aim of promoting women's access to vocational and professional training. Concomitantly, advocacy would encourage parents and teachers to persuade their daughters to choose technical subjects and schools. Close collaboration would be sought with the national poverty alleviation programme, as it includes an important component of income-generating activities for women, in order to facilitate women's access to the credit system.

Programme implementation, coordination, monitoring and evaluation

32. Primary responsibility for the implementation of the programme rests with the Government, in particular the General Directorship for Coordination of International Cooperation of the Ministry of Foreign Affairs, which is responsible for all external assistance provided to the country. Technical coordination, monitoring and evaluation would fall within the purview of the Ministry of Finance and Plan, whose General Directorship for Planning is responsible for coordinating and overseeing implementation of the national population policy. At the implementation level, responsibility would be entrusted to the concerned sectoral ministries and institutions, in collaboration with national NGOs. As in the past, the programme would be executed nationally, with technical assistance from the UNFPA CST.

33. The coordination mechanisms put in place for the implementation of the national population policy would be strengthened in order to foster consultations among stakeholders. Coordination with United Nations agencies and other development partners would be sought, in particular with UNAIDS and United Nations theme groups. Quarterly meetings would be held for monitoring purposes. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures and in line with the logical framework that has been designed for the programme. In addition to an annual review, a midterm review will be held in 2004 and a final evaluation in 2006.

34. The UNFPA staff in Cape Verde comprises one National Programme Officer, one finance and administrative assistant and support staff. The UNFPA Country Director for Cape Verde is based in Guinea-Bissau and pays regular visits to the office. The UNDP Representative and Resident Coordinator of the United Nations system in Cape Verde also assumes the role of UNFPA Representative. In order to reinforce staffing, it is envisaged that a national professional project officer will be recruited and the junior professional officer already in place will stay on to assist, in particular, with youth reproductive health activities that need increased attention.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Cape Verde, as presented above, in the amount of $3.5 million for the period 2002-2006, of which $2.5 million would be programmed from the Fund's regular resource, to the extent such resources are available, and the balance of $1 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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