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UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Report of the Executive Director

on a problem-oriented analysis of UNFPA's
experience in the family planning area

Summary

This report was prepared pursuant to decision 83/17, I, paragraph 11, of the Governing Council at its thirtieth session in which it requested the Executive Director to provide a problem-oriented analysis of UNFPA's experience in the family planning area given the priority accorded to this area in decision 81/7, I, paragraph 3. This document takes a comprehensive look at the family planning sector, analysing various situational and organizational variables relevant to the implementation of family planning activities. It also considers the issue of adequacy of contraceptives and presents certain conclusions regarding future directions in this sector.

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INTRODUCTION

1. At its thirtieth session, the Governing Council requested UNFPA to prepare a report which would provide a problem-oriented analysis of UNFPA's experience in the family planning area (decision 83/17, I, para. 11). In 1981 the Council had directed that UNFPA give priority attention to the family planning field (decision (81/7, I, para. 3) and in each of the ensuing years, the Executive Director has reported to the Governing Council on some aspects of family planning. In 1982, UNFPA presented a document (DP/1982/36 and DP/1982/36/Add. 1) dealing with the current status of contraceptive research and development and prospective funding needs. The following year UNFPA reported on the future role of the United Nations system in family planning research, including contraceptive research and development (DP/1983/21 and DP/1983/21/Add.1) and in 1984, on UNFPA strategy for support of contraceptive research (DP/1984/36). Again in 1985, UNFPA is presenting a report on its involvement in the area of contraceptive research and development (DP/1985/34).

2. In order to compile the information needed to meet the Governing Council's request for this document, a UNFPA task force was convened under the direction of the Assistant Executive Director. This group reviewed information collected in the course of needs assessment and programming missions, analysed data contained in project monitoring reports and examined the conclusions and recommendations of relevant evaluation reports. Recognizing the key role of the World Health Organization (WHO) in the area of family planning and maternal and child health (MCH/FP) and in view of the fact that WHO has executed approximately 35 per cent of UNFPA-funded projects in this sector, letters were sent to WHO Headquarters and its regional offices asking them to identify factors which, in their view, have facilitated or impeded the implementation of family planning programmes. To ensure the comprehensiveness of this analysis, UNFPA staff members consulted with WHO/Geneva, the World Bank, United States Agency for International Development (USAID) and the International Planned Parenthood Federation (IPPF). In addition to the responses to these inquiries and the information gathered during these visits, published reports, monographs and documents of United Nations organizations and non-governmental organizations (NGOs), as well as standard reference works, such as the Inventory of Population Projects in Developing Countries Around the World 1982/83, were reviewed and these analyses have served as the basis of this presentation to the Governing Council.

3. In preparing this report, UNFPA has not limited the scope of this document solely to activities it has supported. Rather it has used this opportunity to take a comprehensive look at the family planning sector in general in an effort to distinguish those conditions that are conducive to family planning interventions from those situations which hinder progress in this field. More specifically, it has identified some of the principal problems encountered in the implementation of family planning programmes and offers some suggestions for off-setting these constraints. In carrying out this exercise, the Fund has been mindful that it is necessary that countries, donor organizations and executing agencies draw on the experience of the past 15 years if they are to overcome the existing difficulties and respond in an appropriate and innovative manner to the challenges that lie ahead.

4. Although UNFPA was requested to frame this report in "problem-oriented" terms, it should be pointed out that, despite the number and magnitude of problems that do exist, remarkable progress has been made in the area of family planning. Once considered a highly sensitive and almost unbroachable topic, family planning is now widely recognized as a basic human right and as an effective health and demographic measure. While delegates to the World Population Conference in Bucharest in 1974 questioned the efficacy of family planning programmes as a means of reducing fertility, participants at the 1984 International Conference on Population in Mexico City were fully convinced of the effectiveness of family planning programmes and readily acknowledged them as an integral part of development initiatives. According to United Nations data, at present 127 Governments throughout the world, encompassing almost 94 per cent of the global population, provide some assistance to family planning. In the ten-year interval between the two conferences, Governments of 50 developing countries had taken one or more of the following encouraging measures:

- (a) Formulated policies explicitly to lower fertility;
- (b) Included population policies in their official statutes and development plans;
- (c) revised existing laws in order to strengthen family planning information and services;
- (d) appropriated funds for family planning programmes;
- (e) Improved the legal status of women by extending their access to education and employment and by broadening their participation in community and national life.^{1/}

5. In many countries the impact of a strong family planning programme can be seen in the high rate of contraceptive prevalence and declines in the total fertility rate. (The total fertility rate is a synthetic demographic measure which may be roughly interpreted as an indicator of completed family size.) In countries such as China, Costa Rica, Cuba, Jamaica, Mauritius, the Republic of Korea, Singapore, the Territory of Hong Kong and Thailand, 50 per cent or more of the eligible population are practising contraception. In these countries, the total fertility rate ranges between 1.7 and 3.5 children per woman. While spending levels for family planning still fall far short of needs, available information indicates that national allocations in a number of developing countries have grown steadily between 1966 and 1980.^{2/} Data on family planning expenditures in 15 developing countries for the period 1979-1981 show that for each dollar budgeted by UNFPA, the countries themselves budgeted 4.5 dollars.^{3/} According to the World Bank's World Development Report 1984, developing countries spent approximately \$2 billion of their own resources on family planning in 1980. At present external assistance accounts for about one quarter of all family planning expenditures in developing countries. A study carried out by the University of Michigan found that, in Asian programmes, the average annual expenditure per married woman of reproductive age increased from less than \$0.20 in 1960 to about \$3 in 1980. In Indonesia the national family planning budget increased from \$5.7 million in 1972 to almost \$50 million in 1980. It is important to note that the steadily increasing commitment of national resources to family planning observed in many countries took place during the worldwide

recession of the 1970s, a period when social programmes in many countries were generally curtailed or cut back.

6. As the problems associated with initiating and implementing a family planning programme are examined, it is essential to keep a balanced perspective. A number of successes have been achieved during the past 15 years, often in the face of formidable obstacles. These successes as well as the failures of the past offer considerable insights to countries, donors and executing agencies as they formulate programme strategies for the future. Thus, UNFPA has welcomed this opportunity to conduct a systematic review of the principal problems encountered in the area of family planning. It is anticipated that this exercise will serve as a "take-off point" for delineating innovative responses to the growing, complex and urgent need for family planning activities tailored to each country's own requirements.

I. UNFPA AND FAMILY PLANNING

7. Before analysing some of the major difficulties that have surrounded the introduction and implementation of family planning interventions, it might be useful to provide a brief overview of UNFPA's involvement in this sector.

8. In extending assistance for family planning, the Fund has always adhered to the principle of neutrality and has emphasized that the human rights of individuals and couples and the sovereignty of countries must always be respected. Under the rubric of family planning, it has supported a wide variety of activities, stressing the need for innovation and flexibility. The Policy Guidelines governing UNFPA support to family planning programmes state:

"Family planning refers to those practices that help individuals or couples to avoid unwanted births, to bring about wanted births, to determine the timing of births and to determine the number of children in a family. Family planning information, services and supplies, education about sex and parenthood, diagnosis and treatment of infertility make the attainment of these objectives possible. 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."^{4/}

During the Fund's 15 years of programming experience, there have been notable changes in the family planning field. Services are no longer strictly confined to clinic settings. There is more extensive use of paramedical personnel and greater reliance on community-oriented strategies as a means of broadening the scope of programmes. Community networks are being used to motivate and counsel acceptors

and to distribute contraceptives. Increasingly, the private sector is being utilized as a channel for family planning services.^{5/} Generally speaking, there has been a "demedicalization" of family planning services. The Fund has responded with flexibility to new developments in the sector and has assisted countries in enabling them to increase the accessibility of services and to augment the supply and range of contraceptives available. UNFPA has responded positively to requests for assistance in order to make existing methods safer and more reliable and for the development of new contraceptive technologies. UNFPA's Policy Guidelines governing its support to family planning programmes have been revised periodically taking into account changes in the field and in the types of assistance requested by countries. The Guidelines permit support for all modes of service delivery as long as they are feasible and effective, as well as the support of all methods of contraception technically approved by WHO and in accord with the policy of the requesting Government.

9. Family planning has always accounted for the bulk of UNFPA programme expenditures. Between 1969 and 1984, the Fund allocated approximately \$530 million in family planning assistance. During the last 10 years, the annual level of expenditure has grown steadily, increasing from \$21.5 million in 1974 to about \$66 million in 1984. This represents a tripling of UNFPA's financial commitment to this sector in a decade. The increased demand for such support during the past few years attests to the recognition by countries of the efficacy of family planning, both as a demographic and as a health measure. Indeed, the health benefits of family planning are almost universally recognized. The volume and type of family planning activities the Fund has supported have varied considerably by region, reflecting differentials in the perception of the urgency of the population situation and in the strength of government commitment. Asia led the way in instituting population programmes and thus family planning has always claimed the major share of expenditures in this region -- approximately 60 per cent of the total UNFPA programme in Asia from 1969 to 1983. Because a number of these programmes were already under way when the Fund commenced its activities, many Asian countries, in addition to requesting support to augment regular activities, also sought assistance for innovative projects designed to enhance programme performance. In contrast, awareness of the possible detrimental effects of rapid population growth came much later to Africa. Indeed, UNFPA-assisted projects in basic data collection and in population and development research were largely responsible for alerting leaders of African Governments to the urgency of population issues. Moreover, information, education and communications (IEC) projects supported by the Fund helped Governments to design family planning (child-spacing) projects consonant with the prevailing socio-cultural environment. Between 1969-1984 family planning amounted to only about 25 per cent of the Africa programme. However, there have been significant increases in the annual expenditures for family planning in Africa over the past four years,^{6/} with large amounts of money being channelled into child-spacing programmes in the context of MCH. Total UNFPA assistance to the work plan category "family planning" disaggregated by functional categories has been distributed as follows: service delivery programmes and the concomitant communication support have accounted for about 80 per cent of all expenditures; training for all types of workers (doctors, paramedicals, community workers) has claimed about 10-15 per cent of family

planning expenditures; and research -- social, operational and biomedical -- has absorbed the remaining 5-10 per cent.

II. ANALYSIS OF ISSUES

10. In view of the complexity of the family planning field and the large number of interested parties -- countries themselves, donors, executing agencies and researchers -- there is a surprisingly high degree of unanimity as to the principal constraints to undertakings in this sector. There is also a fairly wide consensus as to how these obstacles may be overcome. For the most part, suggested solutions all involve strengthening the commitment of policy makers and service providers, as well as increasing financial resources. In order to promote the clarity of presentation, the problems encountered in the family planning area have been grouped under three headings:

- (a) Situational variables;
- (b) Organizational variables;
- (c) Adequacy of contraceptive methods.

Situational or setting variables refer to the political, economic and socio-cultural characteristics of the environment into which a family planning programme is introduced. This environment acts as a medium which may either enhance or attenuate the impact of programme inputs. The second category, organizational variables, encompasses those factors related to the implementation of a family planning programme -- namely, design, management and administrative arrangements. Adequacy of contraceptive methods includes the range and overall suitability of contraceptive methods and services available to the potential user. Viewed in another way, these categories may be construed as those factors which are instrumental in determining the demand for family planning and those factors which affect the supply of such services.

A. Situational variables

11. Looking back over the record of the past 15 years, the evidence indicates that when the situational factors are positive, family planning programmes are more likely to function successfully. Some of these situational indicators include political stability; degree of government commitment to the programme; overall level of socio-economic development; the prevailing religious and cultural value system; the role and status of women; and the extent to which the basic needs of the population are met. If a priority had to be assigned among these indicators (most of which are by their nature interrelated), strong government commitment, favourable socio-cultural ethos and status of women would rank the highest. Where Governments are strongly supportive of a family planning programme, a commitment demonstrated by strong public statements, allocation of adequate resources and "accommodating administrative arrangements", success can be achieved even in the absence of spectacular economic growth. China, Colombia, Indonesia and Sri Lanka are cases in point. Of course, when solid government backing is accompanied by strong economic gains, programme impact is intensified. Singapore, the Republic of Korea and the Territory of Hong Kong illustrate this pattern.

12. A supportive value system and increased autonomy for women also pave the way for successful family planning interventions. This is quite strikingly illustrated in the case of Thailand. Thai Buddhism stresses that individuals are responsible for their actions and offers virtually no opposition to contraception. Women are well educated (female literacy, about 80 per cent) and are accorded considerable freedom in defining their own lives. These positive cultural aspects, accompanied by steady economic growth and modernization, have prompted young Thais to revise their family size norms and to become ready acceptors of family planning. On the other hand, however, in societies where the culture limits women's role to traditional patterns, it is more difficult for family planning to gain acceptance. When the outlook for women is, in a sense, pre-determined -- educational and employment opportunities are limited and legal status is inferior to their husbands -- women are less likely to change their behaviour with respect to fertility.

13. Meeting basic needs has also facilitated the acceptance of family planning. Government efforts to extend the coverage of health services, particularly for mothers and children, has had a positive effect on the use of family planning. Research studies have indicated that the provision of quality health services in the state of Kerala in India and in Sri Lanka considerably augmented the level of family planning acceptance.

14. The selected situational variables just discussed interact with each other and also with the factors which will be considered in the following section. For example, management constraints, such as shortages of resources and lack of trained personnel, may well reflect the degree of government commitment as well as level of economic development. Thus, in assessing the problems enumerated below it is essential to keep in mind the degree to which situational variables, i.e., cultural setting, may intensify or reduce some of the difficulties encountered in the implementation cycle.

B. Organizational variables

15. Organizational variables encompass those factors which deal with the project cycle from design through implementation. This heading has been subdivided into three broad categories: (a) project design, which treats such issues as user-perspective, availability and accessibility of family planning services; (b) management concerns, which deal with the questions of financial resources, personnel, logistics and information systems; and (c) administrative arrangements, which address, in general, the co-ordination of various activities in the family planning sector.

1. Project design

16. Many problems that may be encountered in the implementation cycle can be traced back to flaws in the project design phase. The goal of all family planning interventions is to make information and services readily available in order that individuals and couples may achieve their fertility objectives. To accomplish this, services must be accessible, available, affordable and appropriate.

Furthermore, programmes must be designed in a way that is responsive to the particular needs and preferences of the target group. Assessments of family planning programmes have indicated that attention to user-perspective is one of the key elements in explaining programme performance. A world-wide conference of family planning professionals -- "Family Planning in the 1980s: Challenges and Opportunities" -- underscored the critical importance of adapting family planning schemes to local customs and norms.^{7/} Participants strongly recommended that local groups be involved in designing family planning interventions so that the resulting programme would respect and build on local customs, values and institutions. The validity and need for this approach was underscored by the recent Mexico Conference. In responding to the inquiry sent in connection with the preparation of this report, the WHO Regional Office for Africa also reiterated this point. It suggested that, since many situational factors in the African setting -- traditional and cultural values and high fertility expectations -- may militate against the adoption of family planning, it would be advisable to involve national anthropologists or sociologists in the process of project design and implementation. Someone with a solid knowledge of the attitudes, beliefs and practices of the target population could advise on the content of information programmes and on the structure of the service delivery systems in order to assure that both aspects are consonant with the perspective of potential users. Realizing the importance of this function, UNFPA and WHO/AFRO are currently exploring the creation of posts for sociologists in the regional teams in Cotonou, Benin, and Harare, Zimbabwe.

17. Accessibility to and availability and affordability of quality services are strong predictors of the impact that a family planning programme is likely to have. The concept of availability includes not only the density of service points^{8/} but also whether the programme extends coverage to "hard-to-reach groups" both in the geographical sense -- those living in isolated rural areas, marginal groups in urban agglomerations -- as well as subgroups in the population with special needs -- adolescents. A number of studies have substantiated the fact that, in order to achieve high rates of contraceptive use, it is necessary for a programme to provide ease of access to services, for example, convenient hours of operation; competent and co-operative personnel; and, to be "affordable" not only from the standpoint of monetary costs but also in terms of psychological and social costs. UNFPA has always emphasized the need to reach under-served groups. In Latin America, the Middle East and North Africa, UNFPA assistance has been utilized to support outreach workers and to train traditional health workers in order to increase the density of family planning service points in rural areas. In India, Malaysia and Sri Lanka, UNFPA has financed the extension of family planning services to the tea estates. UNFPA, in close co-operation with the International Labour Organisation, has assisted in efforts to bring family planning information and services to the workplace. The Fund has supported the Government of Thailand's programme to bring MCH/FP services to the isolated hill tribe villages in the northern part of the country and to Muslim communities in the south.

18. UNFPA has worked quite closely with WHO in developing programmes tailored to meet the particular needs of subgroups in the general population. The two organizations have assisted a number of countries in responding to the reproductive

23. Logistical problems also constitute one of the most serious operational constraints facing programme managers. Lack of contraceptives, basic drugs and equipment at the service points, failure to replenish supplies in a systematic and timely manner and inadequate transport networks are some of the logistical problems that arise in the course of implementing a family planning programme. Many factors underlie the relatively poor performance of logistics systems. The shortage of financial resources to purchase supplies and equipment is often exacerbated by the necessity of making such purchases on the international market in scarce hard currency. Even when funds are sufficient, shortages often occur because of inadequate inventory information and requisition systems at various levels of the programme, cumbersome procedures for buying and shipping, inefficient warehousing practices and lack of transport. Geographical features and climatic conditions may also impede the functioning of a logistics system. In an effort to solve these problems, UNFPA has encouraged the local production of contraceptives (e.g., support to projects in China, India and Indonesia) and has provided considerable technical assistance to improve logistical systems.

24. The lack of adequate management information systems has been a significant drawback to effective management in many family planning programmes. Although significant improvements have been introduced in several countries in recent years, programme managers continue to be hampered by inadequate information on supply flows (which contribute to logistical problems), staffing patterns, training requirements and programme outputs, i.e., service statistics. In the absence of accurate and timely information on these topics, management decisions are often made in a vacuum. In the case of service statistics, several deficiencies are sufficiently common to merit special attention. Some countries lack information on even the most basic indicators -- new acceptors, repeat visits, and the number and types of contraceptives distributed. In many countries, estimates of coverage in terms of current users of family planning are rarely made and reliance is placed on the numbers of new acceptors and repeat visits which do not constitute a reliable measure of programme impact or indicate the magnitude of the need for further investment.

25. The inadequacy of management information systems and management's lack of training in how to utilize data explains, to some extent, why even those monitoring reports, evaluations and research findings that are available are not used as feedback for decision-making.

26. UNFPA has and will continue to assist Governments in their attempt to improve management information systems. The Fund has provided external advisers and has financed efforts to collect baseline and follow-up data, and to simplify existing systems in order that accurate information on essential factors will be forthcoming in a timely manner. The Fund has financed training for management, supervisory and service personnel in the production and utilization of information. The Fund has also supported non-governmental organizations such as the Center for Development and Population Activities (CEDPA) and the International Committee on Management of Population Programmes (ICOMP), which address all aspects of the management of population programmes in developing countries.

3. Administrative arrangements

27. The issues discussed above pertain specifically to the family planning sector. There are, however, a number of administrative concerns that are common to all sectors but, in addition, have particular impact on the implementation of family planning programmes. Family planning by its nature often necessitates the involvement of several other ministries -- health, social affairs, education, labour, women's concerns -- and thus programme managers are frequently required to negotiate with rather complex bureaucracies. Like other programmes in the social sector, family planning programmes are often subject to budgetary freezes during periods of economic austerity. In many developing countries shortages of trained personnel, such as physicians, administrators, researchers and inadequate infrastructure -- i.e., both the lack of suitable institutional strength in the family planning field per se as well as weak transportation and communication networks -- have impeded the implementation of family planning programmes. As in other fields, family planning administrators must resolve the complications that are often attendant on such routine matters as the timely recruitment of experts, the effective allocation of available personnel, purchase of equipment and the efficient distribution of supplies.

28. For most developing countries the management of external resources constitutes a formidable challenge. Programme managers are confronted with the task of co-ordinating donor inputs and dealing with a variety of executing agencies. Frequently, programme administrators must commit a considerable amount of staff time simply to handle the reporting requirements of funding and executing organizations.

29. In extending assistance for family planning, UNFPA has placed high priority on strengthening the institutional capacity of countries to manage external resources believing this to be an essential prerequisite for achieving self-reliance in the population field. Moreover, before funding a project, UNFPA carefully assesses the capacity of the proposed executing entity -- the Government itself, a United Nations organization or a non-governmental organization -- to carry out the responsibilities envisaged. In particular, UNFPA has worked very closely with WHO and individual countries to improve co-ordination and thus facilitate the implementation process. To this end, a number of workshops comprised of personnel from countries, WHO and UNFPA, have been held in the various geographic regions. This mechanism has been used in order to broaden the understanding of the respective parties regarding the functions and procedures of the organizations involved with the ultimate objective being to improve performance during the implementation cycle.

C. Adequacy of contraceptive methods

30. The adequacy of contraceptive methods and the quality of services are important factors determining the effectiveness of a family planning programme. The term "adequacy" is a composite one embracing the notions of safety, reliability, affordability, availability and, in general, the overall suitability of the method vis-à-vis the potential user. If the contraceptive methods offered

by a programme are not deemed adequate by prospective users, then the impact (demographic or health) of the programme will be severely limited regardless of how favourable the situational or the organizational variables might be.

31. In reviewing the record of family planning programmes, adoption and discontinuation of contraception are two of the principal problems with which programme managers have had to deal. In adopting a method of contraception, acceptors must weigh the trade-offs among safety, reliability, ease of use and availability. By offering acceptors the widest choice possible, a programme's prospects for success are enhanced. Often, however, the variety of choice is restricted by limited resources -- financial as well as personnel -- necessary to dispense a particular method. Various surveys of contraceptive use have revealed that there is a sizeable proportion of women in almost all developing countries who are exposed to the risk of pregnancy and who would like to limit or space births, but who are not using contraception. This situation is usually termed the "unmet need" for contraception.^{9/} Women have indicated that the unsuitability of available methods is one of the principal reasons they do not practice contraception. Even after a method of contraception has been accepted, retaining acceptors as users is a considerable challenge. Most programmes have experienced high rates of discontinuation. Recent surveys have found that, among those who discontinue contraception, a high percentage are exposed to the risk of conception, but yet do not want more children -- e.g., 43 per cent in Pakistan, 30 per cent in Bangladesh and 25 per cent in Egypt.^{10/} The most frequently given reasons for method discontinuation are side-effects (such as nausea and excess bleeding) and perceived health risks. Such findings indicate that counselling and follow-up programmes are needed both at the time of adopting a method of contraception and during its use. In counselling sessions, prospective users could be made aware of the range of methods -- natural, mechanical, chemical, hormonal -- and their potential side-effects. It is likely that rates of discontinuation would be reduced if there was a more systematic follow-up of acceptors.

32. In order to promote ease of access to contraceptives, countries have adopted a variety of approaches. A number of Governments have subsidized distribution of certain contraceptive methods through the private sector. In some countries, e.g., Colombia and Indonesia, designated contraceptives are obtainable through community distribution networks which utilize existing organizations as depots for supplies. This approach has been especially successful in broadening the access of those residing in rural areas.

33. In order to improve the acceptance and continued use of contraception, greater attention needs to be focused on contraceptive research and development. Efforts must be undertaken on several fronts: improving methods, modern and traditional, to make them more acceptable and reliable, and developing new methods. Recognizing the importance of contraceptive adequacy to the success of family planning programmes, the thirty-first session of the Governing Council approved the Executive Director's recommendation that UNFPA should increase its funding for contraceptive research through intercountry and country projects utilizing as appropriate WHO, non-governmental organizations and national institutions in developing countries (decision 84/21, II, para. 3).

III. IMPLICATIONS FOR THE FUTURE

34. The foregoing sections have examined the types of difficulties most frequently encountered in undertaking activities in the area of family planning. In analysing the issues, the principal problems have been grouped under three headings -- problems stemming from situational factors; those rooted in organizational considerations; and, those associated with the adequacy of contraceptive methods. The experience of the past 15 years indicates that family planning programmes in most countries have, on occasion, been faced with several of the problems discussed in section II. Generally speaking, a country's ability to meet and overcome these difficulties has been commensurate with the degree of government commitment to the programme. Of the various problems identified, those listed under situational variables -- e.g., level of socio-economic development, prevailing cultural values and status of women -- are perhaps the hardest to solve because, by their nature, they are all-pervasive and often can be addressed only through interventions that are comprehensive in scope and gradual in impact. Indeed, some situational variables, for instance, political unrest, are simply beyond the purview of policy measures. On the other hand, organizational factors -- project design, management concerns and administrative arrangements -- are usually more clear-cut in nature and amenable to specific remedies. Although solutions can be identified, the difficulty in resolving problems in this category is due to the lack of financial resources and trained personnel. In all family planning programmes, the adequacy of contraceptive methods is an important issue. The extent to which the range of choices is limited or that available methods are deemed unacceptable by potential users will be a key determinant of a programme's prospects for success.

A. Future directions for the family planning sector

35. The 1984 International Conference on Population provided an appropriate occasion to assess what had been done in the area of family planning in the previous years and identify issues needing further attention. Discussions at the Conference and the recommendations that emerged from it underscored the fact that the delivery of family planning services is far more than simply a health or medical concept. There has been widespread agreement that family planning activities constitute a composite of social, cultural, economic and political issues, as well as health concerns, and thus must be addressed on several fronts. Many of the Conference's recommendations pertaining to reproduction and the family called on countries and the international donor community to strengthen weak links in family planning programmes per se and in development initiatives -- such as improving the education of women and reducing infant mortality -- factors which are known to be closely linked to the success of family planning. The need to extend quality family planning services through the utilization of all appropriate channels (integrated primary health care programmes, community-based distribution of contraceptives, commercial retail sales, etc.) was noted in recommendation 28. The particular need for providing information and services to adolescents was highlighted in recommendation 29. The need to give priority to operational research in order to improve programme design and management and to social

research, in order to get a better grasp of the determinants and consequences of fertility, was underscored in recommendation 70.^{11/}

B. Implications for UNFPA

36. In extending assistance for family planning during the coming years, UNFPA will work with countries as they seek to address various factors that influence programme performance. Following the analytical framework that has been used in this report, the ensuing paragraphs will detail the principal directions of UNFPA-assisted activities in the family planning field.

37. Responding to situational variables. As noted earlier, situational variables are often beyond the reach of policy initiatives. This observation notwithstanding, the Fund will assist Governments in articulating development strategies which give due attention to the determinants and consequences of fertility trends, and to the interaction between levels of development and the effectiveness of family planning programmes. One situational variable to which the Fund will accord considerable emphasis is the improvement of the role and status of women.

38. The experience of the past 15 years has shown that the role and status of women, particularly, the level of female education, is closely associated with the use of family planning. Women with primary education or above are more likely to realize that there are additional roles they can assume in society. Family planning offers them a means of regulating their fertility in order that they might reach out beyond their traditional functions to seek employment in the modern sector and to pursue active roles in their communities and their countries. Educated women are also more likely to be aware of the health benefits of family planning for themselves, their infants and for the overall well-being of the household.

39. The Mexico Conference underscored the reciprocal interrelationship between improvements in women's status and reductions in fertility. Moreover, the Conference observed that the upgrading of women's place in society, regardless of its link to the population situation, should be pursued as an end in itself. In supporting projects in the area of family planning, UNFPA has always stressed that such interventions must be responsive to women's immediate needs, but also, whenever possible, such projects should be designed in a way that will assist women in expanding their roles. Linking opportunities for income-generating activities to family planning programmes and placing women in management positions in family planning programmes illustrate the kinds of interventions UNFPA will encourage Governments to pursue. The Fund will continue to utilize women's organizations for the dissemination of family planning information and for the delivery of services. Research and awareness-creation activities pertaining to women and family planning issues will also be undertaken. Ways to improve communication between wives and husbands should be studied and efforts should be made to underscore the fact that fertility behaviour is a shared responsibility.

40. Focusing on organizational variables. With respect to the category

organizational constraints, the Fund will assist countries in their efforts to address a number of these factors. It will place particular emphasis on strengthening national capacity in the family planning sector. It will underscore the need to build up a corps of trained personnel, both within medical ranks as well as among paraprofessionals and traditional health workers, and to develop national research capabilities. With regard to training, UNFPA will encourage countries to evaluate periodically the effectiveness of their training programmes in order to ascertain if revisions may be necessary.

41. As noted in the report to the Governing Council on family planning research (DP/1983/21), the Fund will accord priority to assisting countries in building their capacities to conduct social, operational and biomedical research. Studies conducted at the country level can provide useful insights for resolving many of the factors that may impede the implementation of a family planning programme. Social research is essential in order to design programmes in keeping with the cultural values of target groups. Operational research is necessary in order to modify programme directions. The results of such experimental or pilot projects should then be taken into account in designing or revising programme strategies. In order to carry out operational research and to improve project design, UNFPA will assist countries in devising systems for the collection of baseline data. This information can be supplemented at appropriate intervals by survey data. Such a system is essential for the monitoring and evaluation of programme activities as well as for enhancing the capacity for operational research. Biomedical research is of course imperative, if the adequacy of contraceptives is to be improved. Developing countries should increase their capacity to undertake this type of research and UNFPA will work with WHO and selected non-governmental organizations to assist countries in this regard. Biomedical research requires considerable inputs of financial resources and trained personnel, and thus it is likely that progress in building up this capability will be slow. As a first step, however, countries should be encouraged to develop the capacity necessary for the safety testing of contraceptives in order to ensure that new or modified methods are suitable for the particular population in question.

42. Experience to date indicates that management constitutes a weak link even in programmes that have been under way for a long time. Thus the Fund will work with Governments to improve management strategies particularly with respect to logistics, training and supervision. It will assist countries in developing effective management information systems in order to upgrade programme monitoring. As a means of enhancing programme performance, the Fund will encourage Governments to mobilize community networks in project design and implementation and, when possible, to decentralize the administration of certain aspects of the family planning programme. Countries should also make greater use of non-governmental organizations within their areas of competence, and should seek to involve the private sector, particularly for the commercial distribution of contraceptives.

43. With regard to the requirements of hard-to-reach groups, UNFPA will encourage Governments to be attentive to meeting the needs of the urban poor and isolated rural populations and to respond to the family planning needs of young people.

44. The Fund will assist countries in developing suitable information, education and communication (IEC) strategies. Such undertakings should encompass not only specific information pertaining to the family planning programmes, but also should address broader population and development issues. Particular attention should be given to underscoring the health benefits of family planning. Information campaigns addressing the importance of breast-feeding will also be emphasized. The Fund will support country efforts to undertake IEC activities designed to further the acceptance of the small family norm.

45. Promoting contraceptive adequacy. Realizing that the present array of available contraceptives falls short of meeting the criteria of safe, effective, acceptable and affordable, the Fund will continue to work with WHO, selected non-governmental organizations and countries to promote the development of new contraceptives. There are several promising leads on the horizon, particularly with regard to effective, reversible, long-term methods. In order to bring these to fruition, however, considerable funding will be needed. Thus, to the extent its resources permit, UNFPA will place increased emphasis on funding contraceptive research and will encourage multi-bilateral donors to finance undertakings in this area.^{12/} The Fund will also promote efforts to make existing methods safer and more reliable. It will give particular attention to the furthering of natural family planning.

46. In addition to financing contraceptive research and development, UNFPA will work with Governments to assure that quality services and adequate counselling are available to individuals contemplating the adoption of a method of contraception. The experience of the past 15 years substantiates the fact that there is considerable market segmentation with respect to preferences for contraceptives. Thus efforts should be made to acquaint potential acceptors of a family planning method with the range of choices open to them -- natural, mechanical or chemical methods -- and the advantages or disadvantages associated with each method. Such counselling programmes would permit individuals to make an informed choice which, in turn, should lead to improved continuation rates.

IV. CONCLUSION

47. During the coming years, countries and donors will face formidable challenges both in mobilizing and meeting the demands for family planning services. Because of the large number of women entering the reproductive years, the demand for family planning, both as a health and a fertility limiting measure, will increase considerably. In order to get some idea of the volume of financial resources needed, estimates have been made based on various assumptions regarding fertility levels and contraceptive coverage. It has been calculated that in order to reach the level of contraceptive prevalence required to attain a total fertility rate of 3.3 by the year 2000, an investment of \$5.6 billion is needed. A more rapid decline in fertility, i.e., reaching a total fertility rate of 2.4 by the year 2000, would require approximately \$7.6 billion.^{13/}

48. In view of the magnitude of resources that will be called for and the

likelihood that both domestic and external financing will fall short of the target, co-ordination among donors is crucial. UNFPA will continue the practice of consulting widely with other donors to ensure that the activities it supports are complementary. It will give concerted attention both to furthering co-ordination among donors and to enhancing countries' capacity for managing donor inputs effectively. In projects that it finances, the Fund will encourage countries to select the mode of execution best suited to their needs -- a United Nations organization, a non-governmental organization or direct execution. Regardless of the modality selected, UNFPA, through its monitoring process, will make every effort to assure that projects receive adequate technical backstopping.

49. This review has provided a number of insights that will be useful to countries, to UNFPA and to other donors in designing and implementing family planning programmes. During the coming years, it is envisaged that the types of assistance requested will vary depending on the stage of the family planning programme. In the Africa region, donors will be asked to support efforts that are just getting started; on the other hand, many countries in the Asia and the Pacific and Latin America and the Caribbean regions will require assistance for introducing innovative dimensions in order to prevent a "plateauing" of the programmes. In its programming, UNFPA will use the recommendations of the 1984 International Conference on Population as a take-off point and will work with countries to translate the directives relevant to family planning into operational terms congruent with their particular situations. As in the past, UNFPA will, in all activities it supports, adhere to its policy of neutrality and will emphasize respect for the rights of the individual and the family.

Notes

1/ Population Information Program, The Johns Hopkins University, Population Reports, "Law and Policy," Series E, 7 (November 1984) p. E-110.

2/ Data refer to 32 countries: 14 in Asia; 11 in Latin America; 4 in Africa; and 3 in the Middle East, Population Reports, p. E-120.

3/ UNFPA, 1981 Report by the Executive Director, p. 12.

4/ UNFPA, Policy Guidelines for UNFPA Support to Family Planning Programmes, UNFPA/CM/83/14/Rev. 1 (13 July 1984).

5/ Nafis Sadik, ed., Population: The UNFPA Experience (New York University Press, 1984) p. 101.

6/ From an annual level of \$3.6 million in 1981 to approximately \$12 million in 1984.

7/ This Conference, co-sponsored by The Population Council, IPPF and UNFPA, was held in Jakarta, Indonesia, in April 1981.

8/ A higher density of service points is usually associated with higher levels of contraceptive prevalence. Successful programmes such as those in Indonesia and Thailand have two distribution points per 1000 eligible population. In Bangladesh and Pakistan this figure drops to 0.07 and 0.09 respectively.

9/ For example 40 per cent of the women in Bangladesh and Peru have an unmet need for limiting and spacing births. The unmet need for contraception for the purpose of limiting births is 22 per cent in Egypt, 10 per cent in Kenya, and 29 per cent in the Philippines. These figures were cited in The World Bank World Development Report 1984, p. 130.

10/ World Bank, op. cit. p. 136

-11/ United Nations, Report of the International Conference on Population, 1984, Sales No. E.84.XIII.8, pp. 14-40.

12/ See DP/1985/34.

13/ World Bank, op. cit. p. 152.