



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

Distr.  
GENERAL

DP/1986/32(Part I)  
24 March 1986

ORIGINAL: ENGLISH

Thirty-third session  
2-27 June 1986, Geneva  
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 1985

	<u>Page</u>
INTRODUCTION .....	2
I. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION .....	3
A. Africa (sub-Saharan) .....	3
B. Asia and the Pacific .....	9
C. Latin America and the Caribbean .....	12
D. Middle East and Mediterranean .....	16
E. Projects in the Europe region .....	19
F. Interregional programmes and projects .....	20
II. REVIEW OF THE PROGRAMME BY PRIORITY PROGRAMME AREA .....	20
A. Family planning .....	20
B. Population education and communication .....	23

(Continued in DP/1986/32(part II))

## INTRODUCTION

*It seemed somehow appropriate that the fortieth anniversary of the United Nations occurred during International Youth Year. One event celebrated the past; the other, the future.*

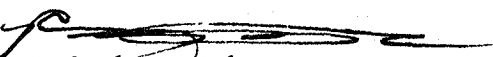
*The General Assembly, in designating 1985 as International Youth Year (resolution 34/151), emphasized "that the United Nations should give more attention to the role of young people in the world of today and to their demands for the world of tomorrow".*

*Because the world's population is getting younger with each passing year, and because the youth of today will become the parents of tomorrow, UNFPA has made a special effort, particularly through the funding of information, education and communication programmes in developing countries around the world, to reach young people. In-school and out-of-school programmes designed to create an awareness of responsible parenthood and the consequences of population trends and growth have helped to forge understanding of these subjects among young people.*

*It is particularly important that such programmes aimed at this target group be continued and intensified. Between 1985 and the year 2000, the world's youth population - between the ages of 15 and 24 - is projected to increase from 940 million to 1.06 billion. If one counts all those below the age of 24, that is, ages 0 to 24, the total is staggering - about 2.6 billion out of a current total world population of 4.8 billion. By the year 2000, this age group is projected to rise to 2.9 billion out of a total world population of 6.1 billion.*

*One of the recommendations adopted by the International Conference on Population, held in Mexico City in 1984 was that "Governments, specialized agencies of the United Nations system and other concerned intergovernmental and non-governmental organizations are invited to intensify their efforts in the execution of specific programmes related to youth, duly taking into account the situation, the needs, the specific aspirations of youth..." (recommendation 57).*

*For these reasons, the population community must reach younger audiences. This is not the time for cut-backs in international population assistance; rather it is the time for increased contributions. UNFPA has been particularly grateful to those donors which announced increased contributions at its 1985 annual pledging conference. Increased contributions to UNFPA will help in our efforts to serve the world's youth.*

  
Rafael M. Salas  
Executive Director

## I. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

### A. Africa (sub-Saharan)

1. An overriding concern of many African Governments during 1985 continued to be the drought-related emergency situation affecting many of the countries of that continent. However, both in the countries most critically affected as well as elsewhere in sub-Saharan Africa, recognition of the importance of population problems is steadily increasing. Land-carrying capacity studies of the Food and Agriculture Organization of the United Nations (FAO) and various studies linking food and population have recently added to a greater understanding of these problems.
2. As has been the case in recent years, maternal and infant mortality, migration (particularly to urban centres) and fertility rates in Africa remain the highest in the world, and Governments have shown particular concern about these subjects. In consonance with what has been demonstrated at such international meetings as the second African Population Conference held in 1984 at Arusha, the United Republic of Tanzania, the Governments of Africa have increasingly recognized the importance of family planning, particularly for health reasons.
3. At the country level, maternal and child health/family planning (MCH/FP) programmes have been receiving increased attention, and UNFPA has approved assistance for such programmes in nearly all countries. Allocations for this sector are almost double those of 1982. Continuing emphasis has been placed on training, where a block allocation for fellowships continued to be implemented in addition to funds allocated within country programmes. Training has been particularly aimed at in-country, middle-level training in management of family planning or birth-spacing programmes.
4. A major emphasis has also been placed on developing projects in the area of information, education and communication (IEC) in order to increase awareness and understanding of population issues. New projects were started up in and assistance continued to Benin, Guinea, the Niger, Togo and the United Republic of Tanzania.
5. UNFPA continued to support census or post-census activities in Angola, Benin, Botswana, Burkina Faso, the Comoros, the Congo, Equatorial Guinea, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Sierra Leone, Swaziland, Togo, the United Republic of Tanzania, Zaire and Zambia. Assistance has been approved for a population and housing census project in Côte d'Ivoire (jointly with the World Bank). Preparations are under way for the 1986 population census of Mauritania and the 1987 population censuses of Cameroon, Malawi and Senegal.
6. Surveys and symposiums were conducted in order to help countries to formulate a national population policy in Burkina Faso, Cape Verde, the Niger, Rwanda and Sao Tome and Principe. A consultancy mission was organized for the development of a population planning unit in the Congo. Population units already established in Burkina Faso, Cameroon, Guinea, Mali, the Niger, Senegal, the United Republic of Tanzania, Zambia continued to be supported.

## UNFPA IN 1985: PROGRAMME AND FINANCIAL HIGHLIGHTS

### Pledges and contributions

- Income in 1985 (provisional) totalled \$141.3 million, compared to 1984 income of \$138.6 million, an increase of 1.9 per cent over 1984.
- Pledges totalled \$135.9 million, an increase of \$3.5 million over 1984 a percentage increase of 2.6 per cent over 1984. At year's end, cumulative pledges through 1985 totalled \$1.4 billion from a cumulative total of 140 donors.
- The number of donors in 1985 totalled 100, two fewer than in 1984 (final donor total for 1984 was 102). There were 4 first-time donors in 1985 (Anguilla, Grenada, Montserrat and Saint Vincent and the Grenadines), compared to 5 in 1984.
- The Fund continued its efforts to seek additional resources for population projects and programmes through multi/bilateral arrangements (see part II).

### Programme: allocations and expenditures

- Total programme authority given by the Governing Council for 1985 was \$152 million, compared to \$142 million for 1984.
- Project allocations in 1985 totalled \$141.4 million, including \$19.3 million carry-over from 1984, of which \$17.5 million was covered by resources and \$1.8 million was overprogramming as allowed by the Governing Council, compared to project allocations in 1984 of \$133.7 million (excluding DRSAP budgets).
- Expenditures (provisional) in 1985 totalled \$149 million, compared to \$137.2 million in 1984. The 1985 figure included \$91.4 million for country programmes, compared to \$83.5 million in 1984; \$32.8 million for intercountry programmes, compared to \$31.7 million for 1984; \$4.6 million for the budgets of the UNFPA Deputy Representatives and Seniors Advisers on Population, compared to \$4.7 million for 1984; \$7.5 million for overhead payments, compared to \$5.5 million in 1984; and \$12.7 million for the administrative budget, compared to \$11.8 million for 1984.
- The project implementation rate (provisional) was 87.92 per cent, compared to 86.14 per cent (final) in 1984.
- 478 new projects were approved in 1985, amounting to \$23.2 million, compared to 453 new projects in 1984 amounting to \$29.8 million.
- At year's end, UNFPA was assisting 2,667 projects: 2,067 country and 285 regional (845 country and regional projects in Africa; 784 in Asia and the Pacific; 411 in Latin America and the Caribbean; and 312 in the Middle East, Mediterranean and Europe); 141 interregional; and 174 global. In 1985, 64 projects were completed, bringing the cumulative total of all projects completed through 1985 to 2,257.
- For allocations in 1985 by major functions, by geographical area and by country category, see page 6 (part I).

### Country activities

- 392 new country projects were approved in 1985, amounting to \$19.1 million or 18.4 per cent of total allocations to country projects, compared to 375 new country projects in 1984 amounting to \$18.5 million or 22.2 per cent of total expenditures for country projects in 1984.
- Allocations to continuing country projects amounted to \$84.8 million or 81.6 per cent of total allocations to country projects compared to expenditures for continuing country projects amounting to \$65 million in 1984 or 77.8 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 I, paragraph 4, 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 geographical 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 1985 to the 53 priority countries amounted to \$70.2 million, compared to \$59.7 million in expenditures for these 53 countries in 1984.
- Of the total amount of resources allocated to country programmes and projects in 1985, 67.6 per cent was allocated to these 53 priority countries, compared to 71.5 per cent of expenditures for these 53 countries in 1984.
- For allocations to priority countries in 1985 by region, see tables for geographical areas, page 11 (part I).

#### Evaluation and monitoring

- Seven major evaluations were conducted (see part II). Some 323 tripartite project reviews and 30 annual country reviews took place (see part II).

#### Intercountry activities

- Allocations for intercountry activities (regional, interregional and global) totalled \$37.3 million in 1985, compared to \$31.7 million in expenditures in 1984. By category of activity, these allocations were: regional, \$17.9 million in 1985, compared to \$14.3 million in expenditures in 1984; interregional, \$16.1 million in 1985, compared to \$13.2 million in expenditures in 1984; global, \$3.3 million in 1985, compared to \$4.2 million in expenditures in 1984.
- By functional category, allocations for intercountry activities in 1985 compared to allocations in 1984 were: (a) technical assistance and backstopping, \$19.2 million or 52 per cent, compared to \$17.8 million or 51 per cent in 1984; (b) training, \$6.7 million or 18 per cent compared to \$6.3 million or 18 per cent in 1984; (c) research, \$7.8 million or 21 per cent compared to \$7 million or 20 per cent in 1984; and (d) information exchange activities through clearing-houses, population information networks, etc., \$3.3 million or 9 per cent, compared to \$3.9 million or 11 per cent in 1984.
- Intercountry programmes represented 26.4 per cent of 1985 total allocations, compared to 27.5 per cent of expenditures in 1984. Regional projects represented 48.0 per cent of intercountry activities in 1985, compared to 45.1 per cent in 1984; interregional, 43.2 per cent in 1985, compared to 41.6 per cent in 1984; and global 8.8 per cent in 1985, compared to 13.3 per cent in 1984.
- If the UNFPA contribution of \$2.5 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 25.1 per cent, as compared to 26.2 per cent of expenditures in 1984.

#### Execution of projects

- The number of projects directly executed by Governments numbered 522, compared to 476 in 1984 and totalled \$33.1 million or 23.5 per cent of total programme allocations, compared to \$37.8 million or 32.9 per cent in 1984.
- For allocations in 1985 by executing agency, see table, page 6 (part I).

#### Population needs assessment

- In 1985, UNFPA undertook needs assessment missions to 16 countries -- 5 in Africa (Chad, Liberia, Mali, Senegal, priority countries; Guinea-Bissau a non-priority country); 4 in Asia and the Pacific (Sri Lanka, a priority country; Malaysia, Philippines and Thailand, non-priority countries); 1 in Latin America and the Caribbean (Colombia a non-priority country) and 6 in the Middle East and Mediterranean (Egypt, Morocco, Sudan, Syrian Arab Republic, priority countries); Jordan, United Arab Emirates, non-priority countries), bringing the total conducted since 1977 through 1985 to 100 (62 needs assessment missions to 48 of the 53 priority countries including 14 repeats and 38 to other countries, including 6 repeats).
- At year's end, of the remaining 5 priority countries, needs assessment missions have been scheduled in 1986 for Angola, in 1987 for Equatorial Guinea and Sao Tome and Principe and are still to be scheduled for Democratic Kampuchea and Dominica.
- By geographical area, a summary of all needs assessment missions shows: Africa, 30 to priority countries, including 3 repeats, 8 to non-priority countries; Asia and the Pacific, 21 priority, including 6 repeats; 12 non-priority, including 4 repeats; Latin America and the Caribbean, 1 priority; 10 non-priority including 1 repeat; Middle East and Mediterranean, 10 priority, including 5 repeats; 8 non-priority, including 1 repeat.

#### Administration and personnel

- In 1985, administrative expenditures (provisional), including both headquarters and field staff, were \$17.3 million or 12.2 per cent of the 1985 total income of \$141.3 million, compared to \$16.5 million or 11.8 per cent of the total 1984 income of \$138.6 million.
- At year's end, total regular budget posts -- exclusive of project-funded posts -- at headquarters numbered 186 -- 83 professionals (including 5 vacancies) and 83 general service staff -- the same number as in 1984. UNFPA field DRSAP posts numbered 33, which included 6 vacancies at the end of the year, compared to the same number in 1984, which included 2 vacancies at the end of 1984.
- 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 1984), 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 some administrative support, on a reimbursable basis, for financial and computer services, personnel and travel services 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 in the budget at \$2,826,300 for the biennium 1984 and 1985.

UNFPA PROGRAMME IN 1984 AND 1985: AT A GLANCE  
(Data for 1984 are expenditures; data for 1985 are allocations a/b/)

UNFPA assistance by major function

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1984</u>	<u>1985</u>	<u>1984</u>	<u>1985</u>
Family planning	58 125	72 483	50.4	51.3
Communication and education	17 059	20 297	14.8	14.4
Basic data collection	10 430	11 532	9.0	8.2
Population dynamics	12 238	15 866	10.6	11.2
Formulation and evaluation of population policies	7 017	9 570	6.1	6.8
Implementation of policies	948	605	1.0	0.4
Multisector activities	7 762	9 259	6.7	6.5
Special programmes	1 682	1 738	1.4	1.2
<b>Total</b>	<b>115 261</b>	<b>141 350</b>	<b>100.0</b>	<b>100.0</b>

UNFPA assistance by geographical region

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1984</u>	<u>1985</u>	<u>1984</u>	<u>1985</u>
Africa	20 732	28 087	18.0	19.8
Asia and the Pacific	51 627	60 738	44.8	43.0
Latin America and the Caribbean	15 324	19 026	13.3	13.5
Middle East, Mediterranean and Europe	10 189	14 100	8.8	10.0
Interregional	13 236	16 097	11.5	11.4
Global	4 153	3 302	3.6	2.3
<b>Total</b>	<b>115 261</b>	<b>141 350</b>	<b>100.0</b>	<b>100.0</b>

UNFPA assistance by country/intercountry category

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1984</u>	<u>1985</u>	<u>1984</u>	<u>1985</u>
Country	83 542	103 976	72.5	73.6
Intercountry	31 719	37 374	27.5	26.4
<b>Total</b>	<b>115 261</b>	<b>141 350</b>	<b>100.0</b>	<b>100.0</b>

UNFPA assistance by country category, all regions

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1984</u>	<u>1985</u>	<u>1984</u>	<u>1985</u>
Priority country	59 722	70 272	71.5	67.6
Other country	23 820	33 704	28.5	32.4
<b>Total</b>	<b>83 542</b>	<b>103 976</b>	<b>100.0</b>	<b>100.0</b>

UNFPA assistance by executing agency

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1984</u>	<u>1985</u>	<u>1984</u>	<u>1985</u>
Governments (directly executed)	37 893	33 163	32.9	23.5
United Nations	12 919	17 306	11.2	12.2
Regional commissions	6 652	7 655	5.8	5.4
ILO	4 409	7 227	3.8	5.1
FAO	1 637	2 228	1.4	1.6
UNESCO	5 151	7 357	4.5	5.2
WHO	17 589	28 792	15.2	20.3
UNICEF	1 608	2 292	1.4	1.6
UNDP	-	589	-	0.5
UNFPA	18 179	20 349 <u>c/</u>	15.8	14.4
Non-governmental organizations	9 224	14 392	8.0	10.2
<b>Total</b>	<b>115 261</b>	<b>141 350</b>	<b>100.0</b>	<b>100.0</b>

a/ Expenditure data for 1985 are not available until after the due date for submission of this document to the Governing Council.

b/ Totals exclude expenditures of \$4.7 million for 1984 and allocations of \$5.1 million in 1985 for budgets of Deputy Representatives and Senior Advisers on Population.

c/ Includes headquarters-executed procurement in the amount of \$11.4 million and field programme support other than DRSPs in the amount of \$2.8 million.

7. UNFPA will also continue to provide assistance for a population and family life project in refugee settlements in the United Republic of Tanzania, since the subject of refugees is one of the major concerns of many of the sub-Saharan African countries.

8. Finally, some countries have expressed an interest in special projects directed at the integration of women into socio-economic development. In this regard, projects are ongoing in the Central African Republic, the Congo, Madagascar, Mali and Mozambique. Projects have been submitted for Benin, Botswana, the Comoros, Gabon, Malawi, Togo and the United Republic of Tanzania.

9. During 1985, five needs assessment missions were undertaken (see p. 5).

10. There is a special role for regional activities in Africa, both from the point of view of cost-effectiveness, particularly because of the large number of small countries, as well as for their promotional role. Thus, the proportion of funds going to regional activities in sub-Saharan Africa is greater than for other regions.

11. An evaluation of the Regional Training Centre in Family Health for Africa, located in Mauritius, was undertaken. Recommendations included placing stronger emphasis on family planning and management in the future curricula of the Centre. A revision of the curriculum and work plan will be carried out in early 1986.

12. UNFPA-supported regional advisory services executed by the World Health Organization (WHO) continued to be provided to the French- and English-speaking countries. Teams are stationed at Cotonou, Benin, and Harare, Zimbabwe, respectively. In addition to the usual duties of developing backstopping and monitoring projects, a particular effort was made in 1985 to improve implementation through working-level regional workshops on project formulation, implementation and evaluation between WHO staff and national project staff.

13. UNFPA has also undertaken several steps to ensure co-operation at the regional level including the strengthening of UNFPA's field staff and a major increase in collaborative efforts with other sources of assistance. UNFPA has co-operated and will continue to co-operate with the United Nations Office for Emergency Operations in Africa and is, for example, represented on the Working Group on Emergency Development Linkages. Closer collaboration with the United Nations Children's Fund (UNICEF) has been regularized. Several innovative activities have been undertaken with the World Bank such as joint needs assessment missions, population and development seminars, etc. Preparations are being made for a joint World Bank/UNFPA sponsored meeting of donors to be held in 1986 of donor Governments and multilateral agencies on population assistance to Africa.

14. In the field of population information and education, a major innovative approach is now gaining momentum. An inter-agency team of advisers from the International Labour Organisation (ILO), FAO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) is now fully operational out of Nairobi. The Canadian International Development Agency is expected to give support for multi-bi funding for a support unit, which will help the advisers to prepare and implement regional strategies for training, documentation, etc. A second team to be located at Dakar is expected to be operational soon.

15. The Population Unit of the Organization of African Unity (OAU) is now fully established with assistance from UNFPA. It has had major inputs into, for example, OAU position papers at international meetings. The OAU Assembly of Heads of State and Governments also paid particular attention to the subject of population at its meeting in July 1985.

16. Progress was made by POPIN-Africa. Several publications were printed as well as initial bibliographies and training was organized for network participants.

17. UNFPA continued its support to the two regional demographic training and research centres -- the Regional Institute for Population Studies (RIPS), located at Accra, Ghana, and the Institut de formation et recherche démographiques (IFORD), located in Yaoundé, Cameroon. At the request of the Governing Council, a review is being undertaken and action begun to strengthen the support of member countries for the centres (see document DP/1986/40). Also, emphasis is being given to new directions in the training undertaken, particularly to emphasize population and development. Other advisory teams -- one covering statistics and one covering demographic analysis and population and development -- continued their active support for these activities. Particular emphasis is being placed on short-term, middle-level training activities, which can be integrated into country visits, in order to improve further the institution-building capacity of these countries.

18. The Demographic Unit of the Central African Customs and Economic Union (UDEAC) continued to operate actively in view of the lack of trained manpower in the countries covered; training is a main activity as is assistance for data collection and analysis activities. New emphasis has been placed on using the staff for assistance in developing statistics for improved management for other projects in countries concerned, e.g., MCH projects.

19. Support also continued to the Socio-Economic and Demographic Unit of the Sahel Institute whose staff members have participated in needs assessment missions and drafted project documents in addition to their ongoing activities as technical advisers for data collection, analysis and dissemination activities.

20. A number of regional population seminars/workshops for nationals of African countries were assisted by UNFPA in 1985, among them:

(a) A workshop on integrated parasite control, nutrition and family planning programmes for sub-Saharan Africa, held at Tokyo, Japan, in April 1985;

(b) A seminar on ways to improve statistics and indicators on women and development, held at Harare, Zimbabwe, in April-May 1985;

(c) A short-term training course for family planning managers in family planning techniques, held at Brussels, Belgium, from April to July 1985;

(d) A training course in human resources development and manpower planning, held at Dakar, Senegal, from May to August 1985;

(e) A regional workshop on demographic estimates and projections in Africa, held at Accra, Ghana, in July 1985;

(f) A study tour of African MCH/FP and IEC managers to China, held in September 1985;

(g) A bilingual workshop on development of civil registration and vital statistics collection systems in Africa, held at Addis Ababa, Ethiopia, in October 1985;

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(h) A workshop on planning, formulating and evaluating MCH/FP projects, held at Nairobi, Kenya, in October 1985;

(i) A regional youth workshop on awareness of youth in population through non-formal means, organized by The World Assembly of Youth, held at Nairobi, Kenya, in October-November 1985.

## B. Asia and the Pacific

21. In 1985, the Asia and Pacific region continued to serve as a model region for a wide spectrum of population programmes. Large-scale multisectoral undertakings comprising activities relating to demographic research and IEC as well as different modes of service delivery stood side by side with programmes comprising a few components in population data collection and analysis and information/education activities to affect prevailing attitudes on population (see table, p. 11.). Despite the long history of national population programmes in many countries and territories of the region, there are still areas where the definition of population policies and ensuing action programmes are still in an incubation stage.

22. For example, the first national population census was conducted successfully in the Lao People's Democratic Republic in 1985 with UNFPA assistance, and work is under way to initiate a fertility-mortality survey which will complement the census data in providing adequate, detailed population data required for socio-economic planning. In Burma, continuation of support to the 1983 census effort was provided for training in demography, computer science and systems analysis. In Afghanistan, support was provided for training in demography, computer applications, sample survey techniques and dissemination and utilization of demographic data.

23. At the same time, there is evidence of more advanced efforts at integrating population into development planning. Largely as a part of a UNFPA-assisted project on population policy co-ordination within the Central Planning Department of the Government of Fiji, the next development plan (1986-1990) of that country will place greater emphasis on population issues and include a comprehensive population policy statement. The new seventh five-year plan of the Government of Nepal has also incorporated population considerations into the plans and programmes of relevant sectors, particularly those of health, education, agriculture and forestry. In the case of the Philippines, integration of population concerns has taken place not only *vis-à-vis* the national development planning process but also in the preparation of development plans that are specific to local regional needs. From a different perspective, in order to respond to the new population policy of Malaysia to reduce the rate of fertility decline, UNFPA is assisting the Government in the development of a demographic-economic planning model which would quantify various socio-economic consequences of accelerated population growth. It is envisaged that the result of this modelling exercise will provide useful inputs into the preparation of the fifth five-year plan.

24. The existence of a population policy, however, has not always served as the prerequisite for formulation of action programmes. In the Maldives, for example, where UNFPA is supporting a child-spacing project, population growth is not considered a problem by the Government but the need to introduce child-spacing in the interest of MCH has been recognized. Similarly, in the Islamic Republic of

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Iran, a recent decree was issued by the Supreme Council for Policy-Making in Health, Curative Services and Medical Education recommending child-spacing, health education and use of approved contraceptive methods to improve the welfare of women and children. This decree underlines the importance that the Government places on its family health programme which UNFPA has been assisting since 1984.

25. The maturity of many of the population programmes in the region is evidenced by the numerous approaches taken to address specific target groups. In Thailand, UNFPA is supporting projects designed for minority groups in the southern border regions and for the hill tribes in the north. Support is provided for a pilot project in the Philippines to facilitate delivery of services to the urban poor.

26. With respect to population education, UNFPA provided support in Indonesia through non-governmental Islamic institutes, the Ministry of Religious Affairs, the district offices of the armed forces as well as the Indonesian Council of Churches to reach as wide an audience as possible. In the Republic of Korea, sex education slides for pre-school children were produced for use at day care-centres. A puppet show encouraging the small family norm also aimed at the same age group was videotaped for wide dissemination.

27. At the regional level, assistance was provided to the Asia Institute for Broadcasting and Development for the integration of population content in the training of broadcasters, television producers, writers, etc., and to provide an opportunity for the staff of population programmes to develop communication strategies in collaboration with media institutes. The Press Foundation of Asia continued to receive UNFPA support for the training of journalists to improve editorial content and to disseminate information relating to population and development.

28. Recognition of adolescent sexuality and of the potential of youths as a support group for population programmes has figured in UNFPA-assisted activities in the region. In Indonesia, youth organizations serve as a conduit for promoting family life and population education in urban areas while in rural areas, a cadre of trained youths will organize group discussions and seminars on the same subject. A pilot scheme to utilize trained youths as MCH/FP outreach workers in squatter settlements in and around Metro Manila also received support.

29. The importance of women as active participants, and not merely recipients, in population programmes continued to receive attention. Specifically, the Saemaul Women's Associations in the Republic of Korea successfully implemented a pilot project to increase the family planning acceptance rate in five selected low-income urban areas. The Women's Union in Viet Nam was also actively involved in family planning motivation activities. In a number of countries and territories of the South Pacific, women play an important role in population programmes, as in the Cook Islands, Niue, Papua New Guinea, Samoa and Tokelau. The national directors of four UNFPA-assisted projects are women. Moreover, women play a highly conspicuous role in the delivery of family planning services and in supervising implementation of project activities. In Samoa, women's committees in villages serve as the most important channel for dissemination of family planning information. At the regional level, a Regional Conference on Women, Population and Development took place at Beijing, China, in April 1985 (see para. 125, part II).

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UNFPA expenditures (1984) and allocations (1985), 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
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Family planning	7 800	12 035	37.6	42.9	34 320	39 554	66.5	65.1	7 348	8 889	48.0	46.7
Communication and education	1 814	3 249	8.8	11.6	8 274	8 209	16.0	13.5	1 709	2 275	11.2	12.0
Basic data collection	5 396	4 748	26.0	16.9	1 069	2 871	2.1	4.7	2 014	1 669	13.1	8.8
Population dynamics	3 273	4 307	15.8	15.3	3 008	4 601	5.8	7.6	1 668	2 541	10.9	13.4
Formulation and evaluation of population policies	1 089	2 017	5.2	7.2	1 448	1 795	2.8	3.0	1 918	2 686	12.5	14.1
Implementation of policies	2	17	-	-	845	483	1.6	0.8	-	61	-	0.3
Multisector activities	843	1 524	4.1	5.4	2 408	2 738	4.7	4.5	524	710	3.4	3.7
Special programmes	515	190	2.5	0.7	255	487	0.5	0.8	143	195	0.9	1.0
TOTAL REGION	20 732	28 087	100.0	100.0	51 627	60 738	100.0	100.0	15 324	19 026	100.0	100.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
By country category												
Priority country	12 841	17 773	61.9	63.3	41 548	45 973	80.5	75.7	989	1 071	6.5	5.6
Other country	3 206	4 519	15.5	16.1	5 371	8 606	10.4	14.2	11 464	14 477	74.8	76.1
Total country	16 047	22 292	77.4	79.4	46 919	54 579	90.9	89.9	12 453	15 548	81.3	81.7
Regional	4 685	5 795	22.6	20.6	4 708	6 159	9.1	10.1	2 871	3 478	18.7	18.3
TOTAL REGION	20 732	28 087	100.0	100.0	51 627	60 738	100.0	100.0	15 324	19 026	100.0	100.0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

By major sector	Middle East, Mediterranean and Europe				Interregional and Global				Priority countries	
	(in US\$ 000)		Percentage of total programme	Percentage of total programme	(in US\$ 000)		Percentage of total programme	Percentage of total programme		
	1984	1985	1984	1985	1984	1985	1984	1985		
	1984	1985	1984	1985	1984	1985	1984	1985		
Family planning	3 934	5 652	38.6	40.1	4 722	6 353	27.2	32.7	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.	
Communication and education	2 293	3 002	22.5	21.3	2 969	3 562	17.1	18.4		
Basic data collection	691	1 262	6.8	9.0	1 261	982	7.2	5.0		
Population dynamics	1 738	2 130	17.1	15.1	2 552	2 286	14.7	11.8		
Formulation and evaluation of population policies	436	515	4.3	3.6	2 126	2 556	12.2	13.2	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.	
Implementation of policies	84	44	0.8	0.3	16	-	0.1	-		
Multisector activities	664	1 013	6.5	7.2	3 323	3 276	19.1	16.9		
Special programmes	349	482	3.4	3.4	420	384	2.4	2.0		
TOTAL REGION	10 189	14 100	100.0	100.0	17 389	19 399	100.0	100.0	Latin America and the Caribbean: Dominica, Haiti.	
	=====	=====	=====	=====	=====	=====	=====	=====		
By country category									Middle East, Mediterranean and Europe: Democratic Yemen, Egypt, Somalia, Sudan, Yemen.	
Priority country	4 343	5 455	42.6	38.7						
Other country	3 779	6 102	37.1	43.3						
Total country	8 122	11 557	79.7	82.0						
Regional	2 067	2 543	20.3	18.0						
TOTAL REGION	10 189	14 100	100.0	100.0						
	=====	=====	=====	=====						

30. In no other region does UNFPA provide such substantial support for local production of contraceptives as in Asia. This is due to the existence of large domestic markets and to the interest of Governments as well as to UNFPA's concern in fostering self-reliance regarding contraceptive supplies. UNFPA provided \$4 million to the Government of India as part of the cost of expansion for the production of condoms by the Hindustan Latex Company. In Viet Nam, a contract was signed in regard to the establishment of a condom manufacturing plant by an Indian company and construction and procurement is under way. Several countries, including the Democratic People's Republic of Korea, India and Viet Nam, have also expressed interest in local production of the latest types of intra-uterine devices (IUDs). In China, under the second programme, UNFPA is assisting in the local production of practically the whole spectrum of contraceptives.

31. Another programme aspect that has received particular attention is qualitative improvement of programmes through strengthening administrative capability. With UNFPA assistance, the International Committee on the Management of Population Programmes conducted a regional workshop, relating to the administrative management of family planning programmes and the Centre for Development and Population Activities held a workshop on supervision and evaluation to improve the administrative management of family planning programmes, attended by middle- to senior-level administrators from the region. Moreover, with multi-bilateral assistance from the Netherlands, the Fund continued its efforts to develop a subregional programme focusing on strengthening administrative management capability in several South Asian countries.

32. A project formulation mission was undertaken to the Democratic People's Republic of Korea in April to develop the framework of the first UNFPA assistance to that country. Needs assessment updates were undertaken in four countries (see p. 5).

33. Evaluations were conducted of projects in two countries -- Nepal and Pakistan.

34. Both at headquarters and in the field, efforts at co-ordination and collaboration with other donor organizations continued. For example, at UNFPA's initiative, a series of logistics co-ordination meetings were held at Dhaka, Bangladesh, involving representatives of the Canadian International Development Agency (CIDA), the Federal Republic of Germany, the United States Agency for International Development (USAID), UNICEF and the World Bank, which resulted in a number of recommendations to the Ministry of Health and Population Control for strengthening the Government's logistics system. The UNFPA-CIDA monitoring unit, which was launched in 1985 as a multi-bilateral project, is expected to help to improve the Government's distribution system.

### C. Latin America and the Caribbean

35. Government efforts to maintain and further expand population programmes have been and will continue to be seriously restricted by the economic situation facing the countries of the region, particularly the acute problem of debt financing. Despite the fact that today all Latin American countries provide family planning services integrated into MCH programmes, technical co-operation provided by

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international organizations continues to be indispensable, since considerable efforts are still necessary to extend the coverage and improve the quality of such national programmes. In 1985, UNFPA supported both continuing and new efforts by providing assistance for the expansion and improvement of national MCH/FP programmes. In regard to the latter, in 1985 UNFPA initiated its first nation-wide programme in Brazil in support of the plans of the Ministry of Health to implement its new health strategy for provision of basic health services including family planning.

36. In several countries and territories, UNFPA assistance has contributed to the development and implementation of strategies directed to specific segments of the population. One such target group is adolescents. High pregnancy rates in this age group have made it a special concern since the traditional MCH/FP and IEC networks have apparently not been effective in reaching adolescents. The problem of teenage pregnancy constitutes a social problem as well as a health problem for both the young mother and the infant. In Mexico and Panama, UNFPA has financed the development of specific strategies directed at addressing the needs of the adolescent population and, in several countries and territories of the English-speaking Caribbean, adolescents have been the target group in family planning and family life education projects. These projects have been favourably evaluated, with the recommendation that such projects for youth be expanded and more emphasis be placed on the services delivery components. In other countries and territories, UNFPA has financed projects for segments of the population which, for reasons of distance, political unrest or population pressure are particularly in need of improved MCH/FP services.

37. UNFPA assistance has also supported training in natural family planning methods either as part of national family planning programmes or through non-governmental organizations (NGOs) and in some instances in co-operation with the Catholic Church. In this connection, UNFPA is assisting programmes in Chile, Colombia, Ecuador, Guatemala, Uruguay and Venezuela.

38. The field of population education appears to be gaining more importance and acceptance in the region as Governments increasingly realize the need to complement improved access to MCH/FP services with increased awareness of the nature, causes and implications of population processes such as sexual behaviour, the relation between population and the environment, demographic problems, etc. As a result, the inclusion of population components into the primary and secondary school curricula is being undertaken in the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Paraguay and Peru. In Honduras and the English-speaking Caribbean, efforts are being made to include population components in out-of-school programmes and in literacy campaigns for adolescents and parents of adolescents. In Colombia, UNFPA is helping to finance a sex education campaign which has been organized by the Municipality of Bogota and which is expected to reach a target population of 36,000 families in urban marginal areas with messages on responsible parenthood, demographic growth and family planning services.

39. In 1985, evaluations of population education projects in Honduras and Paraguay were undertaken.

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40. As a result of past UNFPA assistance to countries of the region for demographic training and institution-building in the area of basic data collection, many of the Governments have achieved a level of self-reliance of considerable competence. Currently, UNFPA is funding only high priority activities such as technical assistance (short-term international/national consultancies); in- and out-of-country training and equipment requiring foreign exchange. In Colombia, UNFPA assisted in securing an adequate level of data processing equipment beyond the scope of UNFPA's financial inputs by accepting government cash contributions as funds-in-trust towards the purchase of additional data processing equipment, an example of where UNFPA has facilitated rather than funded an increased flow of resources for population activities. At the same time, this example also indicates the commitment of recipient Governments to such projects and the acknowledgement of UNFPA as a useful and flexible mechanism for improving the quality of such activities.

41. The countries and territories of Latin America and the Caribbean have continued to recognize the need to integrate population with development planning as well as the importance of having adequate administrative and institutional arrangements to formulate and implement population policies within the larger context of development.

42. Several countries and territories in the region had already established population units by the beginning of the 1970s, well in advance of the recommendations of the World Population Plan of Action of 1974. The assistance of UNFPA has in many instances allowed their continued existence and contributed to their strengthening and improvement. Furthermore, in the case of Bolivia and Peru, UNFPA support has been instrumental in the creation of national population councils. There are at present a total of 16 active national population units (departments, general directorates, commissions or councils) in the region. UNFPA is supporting activities in 13 of them.

43. Mexico is the only country in Latin America with a population policy that explicitly includes comprehensive demographic targets (growth and distribution) disaggregated to the sub-national level. The National Population Council has been entrusted with the task of monitoring and co-ordinating activities leading to the attainment of those targets. The national development plan, in recognition of the need for decentralization of economic life and greater popular involvement in the planning process, has established population councils in each State. A UNFPA-financed project approved in 1984 supports the State population councils in the implementation of the national population programme within their areas.

44. The role of women in population and the process of development is a theme which conceptually has begun to be thought of only recently and, therefore, only limited progress can be reported in the region. It is expected that this area of activity will develop rapidly since the role of women in most societies is rapidly changing from a predominantly reproductive and domestic one towards a more diversified function for which women require education, increased access to the labour market and knowledge of, and access to, social services including FP services. Most UNFPA-supported projects have in one form or another components which are related to women's concerns (training, research, service delivery), but recently UNFPA has been financing projects which are explicitly targeted towards

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women. In Bolivia, UNFPA is funding a national team of investigators, backed by international consultants, in an attempt to determine the extent to which the economic and social role of rural women has been enhanced in integrated rural development projects, and to recommend measures to accelerate this trend. In Colombia, UNFPA is financing a pilot project in four urban areas directed at low-income families which have recently migrated to the big cities or which have experienced the social effects of the urbanization process. The project seeks to create innovative ways of delivering basic social services, including health care, advice on nutrition, sex education and training for women to improve their capacity to participate actively in community development. In Mexico, the National Population Council requested and received UNFPA funding for an extensive training project aimed at rural and marginal urban women to assist them in co-operative economic enterprise and, simultaneously, to provide them with information about their family roles and control of their own fertility.

45. UNFPA has been working actively with NGOs in various countries where such entities have a comparative advantage of either specialized knowledge not available in the public administration or a well-established presence in a certain sector or region. For example, UNFPA is working with the International Planned Parenthood Federation (IPPF) affiliates in Colombia (PROFAMILIA) and in Guyana and Suriname. The latter are examples of finding ways to promote FP services in countries where public entities do not, or are not able to, implement such activities.

46. In the area of demographic training and research, UNFPA has supported efforts to achieve self-reliance through a variety of interventions. At the regional and subregional level, for instance, the Latin American Demographic Centre (CELADE) has carried out regular courses for government officials in Chile and Costa Rica, as well as provided technical backstopping to country projects either through short-term missions to the countries or by bringing government officials to Santiago to work with CELADE. At the national level, in most countries, UNFPA has supported intensive training courses on demography and population with participants from ministries, universities, and private research centres. In Colombia, Ecuador and Peru, UNFPA has supported efforts to include population in the curricula of various universities.

47. UNFPA has actively promoted technical co-operation among developing countries (TCDC) in the region. An early example was the agreement signed between UNFPA and the Government of Cuba and UNFPA for the provision of technical expertise (recipients of this assistance can be found in both Latin America and the Caribbean and African regions). A more recent initiative has been the agreement signed between the Government of Mexico and UNFPA (recipients so far have been Bolivia and the Dominican Republic). At year's end, UNFPA was preparing to sign its third agreement in the region with the Government of Brazil.

48. In 1985, UNFPA continued to finance regional programmes executed by CELADE, ILO, UNESCO, WHO and the Pan American Health Organization (PAHO) in the fields of training, operational research and project identification, formulation and evaluation.

49. Also during the year, UNFPA initiated activities in the area of urbanization, a subject of increasing concern to the countries in the region. (For information

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on the 1986 Conference on Population and Small and Medium-sized Cities in Latin America and the Caribbean to be held in Mexico City in February 1986, see para. 151, part II.)

50. Future support to the region will continue to be directed towards improving the delivery of MCH/FP services, strengthening management capacity and service statistics systems at the same time also searching for new modalities for addressing the needs for providing such services to specific target groups such as adolescents and marginal urban populations. UNFPA efforts will also seek to strengthen population education programmes through the integration of population contents into school curricula and out-of-school programmes.

#### D. Middle East and Mediterranean

51. The year 1985 marked the conclusion of the current UNFPA programme cycle (1981-1985) for many countries of the region (see table, p. 11). In preparation for the new country programmes, needs assessment missions were fielded in 1985 to six countries (see p. 5).

52. Generally, the needs assessment missions have noted shifts in the perception of population-related issues in the region since the first missions were fielded four to six years ago. While one of the major obstacles to the expansion of MCH/FP services has been the traditional attitudes concerning the roles of men and women within the socio-economic, cultural and religious context of the region, these attitudes appear to be changing and traditional barriers have begun to break down in certain parts of the region. Most of the missions noted the need to expand the role of women in population and development activities as well as the need to initiate projects designed to enhance their status, particularly in relation to health, participation in the labour force, etc. Most missions have indicated great progress in the development of MCH/FP activities in the past few years and foresee opportunities for even greater progress in the future.

53. In Egypt, for example, with the largest population programme in the region, the momentum will continue into the next programme cycle. In 1985, a presidential decree established the National Population Council, which has become the highest government entity concerned with population, responsible for the supervision and co-ordination of four national projects--the national programme for the employment of women, the national population and family planning programme, the national project for child care and the national project for the eradication of illiteracy. It is expected that the new UNFPA-assisted programme will be institutionalized within the Ministry of Health and that the Government will establish an under-secretary post within the Ministry of Health solely responsible for family planning. The new programme will emphasize particularly the importance of achieving self-reliance in the area of population, especially in regard to policy formulation and implementation, programme development, monitoring and evaluation.

54. A major concern within the region has been to extend MCH/FP services to rural areas. This has been accomplished in a number of ways. For example, in its attempt to reach the population at large and the most vulnerable groups in particular, the Moroccan Government has institutionalized two approaches: the



use of family mobile units and the household-based MCH/FP services approach. Twenty-two mobile units, funded by UNFPA, operate in 22 provinces, bringing health-care services and education, including family planning information, to men and women in remote areas; an "expo-van", also funded by UNFPA, tours rural areas, providing a travelling exhibition of slides, posters, pamphlets and other information and educational materials on family planning. The household-based MCH/FP services approach programme includes primary health care of which family planning is one of the elements. These services have been extended to 8 provinces and will soon cover 13 provinces.

55. In the Sudan, the Government has been particularly concerned with extending MCH/FP services to those areas affected by desertification and the drought and internal seasonal migration.

56. In Democratic Yemen, the MCH/FP project continued to concentrate on service delivery and training. By the end of 1985, almost 80 health facilities were providing MCH/FP services mainly in the rural underserved areas with varying degrees of comprehensiveness in the services delivered. Equipment and supplies funded by UNFPA under the project, continued to arrive in 1985, but, as has happened with similar projects in other regions, problems arose with the timing of deliveries, storage and transportation. Training of medical and paramedical health personnel in MCH/FP constituted approximately 40 per cent of UNFPA funding in 1985. Pre-service and in-service group training was conducted through the Institute of Health Manpower Development; UNFPA continued its assistance for teaching aids for the Institute's training programmes. The Institute made special efforts to attract an increased number of women to the health profession in general and to the MCH/FP programme in particular. Through TCDC and especially through MCH/FP directorates in the region, some of the project training needs were met. For example, the Nursing College and the Barakat Training Centre in the Sudan continued to invite participants from Democratic Yemen to attend courses in MCH/FP and in 1985 two nurse/midwives from the MCH/FP Directorate in the Sudan were assigned to the project in Democratic Yemen for one year to assist in the training of paramedical staff and provide services at MCH/FP units in rural areas.

57. In the area of population education and communication, in Jordan, for example, under the comprehensive population/development support project, 75 participants were trained in media utilization. Under the supervision and direction of a UNESCO expert, eight films, three posters and radio programmes were produced. Several members of the Department of Training and Communication Development were trained on the job. However, the main difficulty facing the project was the acute shortage of professional staff -- script writers and film/television directors -- available to the Department. As a result, the field campaigns planned in three different pilot areas could not be undertaken because of a lack of IEC materials.

58. In Tunisia, UNFPA-funded assistance, aimed at integrating population education into existing curricula in primary and secondary schools and teacher training institutions continued during 1985. UNFPA also financed a study prepared by a national consultant designed to evaluate the impact of activities undertaken within the framework of the project on population education in secondary schools. According to the study, the objective of integrating population education has not

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been completely reached. Even so, within the framework of this project, 4 seminars for 85 trainees took place, 337 sessions were organized by the Population Clubs (extra-curricular organizations) and teaching aids were developed. A document on methodology was elaborated; regional teams were trained; and a number of regional centres were equipped with audio-visual aids. Under the UNFPA-funded project on the integration of population education in teacher training institutions, population education for secondary school teachers preparing for a master's degree in history/geography or the natural sciences continued during 1985.

59. In Turkey, the Government, taking advantage of the expertise of the Family Planning Association of Turkey (FPAT), called upon FPAT to assist it in a project for the private sector which was initiated in late 1985. The project will, over a three-year period, offer population education and family planning services to some 150,000 industrial workers in 144 factories through the medical service units of these factories, the first time in Turkish industrial history that such services have been offered in this environment.

60. Also, activities were undertaken or under way to: (a) involve the National Television Service in preparing and airing family planning programmes; (b) include population education in the education programmes for young drafted soldiers who are expected to work as agents for change once they return to their villages after their military service; (c) increase the population education component in the country's large adult education programme; (d) contribute to an ongoing dialogue between the Moslem religious affairs authorities and family planning implementing authorities, aimed at involving imams to the widest extent possible in community activities dealing with population education; (e) support and expand voluntary activities by the "first ladies", that is, the wives of provincial governors, of the provinces; and (f) expand appropriately the role that district commissioners and their wives can play in population and development efforts.

61. In the area of basic data collection, in Yemen, the preparations for the 1986 census (scheduled for February 1986 for a two-week period) moved into high gear when the necessary legal framework was provided by a Presidential decree in June 1985. The activities completed included finalization of the census plans in full detail; in-country and overseas training of national personnel, with six fellowships/study tours in census organization and data processing; procurement of data processing and office equipment and supplies, vehicles, etc. The census adviser who has been assisting these activities since March 1984 and the UNFPA field office have facilitated effective co-ordination to ensure that the target dates set in the work plan are met.

62. A basic problem confronting all censuses has been the analysis of census results, where delays due to delivery of processing equipment and lack of trained personnel have held up the processing of the census data and the presentation of basic tabulations. This has been the case in the Syrian Arab Republic, where such processing was scheduled to be completed in 1983 but was delayed by problems related to the delivery of computer equipment. However, all final tables were produced by September 1985, and the publication of the tables was scheduled for December 1985.

63. At the regional level, UNFPA continued to provide assistance to country activities through projects executed by the Economic and Social Commission for

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Western Asia (ESCWA) through, for example, a seminar on population and housing censuses in the region of Western Asia held at ESCWA headquarters in November-December 1985 within the context of the preparations for the 1990 World Population Housing Census Programme, as well as projects executed for UNFPA, within their areas of expertise, by the United Nations, ILO, WHO, UNESCO, etc. Although there is some variety in the nature and magnitude of population problems encountered by countries within the region, there continues to be a need for exchange of knowledge and experience. For that reason, it is believed that the regional programme is a useful mechanism for reviewing, synthesizing and sharing experiences between and among the countries through seminars, publication clearing-houses, workshops and so on.

#### E. Projects in the Europe region

64. In 1985, UNFPA assistance to projects in the European region amounted to about \$2 million (see table, p. 11), almost the same as in 1984.

65. About 40 per cent of UNFPA allocations to this region in 1985 went to the projects in the population dynamics sector. For example, Bulgaria, like many countries of the region has a largely independent and unco-ordinated data collection system. The Government asked UNFPA to help it to integrate its various sources of data into one computerized system. Specifically, the project was to design and review a suitable integrated conceptual and organizational framework, provide advanced training in the demographic skills required for integrated policy analysis and monitoring and establish advanced analytical capabilities on micro-computers. According to the United Nations Statistical Office, Bulgaria is one of the first countries in the world to attempt such a complete integration of data. UNFPA's role has been to provide international expertise, fellowships and computers. An international workshop in November 1985 discussed how integrated demographic and social statistics can be used to develop integrated demographic, social and labour force policies and what further work on integrated statistics would be needed to meet the statistical requirements of such analysis.

66. Another 30 per cent of UNFPA allocations in the European region went to family planning projects. Two major family planning concerns in the region are: to increase population growth through improvement in infertility/sterility and genetic counselling and to reduce the level of illegal abortions through the establishment and expansion of family planning clinic networks and at the same time reduce maternal and infant mortality. For example, in Greece, a country with some 4 million women of childbearing age, there are an estimated 300,000 to 400,000 illegal abortions each year. In May 1982, the Government, concerned with this problem, asked UNFPA for assistance in the creation of a network of family planning clinics, one in each of the 20 health districts. A training programme for 10 teams of physicians, nurses, midwives and social workers started later that year. By 1985, there was a network of 28 family planning clinics throughout the country, with more in the planning stage.

67. In Portugal, UNFPA assistance has supported the growth of the family planning clinic system created by the Ministry of Health. One result has been a decrease in infant and maternal mortality. Infant mortality per 1,000 births has dropped from 29.12 in 1978 to 19.31 in 1983 and maternal mortality per 100,000 live

births from 32.84 in 1978 to 16 in 1983. UNFPA has also continued assistance for MCH/FP work in the disadvantaged areas around Lisbon and for family planning awareness programmes in local communities conducted by the family planning association, Associação para o Planeamento do Família.

68. Another important emphasis in the Europe region has been on technical assistance for specialists and students from developing countries. Courses in modern methods of family planning for physicians from developing countries and in the operation of family planning clinics for paramedical personnel were held in Hungary in 1985. Hungary was also the site of a training course in computer software for demographic analysis and projection for participants from developing countries. Courses continued at Moscow State University for participants from developing countries on population and development.

69. UNFPA continued to support the work of the Economic Commission for Europe (ECE) in the economic and social consequences of aging and in migration and development. These regional projects were carried out by national agencies using modules jointly prepared by the participating countries under the supervision of ECE. Eleven countries are participating in the former and five in the latter project.

#### F. Interregional programmes and projects

70. For most UNFPA-supported interregional activities, 1985 represented the second full year in the implementation of the four-year programme cycle beginning in 1984. These activities are executed by the United Nations, the specialized agencies and various NGOs. Included in this category of assistance are several global projects which are continuing from previous years as well as UNFPA-supported law and population activities.

71. For information about the work of UNFPA's executing agencies during 1985, see document DP/1986/33, Supplementary information on the work in 1985 of agencies and organizations executing UNFPA-funded programmes and projects.

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

#### A. Family planning

In 1985, UNFPA assistance in this area totalled \$72.5 million or 51.3 per cent of total programme allocations, compared to \$58.1 million or 50.4 per cent in expenditures in 1984. During the period 1969-1985, UNFPA assistance in this area totalled \$563.7 million or 46 per cent of total assistance.

72. In 1985, assistance was given to countries particularly in order to enhance the acceptance of family planning at the local level and to expand the delivery of services to both rural and marginal urban areas. A total of almost 500 ongoing projects relating to MCH/FP was supported during 1985.

73. To encourage the acceptance of family planning, UNFPA has supported IEC programmes, as well as motivational campaigns utilizing a variety of means, such as  
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radio, television, films, exhibitions, booklets, etc. UNFPA has also funded interregional projects promoting research and information dissemination on fertility-related subjects such as breast-feeding, amenorrhea, adolescent sexuality, maternal mortality and family planning practice.

74. In 1985 a workshop was conducted in Mauritius, at which African experts discussed the problem of untimely teenage pregnancies and the strategies needed to have this problem recognized by national authorities. UNFPA also assisted the holding of a scientific meeting organized by WHO at Geneva, at which leading gynaecologists and epidemiologists from all over the world exchanged information on the problem of maternal mortality and discussed possible approaches to alleviate it. It is hoped that data illustrating the close relationship between unchecked fertility and mortality as well as morbidity among females of reproductive age will result in more attention being given to services for pregnant women and a universal acceptance of family planning as an essential public health measure.

75. To improve the accessibility and the quality of services, funds have been provided at the country level for hiring and training new personnel, organizing refresher courses, strengthening of supervision, development and improvement of management and logistics systems, provision of vehicles, medical equipment and contraceptive supplies. National and international expertise has been utilized to prepare training materials and develop relevant methodologies.

76. With respect to the trends in the typical family planning programme supported by the Fund, the evolution towards more comprehensive programmes continued, with the addition of training programmes, institutional development and research in addition to the usual promotional and service delivery activities. Integration of family planning services within MCH services is becoming the norm. Delivery systems are becoming more community-oriented and the use of auxiliary personnel such as traditional midwives and village health volunteers more widespread.

77. Particular attention has been given to improving the management of integrated MCH/FP programmes. The risk approach concept, a technical and managerial tool to improve the quality of services and to ensure a cost-effective utilization of limited resources, is now being applied in various countries such as the Congo, Gabon, Mali, Nicaragua, the Niger and Paraguay. In collaboration with the United States Centers for Disease Control, the Fund recently developed a pilot project on the risk approach in a coastal province of Madagascar. Workshops have been organized where national and international staff of technical agencies and UNFPA have studied measures to improve the conceptualization and execution of UNFPA-supported programmes.

78. The Fund has encouraged countries to make available a wide range of contraceptive methods, including natural family planning (NFP). In 1985, more than \$500,000 was allocated in support of NFP projects. In Africa, funds were earmarked in 14 countries to enable participants to attend a regional training workshop held in Mauritius. In Asia, UNFPA is supporting six country and two regional projects, while in Latin America and the Caribbean, eight country projects and three regional ones are being implemented. Support was also provided for NGOs working in this field, particularly the Family of the Americas Foundation, which distributed

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education and teaching materials on the Billings ovulation method. The Fund also financed a visit to China by representatives of the Family of the Americas Foundation to explain the Billings natural family planning methodology to the authorities of the State Family Planning Commission.

79. Owing to the diversity of family planning programmes throughout the world, the emphasis of UNFPA assistance has varied in different regions. In Asia, where FP programmes have been in operation for two decades and where basic FP services are generally available, UNFPA has continued to support perinatal care projects to ensure delivery of a healthy baby. The Fund has supported projects to restore fertility in previously sterilized individuals. UNFPA is also sponsoring the transfer of contraceptive technology through the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) which oversees the development of pill, IUD or condom factories in several countries of the region, thus advancing the realization of self-reliance. Finally, projects aimed at providing services to the few remaining underserved groups in countries with otherwise strong programmes have been developed in several Asian countries which can claim success in the area of family planning efforts. On the other hand, in the sub-Saharan African region where family planning services are much less developed, the number of countries attempting to develop integrated MCH/FP programmes has been rapidly increasing. In order to meet the needs of these incipient efforts, UNFPA has directed considerable support toward training and supply projects. Additionally, UNFPA is supporting two advisory teams of medical and paramedical experts in Benin for French-speaking countries and in Zimbabwe for English-speaking countries. The teams working in the WHO maternal and child health programme provide technical backstopping to UNFPA projects throughout the continent. In view of the critical staffing problem faced by most African nations, UNFPA has continued to support the Regional Training Centre in Family Health for Africa, located in Mauritius. An evaluation of the bilingual courses was conducted in 1985, which will allow a remodelling of the curriculum to respond better to the rapidly changing needs of the MCH/FP African programmes. Furthermore, numerous country-level training efforts have been supported along with fellowships for training abroad.

80. In order to accelerate the practical training of trainers in contraceptive technology, UNFPA has organized, in collaboration with the University of Brussels in Belgium, a three-month course offering an academic certificate. The first class of 12 French-speaking health personnel graduated in July 1985.

81. UNFPA has continued to support research in the family planning field. Indeed, the need for increased social, programme and biomedical research is still pressing. While the safety of family planning technologies remains an important issue, the improvement of programme management is increasingly considered a crucial research topic. The most recently developed contraceptive to qualify for widespread use, the Norplant implant, which was approved by WHO in 1984, will no doubt become a popular method among the FP acceptors. UNFPA has assisted The Population Council to promote the introduction of Norplant in country programmes. In addition, UNFPA is also providing assistance to the International Organization for Chemical Sciences in Development for its research on fertility regulation in the male. However, the bulk of UNFPA assistance in this field continues to support activities of the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP). It should be noted that a multinational

research centre located in Gabon and devoting its activities to the serious problem of infertility in Africa has become a WHO/HRP collaborating centre.

82. UNFPA also continues to support biomedical research directly at the country level through ongoing projects in China (the National Research Institute at Beijing and provincial institutes in Sichuan, Tianjin and Quandong) and national centres in Indonesia and Malaysia. In addition, NGOs such as PIACT have also been supported to carry out programmes of social and biological research in family planning.

83. As the demand for and acceptability of family planning or birth-spacing continues to increase throughout the world, the Fund will maintain its commitment to support both conventional and innovative approaches in the sector of family planning, in accordance with country preferences and socio-cultural patterns.

#### B. Population education and communication

In 1985, UNFPA assistance in this area totalled \$20.3 million or 14.4 per cent of total programme allocations, compared to \$17 million or 14.8 per cent of expenditures in 1984. During the period 1969-1985, UNFPA assistance in this area totalled \$149.7 million or 12.2 per cent of total assistance.

84. Of all the population sectors, that of population education and communication probably allows the greatest opportunity for innovation and creativity in transmitting population messages to communities in both urban and rural areas. These messages are conveyed in a variety of ways to a variety of target groups. For that reason, UNFPA has provided assistance to Governments and NGOs for:

- (a) Itinerant indigenous theatrical and dance troupes in Africa, Asia and the Pacific, Latin America and other areas, utilizing mime, music and drama to carry family planning information to remote rural villages;
- (b) A regularly scheduled television programme for teenagers in Mexico, sponsored by the National Population Council and produced by "Televisa" to discuss adolescent sexuality problems as well as population issues;
- (c) A special textbook on "Population: A Biological Investigation", prepared by a curriculum specialist/teacher trainer in the Marshall Islands for high school students as well as a teacher's guide for elementary school students on such population-related issues as traditional attitudes towards family life, overcrowding and the effects of rapid population growth;
- (d) A State-level on-the-spot painting competition organized at the State Institute of Education of Chandigarh in India in which 500 students took part on the topic, "The population problem as I perceive it today or 20 years hence", as well as a series of debate competitions in the State of Bihar on the subject of "Population growth and social insecurity";
- (e) The development of a series of population education modules for grades 1 to 8 in the primary schools of Somalia in which population content is injected at every level (e.g., grade 6, population growth and food supply);
- (f) The production of training charts and display posters by the Business and Professional Women's Club of Nepal to be used in the training of volunteer worker motivators who will in turn be responsible for motivating other industrial workers.

85. UNFPA-assisted projects have included such target groups as: (a) the government administrative system at the national, provincial, district and village levels; (b) the school system-curriculum designers, teachers, students; (c) extension/outreach workers in agriculture, health services, family planning, community development; (d) the non-governmental area, including businesses, trade unions, co-operatives, voluntary agencies, women's, men's, youth and religious groups, etc.

86. These projects have utilized a variety of channels of communication including: (a) mass media - radio, television, newspapers, posters, pamphlets, banners, cartoons, bumper stickers, cinema spots, calendars, billboards, booklets, stamps and exhibitions (mobile and stationary); (b) group media - flip charts, display boards, models, slides, transparencies, blackboards, videotapes, films, audiotapes, games, wall charts, information kits, drama and dance, etc.

87. In addition to UNFPA assistance in the population education and communication area, multi-bilateral funding continued to be utilized for several projects: a communication support programme for MCH 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 Seychelles being funded by the Government of Norway.

88. Population education. As an indication of the accelerating increasing interest in population education, during the 10-year period from 1970 to 1980, only five countries in the Latin America and Caribbean region initiated population education projects, while during the five-year period from 1980 to 1985, some 7 countries initiated similar projects. The same is true of the sub-Saharan African region. From 1970 to 1980, only 3 countries in this region initiated population education projects, while during the five-year period, from 1980 to 1985, some 10 countries initiated similar projects.

89. Worldwide, in 1985 alone, for the first time, as many as six countries began population education projects in their school systems and similarly five countries began population education projects in the non-formal sector.

90. In sub-Saharan Africa, 13 countries had ongoing population education projects in their school systems and 10 had non-school population education projects under way. While early emphasis was on human sexuality and family life, human ecology and demography are beginning to receive more attention in the school curricula of many African countries.

91. A major development in the sub-Saharan Africa region in 1985, which, it is hoped, will serve as a model for other regions, was the establishment of an inter-agency IEC team consisting of three regional population education and communication advisers, representing ILO, FAO and UNESCO. The team, which shares office space in Nairobi, works co-operatively and collaborates closely on missions and common problems. While the team members continue to maintain their affiliations with their own agencies and with their own country contacts, the close working relationship ensures a unified approach to UNFPA-funded population programmes and projects.