



**Governing Council  
of the  
United Nations  
Development Programme**

Distr.  
GENERAL

DP/1985/28(Part I)  
2 April 1985

ORIGINAL: ENGLISH

Thirty-second session  
June 1985, New York  
Item 6 of the provisional agenda  
UNFPA

S U P P O R T

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

REPORT OF THE EXECUTIVE DIRECTOR FOR 1984

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## INTRODUCTION

The major event in 1984 for the population community was the International Conference on Population, held in Mexico City from 6 to 14 August, for which I had the honour to serve as Secretary-General.

It was one of the briefest, most economical, least documented and best attended international conferences sponsored by the United Nations in the past decade. Some 3,500 attendees included representatives of 146 States, the United Nations and various United Nations agencies and organizations, intergovernmental bodies, non-governmental organizations and the media.

The Mexico Conference provided an opportunity to assess the progress made in the past decade since the World Population Conference held in Bucharest, Romania, in 1974, to strengthen and sustain the momentum already generated in population activities, to identify emerging problems for concerted action and to initiate programmes in areas where no significant impact has yet been achieved.

The achievement of the Mexico City Conference was not only in the 88 recommendations, adopted by consensus, for the further implementation of the World Population Plan of Action or in the adoption of the Mexico City Declaration on Population and Development, but in the worldwide attention focused on, and commitment by, countries to the importance of population in development.

The Conference was particularly important to UNFPA to meet its future responsibilities and obligations.

Recommendation 83 provides that "the Fund should be strengthened further, so as to ensure the more effective delivery of population assistance, taking into account the growing needs in this field".

The next 10 years will be critical for the global community. We know that, despite the observed decline in the global growth rate, the annual increment in world population has remained almost constant at 78 million throughout the past decade, and is expected to increase further to 89 million by 1995-2000, with some 95 per cent of this future growth of world population occurring in the developing countries of the world.

The Conference affirmed that:

- . Population growth, high mortality and morbidity and migration problems continue to be causes of great concern requiring immediate action;
- . Governments should make universally available the information, education and means to assist couples and individuals to achieve their desired number of children, consistent with human rights, without coercion on the one hand or deprivation on the other;
- . Special attention should be given to maternal and child health services within a primary health care system;
- . Integrated urban and rural development strategies should be an essential part of population policies;
- . Governments should protect the rights of migrants;
- . The rights of women should be protected and their status enhanced;
- . The elderly and youth are to be given special attention.

The United Nations system can do nothing less than redouble its own commitment to the solution of the world's population problems and the enhancement of the quality of life for all people.



Rafael M. Salas  
Executive Director

## I. A GENERAL OVERVIEW

1. Project allocations in 1984 totalled \$133.7 million, compared to \$117.4 million in allocations in 1983, an increase of \$16.3 million over 1983, and a percentage increase of 14 per cent over 1983.

2. In 1984, as in the previous two years, there was an increase in the percentage of total programme resources allocated to family planning. The share for this category of activity was 50.8 per cent, compared to 46.1 per cent of allocations in 1983 - the first time in UNFPA's history that the percentage of programme resources for this work plan category has exceeded 50 per cent. This is in line with the directive of the Governing Council which set forth the order of priority for the substantive areas of UNFPA's work. The percentage of total programme allocations for the second priority area, communication and education - 14.9 per cent compared to 14.4 per cent of allocations in 1983 - and for basic data collection, the third priority area - 8.8 per cent compared to 10.4 per cent of allocations in 1983 - also was in line with the Council's order of priorities.

3. The implementation rate (provisional) showed a slight increase - 86.34 - as compared to 86.23 (final figure) for 1983.

4. In terms of geographic areas - 1984 allocations compared to 1983 allocations - there were increases for both the sub-Saharan Africa and Asia and the Pacific regions and slight decreases for the other regions. With regard to UNFPA assistance by country/intercountry activities, there was an increase in allocations to country programmes in 1984 - 73.9 per cent of total programme resources - compared to allocations in 1983 of 69.6 per cent of total programme resources. Allocations for intercountry activities showed a decrease from 1983 - from 30.4 per cent of total programme allocations in 1983 to 26.1 per cent of total programme allocations in 1984. This decrease is in line with the Council's request.

5. In 1984, UNFPA again exceeded the goal approved by the Governing Council that two thirds of country programme resources be made available to priority countries. The percentage of allocations for 1984 was 72.5 per cent, an increase from 1983's level of 70 per cent of allocations.

6. Projects executed directly by Governments continued to hold the largest percentage share of allocations by executing agency with a slight increase over 1983. There was also an increase in UNFPA activity in this area, much of which is accounted for by the increasing amount of direct procurement activity undertaken by headquarters, particularly for the purchase of contraceptives for country projects.

### A. Progress report regarding the experiences gained by the Fund in regard to the priority countries

7. In decision 83/17, I, paragraph 12, the Governing Council, in addition to requesting the Executive Director to provide to the Council at its thirty-third session a report regarding the experiences gained by the Fund in using the present set of criteria for selecting priority countries, also requested the Executive Director to include a progress report on this matter in his annual report.

8. In 1984, UNFPA assistance to the group of 53 priority countries increased from \$49.2 million in 1983 to \$71.6 million. In proportionate terms, this has meant an increase from 71.3 per cent to 72.5 per cent in the share of assistance to priority countries as a percentage of total assistance to country programmes. The distribution of priority country assistance for 1983 and 1984 by programme area, given in the following table, shows that assistance to family planning absorbed 64.7 per cent of all assistance; communication and education, 10.9 per cent; and basic data collection, 8.2 per cent. These trends by programme area are generally in line with the directive of the Governing Council as contained in decision 81/7, I, paragraph 3, taken by the Council at its twenty-eighth session.

II. UNFPA IN 1984:  
PROGRAMME AND FINANCIAL HIGHLIGHTS

**Pledges and contributions**

- . Income in 1984 totalled \$138.4 million, compared to 1983 income of \$134.7 million, an increase of 2.7 per cent over 1983.
- . Pledges totalled \$132.4 million, an increase of \$2.8 million over 1983 and a percentage increase of 2.2 per cent over 1983. At year's end, cumulative pledges through 1984 totalled \$1.2 billion from a cumulative total of 137 donors.
- . The number of donors in 1984 totalled 98, three more than in 1983 (final donor total for 1983 was 95). There were four first-time donors in 1984 (Albania, Bolivia, Mali, Sao Tome and Principe), compared to one in 1983.
- . The Fund continued its efforts to seek additional resources for population projects and programmes through multi/bilateral arrangements (see paragraphs 193-204 in part II).

**Programme: allocations and expenditures**

- . Total programme authority given by the Governing Council for 1984 was \$142 million, compared to \$149 million for 1983.
- . Project allocations in 1984 totalled \$133.7 million, including \$16.9 million carryover from 1983, of which \$131.1 million was covered by resources and \$2.6 million was overprogramming as allowed by the Governing Council, compared to project allocations in 1983 of \$117.4 million (excluding DRSA budgets).
- . Expenditures (provisional) in 1984 totalled \$137.9 million, compared to \$122.6 million in 1983. The 1984 figure included \$82.5 million for country programmes, compared to \$69.1 million in 1983; \$33 million for intercountry programmes, compared to \$32 million for 1983; \$4.7 million for the budgets of the UNFPA Deputy Representatives and Senior Advisors on Population, compared to \$4.5 million in 1983; \$5.9 million for overhead payments, compared to \$5.9 million in 1983; and \$11.8 million for the administrative budget, compared to \$11.1 million in 1983.
- . The project implementation rate (provisional) was 86.34 per cent, compared to 86.23 per cent (final) in 1983.
- . 453 new projects were approved in 1984, amounting to \$29.8 million, compared to 271 new projects in 1983 amounting to \$15.2 million.
- . At year's end, UNFPA was assisting 2,180 projects: 1,682 country and 220 regional (607 country and regional projects in Africa; 696 in Asia and the Pacific; 348 in Latin America and the Caribbean; and 251 in the Middle East, Mediterranean and Europe); 116 interregional; and 162 global. In 1984, 187 projects were completed, bringing the cumulative total of all projects completed through 1984 to 2,193.
- . For allocations in 1984 by major function, by geographical area, and by country category, see page 6 (part I).

**Country activities**

- . 375 new country projects were approved in 1984, amounting to \$22.5 million or 22.8 per cent of total allocations to country projects, compared to 219 new country projects in 1983 amounting to \$11.6 million or 16.8 per cent of total expenditures for country projects in 1983.
- . Allocations to continuing country projects amounted to \$76.2 million or 77.2 per cent of total allocations to country projects compared to expenditures for continuing country projects amounting to \$57.5 million in 1983 or 83.2 per cent of total expenditures for country projects.
- . For allocations to country activities, by Work Plan category, and by priority and non-priority country and regional activities, see tables, page 6 (part I).

**Priority countries**

- . By decision 82/20, adopted at its twenty-ninth session in June 1982, the Governing Council, *inter alia*, approved a revision of the criteria for designation of priority countries for UNFPA assistance. Under the new criteria, 53 countries have been given priority status, compared with 40 priority and 13 "borderline" countries under the criteria which went into effect in 1977 with the initiation of the priority system. By geographic area, these priority countries number: Africa, 30; Asia and the Pacific, 16; Latin America and the Caribbean, 2; and Middle East and Mediterranean, 5.
- . Total allocations in 1984 to the 53 priority countries amounted to \$71.6 million, compared to \$49.2 million in expenditures for these 53 countries in 1983.
- . Of the total amount of resources allocated to country programmes and projects in 1984, 72.5 per cent was allocated to these 53 priority countries, compared to 71.3 per cent of expenditures for these 53 countries in 1983.
- . For allocations to priority countries in 1984 by region, see tables for geographical areas, page 11 (part I).

#### Evaluation and monitoring

- Eight major evaluations were conducted (see paras. 136-168 in part II). Some 409 tripartite project reviews and 21 annual country reviews took place (see para. 169 in part II).

#### Intercountry activities

- Allocations for intercountry activities (regional, interregional and global) totalled \$35 million in 1984, compared to \$31.9 million in expenditures in 1983. By category of activity, these allocations were: regional, \$16.1 million in 1984, compared to \$14.4 million in expenditures in 1983; interregional, \$14.2 million in 1984, compared to \$8 million in expenditures in 1983; global, \$4.6 million in 1984, compared to \$9.5 million in expenditures in 1983.
- By functional category, allocations for intercountry activities in 1984 compared to allocations in 1983 were: (a) technical assistance and backstopping, \$17.8 million or 51 per cent, compared to \$18.9 million or 53 per cent in 1983; (b) training, \$6.3 million or 18 per cent compared to \$6.5 million or 18 per cent in 1983; (c) research, \$7 million or 20 per cent compared to \$7.2 million or 20 per cent in 1983; and (d) information exchange activities through clearing-houses, population information networks, etc., \$3.9 million or 11 per cent, compared to \$3.2 million or 9 per cent in 1983.
- Intercountry programmes represented 26.1 per cent of 1984 total allocations, compared to 31.6 per cent of expenditures in 1983. Regional projects represented 46.1 per cent of intercountry activities in 1984, compared to 45.1 per cent in 1983; interregional, 40.7 per cent in 1984, compared to 25.1 per cent in 1983; and global 13.2 per cent in 1984, compared to 29.8 per cent in 1983.
- If the UNFPA contribution of \$2 million to the WHO Special Programme of Research, Development and Research Training were not included in the calculation of the percentage of total allocations to intercountry programmes, the percentage would be 25 per cent, as compared to 30.2 per cent of expenditures in 1983.

#### Execution of projects

- The number of projects directly executed by Governments numbered 476, compared to 429 in 1983 and totalled \$41.1 million or 30.8 per cent of total programme allocations, compared to \$29.5 million or 29.2 per cent in 1983.
- For allocations in 1984 by executing agency, see table, page 6 (part I).

#### Population needs assessment

- In 1984, UNFPA undertook needs assessment missions to 11 countries - 4 in Africa (Lesotho and Mozambique, priority countries; Botswana and the Congo, non-priority countries); 5 in Asia and the Pacific (Bangladesh, Burma, India, Indonesia and Pakistan, all priority countries); 1 in Latin America and Caribbean (Cuba, a non-priority country) and one in the Middle East and Mediterranean (Democratic Yemen, a priority country) bringing the total conducted since 1977 through 1984 to 84 (53 needs assessment missions to 47 of the 53 priority countries including 6 repeats - Bangladesh, Democratic Yemen, India, Indonesia, Pakistan and Viet Nam; and 31 to other countries, including 2 repeats, Cuba and Thailand).
- At year's end, of the remaining six priority countries, needs assessment missions have been scheduled in 1985 for Chad, Angola, Equatorial Guinea, and Sao Tome and Principe and are still to be scheduled for Democratic Kampuchea and Dominica.
- By geographic area, a summary of all needs assessment missions shows: Africa, 26 to priority countries, 7 to non-priority countries; Asia and the Pacific, 20 priority, including 5 repeats; 9 non-priority, including 1 repeat; Latin America and the Caribbean, 1 priority; 9 non-priority including 1 repeat; Middle East and Mediterranean, 6 priority, including 1 repeat; 6 non-priority, including 1 repeat.

#### Administration and personnel

- In 1984, administrative expenditures (provisional), including both headquarters and field staff, were \$16.5 million or 11.9 per cent of the 1984 total income of \$138.4 million, compared to \$15.5 million or 11.5 per cent of the total 1983 income of \$134.7 million.
- At year's end, total regular budget posts at headquarters numbered 166 - 83 professionals (including one vacancy) and 83 general service staff, the latter of which consists of 25 staff members at the administrative and programme assistant level and 58 staff members at the secretary/clerical level. UNFPA field DRSAP posts numbered 33, which included 2 vacancies at the end of the year, compared to 34, which included one vacancy at the end of 1983.
- The percentage of women on UNFPA's professional staff at headquarters and in the field continued to be 36 per cent (the same as in 1983), and remained one of the highest percentages among United Nations agencies and organizations.
- UNFPA continued to maintain a close operational relationship with UNDP, which also provides administrative support, on a reimbursable basis, for financial and computer services, personnel, travel and the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its twenty-ninth session, UNFPA reimbursement to UNDP for the services rendered was set at \$2,660,000 for the years 1982 and 1983 and \$2,826,300 for the biennium 1984 and 1985.

UNFPA PROGRAMME IN 1983 AND 1984: AT A GLANCE  
(Data for 1983 are expenditures; data for 1984 are allocations<sup>1/2/</sup>)

UNFPA assistance by major function

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Family planning	46 383	67 978	45.9	50.8
Communication and education	15 069	19 952	14.9	14.9
Basic data collection	10 834	11 705	10.7	8.8
Population dynamics	12 600	13 981	12.4	10.5
Formulation and evaluation of population policies	5 729	8 227	5.7	6.2
Implementation of policies	1 105	1 136	1.1	0.8
Multisector activities	8 010	8 725	7.9	6.5
Special programmes	1 367	2 002	1.4	1.5
Total	<u>101 097</u>	<u>133 706</u>	<u>100.0</u>	<u>100.0</u>

UNFPA assistance by geographical region

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Africa	16 885	25 022	16.7	18.7
Asia and the Pacific	43 614	61 315	43.1	45.8
Latin America and the Caribbean	13 343	16 807	13.3	12.6
Middle East, Mediterranean, and Europe	9 698	11 770	9.6	8.8
Interregional	8 010	14 169	7.9	10.6
Global	9 547	4 623	9.4	3.5
Total	<u>101 097</u>	<u>133 706</u>	<u>100.0</u>	<u>100.0</u>

UNFPA assistance by country/intercountry category

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Country	69 104	98 741	68.4	73.9
Intercountry	31 993	34 965	31.6	26.1
Total	<u>101 097</u>	<u>133 706</u>	<u>100.0</u>	<u>100.0</u>

UNFPA assistance by country category, all regions

	<u>In thousand \$US</u>		<u>Percentage of total country programme</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Priority country	49 281	71 607	71.3	72.5
Other country	19 823	27 134	28.7	27.5
Total	<u>69 104</u>	<u>98 741</u>	<u>100.0</u>	<u>100.0</u>

UNFPA assistance by executing agency

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Governments (directly executed)	29 514	41 175	29.2	30.8
United Nations	13 981	14 832	13.8	11.1
Regional commissions	6 437	6 971	6.4	5.2
ILO	5 126	6 400	5.1	4.8
FAO	742	1 783	0.7	1.3
UNESCO	4 892	6 259	4.8	4.7
WHO	19 250	20 656	19.0	15.4
UNICEF	1 922	1 947	1.9	1.5
UNFPA	10 873	23 829	10.8	17.8
Non-governmental organizations	8 360	9 854	8.3	7.4
Total	<u>101 097</u>	<u>133 706</u>	<u>100.0</u>	<u>100.0</u>

<sup>1/</sup> Expenditure data for 1984 are not available until after the due date for submission of this document to the Governing Council.

<sup>2/</sup> Totals exclude expenditures of \$4.5 million for 1983 and allocations of \$5.5 million in 1984 for budgets of Deputy Representatives and Senior Advisors on Population.

UNFPA assistance to priority countries by major sector  
(Expenditures for 1983; allocations for 1984)

<u>Major sector</u>	<u>In million \$US</u>		<u>Per cent</u>	
	<u>1983</u>	<u>1984</u>	<u>1983</u>	<u>1984</u>
Family planning	29.1	46.3	59.2	64.7
Communication and education	5.9	7.8	12.0	10.9
Basic data collection	5.5	5.9	11.2	8.2
Population dynamics	4.3	5.1	8.7	7.1
Formulation and evaluation of population policies and programmes	1.3	1.9	2.6	2.7
Implementation of policies	0.6	1.0	1.2	1.4
Multisector activities	2.2	3.1	4.5	4.3
Special programmes	0.3	0.5	0.6	0.7
<b>Total</b>	<u>49.2</u>	<u>71.6</u>	<u>100.0</u>	<u>100.0</u>

### III. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

#### A. Africa (sub-Saharan)

9. In 1984, UNFPA increased its assistance to the sub-Saharan African region with allocations reaching \$25 million compared to \$16.9 million in expenditures in 1983 (see table, p. 11). MCH/FP projects received the largest share of these resources, with almost all countries in the region receiving support for activities geared towards strengthening MCH/FP services. The exceptions are Chad, Gabon and Zaire. However, at the request of the Governments of these countries, UNFPA is considering funding MCH/FP projects in these countries. Common goals for most of the projects in this area of activity include strengthening supervisory and managerial capabilities in programme planning, training of paramedical personnel, and strengthening of population communication and education. New projects in this area were initiated in six countries, namely Burundi, Ghana, Madagascar, Mozambique, Sierra Leone and the United Republic of Tanzania.

10. Special efforts continued during the year to improve the skills of management personnel involved in the implementation of African country MCH programmes through various kinds of training programmes. These included (a) a training seminar for participants from MCH programmes in Portuguese-speaking countries to discuss population communication methodology in their programmes, held in Maputo, Mozambique, from 18 November to 8 December 1984; (b) a joint Government/WHO/UNFPA workshop for national directors on the management of national MCH/FP programmes for English-speaking countries of the African region, held in Brazzaville, Congo, in April 1984; (c) a workshop aimed at sensitizing participants from selected African countries to the utilization of the risk approach in the formulation and implementation of MCH/FP strategies, held in Cotonou, Benin, from 20 February to 3 March 1984; and (d) a workshop aimed at familiarizing selected representatives from several African countries with the process of programming, implementing and evaluating MCH/FP programmes, held in Nairobi, Kenya, from 15 to 29 October 1984. Technical assistance, with support from UNFPA, was provided to Chad for the formulation of a national family welfare programme to include birth-spacing and other components to be assisted by UNFPA. During the year, review missions were sent to Ethiopia, Mali and Mauritania to assess future needs in this field by the recipient countries.

11. Population information, education and communication activities in sub-Saharan Africa continued to receive increasing support from UNFPA. New projects were launched in four countries - Burkina Faso, Guinea, Mali and Mauritius, while assistance to ongoing projects continued in a number of countries including Burkina Faso, Cameroon, Cape Verde,

Guinea, the Ivory Coast, Lesotho, Mali, the Niger, Nigeria, Sao Tome and Principe, Sierra Leone, United Republic of Tanzania and Zambia. Activities included both formal and non-formal education programmes in the organized and non-organized sectors of the population. Population and family life education, aimed at reaching organized sectors, such as the cottage industry in Mali, continued to receive UNFPA assistance in 1984.

12. A major proportion of UNFPA assistance to the sub-Saharan region went to activities related to basic data collection and analysis. Five countries - Ethiopia, the Congo, Ghana, Liberia and Zaire - undertook their enumerations in 1984 with UNFPA support. Among these, two - Ethiopia and Zaire - undertook their first censuses. Preparatory activities for census-taking in Burkina Faso, the Ivory Coast and Sierra Leone were initiated with UNFPA support. Activities related to data processing and analysis from previously conducted censuses also continued to receive UNFPA support. Other ongoing assistance to data collection included demographic survey activities in Benin, Mauritania, Malawi, Nigeria and Rwanda and civil registration activities in Burundi, Kenya, the Niger, Sierra Leone, Swaziland and the United Republic of Tanzania.

13. UNFPA assistance to support the development of population units continued in Burkina Faso, Cameroon, Mali, Rwanda and Senegal, while assistance was extended to Guinea and the Niger to establish such units. Government authorities of Equatorial Guinea and Sao Tome and Principe have expressed their concern about the imbalance between population growth and economic development in their countries. UNFPA has been requested by them to assist in the development of population planning units within their respective Ministries of Planning.

14. Within the framework of activities initiated by UNFPA to enhance the participation of women leaders and women's organizations in all aspects of population programmes, UNFPA in May 1984 invited women leaders from a number of sub-Saharan African countries to participate in a forum on population and development which was held in New York (see part II, para. 126, for further information).

15. A major event of the year was the Second African Population Conference, the first such meeting since 1971, which was organized by the Government of the United Republic of Tanzania in co-operation with UNFPA and held at Arusha from 9 to 13 January 1984. It was recognized at the Arusha Conference that efforts of the past 10 years had led to marked interest in population problems in Africa and that the content and scope of population programmes had evolved and taken more concrete shape. In light of an analysis of the current demographic situation in Africa and future trends, of the progress achieved in conducting population censuses and surveys in African countries, of the formulation of national population policies within the context of national development plans and strategies, of the reduction in mortality and fertility levels and of the enhancement of women's status in development, the Conference adopted the Kilimanjaro Programme of Action for African Population and Self-Reliant Development, which was later endorsed by the Conference of Ministers of the Economic Commission for Africa (ECA).

16. To enable ECA and the bureaux of the specialized agencies in the region to provide effective technical backstopping to national population activities, UNFPA continued to provide assistance for various intercountry activities. Support continued to be given to the Regional Institute for Population Studies (RIPS) in Ghana as well as to the Institut de formation et de recherche démographiques (IFORD) in Cameroon for fellowships and teaching staff (see also paras. 80-83). UNFPA initiated support to the regional advisory services of FAO in 1984, while continuing to support the advisory services of the ILO and UNESCO to enable these organizations to help countries in planning and implementing population and development projects within their respective mandates. As a result of the recommendation of a 1983 evaluation, arrangements were made for the implementation, by year's end, of two interagency advisory teams in population education and communication in Dakar, Senegal, and Nairobi, Kenya. WHO regional advisory services were provided through two teams: one based in Benin, which provides technical services to French-speaking



countries, and one based in Zimbabwe, which became operational in July 1984 and provides technical services to English-speaking countries in the region. Continued assistance was given to the Regional Training Centre in Family Health for Africa, located in Mauritius. At the subregional level, UNFPA continued to finance technical assistance to the Sahel Institute in Mali for the integration of population activities into the recovery development plans of Sahelian countries affected by the drought. Furthermore, UNFPA continued its support to the Regional Centre for Population Studies of the Central African Customs and Economic Union in order to assist this institution in the co-ordination and harmonization of population programme activities among its member States (Cameroon, Central African Republic, Congo, Equatorial Guinea and Gabon).

17. Other workshops and meetings organized at the regional level included: a workshop in census training for French-speaking African countries; a meeting of French-speaking demographers; an International Congress for Family Planning in Africa; and a seminar on gerontology, a new concern of many African countries, held in Senegal in December 1984 (see part II, para. 135) -- all of which benefited from UNFPA financial support.

18. During 1984, 26 UNFPA project formulation missions were sent to 19 countries to assist in the development of project activities in various population sectors. Population needs assessment missions visited four countries - Lesotho and Mozambique, both priority countries, and Botswana and the Congo, both non-priority countries - to assist the Governments of these countries in assessing their needs for assistance in the population sectors. Evaluations were conducted on several projects (see paras. 140-168, passim, part II.) At its thirty-first session in June 1984, the Governing Council approved three country programmes for the sub-Saharan region: the Central African Republic, Togo and Zambia, totalling over \$5.5 million over the next few years.

19. UNFPA continued to provide assistance to an education programme for refugees in the United Republic of Tanzania. Refugees in several countries of Africa are now and will continue to be one of the major concerns of Governments, particularly host countries.

20. The main concerns of many of the Governments in the region continue to be the high mortality rates, especially infant mortality, as well as the problem of population distribution, particularly that caused by migratory movements, including refugees, which in themselves tend to generate other population-related problems.

#### B. Asia and the Pacific

21. In the last decade, fertility has declined in a number of countries of the Asia and Pacific region as a result of Government-supported and assisted population policies which have ensured and facilitated access to education, health and family planning services. Yet the level of gross reproduction still exceeds two daughters per woman in approximately 25 countries of the region. This, in combination with the relatively large population and the young age structure in most of the countries of the region, points to a continued potentially rapid rate of population growth for many countries in the area in future years.

22. Despite long-term assistance by UNFPA to large-scale national family planning programmes in a number of countries of the region, surveys have indicated that there remains a large unmet demand for family planning services. As can be seen in the table on page 11, the largest proportion of UNFPA assistance to the countries of the Asia and Pacific region in 1984 went to family planning programmes. This table does not, of course, show the investment of the countries themselves in their own population programmes, estimated, in the case of UNFPA assistance, to be at the ratio of four to one.

23. While many countries of the region have instituted large-scale population programmes, there are a few countries in which population issues have only recently become of major concern, and these have become a focus of attention by UNFPA. For example,

following a needs assessment which took place in November-December 1982, UNFPA is now assisting the Lao People's Democratic Republic in that country's census operations. In Burma, after the needs assessment which took place in May 1984, both the Government and UNFPA began a review of the recommendations for follow-up in the areas of data collection and analysis, maternal and child health and education to determine the areas in which UNFPA assistance might be of most value. The Government of the Islamic Republic of Iran has requested assistance in the area of MCH/FP in order to reduce infant mortality and population growth, and exploratory talks were held in the spring of 1984 with Government officials on how UNFPA assistance might best be utilized in this context. Finally, a first programming visit by UNFPA was made to the Democratic People's Republic of Korea in 1984. As an initial step in this new collaboration between the Democratic People's Republic of Korea and UNFPA, two study tours have been organized for government officials for the purpose of acquainting them with population programmes in other countries of the region and the role of UNFPA assistance in such programmes.

24. In addition to initiation of activities in countries which until now have had only marginal involvement in population matters, UNFPA organized needs assessment and programme development missions to countries with ongoing comprehensive programmes such as Bangladesh, India, Indonesia and Pakistan. These have resulted in project formulation and the preparation of large-scale programmes for future submission to the Governing Council. Comprehensive programmes for China and Viet Nam, totalling some \$64 million over the next few years, were approved by the Governing Council at its thirty-first session in June 1984.

25. In 1984, progress continued to be made in improving the local manufacture of contraceptives, particularly in China and Viet Nam, with particular emphasis paid to quality and labour safeguards as well as quantity production. Progress was also made in the development of projects for improved management of population programmes and projects in a number of South Asian countries.

26. A major event in the region during the year was the convening of the First Conference of the Asian Forum of Parliamentarians on Population and Development in New Delhi, India in February 1984. Attended by parliamentarians from 24 countries of Asia, the Conference was opened by the late Prime Minister Indira Gandhi of India, co-recipient of the first United Nations Population Award in 1983. The Conference, assisted financially by UNFPA and other organizations and agencies, called upon parliamentarians to work together to achieve a decrease in population growth of the region as a whole to attain a growth rate of one per cent by the year 2000 and a decrease in mortality rates throughout Asia and specifically the reduction of infant mortality in the region by 50 per cent by the year 2000.

27. During the year, UNFPA took the initiative in organizing a preparatory programming workshop for UNFPA-funded activities of the South East Asian Regional Office of the World Health Organization, which include regional advisory services, training and research. This workshop in which both UNFPA field staff and SEARO staff participated marked the beginning of an extensive programme development exercise which will involve SEARO, government officials at the country level and UNFPA headquarters and field staff. The purpose is to formulate a work plan for advisory services that is in tune with, and complementary to, the needs of the countries for the coming years.

28. To improve the quality and impact of UNFPA assistance, in-depth, independent evaluations of two projects in the Asia and Pacific region were undertaken in 1984: the first, the role of women in some Indonesian projects and the second, a project on population education in the formal school system in China (see evaluation section, paras. 158-167, passim, part II.)

29. As has been the case for the past several years, UNFPA assistance to the region could not keep pace with requests for assistance. Because of the forward-looking aspect of the International Conference on Population, much attention was focused on the future of UNFPA assistance to the region.

UNFPA expenditures (1983) and allocations (1984), by region

By major sector	Africa (sub-Saharan)				Asia and the Pacific				Latin America and the Caribbean			
	(in \$US 000)		Percentage of total programme	Percentage of total programme	(in \$US 000)		Percentage of total programme	Percentage of total programme	(in \$US 000)		Percentage of total programme	Percentage of total programme
	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984	1983	1984
Family planning	5 710	9 994	33.8	39.9	26 568	40 945	60.9	66.8	6 850	7 733	51.3	46.0
Communication and education	1 298	2 142	7.7	8.6	7 686	9 375	17.6	15.3	1 400	2 015	10.5	12.0
Basic data collection	4 990	6 065	29.5	24.2	1 494	1 329	3.4	2.2	874	2 256	6.6	13.3
Population dynamics	3 119	3 754	18.5	15.0	3 144	3 829	7.2	6.2	1 471	1 777	11.0	10.6
Formulation and evaluation of population policies	862	1 394	5.1	5.6	1 432	1 612	3.3	2.6	2 017	2 244	15.1	13.4
Implementation of policies	-	2	-	-	557	1 027	1.3	1.7	-	-	-	-
Multisector activities	830	1 138	4.9	4.6	2 383	2 829	5.5	4.6	440	582	3.3	3.5
Special programmes	76	533	0.5	2.1	350	369	0.8	0.6	291	200	2.2	1.2
<b>TOTAL REGION</b>	<b>16 885</b>	<b>25 022</b>	<b>100.0</b>	<b>100.0</b>	<b>43 614</b>	<b>61 315</b>	<b>100.0</b>	<b>100.0</b>	<b>13 343</b>	<b>16 807</b>	<b>100.0</b>	<b>100.0</b>
<b>By country category</b>												
Priority country	10 009	15 896	59.3	63.6	34 197	49 451	78.4	80.6	810	1 088	6.1	6.5
Other country	2 181	3 951	12.9	15.8	4 563	6 423	10.5	10.5	9 242	12 564	69.3	74.7
Total country	12 190	19 847	72.2	79.4	38 760	55 874	88.9	91.1	10 052	13 652	75.4	81.2
Regional	4 695	5 175	27.8	20.6	4 854	5 441	11.1	8.9	3 291	3 155	24.6	18.8
<b>TOTAL REGION</b>	<b>16 885</b>	<b>25 022</b>	<b>100.0</b>	<b>100.0</b>	<b>43 614</b>	<b>61 315</b>	<b>100.0</b>	<b>100.0</b>	<b>13 343</b>	<b>16 807</b>	<b>100.0</b>	<b>100.0</b>

By major sector	Middle East, Mediterranean and Europe				Interregional and Global			
	(in \$US 000)		Percentage of total programme	Percentage of total programme	(in \$US 000)		Percentage of total programme	Percentage of total programme
	1983	1984	1983	1984	1983	1984	1983	1984
Family planning	3 127	4 378	32.2	37.2	4 128	4 919	23.5	26.2
Communication and education	1 768	2 933	18.2	24.9	2 917	3 484	16.6	18.5
Basic data collection	1 664	787	17.2	6.7	1 812	1 271	10.3	6.8
Population dynamics	1 734	1 901	17.9	16.2	3 132	2 723	17.8	14.5
Formulation and evaluation of population policies	307	552	3.2	4.7	1 111	2 431	6.3	12.9
Implementation of policies	49	89	0.5	0.7	499	15	2.9	0.1
Multisector activities	657	748	6.8	6.4	3 700	3 424	21.1	18.2
Special programmes	392	382	4.0	3.2	258	525	1.5	2.8
<b>TOTAL REGION</b>	<b>9 698</b>	<b>11 770</b>	<b>100.0</b>	<b>100.0</b>	<b>17 557</b>	<b>18 792</b>	<b>100.0</b>	<b>100.0</b>
<b>By country category</b>								
Priority country	4 265	5 173	44.0	43.9				
Other country	3 837	4 255	39.6	36.2				
Total country	8 102	9 428	83.6	80.1				
Regional	1 596	2 342	16.4	19.9				
<b>TOTAL REGION</b>	<b>9 698</b>	<b>11 770</b>	<b>100.0</b>	<b>100.0</b>				

Priority countries

Africa: Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Uganda, United Republic of Tanzania, Zaire, Zambia, Zimbabwe.

Asia and the Pacific: Afghanistan, Bangladesh, Bhutan, Burma, China, Democratic Kampuchea, India, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Pakistan, Samoa Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean: Dominica, Haiti

Middle East, Mediterranean and Europe: Democratic Yemen, Egypt, Somalia, Sudan, Yemen

30. Future UNFPA support in this region will be placed on sustaining, improving and expanding the existing family planning delivery systems in the areas of management, education and training. UNFPA efforts will also be geared towards the increasing involvement of a number of national and local non-governmental and other organizations and channels to carry MCH/FP services to the grass-roots level. In recent years, many Governments have indicated increasingly the need to integrate population and development programmes in a more comprehensive and organized manner and UNFPA assistance will be provided for such integrated programmes and for comprehensive, multisectoral programmes. Most countries of the region have indicated the need for continuing international population assistance in order to safeguard the achievements of past efforts, and this was a point made by most delegations from countries of the region in their statements at the International Conference on Population.

### C. Latin America and the Caribbean

31. While the annual rate of growth has declined in many countries of the Latin America and Caribbean region, there remain a dozen countries/Territories where the growth rate continues to be above 2.5 per cent and 18 where the growth rate is higher than the estimated world rate of 1.67 per cent for the 1980-1985 period.

32. Government efforts to reduce these growth rates and to extend maternal/child health services, including family planning, particularly to rural areas, have been considerable. As a result of the serious economic situation in the region, however, many Governments have had to curtail investment in social and economic programmes, and, as a consequence, support provided by international organizations in such areas as population programmes has been particularly crucial.

33. In 1984, as in previous years, heavy emphasis continued to be placed on integrated MCH/FP national programmes with UNFPA assistance. This sectoral area included 38 projects in 29 countries (see table, page 11) and included, for example:

(a) In Haiti, a priority country for UNFPA population assistance, the Government continued its process of regionalizing services by decentralizing the planning and implementation processes in order to maximize the effectiveness of national and international resources;

(b) In Mexico, UNFPA support contributed to the development of strategies aimed at addressing the needs of the adolescent population. Adolescents also constituted an important target population in family planning and family life education projects funded by UNFPA in seven countries of the English-speaking Caribbean -- Antigua and Barbuda, Barbados, Dominica, Jamaica, Saint Christopher and Nevis, Saint Lucia and Saint Vincent and the Grenadines;

(c) In Venezuela, efforts to improve programme effectiveness and to increase coverage of MCH/FP services led to a request for UNFPA assistance in the evaluation area. On the subject of evaluation, fourteen projects in family planning and family life education in 10 countries of the English-speaking Caribbean were also evaluated in October-November 1984. In addition, an assessment of the MCH/FP project in Colombia showed that UNFPA assistance had been instrumental in training paramedical personnel but that additional emphasis needed to be placed upon training medical doctors working in health clinics and on strengthening supervision;

(d) In Brazil, UNFPA support for preparatory activities resulted in formulation by the Ministry of Health of a five-year project directed to improving the quantity and quality of basic health services provided to women and children in an integrated programme which includes family planning aspects.

34. Interest in natural family planning methods increased. In 1984, projects in this area were initiated in Colombia and Guatemala and continued in Chile and Ecuador. At year's end, a proposal in this area was being developed in co-operation with the Catholic Church in Uruguay.

35. With support from multi-bilateral funds provided by the Governments of Finland, Italy and Norway, the scope of the MCH/FP projects in Nicaragua expanded significantly. Principal activities included training of medical and paramedical personnel, upgrading health establishments with new equipment and supplies and expanding the risk approach study to other areas of the country.
36. Problems encountered in expanding the coverage of MCH/FP projects were the focus of discussion at a seminar organized by the Government of El Salvador and funded by UNFPA. At this seminar, delegates from Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama identified problems facilitating or inhibiting the extension of MCH/FP and nutritional services and proposed solutions to overcome them.
37. The field of population education included 22 projects in 16 countries. In this area, for example, Mexico has developed a comprehensive programme, which includes elaboration of educational models for government sectors, development of educational methodologies, preparation of radio and television series on population education, and national seminars to disseminate population information. The training activities in population education in El Salvador have attracted many participants, not only from the Ministry of Education, but from other government sectors and non-governmental organizations. Integration of population components in the school curricula was undertaken in the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Paraguay and Peru. Population education addressed to parents of adolescents was initiated in Saint Lucia and Saint Vincent and the Grenadines.
38. Projects in basic data collection included 21 projects in 16 countries. During 1984, Costa Rica carried out a population and housing census enumeration in June; Haiti completed the data processing stage and the processing, analysis and publication of an advanced 2.5 per cent sample; Bolivia, Colombia and Uruguay have started census preparations; and the censuses in Cuba and Guatemala were completed.
39. Support to demographic training and research absorbed 5 per cent of resources to country activities with 13 projects in Bolivia, Cuba, Haiti, Honduras, Mexico, Panama, Paraguay and Uruguay.
40. UNFPA continued supporting government efforts in the formulation of population policies, and their integration into development strategies. In 1984, this area included 13 projects in eight countries. Bolivia established a National Population Council, and is extending the network of technical counterpart units working in population and development issues to grass roots organizations. Mexico set up a network of State Population Councils in the 33 States, and developed a comprehensive programme of support to these councils.
41. With financial assistance from UNFPA for fellowships, Cuba organized a three-month course on population and development at the Centre for Demographic Studies of the University of Havana for students from other countries of the region. Haiti was the site of the 1984 meeting of the Caribbean Development and Co-operation Committee (CDCC) which presented the Economic Commission for Latin America and the Caribbean (ECLAC) with the subregional position on population and development. Government officials from 18 countries of the English-speaking Caribbean met in Saint Lucia in April-May 1984 to discuss population and development issues prior to the International Conference on Population.
42. Special attention was placed on the integration of women in the development process, by addressing this issue within the context of UNFPA-funded projects in the region. Mexico is approaching this issue within the context of its population education strategy and Bolivia within the context of rural development efforts.
43. Regional activities designed to address the needs for training, research and technical assistance in the region continued to be supported in 1984. The Pan American

Health Organization (PAHO) received UNFPA support for activities aimed at improving the design and operation of MCH/FP projects, at developing methodologies for the training of medical and paramedical personnel, at improving service statistics, at undertaking training and research in fertility management, and at identifying and diffusing relevant information on MCH/FP material.

44. In 1984, the activities of the UNESCO Regional Programme in Population Education included the preparation of outlines for the elaboration of a technical guide on the inclusion of population education in national programmes and literacy campaigns, the organization of a seminar, jointly with the School of Education, Research and Development Department of the University of the West Indies, to discuss and prepare the outline for a population education sourcebook for the countries of the English-speaking Caribbean, the teaching of population education courses at the Master's level, the preparation of a new series of publications on the dissemination of population education material to technicians and teachers working on national projects, and the provision of technical assistance to ongoing country projects in population education.

45. Technical assistance and training was also provided by the UNESCO Regional Programme on Population Communication to programmes in Costa Rica, Cuba, the Dominican Republic, El Salvador and Peru.

46. Through ILO's Regional Programme of Employment for Latin America and the Caribbean (PREALC), technical assistance in population and employment was provided to programmes in Bolivia, Brazil, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Panama and Paraguay. Activities in 1984 also included the preparation of subnational population and labour force projections for regional planning, and training through seminars and workshops to further develop theoretical and methodological linkages between employment planning and population.

47. In 1984, CELADE continued receiving UNFPA support for training, research and for the provision of technical assistance to countries in the region. Activities supported at CELADE included intensive courses in demography, in population and development and in the use of micro-computers; demographic research, evaluation of population censuses, research on population distribution and migration and on infant mortality.

48. The CELADE System of Documentation in Population for Latin America (CELADE/DOCPAL) contributed to the organization of the Information Centre that POPIN established in Mexico during the International Conference on Population.

49. In 1984, UNFPA started collaboration with ECLAC to assist in the formulation of strategies for the incorporation of population considerations into development plans and programmes addressing critical basic needs.

50. Future support in this region will be placed on improving the delivery of maternal/child health and family planning services, focusing particularly on strengthening the management capacity and the service statistics systems of projects in this area. UNFPA efforts will also be directed at the institutionalization of population education, including sex education and responsible parenthood. An area of special interest to Governments of the region is that of achieving a more balanced distribution of their populations; thus, UNFPA will consider, within the limits of its resources and mandate, contributing towards that objective.

#### D. Middle East and Mediterranean

51. On the basis of requests to UNFPA for assistance as well as statements of government representatives, particularly at the International Conference on Population, there appears to be increasing concern in the region about the high rate of population growth. Additionally, problems related to migration and urbanization, manpower development and distribution and lack of participation of women in the labour force are gaining attention from Governments.

52. For most of the countries in the Middle East and Mediterranean region, 1984 represented a transition year with the current UNFPA programmes coming to an end and preparations under way for conducting needs assessment missions in 1985/86 as the initial step in the development of new cycles of UNFPA programme support. Therefore, at the end of the year, efforts were under way to plan for eight such new programmes in the region including Egypt, Jordan, Morocco, Somalia, the Sudan, the Syrian Arab Republic and Yemen. A needs assessment mission was fielded to Democratic Yemen in the last quarter of the year and at year's end its report was under review by the Government and UNFPA. In addition, the Fund provided the services of a consultant to examine fertility and mortality statistics and projections in Algeria in line with increasing efforts by that country to understand the impact of fertility and mortality on its population structure. Initial plans were also drawn up to assist with the implementation of a broadly based population programme.
53. Allocations for MCH/FP activities increased in 1984 by approximately 10 per cent from the previous year to 41 per cent, an indication of the increased awareness of population issues by Governments (see table, page 11). The major emphasis of family planning programmes funded by UNFPA continued to be on the expansion of coverage to rural areas through the strengthening of regional and rural centres with adequate staff and equipment.
54. A new UNFPA project in Turkey, approved in the latter half of the year, will extend MCH/FP services to 17 of the most under-served provinces in the east and southeastern part of the country. The MCH/FP projects in Tunisia, Jordan, Democratic Yemen, the Sudan, the Syrian Arab Republic and Yemen continued to make progress with in-depth reviews conducted to serve, inter alia, as an important input to the forthcoming needs assessment exercises.
55. Of particular note in 1984 was the evaluation by Cornell University (United States) of the large-scale community development project in Egypt which seeks to link population objectives to development planning efforts at the community level. The reports showed a significant differential with regards to family planning users between participating and non-participating communities indicating, inter alia, increased knowledge of family planning methods, higher contraceptive prevalence and positive attitudinal change among the clients served by the community development project. This is also attributed to the education and training programmes for women designed to enhance their acceptance of the small family norm, encourage the continued use of contraception and improve the status of women.
56. Also evaluated in 1984 was the UNFPA-funded MCH/FP project in the Sudan. At UNFPA's request, this project was evaluated by an independent consultant during December 1984 in order to have a review of the project before the current country programme is completed and in preparation for the forthcoming needs assessment mission. UNFPA has provided assistance to the MCH/FP programme of the Sudan since 1975. The evaluation showed that despite the many financial and physical constraints -- the Sudan being the largest African country, many of its 21 million people dispersed in remote and inaccessible areas, the lack of electricity and shortage of fuel -- the project has done well, particularly in the training of over 3,600 physicians and paramedics in MCH/FP and in integrating the MCH/FP services into some 600 hospitals, health units and dispensaries. The recommendations made by the consultant suggested high priority for the institutionalization of the project, strengthening of the supervisory and managerial capabilities, and improvement in such operational aspects of the project as (a) development of an evaluation system for the training programme; (b) assessment of the service statistics recording system; and (c) simplification of procedures of procurement, delivery and deployment of equipment and supplies.
57. In the area of information, education and communication programmes, UNFPA assisted 26 projects in nine countries which constituted the second largest allocation of resources in the region. In-school and out-of-school population education activities continued in Bahrain, Egypt, Morocco, Democratic Yemen, Somalia, the Sudan and Tunisia. Some of the projects coming to an end may be considered for extension depending on the outcome of the

project reviews and the needs assessment missions. Preparatory activities were undertaken in the communication support project in Jordan with the work of task forces established to co-ordinate the inputs of the various ministries concerned.

58. In the area of basic data collection and analysis, UNFPA provided assistance for the preparation of the scheduled 1986 censuses in Somalia and Yemen. The latter country rescheduled its census from 1985 to 1986 and currently an adviser is assisting with the organization and training activities. In Somalia, preparatory activities are progressing, particularly in the area of mapping and zoning of localities. Data processing of censuses conducted with UNFPA support is being undertaken in Democratic Yemen, Djibouti, the Sudan, the Syrian Arab Republic and Yemen. In Morocco, a United Nations expert arrived in September to assist the Ministry of Planning in enlarging the scope of the Centre for Demographic Research and to conduct surveys and analysis for use in development planning.

59. Projects in the area of human resources and manpower planning were also assisted by UNFPA in Democratic Yemen, Egypt, Morocco, Somalia, the Sudan and the Syrian Arab Republic, geared towards strengthening government capability with particular emphasis on the demographic impact of, for example, intercountry migration and household revenues and consumption patterns.

60. In addition to the evaluations of the community development project in Egypt and the MCH/FP project in the Sudan, an independent in-depth evaluation of UNFPA-supported programme in Democratic Yemen was conducted under the auspices of UNFPA by a group of outside consultants (see evaluation section, paras. 153-157, part II). The recommendations of the evaluation served as part of the background to a needs assessment mission fielded to Democratic Yemen in the latter half of 1984.

61. UNFPA assistance continued to such regional programmes as the Economic Commission for Western Asia, the Cairo Demographic Centre and the regional offices of the ILO, UNESCO and WHO, which provided technical backstopping to country programmes in the fields of training, project identification, formulation, evaluation and monitoring.

62. In preparation for the International Conference on Population, a regional population conference was organized by ECWA and the League of Arab States and held in Amman, Jordan, in March 1984. The Amman Declaration on Population and Development in the Arab World, adopted by the Conference, confirmed the commitment of countries of the region to further the implementation of the World Population Plan of Action.

63. UNFPA support to the Population Research Unit within the Social Affairs Department of the Arab League continued during 1984. An intercountry migration survey, designed to obtain information on the impact of migration, particularly of skilled labour on the economy and labour force of the sending countries, was initiated by the League in co-operation with the Governments of Egypt, Jordan, the Sudan and Tunisia.

64. With a view to improving the implementation of MCH/FP projects, UNFPA sponsored a joint Government/WHO/UNFPA Workshop in Geneva in July for the countries of the region (see para. 189, part II). The workshop afforded an opportunity for discussion among the parties leading to encouraging proposals for better collaboration in implementing UNFPA-assisted MCH/FP projects in the region.

#### E. Projects in the European region

65. In 1984, UNFPA assistance to projects in the Europe region amounted to about \$2 million (see table, p. 11). This included support for some 33 country, three regional and two interregional projects. Country projects, most of which are in the family planning and family health areas or involve research in this area of activity, were carried out in Albania, Bulgaria, Czechoslovakia, Greece, Hungary, Poland, Portugal, Romania and Yugoslavia.



66. Most of the countries of the Europe region to which UNFPA provides assistance continued to have their own unique demographic problems, for example, wide regional variations within countries. Pockets of high infant mortality, rising mortality rates and high and low birth rates are found throughout the region. Generally, however, a high incidence of birth defects relative to the low birth rate and a high proportion of aging as a percentage of the total population characterize the region.

67. UNFPA assistance has been provided to the Governments of countries in Europe to assist them with these very specific problems. This has included, for example, assistance to the Government of Bulgaria to provide family planning counselling to couples at risk of bearing children with birth defects, to the Government of Hungary for studies of mortality differentials, to the Government of Romania for an international seminar on infant risk, to the Government of Yugoslavia for a study of the reasons for the decrease in population growth in one of its provinces, and to the Government of Poland which has had a recent increase in fertility for analysis of data collected in a sample survey of the socio-economic factors influencing the fertility decisions of women.

68. In addition, UNFPA is providing assistance to the Government of Albania for an MCH/FP project, executed by the WHO Regional Office for Europe, which because of the high infant mortality rate in that country is focusing attention on obstetric and paediatric care for mothers and children. UNFPA continued to assist the Ministry of Health of the Government of Portugal with family planning training for physicians, nurses and midwives, both in public health clinics and in hospitals. With UNFPA assistance, the community awareness and motivation programme of the Family Planning Association of Portugal was expanded from the three major urban centres of Lisbon, Porto and Coimbra to four rural areas. In Porto, a university town, special emphasis was being placed on training counsellors in adolescent sexuality, and in Lisbon, counsellors were working with elementary and secondary school students in this area. In Greece, as a result of UNFPA assistance which began in 1982 for training programmes in family planning counselling, contraceptive methods and clinic administration, ten family planning clinics have been opened and additional training courses for physicians and nurses have been held.

69. UNFPA has also assisted regional work in the population field carried out by the Economic Commission for Europe, including, for example, studies on aging and migration and development trends in Southern Europe. In the field of interregional demographic training, the ninth and tenth training courses were held at Moscow State University for participants from developing countries. These three-month courses are provided in English for middle-level government administrators. The closing of CEDOR as of 30 June 1984 brought an end to 10 years of population and development training for French-speaking participants from developing countries (see para. 81 for additional information). In addition, training workshops in family planning have been carried out at Debrecen University in Hungary for English-speaking medical officers from developing countries and similar courses in French have been requested for medical and paramedical personnel from developing countries.

#### F. Interregional Programmes and Projects

70. The year 1984 marked the start of the new four-year programme cycle for most UNFPA-supported interregional projects. These activities are executed by the United Nations, the specialized agencies and various non-governmental organizations. Included in this category of assistance are a number of continuing global projects from previous years.

71. The International Labour Organisation interregional programme consists of three interrelated projects. The first emphasizes strengthening national institutional capabilities in population, human resources, and development planning, and its activities include technical and advisory services, training and curricula development, formulation of practical methodologies for integrated development planning, and policy research synthesis. The second project concerns population education, with activities encompassing technical backstopping and training in the development of information, education and communication materials; it also covers the integration of population education components

into the ILO training programmes, seminars for senior staff from trade union colleges and personnel management associations, curricula development and the monitoring and evaluation of ILO country population education projects. Under the third project, research activities on population, mobility and employment, and on the status of women and demographic change were concluded in 1984; new project components include research on the demographic impact of population and development activities at the community level and formulation of policy strategies for improvement of the status of women.

72. Among the interregional activities of the Food and Agriculture Organization of the United Nations was the continuation of technical and advisory backstopping for regional and country-level population projects and for efforts to integrate population into regular FAO projects. Other highlights were the work in rural population education, communication and training, population curriculum development (especially for agricultural universities and institutes in francophone Africa), and population documentation and dissemination. Two publications produced from findings of the 10-year study on land-carrying capacity for populations of the future were issued: one, entitled Potential Population Supporting Capacities of Lands in the Developing World (139 pp.) issued in 1983, summarized the technical data; the second, entitled Land, Food and People (96 pp.) issued in 1984, described policy implications of the study. FAO also initiated a project to design a training system to educate planners in the integration of population and rural development. The system will incorporate methodology, instructional materials and the latest country data from recent studies, including the land-carrying capacity project. After pre-testing in 1985, the system should be available for general country utilization in 1986.

73. A principal interregional activity of UNFPA-funded UNESCO projects in 1984 was one concerning technical and administrative backstopping for UNESCO's population education and communication efforts at both the regional and country levels. A comparative study of programme development strategies in population education is continuing. A handbook for teacher training in population education was completed and distributed in English, French and Spanish versions. An Arabic translation is being completed for use in countries in the Middle East and Mediterranean region.

74. The UNFPA contribution of \$2,000,000 in 1984 to the World Health Organization's Special Programme of Research, Development and Research Training in Human Reproduction was the largest single contribution to an interregional project. The new cycle of interregional projects with the Family Health Division of WHO includes assistance for technical and managerial support to national MCH/FP programmes, programme research in maternal and child health and family planning, a study on the strengthening of supervisory mechanisms in maternal and child health and family planning care, a study on maternal mortality and assessment of unmet needs in maternal health and family planning, a study on reproductive health in adolescence and on fertility and fertility regulation in adolescence and a study on breast-feeding and fertility.

75. Of the interregional and global projects executed in 1984 by the United Nations through the Population Division, the major ones were the establishment of a worldwide network for population information storage and retrieval (POPIN), research studies and analysis of World Fertility Survey data, a study on relationships between socio-economic development and fertility decline in developing countries, and an eight-country study of demographic target-setting in population policy formulation.

76. The United Nations Department of International Economic and Social Affairs through its Statistical Office carried on its programme of interregional activities that included technical advisory services in demographic statistics for census and civil registration projects in many developing nations, and technical advisory services in data processing for population statistics. Both represent the continuation of work initiated in 1983. Other projects covered the provision of assistance for development and supply of software in census and survey data processing for developing countries, and technical advisory service in population surveys within the National Household Survey Capability Programme.

77. Non-governmental organizations were supported for a wide variety of interregional projects (including some continuing global projects) dealing with family planning, dissemination of information on population and family planning, and demographic study and data analysis. Assistance to the International Statistical Institute for the World Fertility Survey came to an end in 1984, while UNFPA continued to support the work of PIACT (Program for the Introduction and Adaptation of Contraceptive Technology) as well as the Committee for International Cooperation in National Research in Demography (CICRED) for its programme of work among national population research centres. Support was also provided to The Population Council for publication and dissemination of research and study materials, and to a number of non-governmental organizations for work dealing with the role of women and development, including the Worldview International Foundation's seminar on women's participation in population and development communication. Other assistance was provided, for example, to the International Union for the Scientific Study of Population for preparatory arrangements for its general conference to be held in Florence, Italy in June 1985, to the International Institute for Vital Registration Statistics for efforts to improve civil registration and vital statistics systems, to the International Committee on the Management of Population Programmes for its country-level technical assistance programmes and to the Centre for Development and Population Activities for its Bellagio (Italy) Conference on Women's Reproductive Health Care, held in December.

78. UNFPA continued to provide funding in 1984 for the preparation and production of the Annual Review of Population Law. (The 1983 edition is scheduled for publication in May 1985; the 1984 edition, in October 1985.) The publication is distributed worldwide to more than 5000 individuals and institutions including major law faculties and libraries in all developing countries. Beginning in 1985, the Annual Review will become a joint publication of the Harvard University Law School and UNFPA.

79. For additional information about the work of UNFPA's executing agencies during 1984, see "Supplementary information on the work in 1984 of agencies and organizations executing UNFPA-funded programmes and projects" (DP/1985/29).

#### G. Progress report on the demographic training and research centres

80. In decision 84/21, I, paragraph 7, the Governing Council at its thirty-first session in June 1984 requested UNFPA to provide a progress report to the Council at its thirty-third session on the extent to which the regional and interregional demographic training and research centres have incorporated the principles related to funding and programming outlined in DP/FPA/PROJECTS/REC/8 and including steps taken to achieve self-reliance. In the same decision (section V, para. 4), UNFPA was also requested to submit a report to the Council at its thirty-third session on the steps being taken to transfer the responsibilities for the activities of the Regional Institute for Population Studies (RIPS) at Accra, Ghana, and the Institut de formation et de recherche démographiques (IFORD) at Yaoundé, Cameroon, to participating member States.

81. The major event in this area of activity in 1984 was the decision by the Government of Romania that it was no longer able to support the Centre démographique-ONU, located in Bucharest. As a result, the United Nations Department of Technical Co-operation for Development in consultation with UNFPA decided to close the Centre as of 30 June 1984. Established especially to provide demographic training for French-speaking participants from developing countries, the Centre began operations in 1975 and received some \$3.8 million in assistance from UNFPA. Members of the Governing Council were informed of this development by letter dated 8 November 1984 from the Executive Director. In his letter, the Executive Director noted that the need for training in population and development "is very urgent indeed" and also noted the intention of UNFPA to take immediate steps to continue training programmes in this sector. For that reason, he convened a meeting on training in the field of population and development in October 1984 (see para. 190, part II). In his letter to Governing Council members, the Executive Director reported on the meeting and the potential sites where training programmes might be established and hoped that negotiations might be finalized during the early part of 1985 so that training programmes could begin in the fall of 1985.

82. With regard to the other centres, during the year UNFPA programme officers visited the Cairo Demographic Centre (CDC) as well as RIPS and IFORD. Brief reports on their visits follow:

(a) IFORD. The year 1984 marked the first full year of the new four-year programme cycle. Except for a small amount, the entire budget was obligated and the work plan adhered to. A team of consultants examined the curriculum and content of the courses offered and made recommendations for the centre's future course of study. Discussions are under way to review the existing arrangement between IFORD and the host country in order to implement the principles related to funding and programming agreed upon by the Governing Council including steps taken to achieve self-reliance. There was a considerable shortfall in expected contributions to the institute from member States and unless these contributions are forthcoming, this shortfall is expected to have an adverse impact on the current and future work of IFORD;

(b) RIPS. The year 1984 was also the first year of operations for RIPS under the new four-year programme cycle. RIPS is integral part of the university system of Ghana and, as a result, there has continued to be close collaboration between the Government, the University of Ghana and RIPS. While the host Government increased its in-kind and financial contribution, the work of the institute has been hampered by delayed payments of contributions from other member States;

(c) CDC. In early 1985, it is expected that UNFPA will undertake a joint assessment with the Cairo Demographic Centre on how the general principles for future programme direction are being implemented. Some steps have already been taken -- the training programmes have been thoroughly reviewed and the curricula revised on the basis of this review in order to reflect the highest academic standards; the research capability is being continuously expanded through the development of the library and the institution of information storage and retrieval systems; the financial contributions base has been expanded (not only has the Government of Egypt increased its contribution considerably, CDC has also received substantial contributions from the United States Agency for International Development and the Canadian International Development Research Centre).

83. Further reports on these regional institutes as well as the others will be provided in fuller detail to the Council at its thirty-third session.

#### IV. REVIEW OF THE PROGRAMME BY PRIORITY PROGRAMME AREA

##### A. Family planning

In 1984, UNFPA assistance in this area totalled \$68 million or 50.8 per cent of total programme allocations, compared to \$46.3 million or 45.9 per cent in expenditures in 1983. During the period 1969-1984, UNFPA assistance in this area totalled \$501.1 million or 45.5 per cent of total assistance.

84. For the third year in a row, UNFPA assistance to family planning showed an increase in both relative and absolute terms.

85. During the past year, the Fund has continued its broad-based endeavours - in the provision of services, training, research and contraceptive development - in the family planning sector. Service delivery programmes and communication and motivational efforts initiated in support of such services account for about 80 per cent of the Fund's assistance in this field. The findings from the World Fertility Survey and from a number of UNFPA evaluations have indicated that the availability of quality services is a strong determinant in family planning acceptance and continued use. Thus the Fund has been particularly assisting country efforts to expand and improve services by strengthening a variety of channels - such as health and community networks as well as private and public sector sources - for the distribution of family planning services and supplies.

86. Since providing quality family planning services to the hard-to-reach groups has become a growing concern for a number of countries, a considerable amount of UNFPA assistance has gone to country projects directed to meeting the needs of under-served rural populations, marginal groups in urban areas and adolescents.
87. Closely connected with the extension of quality services is the need to augment the supply of trained personnel. At the interregional level, UNFPA has assisted WHO in the development of training curricula for several categories of family planning providers. These training modules readily lend themselves to adaptation according to the needs of particular countries. Realizing that the lack of trained personnel is an especially critical problem in Africa, UNFPA has continued its support to the Regional Training Centre in Family Health in Mauritius which services candidates from both French-speaking and English-speaking countries.
88. The Fund has continued its assistance for the strengthening of programme management. It has provided technical assistance to countries on a wide range of management questions--logistics, information systems, and training and has continued to support regional level teams which backstop country programme activities.
89. Many countries have requested UNFPA assistance for research related to family planning--social, operational and biomedical, and the Fund has continued its efforts to strengthen research capacity at the country level. Policy-makers and programme managers have become increasingly convinced that research is essential to the effective functioning of a family planning programme. Social research to ascertain correlates of fertility behaviour or the acceptability of certain methods is particularly critical at the early stages of programme design. Once a programme is under way, studies related to operational strategies are essential for boosting programme performance.
90. In view of the vast demand for new and improved contraceptives, there is a compelling need for support to biomedical research. To this end, on a global basis, UNFPA has continued to provide assistance to the WHO Special Programme of Research, Development and Research Training in Human Reproduction. UNFPA's contribution to the WHO Special Programme in 1984 totalled \$2 million, bringing the total allocated to the Programme by UNFPA through 1984 to \$12,150,000. Selected national research institutions and non-governmental organizations such as the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) have also been supported in their programmes of social or biomedical research in family planning.
91. Experience has demonstrated that if programmes are to be successful, they must respond appropriately to the users' perspectives in terms of the delivery systems and contraceptive methods offered. The Fund has encouraged countries to make available all contraceptive methods, including natural family planning. In this connection, during 1984, UNFPA supported the participation of several African delegates in the Second International Congress for the Family of Africa held in Rome, in June, 1984, on the theme "Responsible Procreation: What It Means for the Family Today", sponsored by the Centre for Studies and Research on Natural Regulation of Fertility of the Catholic University of the Sacred Heart of Rome. A number of new country-level natural family planning projects are being implemented in Colombia, Guatemala and Uruguay and natural family planning components have been introduced into several ongoing MCH/FP programmes.
92. During the past year, UNFPA carried out two desk studies assessing various aspects of family planning. These studies--a problem-oriented analysis of family planning and an examination of the experience with incentives and disincentives--were undertaken at the request of the Governing Council for presentation to its thirty-second session and have been carried out in consultation with relevant United Nations organizations and non-governmental organizations. In connection with the incentives/disincentives paper, UNFPA convened an expert meeting on this topic in September 1984.

93. Also during the year, UNFPA issued revised "Policy Guidelines for UNFPA Support to Family Planning Programmes" which underlined the human rights aspects of its assistance programmes. Specifically, the Guidelines indicated that "Since abortion is not a method of contraception, UNFPA does not extend assistance for supplies or services for this purpose. Moreover, because abortion is such a sensitive issue in many developing and developed countries, the Fund is particularly careful in assuring that none of its assistance is deliberately used for this purpose". Furthermore, the Guidelines reiterated that "UNFPA has always been guided by two major principles in giving assistance for population activities, and these are particularly important in the area of family planning. The first is that every nation has the sovereign right to determine its own population policies and programmes, and the second is that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children. The choice of methods should be voluntary and non-coercive".

94. The International Conference on Population underscored the human rights aspects of family planning as well as the efficacy of family planning programmes as an inherent element in population and development strategies and the interaction between family planning and other social and economic measures. It also underscored the need for continued research, and several recommendations made specific suggestions for improving the quality and coverage of family planning programmes. Since the Conference and in the coming months, UNFPA will be working with countries and executing agencies to devise ways of implementing the Conference recommendations.

95. With respect to trends in family planning programmes supported by the Fund, the evolution towards more comprehensive programmes continues, with renewed emphasis on training programmes, institutional development and research in promotional and service delivery activities. Integration of family planning services into maternal and child health services and into health services is generally becoming the rule, although the exact "mix" of services offered, especially in village outreach programmes, varies by country. The search for the optimum "mix" is the subject of operations research in several countries. Delivery systems are becoming more community-oriented and the use of auxiliary personnel such as traditional midwives and village health volunteers more widespread.

#### B. Population education and communication

In 1984, UNFPA assistance in this area totalled \$20 million or 14.9 per cent of total programme allocations, compared to \$15 million or 14.9 per cent of expenditures in 1983. During the period 1969-1984, UNFPA assistance in this area totalled \$132.4 million or 12 per cent of total assistance.

96. Increasing interest in initiating population education and communication activities on the part of many Governments continued in 1984.

97. In addition to UNFPA assistance in this area, multi-bi funding continued to be utilized for several projects -- a communication support programme for maternal and child health in Ethiopia being funded by the Governments of Norway and Italy, population activities for women through agricultural extension work in Nepal funded by the Government of the Netherlands, and a family life education programme in the Seychelles being funded by the Government of Norway.

98. In view of the growing population education and communication needs in the various geographical regions, multi-bilateral assistance has been sought in some instances, particularly in Africa, to increase coverage of technical assistance at the regional level. Assistance for training and the development of appropriate educational materials in particular was not sufficient to meet the needs which continued to increase in 1984.

99. Plans made in 1983 to enhance the effectiveness of specialized agency regional team advisers and to expand their coverage without increasing costs were followed up, in 1984,

with a special focus on Africa. In the African region, for example, the non-formal population education and communication regional advisers were grouped in two locations, Dakar, Senegal, and Nairobi, Kenya, in order to permit better co-ordination of advisory activities and to facilitate services to countries according to language requirements.

100. Population education. In the sub-Saharan African region, 10 countries had ongoing school population education projects in 1984 and eight had non-school projects in operation. All of them required technical backstopping from regional advisers. Several of these countries began expanding the scope of their activities with a family life focus, building upon research findings from the early phases of implementation.

101. In the Asia and Pacific region, 16 countries had school population education projects in operation in 1984 and 12 countries were implementing population education projects in the non-school sector. Large-scale population education projects were being undertaken in the secondary school systems of China and India. An independent, in-depth evaluation of the China project was undertaken by UNFPA in late 1984 (see evaluation section, paras. 165-167, part II). Although there are still some 13 countries in Asia and the Pacific which have not yet introduced population education into their school systems, five have expressed interest in developing school projects over the next few years. Significant progress has been made in many countries in the institutionalization of population education in their school systems and in the organized sector, the latter with technical assistance from the ILO. FAO assigned a regional adviser to this region in 1984 with a view to strengthening assistance to the rural sector in Asia.

102. In Latin America and the Caribbean, 16 countries continued to implement population or sex education projects in school and in non-school settings in 1984. Technical backstopping to these countries was provided by regional advisers from UNESCO and WHO/Pan American Health Organization. WHO/PAHO was particularly active in the introduction of family planning concepts in family life education programmes for adolescents in some ten Caribbean countries. These projects with a family planning education focus were evaluated late in the year by a team of specialists recruited by UNFPA (see evaluation section, paras. 163-164, part II).

103. In the Middle East and Mediterranean region, eight countries had population education projects under way. The continuing scarcity of teaching materials in Arabic required that international agencies place major emphasis on the development of materials in such areas as family life and family planning. In 1984, after a time-consuming development and testing exercise by UNESCO, materials were printed in Arabic and distributed in the region. Following the development of important innovations in population education materials, development and training in certain countries (for example, Somalia), the projects in these countries began receiving study tour fellows from other regions.

104. In Europe, UNFPA continued to support small-scale activities in health education and family planning as well as teacher training regarding human sexuality education, with particular attention to women's issues.

105. At the interregional level, FAO is executing a major project in a number of countries in four regions which involves the introduction of population concepts into the curricula of agricultural institutions, such as university faculties of agriculture, rural training centres and colleges.

106. A UNESCO handbook, Preparing Teachers for Population Education, which was distributed widely early in 1984, has been received with enthusiasm, and, as a result, requests for copies have come from countries which had never before expressed any interest in population education. With UNFPA funding, UNESCO is undertaking a two-year study to document the experiences of administrators of population education projects in overcoming obstacles to the successful implementation of country projects. Thus far, data has been collected on seven country projects (the Dominican Republic, India, Indonesia, Paraguay,

Philippines, Somalia, and the Sudan). In 1984 this data was analysed to determine the nature of common problems faced in implementing population education projects and, more importantly, specific ways devised in each country for overcoming these problems. The country experiences thus documented will be shared widely in the interest of helping others save time and money, and to avoid costly mistakes by learning from the experience of others. A final report is expected in 1985.

107. Population communication. In this area, an attempt is being made to mobilize support for population-related activities. Communication strategies for creating demand for family planning services, for example, involve not only channeling information to appropriate target audiences, but also provision for obtaining feedback from the audiences so as to best meet their needs.

108. In the African region, population and MCH/family planning communication projects were under way in nine countries in 1984. The emphasis was on support to MCH/family planning and rural family planning outreach.

109. In the Asia and Pacific region, the number of countries carrying out family planning support communication projects increased to 17. These projects included community organization for village participation, the provision of information services in support of various kinds population activities and strengthening of information, education and communication activities in connection with family planning/maternal and child health services.

110. In 1984, communication activities in Latin America and the Caribbean consisted, for the most part, of training of health and other outreach personnel in family planning rationale and techniques. The largest country projects were concerned with dissemination of population and family planning information, particularly in rural areas. They included attention to such problems as designing messages in traditional languages and enhancing the effectiveness of educational television.

111. In the Middle East and Mediterranean region, seven countries carried out family planning/MCH communication projects in 1984. The activities which developed from the central units established to co-ordinate and provide technical support to interested government ministries/agencies consisted of the design of family planning communication strategies, materials development and training.

112. At the global and interregional levels, population contents or components have been increasingly incorporated into a variety of national development activities at the suggestion of international executing agencies. One of the major activities was an FAO development support communication project which incorporated population elements into ongoing FAO projects in some 24 countries in 1984. WHO carried out research on how to enhance the role of health education in family planning with a particular focus on adolescents, and the ILO developed audio-visual aids for use in various cultural settings.

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