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SUPPORT

UNITED NATIONS FUND FOR POPULATION ACTIVITIES REPORT OF THE EXECUTIVE DIRECTOR FOR 1986

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INTRODUCTION

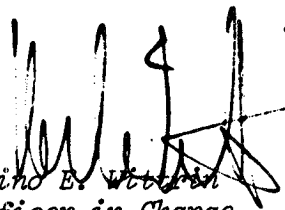
*This year's report is dedicated to the memory and achievements of Rafael M. Salas, the first Executive Director of the United Nations Fund for Population Activities, who died unexpectedly on 3 March, 1987.*

*Rafael Salas will be remembered by everyone concerned with population and development as a man of vision and as a man blessed with the rare ability to translate his vision into deeds. He was a great humanist who helped demonstrate that lasting economic and social betterment can only be brought about by first caring for humankind's well-being.*

*Since 1969 he had transformed UNFPA from a small trust fund into the leading source of international population assistance. He was the man who, above all others, cemented the word "population" in the lexicon of international development and who gained acceptance throughout the international community of its vast significance and impact upon almost all efforts to improve the quality of life for the now 5 billion inhabitants of this small planet.*

*Rafael Salas worked tirelessly in the service of the United Nations and for the causes of peace, justice and human happiness. In his service he touched the lives of many millions of people, and it was in their service that he gave his life. We all owe him a debt of honour and of gratitude.*

*The entire staff of UNFPA wishes to take this opportunity to reaffirm to all members of the Governing Council, the Economic and Social Council and the General Assembly their resolve to move forward as he would have wished.*



Heino E. Wehrli  
Officer-in-Charge  
and Deputy Executive Director

UNFPA PROGRAMME IN 1985 AND 1986: AT A GLANCE

(Data for 1985 are expenditures; data for 1986 are allocations<sup>1/2/</sup>)

UNFPA assistance by major function

	<u>In thousand \$US</u>		<u>Percentage of total programme</u>	
	<u>1985</u>	<u>1986</u>	<u>1985</u>	<u>1986</u>
Family planning	64 738	59 415	52.3	51.2
Communication and education	17 335	18 011	14.0	15.5
Basic data collection	9 554	10 877	7.7	9.4
Population dynamics	14 068	12 194	11.4	10.5
Formulation and evaluation of population policies	7 899	8 926	6.4	7.7
Implementation of policies	561	342	0.4	0.3
Multisector activities	8 228	3 761	6.6	3.2
Special programmes	<u>1 446</u>	<u>2 484</u>	<u>1.2</u>	<u>2.7</u>
<b>Total</b>	<b>123 829</b>	<b>116 010</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>1985</u>	<u>1986</u>	<u>1985</u>	<u>1986</u>
Africa	22 218	26 986	17.9	23.3
Asia and the Pacific	54 450	45 406	44.0	39.1
Latin America and the Caribbean	17 182	15 039	13.9	13.0
Middle East, Mediterranean, and Europe	11 794	13 001	9.5	11.2
Interregional	15 257	13 855	12.3	11.9
Global	<u>2 928</u>	<u>1 723</u>	<u>2.4</u>	<u>1.5</u>
<b>Total</b>	<b>123 829</b>	<b>116 010</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>1985</u>	<u>1986</u>	<u>1985</u>	<u>1986</u>
Country	90 212	83 951	72.8	72.4
Intercountry	<u>33 617</u>	<u>32 059</u>	<u>27.2</u>	<u>27.6</u>
<b>Total</b>	<b>123 829</b>	<b>116 010</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 country programme</u>	
	<u>1985</u>	<u>1986</u>	<u>1985</u>	<u>1986</u>
Priority country	61 223	57 475	67.9	68.5
Other country	<u>28 989</u>	<u>26 476</u>	<u>32.1</u>	<u>31.5</u>
<b>Total</b>	<b>90 212</b>	<b>83 951</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>1985</u>	<u>1986</u>	<u>1985</u>	<u>1986</u>
Governments (directly executed)	29 926	26 372	24.2	22.7
United Nations	15 138	16 113	12.2	13.9
Regional commissions	6 585	7 495	5.3	6.5
ILO	5 235	6 870	4.2	5.9
FAO	1 982	1 254	1.6	1.1
UNESCO	5 986	6 944	4.8	6.0
WHO	25 394	22 761	20.5	19.6
UNICEF	2 229	2 035	1.8	1.7
UNFPA	16 752	13 485	13.6	11.6
Non-governmental organizations	14 016	12 007	11.3	10.4
OPE	<u>586</u>	<u>674</u>	<u>0.5</u>	<u>0.6</u>
<b>Total</b>	<b>123 829</b>	<b>116 010</b>	<b>100.0</b>	<b>100.0</b>
	=====	=====	=====	=====

<sup>1/</sup> Expenditure data for 1986 are not available until after the due date for submission of this document to the Governing Council.

<sup>2/</sup> Totals exclude expenditures of \$4.6 million for 1985 for offices of Deputy Representatives and Senior Advisers on Population.

II. UNFPA IN 1986:  
PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- . Income in 1986 (provisional) totalled \$139.7 million, compared to 1985 income of \$142.9 million, a decrease of 2.2 per cent compared to 1985.
- . Despite a decision by UNFPA's largest traditional donor (which had contributed \$36 million in 1985) to make no pledge to UNFPA for 1986, pledges in 1986 totalled \$133.5 million, \$2.4 million less than 1985, a percentage decrease of 1.8 per cent. At year's end, cumulative pledges through 1986 totalled \$1.5 billion from a cumulative total of 143 donors.
- . The number of donors in 1986 totalled 94. There were five first-time donors in 1986 (Brazil, Comoros, Democratic People's Republic of Korea, Kiribati and Mozambique).
- . The Fund's on-going efforts to seek additional resources for population projects and programmes through multi-bilateral arrangements generated an additional \$3.5 million during 1986 (see part II).

Programme: allocations and expenditures

- . Total programme authority given by the Governing Council for 1986 was \$154.3 million, compared to \$152 million for 1985.
- . Project allocations in 1986 totalled \$116 million, including \$18 million carryover from 1985, of which \$7.5 million was covered by resources and \$10.5 million was overprogramming as allowed by the Governing Council, compared to project allocations in 1985 of \$141.4 million (excluding DRSAP budgets).
- . Expenditures (provisional) in 1986 totalled \$132.2 million, compared to \$148.9 million in 1985. The 1986 figure included \$71.8 million for country programmes, compared to \$90.2 million in 1985; \$29.9 million for intercountry programmes, compared to \$33.6 million for 1985. Field offices costs were \$5.9 million in 1986 compared to \$4.6 million in 1985. However, field offices costs in 1986 included DRSAP offices costs (not integrated in the regular 1986 administrative budget) and all programme support unit costs. In 1985, programme support unit expenditures were included in the country programme expenditures. Expenditures under the regular 1986 administrative budget were \$15.9 million (net of overhead credits and including for the first time the salaries of 17 DRSAPs and 9 IPOs) compared to \$12.7 million in 1985. Agency support costs were \$8.7 million in 1986 compared to \$7.8 million in 1985. Agency support costs in 1986 in addition to including all overhead payments to United Nations executing agencies, for the first time also included non-governmental organizations and support costs and procurement services for government-implemented projects (costs which in 1985 and previous years were included under country programme expenditures).
- . The project implementation rate (provisional) was 87.66 per cent, compared to 87.68 per cent (final) in 1985.
- . 355 new projects were approved in 1986, amounting to \$25.3 million, compared to 478 new projects in 1985 amounting to \$23.2 million.
- . At year's end, UNFPA was assisting 2,887 projects: 2,275 country and 262 regional (914 country and regional projects in Africa; 821 in Asia and the Pacific; 443 in Latin America and the Caribbean; and 359 in the Middle East, Mediterranean and Europe); 168 interregional; and 182 global. In 1986, 135 projects were completed, bringing the cumulative total of all projects completed through 1986 to 2,239.
- . For allocations in 1986 by major function, by geographical area, and by country category, see page 10 (part I).

Country activities

- . 287 new country projects were approved in 1986, amounting to \$21.2 million or 25.3 per cent of total allocations of \$84 million to country projects, compared to 392 new country projects in 1985 amounting to \$16.6 million or 18.4 per cent of total expenditures for country projects in 1985.
- . Allocations to continuing country projects amounted to \$62.7 million or 74.7 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to \$73.6 million in 1985 or 81.6 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 3 (part I).

Priority countries

- . By decision 82/20, adopted at its twenty-ninth session in June 1982, the Governing Council, *inter alia*, approved a revision of the criteria for designation of priority countries for UNFPA assistance. Under the revised criteria, 53 countries have been given priority status. By geographic area, these priority countries number: Africa, 30; Asia and the Pacific, 16; Latin America and the Caribbean, 2; and Middle East and Mediterranean, 5.
- . Of the total amount of resources allocated to country programmes and projects in 1986, 68.5 per cent was allocated to these 53 priority countries, compared to 67.9 per cent of expenditures for these 53 countries in 1985.
- . Total allocations in 1986 to the 53 priority countries amounted to \$57.4 million, compared to \$61.2 million in expenditures for these 53 countries in 1985.

- . The distribution of priority country assistance for 1985 and 1986 by UNFPA work plan categories, shows that the proportion of UNFPA assistance to the family planning and to the population education, communication, motivation and dissemination of information on family planning areas increased from 73.9 per cent in 1985 to 75 per cent of all assistance in 1986 in line with the 1981 directive of the Governing Council to UNFPA (see decision 81/7 I, paragraph 3) to concentrate most of its support on those areas.

#### Evaluation and monitoring

- . 8 independent evaluations were conducted (see part II). Some 327 tripartite project reviews and 25 annual country reviews took place.

#### Intercountry activities

- . Allocations for intercountry activities (regional, interregional and global) totalled \$32 million in 1986, compared to \$33.6 million in expenditures in 1985. By category of activity, these allocations were: regional, \$16.4 million in 1986, compared to \$15.4 million in expenditures in 1985; interregional, \$13.9 million in 1986, compared to \$15.2 million in expenditures in 1985; global, \$1.7 million in 1986, compared to \$3 million in expenditures in 1985.
- . By functional category, allocations for intercountry activities in 1986 compared to expenditures in 1985 were: (a) technical assistance and backstopping, \$15.2 million or 47.5 per cent, compared to \$17.2 million or 51 per cent in 1985; (b) training, \$6.8 million or 21.3 per cent compared to \$6.1 million or 18.2 per cent in 1985; (c) research, \$6.5 million or 20.2 per cent compared to \$7.2 million or 21.4 per cent in 1985; and (d) information exchange activities through clearinghouses, population information networks, etc., \$3.5 million or 11 per cent, compared to \$3.2 million or 9.4 per cent in 1985.
- . Intercountry programmes represented 27.6 per cent of 1986 total allocations, compared to 27.2 per cent of expenditures in 1985.

#### Execution of projects

- . The number of projects directly executed by Governments numbered 496, compared to 522 in 1985 and totalled \$26.3 million or 22.7 per cent of total programme allocations, compared to \$29.9 million or 24.2 per cent in 1985.
- . For allocations in 1986 by executing agency, see table, page 3 (part I).

#### Population needs assessment

- . In 1986, UNFPA undertook needs assessment missions to seven countries - two in Africa (Mauritania, a priority country and Cape Verde, a non-priority country); two in Asia and the Pacific (Nepal, a priority country and Thailand, a non-priority country); two in Latin America and Caribbean (Guatemala and Honduras, non-priority countries) and one in the Middle East and Mediterranean (Turkey, a non-priority country) bringing the total conducted since 1977 through 1986 to 106 (64 needs assessment missions to 48 of the 53 priority countries, including 16 repeats and 42 to other countries, including nine repeats).
- . Needs assessments have been carried out in 40 Africa countries; 22 Asia and the Pacific countries; 13 Latin America and Caribbean countries and 19 Middle East and Mediterranean countries.
- . In addition to the needs assessment missions, UNFPA undertook in 1986, country programme and development missions in Angola, Burundi, Ethiopia, the Gambia, Guinea, Kenya, Madagascar, Rwanda, the United Republic of Tanzania and Zambia (priority countries); and the Congo (a non-priority country); desk reviews in Somalia and Yemen (priority countries) and Tunisia (a non-priority country). In the case of Haiti (a priority country) a small scale mission was undertaken to review and update the population situation.
- . By the end of 1986, a total of 88 needs assessment reports had been published.

#### Administration and personnel

- . In 1986, net administrative expenditures (provisional), including both headquarters and field office costs, were \$21.8 million or 15.6 per cent of the 1986 total estimated income of \$139.7 million. Comparable administrative expenditures in 1985, including administrative charges under programme support projects, were \$22.9 million or 16 per cent of the 1985 income of \$142.9 million.
- . At year's end, in accordance with Governing Council's decisions 85/20 of June 1985 and 86/35 of June 1986, the total number of regular budget posts numbered 263, comprising 137 professional and 126 general service staff. These included 93 professional and 124 general service posts at headquarters, 2 professional and 2 general service posts in Geneva and 42 professional posts in the field. In addition 9 IPO posts not integrated in the regular budget remained as project posts.
- . 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 1985), 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 the Fund on a reimbursable basis with some administrative support 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 thirty-third session, UNFPA reimbursement to UNDP for the services rendered was set in the budget at \$2,988,200 for the biennium 1986-1987, of which \$1,297,432 was disbursed in 1986.

## I. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

### A. Africa (sub-Saharan)

1. During the year under review, the most desperate aspects of the plight of the peoples of sub-Saharan Africa eased. Timely rains and generous donor co-operation mitigated the worst of the human suffering the region was witnessing. The experience, though, has brought to the fore the need for sustained, long-term measures for African development. Human resource development and achievement of a balance among population, resources, the environment and technology, along with agricultural development, have been acknowledged as central to a better future for the African people. Among the priorities stipulated in the United Nations Programme of Action for African Economic Recovery and Development 1986-1990, adopted at the special session on the critical economic situation in Africa, held from 27 May to 1 June 1986, the United Nations General Assembly stated that:

Special importance will need to be accorded by each African country to a population policy that, on the basis of the Kilimanjaro Programme of Action for African Population and Self-Reliant Development, adopted by the Second African Population Conference held at Arusha, United Republic of Tanzania, from 9 to 13 January 1984, will, inter alia, address issues of high fertility and mortality, rapid urbanization, rural-urban and rural-rural migration, the problems of children and youth and the protection of the environment in a manner that would ensure compatibility between demographic trends, appropriate land utilization and settlement patterns and the desired pace of economic growth and development (General Assembly resolution S-13/2, annex, sect. II, 1 (e) (iii)).

2. African countries have continued to display growing recognition of population issues. Some of the major milestones in 1986 include accelerated progress towards the initiation of the Government of Nigeria's detailed population policy. The Government of Zambia has also moved towards ratifying a population policy and integrating population variables in its next socio-economic development plan. The Niger was preparing at year's end to review its policy, and Burkina Faso has abrogated its law of 1920 outlawing contraception and created a special population unit in the Ministry of Education. Thus, efforts along the lines of the General Assembly's counsel are under way, but much remains to be done.

3. UNFPA has substantially increased its attention to the region, both increasing the volume of its assistance and improving the effectiveness of existing programmes. Despite overall funding constraints and difficulties in project implementation in sub-Saharan Africa, UNFPA has increased its assistance to the region from just under \$19 million in 1980, when it constituted 13.8 per cent of total UNFPA country programme assistance, to almost \$27 million in 1986, representing 23.3 per cent of UNFPA

allocations/expenditures. These years have also witnessed a notable shift in the composition of UNFPA allocations to sub-Saharan Africa, from a preponderance of assistance to population data collection projects to greater focus on family planning and child-spacing integrated with maternal and child health (MCH) services.

4. As urged in the discussions in the Governing Council and in the latter's decision 86/34, section I, paragraph 1, UNFPA undertook in 1986 an appraisal of its programme in the region in over half of the countries of the region. Programming missions visited 19 countries, while needs assessment missions were fielded to Cape Verde and Mauritania. The outcome of these activities is a long-term strategy for UNFPA assistance to the region, being presented to the Council in document DP/1987/37, and the formulation of large-scale country programmes or projects for some two dozen countries, being submitted to the Council for approval at its thirty-fourth session.

5. Also of significance during the year were initiatives for strengthened donor collaboration, undertaken in order to channel more assistance to Africa and to increase its effectiveness. In June, a meeting of donor Governments and multilateral and non-governmental organizations was organized by UNFPA and the World Bank at Geneva to discuss various ways of achieving these ends. A follow-up meeting convened in October in New York focused on support for census activities. As essential tools for national development planning, censuses remain a high priority. However, owing to their cost, Governments, and especially those facing severe budgetary constraints, find them difficult to finance. With the large proportion of local costs involved, a degree of donor flexibility has been important in enabling the poorer countries to undertake relatively accurate enumerations. Until recently, UNFPA was the only major donor providing comprehensive support for census activities although the United States Agency for International Development (USAID) had given assistance for specific components of census projects in a number of countries. More recently, as a result of donor collaboration, funding packages are being developed for a number of countries and several new donors are now contributing substantial sums for census activities.

6. UNFPA participated in a number of other collaborative efforts during 1986. The Fund continued its active role in the Joint Consultative Group on Policy (JCGP), assisting four programming missions and several joint programmes. UNFPA has also promoted the consideration of population issues by other United Nations organizations. For example, UNFPA participated in a seminar organized by the United Nations Children's Fund (UNICEF) in Malawi in June, which discussed health implications of unplanned pregnancies for mothers and children.

7. Despite the fact that not all countries have explicit population policies, as of 1986, all sub-Saharan countries, including the few which had pronounced themselves pro-natalist in the United Nations Fifth Population Inquiry have received assistance through UNFPA-funded MCH projects, which include at least a small component for family planning (FP) or child-spacing services. The proportion of funds devoted to MCH/FP has doubled since 1980 and in 1986 stood at 51 per cent of all assistance.

8. Intense programme development activities in the area of information, education and communication (IEC) were embarked upon in 1986. Sex education and other IEC projects became operational in Mozambique, Rwanda, Sierra Leone, the United Republic of Tanzania, Zaire and Zambia, and 35 ongoing projects continued to receive assistance.

9. Two countries, Mozambique and Zaire, received first-time assistance for the establishment of population units, and similar projects were under way in nine other countries. In the area of basic data collection, two countries, Lesotho and Swaziland, undertook population census enumerations in 1986. Preparatory or post-census activities were supported in 31 countries during the year. All countries in sub-Saharan Africa, with the exception of Chad, have now taken a census.

10. Programming for special projects for women did not advance as rapidly as hoped for. In addition to five ongoing projects, new women's projects started in the Comoros, Gabon and Guinea-Bissau, the last as a joint effort with the United Nations Development Fund for Women (UNIFEM). Also, assistance was provided to the Inter African Committee on Traditional Practices Affecting the Health of Women and Children. On projects specifically geared towards youth, collaboration continued with the World Assembly of Youth in developing projects in individual countries.

11. A particularly welcome development during 1986 was closer collaboration with the Food and Agriculture Organization of the United Nations (FAO). Several projects were under preparation in conjunction with FAO, addressing, among other concerns, the integration of population issues into agricultural extension services. An additional FAO regional adviser's post was also approved, an important step in the development of new activities.

12. Regional activities have particular importance in sub-Saharan Africa, owing both to their role in awareness-creation and to their efficiency in cost-benefit terms. Among the activities at the regional level in 1986, the regional institutes for demographic training -- the Regional Institute for Population Studies (RIPS) in Ghana and the Institute for Demographic Training and Research (IFORD) in Cameroon -- were advancing their efforts to follow the Governing Council's instructions as enunciated in decision 86/34 I, paragraph 8, for the regionalization of their funding support.

13. Following a joint World Health Organization (WHO)/UNFPA evaluation in 1985, the Regional Training Centre in Family Health for Africa, located in Mauritius, revised its curriculum in early 1986 to focus more on family planning methods and management. The first course under the revised curriculum was held in September and a review of the experience was to be conducted in December. Following the restructuring of the WHO Regional Office for Africa, WHO regional teams of advisers in family health were in the process of being relocated during 1986.

14. It is planned that regional inter-agency advisory services in population education and communication for the region be offered through two teams, each composed of advisers from the International Labour Organisation



(ILO), FAO and the United Nations Educational, Scientific and Cultural Organization (UNESCO). The team at Nairobi, Kenya, has been functioning throughout 1986. Support from the Canadian International Development Agency (CIDA) for training and documentation services was scheduled to start in early 1987. For the team out of Dakar, Senegal, arrangements were worked out in 1986 to enable the team to begin its activities.

15. Several regional workshops were conducted in 1986. Initiatives were undertaken to involve African lawmakers in population and development activities, including a subregional workshop for parliamentarians held at Nairobi, followed in May 1986 by the African Conference of Parliamentarians on Population and Development, convened at Harare, Zimbabwe.

16. A special course designed to meet the need for clinical training in family planning techniques was undertaken at the Université Libre at Brussels, Belgium, from 14 April to 10 July for French-speaking participants. A workshop to develop and assess training material for family planning training techniques was conducted with UNFPA support by the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) at Banjul, Gambia, in March. In October, a training workshop for senior African planners on population, human resources and development planning took place at ILO headquarters at Geneva, and a workshop on hormonal contraception for English-speaking participants was held at Harare.

17. During the year under review, UNFPA continued its efforts to strengthen population, labour and development activities within the General Secretariat of the Organization of African Unity (OAU). UNFPA assistance is designed to enhance the OAU secretariat's capacity to promote the establishment of the administrative, legislative and legal infrastructure required for effective population policies in OAU member States.

18. A number of factors continue to hamper the implementation of population activities in sub-Saharan Africa. Special conditions facing the region, include weak institutional and physical infrastructures, critical shortages of skilled human resources and lack of financial resources aggravated by declines in commodity prices and heavy debt burdens. Within its area of competence, UNFPA is making its best efforts to render the population activities it supports in the region more effective and to ensure both greater self-reliance and greater absorptive capacity for population assistance among the African countries.

19. UNFPA has sought to ensure more stable and predictable levels of funding to programmes in the region, as programmes at the beginning stages, and especially those in which a large proportion of local costs are externally supported, are particularly vulnerable when the flow of allocations is disrupted. Measures taken in accordance with the programming guidelines outlined in the Executive Director's report to the Council at its thirty-third session on the Fund's experience with the system of priority countries (DP/1986/38) have added an essential degree of flexibility in assistance to the very poor and least developed countries of Africa.



20. To improve the quality of project formulation and implementation, the Fund has focused on training those involved. For example, in 1986 a training course for national programme officers was organized in October at Fund headquarters. Preparations are under way for a training course in 1987 for regional advisers, who prepare the majority of project requests, and for a joint World Bank/UNFPA training course at the Mauritius Centre for project development and management for government officials. Efforts are under way to diversify the use of executing agencies in order to match the diverse needs of countries.

#### B. Asia and the Pacific

21. In view of the magnitude of the population problems facing countries of the region and the commitment of Governments to take action in this sector, the Asia and Pacific region received almost 40 per cent of UNFPA programme allocations. The region contains 6 of the world's 10 most populous countries, including the 2 largest, and 16 of UNFPA's 53 priority countries for population assistance. It is a region of great social, economic and demographic diversity, home both to some of the most highly industrialized developing countries and to some of the poorest. It was in Asia that rapid population growth first became a matter of public concern and several countries of the region are among those that have made the most progress in addressing population issues.

22. The Governing Council approved two large-scale country programmes in the region in 1986, namely for the Democratic People's Republic of Korea and for Pakistan. Needs assessment update missions were fielded to Malaysia, Nepal and Thailand. Owing to the political changes which took place in the Philippines in 1986, some delays in the UNFPA programme there were unavoidable. Based upon the needs assessments undertaken in Malaysia and Thailand in 1986 and in Sri Lanka in 1985, new country programmes have been formulated and are planned to begin in 1987.

23. Priority countries absorbed some 86.4 per cent of total country programme allocations to the region. In Bangladesh, 1986 was a year of intensified co-operation among the Government, non-governmental organizations and donors in order to increase the effectiveness of the national population programme. Efforts were made to consolidate the positive trend shown in the 1985 contraceptive prevalence survey, which revealed that over 25 per cent of couples were practising family planning. Donor agencies have responded to the need for a more effective nation-wide contraceptive supply system. Computerized projections based on management information service data have been introduced to help to ascertain the availability of health and family planning supplies and where and when they are needed. Injectables are enjoying growing popularity among family planning acceptors. UNFPA has undertaken a study to assess their use and the potential for expanding their use in the programme.

24. In China, considerable progress was made with the implementation of a multisectoral programme consisting of MCH/FP services and training, contraceptive research and production, population education and communication

and demographic research and training. Sound MCH/FP practices such as breast-feeding are being encouraged with great success under the project on perinatal services. The UNFPA-supported contraceptive production projects are progressing well. The scale of activities is enormous. The oral contraceptive factories in Beijing and Nanjing are geared to meet the needs of 12.7 million women per year, while the three condom factories supported by the Fund will together produce 550 million condoms per year. This must be seen against the staggering demands; China has 150 million married women of reproductive age with about 86 per cent of them (130 million) using some form of contraceptive. With respect to demographic training and research, work continued at 22 universities throughout China as well as at the Chinese Academy of Social Sciences and 6 of its local branches. This network for demographic training and research was very active during the year in conducting national seminars on special issues of Chinese demography. A seminal study on aging was conducted by the China National Committee on Aging with the technical advice of Nihon University in Japan and proposed concrete policies and programmes to deal with problems created by the aging of the population.

25. In India, after an eight-month study by the Ministry of Health and Welfare, the Government adopted in 1986 a new strategy for family welfare for the period 1986-1991 to coincide with the seventh five-year plan. The revised strategy for the national family welfare programme aims at achieving in the next three years the demographic goals originally set for the year 2000. A couple protection rate of 60 per cent and a growth rate of 1 per cent were adopted as the goals for 1989. Under the new strategy, the Government plans to integrate family planning with other socio-economic development programmes and to focus special attention on raising the status of women and enhancing child survival and development. The Government will strengthen programme management and infrastructure, mount multi-media communication campaigns, promote population education and encourage voluntary action. Virtually all the activities under the UNFPA-supported programme in India are in the mainstream of the Government's new strategy, such as the emphasis on birth-spacing methods, population education and women's issues.

26. The third country programme for Indonesia, consisting of 14 projects, started in 1986. Five projects were designed to increase further the research and training capabilities of the three major national universities and research institutions and of five regional universities. The remaining nine projects concentrate on improving the quality of existing family planning services, on strengthening the services and institutional activities in low-performance areas and in the organized sector and on population education in private schools.

27. In Nepal, the Government took steps to regionalize its health services through the establishment of five regional health directorates. Further progress was made in the Government's MCH intensification programme in eight districts whereby oral rehydration, nutrition, immunization, basic antenatal care and child-spacing services are provided with active community participation. Another welcome development for the year is the increasing availability of contraceptive services on an institutional basis rather than through ad hoc campaigns.

28. In Pakistan, UNFPA provided support for health personnel development to 85 family welfare centres and 110 reproductive health centres, to hakims as MCH/FP motivators and service providers and to population education for industrial workers. Assistance to the non-governmental sector was a new activity undertaken by UNFPA in 1986. An institutional review of the Non-governmental Organizations Co-ordinating Council and its members was completed and the recommendations were being studied. The Government and UNFPA reviewed the recommendations of the project evaluations covering health manpower development, hakims and family welfare centres. At its thirty-third session, the Governing Council approved a new country programme for 1987-1991 with a UNFPA commitment of \$15 million, with the possibility of a further \$5 million should funds become available.

29. For Viet Nam, inducing a sustained fertility decline in rural areas where more than 80 per cent of the population lives is the main challenge as the prevailing economic system in agriculture does not seem conducive to rapid adoption of the small family norm. Significant progress was made in the field of education, where a new project using day-care attendants and kindergarten teachers as educational agents was initiated. Good progress has been made with the establishment in Ho Chi Minh City of a condom factory with a planned capacity of 70 million units per year. Even with this factory in production, however, an adequate supply of suitable contraceptives in the country will remain a grave problem for the foreseeable future, particularly in view of the severe lack of foreign exchange.

30. In the South Pacific, population projects were being implemented in the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Palau, Papua New Guinea, the Solomon Islands, Tuvalu, Vanuatu and Western Samoa. UNFPA also provided support to the South Pacific Commission with the aim of assisting Governments in improving population data collection and utilization. UNFPA continued to finance the posts of an ILO labour and population adviser, a UNESCO population education adviser and a WHO family health adviser for the sub-region. An in-depth review of the family health projects in Fiji, Kiribati and Vanuatu was undertaken in late 1986.

31. A first country programme for Burma, based on recommendations of a needs assessment undertaken in 1984, was approved in 1986. The programme is designed to support the Government's efforts to strengthen family and maternal and child health, improve and extend the coverage of the vital registration system, establish a statistical base for human resources planning and undertake an intercensal survey at mid-point between the 1983 and 1993 censuses to update demographic data for socio-economic and urban planning.

32. Asia and the Pacific is a region of historical importance in terms of population policies and programmes. It was in this region that for the first time in history Governments decided to intervene in a planned way through operational policies and programmes in the area of population. Now the time has come when, after only a few decades of such planned intervention, a number of population programmes in Asia are reaching maturity in that population policies have been firmly established, operational programmes have been fully institutionalized on a country-wide basis and Governments' efforts are showing

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results. Countries such as Malaysia, the Republic of Korea and Thailand have reached or are reaching this stage. Continuing assistance to these countries by UNFPA is planned, albeit on a reduced scale, to help them to consolidate the gains made and to strengthen those areas where progress is still lagging.

33. The needs assessment update mission fielded to Thailand in February/March acknowledged the rapidly growing self-reliance of the Government in serving the population and family planning needs of nearly 4.9 million users or approximately 67 per cent of all married couples of reproductive age. The mission endorsed the emerging focus of UNFPA support to this highly successful programme, namely the concentration of its relatively modest resources on addressing the unmet family planning needs of certain subsectors and minority groups of the national population, including the hill-tribe minority residing in the north, the Muslim minority in the south and adolescents, whose reproductive behaviour problems constitute a growing national concern, yet who traditionally have fallen outside the mandate of the national family planning programme. In Malaysia, the Government's population policy has been redefined in the last few years with emphasis now on slowing down the reduction in the fertility rate while continuing to stress the need to improve the health of mothers and children.

34. In the area of women, population and development, slow but steady progress continued to be made in the region. While the current women's projects in Nepal were in their final stage of implementation, the needs assessment undertaken in 1986 stressed that continued assistance for women's projects beyond family planning is a long-term requirement. In Viet Nam, government officials have requested that the next needs assessment mission, scheduled to take place in 1987, include a consultant on women's programmes, since the Government wishes to obtain assistance for activities for women going beyond MCH/FP and IEC.

35. A new women-in-development project in Thailand, submitted to the Council at its present session as part of the proposed programme for 1987-1991, is designed to make unsecured loans available to promising rural women entrepreneurs in the south, especially among the Muslim minority. In Bangladesh, UNFPA has taken the initiative to create a women's advisory group to ensure a proper focus on women in all activities supported by UNFPA in the country.

36. In terms of programme management, on the basis of a subregional study undertaken by the International Committee on the Management of Population Programmes (ICOMP), a number of projects were under way to help to improve the performance of programmes, governmental and non-governmental, in the area of finance and human resources development. The projects in Bangladesh, India and Pakistan are financed partially by a grant from the Government of the Netherlands and are being implemented with technical advice from ICOMP.

37. UNFPA has seized the opportunity to use the considerable expertise available in some of the countries to assist other developing countries. For example, an important feature of the UNFPA programme in the Republic of Korea is the support to three projects expressly designed to provide training in

family planning programme management, community participation for women managers and communication skills for family planning workers of developing countries. In addition to the efforts to stimulate technical co-operation among developing countries, activities under the new 1986-1988 UNFPA programme of assistance to the Republic of Korea include exploring the potential use of senior citizens as motivators for family planning in traditional areas.

38. Study tours provide opportunities for the promotion of technical co-operation among developing countries (TCDC). Most notable among such tours in 1986 was a visit to China by senior government officials from India to review China's policy and programme in terms of its replicability in India. Another successful TCDC study visit was undertaken by a number of Muslim leaders from the south of Thailand to Egypt.

39. Efforts to enhance co-ordination and collaboration with other donors continue both at headquarters and in the field. In Bangladesh, for instance, the UNFPA office has played a most active co-ordination role in the population sector for the benefit of the Government. UNFPA managerial and administrative assistance has been solicited for channelling certain World Bank aid to the national programme.

40. UNFPA support to regional programmes amounted to more than \$5 million, with the largest percentage in IEC, followed by MCH/FP. Most allocations have been for regional advisers who provide technical backstopping services, assist in project formulation, project monitoring and review and at times are invited to participate in needs assessment missions. The emphasis within the regional programme on IEC activities reflects the fact that almost all the country projects in this area have no project advisers stationed in the country. UNFPA assistance to regional activities has been channelled through the United Nations specialized agencies (ILO, FAO, UNESCO, WHO), the Economic and Social Commission for Asia and the Pacific (ESCAP), the International Institute of Population Sciences, the Asian Institute for Broadcasting and Development, the UNDP Asia and Pacific Programme for Development Training and Communication Planning, the Press Foundation of Asia, ICOMP and the Japanese Organization for International Cooperation in Family Planning (JOICFP).

#### C. Latin America and the Caribbean

41. The Latin America and Caribbean region, with a population growth rate second only to that of Africa among major world regions, is facing one of the most serious economic and financial crises in its history. The disruptive consequences have been particularly severely felt in the deterioration of many of the social programmes which had, by the end of the 1970s, begun to show considerable positive results. By the 1980s, high levels of inflation and external debt brought about increasing pressures to reduce public expenditures, one consequence of which has been a decrease in the quantity and quality of the services provided by the public sector. In the face of this situation, the reduction of the levels of multilateral assistance to the region has resulted in a situation in which, in the best of cases, social programmes remained at the levels achieved during the late 1970s.

42. Efforts in the population field have not escaped this situation. On the contrary, they have been negatively affected at a crucial time when achievements were being consolidated and programmes were becoming institutionalized. Furthermore, awareness and understanding of the importance of population as a variable in development have not in most cases been translated into a strong political commitment to support population programmes. Although population units have been established with the intention of introducing population variables in the process of development planning, the work of these units has not produced the expected results. UNFPA is examining this area of its mandate to identify the sources of constraints and to find appropriate solutions to this problem. The limited political commitment to population programmes is seriously affecting the level of achievement of family planning projects. Consequently, the demand for family planning services in the region continues to be, to a great extent, unmet; high rates of illegal abortion seem to manifest a large number of unwanted pregnancies, particularly among adolescents. To date, women's needs and concerns have not always been taken into consideration in population project design and implementation, and this oversight has affected the effectiveness of the projects. Thus, the needs of adolescents and the concerns of women are becoming a major focus of attention.

43. For most countries of the region, the context within which UNFPA-funded programmes and projects operate is characterized by inadequate health and educational services or lack of services in some areas; increasing levels of unemployment and underemployment; continuous rural-urban migration and the consequent growth of urban areas; high fertility rates in many countries, particularly in Central America; young population age structures, with the concomitant increase in absolute numbers of women of childbearing age; and a deterioration in standards of living and increasing social instability.

44. The rapid growth of large urban centres and the consequent population concentrations in marginal urban areas taxes the already decreasing capacity of the public sector to provide adequate services. At the same time, population dispersion, another characteristic of the region, hinders efforts to make services available to the unserved populations, which adversely affects MCH/FP projects. While efforts are being made to expand services to cover dispersed and unserved rural populations, the service capacity to cover increasing marginal urban populations is becoming inadequate. A shift in Governments' emphasis towards the development of the capacity to cover such marginal areas has begun to be perceived. As an example, the MCH/FP programme in Peru aims to cover the marginal urban areas of large population centres utilizing a network of 38 hospitals, 215 health centres, 487 health posts and 200 basic health units.

45. Another important target group for MCH/FP services is the adolescent population. Patterns of reproductive behaviour among youth are becoming a concern owing to the increase in teen-age pregnancies. Countries of the English-speaking Caribbean have a long experience in dealing with this issue, and UNFPA has been and will continue to support their efforts to reach adolescents. Gains are being consolidated and inter-agency efforts are under way to assist Governments in the full integration of family life education in



the school system, as yet another front to reduce teen-age pregnancies. In Nicaragua, a sex education project for youth, executed by a national youth non-governmental organization, has successfully been completed. Seminars for teachers and bi-weekly television programmes were organized to address issues of interest to adolescents, including love and courtship, responsible parenthood, prevention of venereal diseases and contraceptive methods. Among adolescents in Mexico, the themes of love and responsibility and human sexuality were used, inter alia, for posters to promote awareness and knowledge as part of the national MCH/FP strategy.

46. With increasing awareness of the importance of IEC in population, human sexuality and sex education evident in the region, UNFPA has supported the preparation of didactic materials for primary and secondary education. In addition to the efforts in the English-speaking Caribbean, countries with activities in these areas in 1986 included Bolivia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay and Venezuela. The training of teachers has started in some countries. However, the time and costs involved in teacher training are in many cases prohibitively high. An innovative approach has been developed utilizing self-instructional materials prepared for teachers and one- to two-day meetings to introduce the materials in small groups, followed up 6 to 12 months later by discussions among the teachers of their experiences.

47. UNFPA is increasing its efforts to give full attention to women's concerns in all programmes and projects. To this end, the Fund organized a Conference on Women, Population and Development in Latin America and the Caribbean, held from 3 to 7 November 1986 at Montevideo, Uruguay, with the sponsorship and collaboration of the Ministry of Education and Culture. Delegations from 20 Latin American Governments and representatives of national, non-governmental and multilateral organizations met for five days to discuss, inter alia, reproductive health, sex education, family planning, women's education and labour and women's participation in decision-making. The Conference adopted the Declaration of Montevideo and 97 recommendations on such issues, addressed to Governments and non-governmental and international organizations.

48. Also in 1986, UNFPA supported the participation of women from the region at a seminar/workshop for women managers organized by the Centre for Development and Population Activities (CEDPA). Over five weeks, 29 women managers from nine countries in the region (Bolivia, Brazil, Costa Rica, the Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Peru) and one country in Africa (Mozambique) discussed the planning and management of service delivery programmes in family planning, health and development.

49. In 1986, nine countries -- Argentina, Bolivia, Colombia, Costa Rica, Haiti, Honduras, Panama, Paraguay and Uruguay -- received UNFPA support for census-related activities. In Argentina and Panama, preparations for the 1990 round of censuses were under way. During the year, the United States Bureau of the Census offered its first training seminars and courses in Spanish on the use of computer technology in censuses. UNFPA supported the participation of fellows from Mexico, Paraguay and Uruguay. In addition to census support,

UNFPA assisted the national fertility survey in Cuba, begun in 1986, demographic surveys in Guatemala, Honduras and Nicaragua, a national survey on reproductive behaviour in Uruguay and a male contraceptive prevalence survey, the first in the region, in the Dominican Republic. Support for the reorganization, updating and improvement of national civil registration systems continued in Paraguay and Peru.

50. Training and research in population were supported in government units in Cuba, Haiti, Honduras and Trinidad and Tobago and in universities in Bolivia, Brazil and Mexico.

51. Most countries in the region, particularly in Latin America, consider their present population distribution unacceptable. Governments have taken a number of steps to cope with problems of large cities, to reorient migration flows towards medium-sized cities, to develop regional development poles of attraction and to deal with dispersed populations. The Conference on Population and Small and Medium-sized Cities in Latin America and the Caribbean, organized by UNFPA under the sponsorship of the Government of Mexico and held from 24 to 28 February 1986 at Mexico City, was convened to address these issues (see Promotion of awareness below).

52. To promote a better understanding at the national level of the relationships between population and development, UNFPA supported in 1986 the Latin American Seminar on Training in Population, organized by the Latin American Programme on Population Activities in collaboration with the Centre for Demographic and Urban Development Studies at the Colegio de México and held at San José, Costa Rica. The Centre for Demographic Studies of the University of Havana, Cuba, received support from UNFPA to undertake courses on population and development planning for participants from the region. The Family Planning Association of Trinidad and Tobago also received support to convene a conference on population and development for representatives of Caribbean family planning associations. A computerized system for agricultural and population planning assistance and training (CAPPA) was presented at a six-day workshop organized by FAO in collaboration with the National Population Council of Mexico and attended by 15 planners from 9 countries of the region.

53. Needs assessments for Guatemala and Honduras were updated in 1986. To further efforts to take full advantage of expertise within the region, UNFPA commissioned an assessment of the potentials for TCDC in the population and family planning fields in Latin America and the Caribbean. Activities to advance the integration of population variables in sectoral planning were under way in Guatemala and Jamaica.

54. At the regional level, UNFPA continued to support the backstopping, training and research activities of the Latin American Demographic Centre (CELADE), which continues to offer its standard training programmes; the UNFPA-supported regional programme of the ILO in population and employment provided technical assistance to ongoing country projects for the integration of population variables into development planning, through workshops on

population, human resources and development; the UNESCO-executed regional programmes in population IEC continued to assist the countries of the region through technical assistance in project formulation and implementation, training courses and workshops for teachers and producers of didactic materials and the production of prototype materials; and the Pan American Health Organization (PAHO) continued its family nurse practitioner's training programme. PAHO also worked to develop family planning strategies addressed to the needs of adolescents, new approaches to women's concerns and methods to improve the quality of project design and implementation.

#### D. Middle East and Mediterranean

55. Governments of the Middle East and Mediterranean region continue to show greater understanding of population issues and increasing commitment to addressing them. Most Governments have increased their national appropriations for population activities.

56. The year 1986 was marked by preparations for a new round of country programmes for six countries in the region. During the first half of the year, a needs assessment mission visited Turkey and desk reviews for Somalia, Tunisia and Yemen were undertaken to update information from missions fielded during 1979-1980, thus completing the second round of needs assessment in the region. Throughout the year, based on the findings of these assessments, project formulation missions were fielded and country programmes for 1987-1991 were drawn up for several countries for presentation to the Council.

57. In all countries emphasis on improving and extending MCH/FP services, especially to the rural areas, has clearly become a first priority. In addition to providing the basic equipment and supplies needed to enhance the capability of health centres to deliver family planning services, extensive training programmes for various cadres of health personnel in MCH/FP have been initiated with special attention to training for traditional birth attendants and nurse/midwives.

58. In Morocco, MCH/FP services continued to be provided through 22 mobile units in provincial areas. These units serve as clinics for MCH/FP during the day and as IEC centres in the evenings. A substantial amount of equipment and supplies has been provided to enhance the service delivery capabilities of 634 health centres/dispensaries and 193 rural delivery units.

59. In Turkey, the family planning programme was given new momentum when the President launched a national family planning campaign in March 1986. The aim of the campaign is to increase the number of acceptors of modern contraceptive methods from 18 per cent to 25 per cent during the first two years (1987-1988) and to provide more widespread information and education throughout the country on family planning concepts and practices.

60. In most other countries of the region, including Democratic Yemen, Jordan, Somalia, the Sudan and Yemen, increases in contraceptive supplies over those of previous years' levels have been requested.

61. With regard to population IEC activities, virtually all countries have now integrated population education into their formal education systems and introduced population concepts into curricula at primary, secondary and higher levels. Moreover, population education continues to be provided in out-of-school educational programmes. In Somalia, for example, several seminars and workshops have been conducted for government officials, religious and community leaders and members of voluntary organizations such as the Somali Youth League and the Somali Women's Democratic Organization.

62. In the field of communication, UNFPA supported the establishment of a population communication department in the Faculty of Journalism in the University of Yarmouk and concluded preparations for a large-scale communications programme with the State Information Services utilizing various media in Egypt. Programmes on population issues are now frequently aired on national television and radio, and regular reports on population issues appear in newspapers and magazines.

63. Regarding data collection and analysis, 1986 marked the completion of enumeration activities for population and housing censuses in Yemen and Egypt and for the settled population of Somalia. These censuses represent excellent examples of co-operation among donors. In Somalia, UNFPA provided support for expertise in census organization and cartography, fellowships and a nation-wide census publicity campaign, while also assisting the Government in co-ordinating donor inputs. USAID contributed funds for data-processing equipment, local costs for enumerators and supervisors and training. Under multi-bilateral arrangements with UNFPA, the Italian Government provided for the purchase of vehicles, supplies and equipment and construction. The Governments of the Netherlands and Sweden provided support for associate experts.

64. The quality of these censuses is superior to those conducted in the early 1970s. With UNFPA support, government statistical bureaux have been strengthened with modern computer facilities and staffed by trained personnel who are increasingly able to collect and analyse data as inputs to the formulation of socio-economic development policies including employment, education, housing and food security plans.

65. Several projects were initiated in 1986 to improve the status of women and facilitate their participation in development, notably in Egypt and Jordan, where the respective country programmes approved by the Governing Council in June 1986 included projects in this area totalling \$1 million over five years. Both are being implemented by ILO. In Egypt, assistance is being provided to enhance the capabilities of the Women and Development Unit of the National Population Council to formulate policies and programmes. Several projects are being designed and implemented to establish income-generating activities for women in rural areas with the objective of raising their income levels, reducing their fertility and improving their status in the family and society. In Jordan, a project was under way to strengthen the capability of the General Federation of Jordanian Women to design, implement and manage locally based family life and income-generating programmes for disadvantaged

urban and rural women. The implementing agency is the Queen Noor Foundation, an umbrella organization overseeing activities of the various associations within the private sector.

66. In terms of regional programmes intercountry training workshops for women trade union leaders in the Arab world were conducted in Algeria in June 1986 under the auspices of ILO, the Arab Institute for Workers Education and Labour Studies and the International Confederation of Arab Trade Unions. Similarly, a regional conference of Arab planning and research institutes was convened to review their respective work programmes and develop modalities for co-operation.

67. UNESCO's regional sectoral programme in population education continued to provide technical backstopping to country projects and to develop and disseminate curricular materials for use in out-of-school educational programmes. For instance, a book on the sources of population data, a trilingual bibliography on population materials and population curricula modules for use by teacher training institutes in the region were being published. Several video tapes have been prepared for airing on television through the Arab States Broadcasting Union, utilizing the Arab satellite, ARABSAT.

68. Under the programme of advisory services provided by the Economic and Social Commission for Western Asia (ESCWA), a regional seminar on population and housing censuses was convened at Baghdad in preparation for the 1990 round of censuses. A regional seminar was convened in November to train participants in the utilization of the latest software packages for demographic analysis. ESCWA also issued a publication in both English and Arabic, accompanied by a wall-chart, describing demographic and socio-economic characteristics of all the countries covered by ESCWA. The Commission continued to issue The Population Bulletin semi-annually in English and Arabic.

69. UNFPA continued to fund WHO-executed regional activities in support of MCH/FP, including efforts to collect information on the state of maternal health and family planning as well as the determination of unmet needs in these areas. Maternal mortality studies were under way in Egypt, the Sudan and Yemen. To improve the technical and managerial skills of nationals concerned with family planning programmes, UNFPA continued to fund the services of WHO regional advisers. Greater emphasis was placed on the family planning component within MCH services, while a substantial effort was made to develop curricula and training modules for various medical and paramedical staff. A workshop was convened in December 1986 in Cyprus with the participation of national directors and regional advisers to discuss improved management, monitoring and evaluation skills for MCH/FP programmes. A seminar for women on population and the family held in Abu Dhabi, United Arab Emirates, in May 1986, issued recommendations geared to the improvement of the status of women in the Gulf region and called on UNFPA to assist in the establishment of a regional centre for research and training on family and development.

70. A new programme was elaborated in 1986 for continued UNFPA support during the period 1987-1991 to the Population Research and Study Unit of the League of Arab States secretariat. During the period 1982-1985, the Unit introduced the population dimension in various League ministerial councils. Furthermore, population issues became central to the work programmes of the various departments of the League secretariat. During the year, UNFPA was given observer status with certain deliberative organs of the League. During the annual sessions of these bodies, UNFPA's work in the region was commended and resolutions were adopted encouraging countries and financial institutions within the Arab world to increase their financial contributions to UNFPA to enable it to meet increasing demands among Arab countries.

#### E. Projects in the Europe region

71. During 1986 UNFPA assistance to country projects in the European region amounted to approximately \$963,000, reflecting a decrease of about 26 per cent from 1985. The regional and global programmes in Europe amounted to \$552,000. One third of regional project funding was spent in the recipient countries in Europe.

72. The country projects are generally very small, with an average annual allocation of \$43,000. About 57 per cent of UNFPA's assistance to country programmes in this region during 1986 went to the population dynamics sector. One of the larger programmes in this sector was in Bulgaria where assistance was provided for the consolidation of various independent data sources into one integrated system. The project also provided advanced training in the demographic skills required for integrated policy analysis. According to the United Nations Statistical Office, Bulgaria is one of the first countries in the world to attempt such a complete integration of demographic and social statistics and to use the results for policy formulation. UNFPA's role has been to provide international expertise, fellowships and equipment.

73. Assistance in population dynamics was also provided to Hungary's Central Statistical Office in support of an advanced study of mortality differentials. Retrospective case-control studies and analysis of preliminary results of mortality differentials continued during 1986. An international seminar on the socio-economic aspects of mortality differentials was organized in September 1986 with the attendance of 45 participants from 24 countries and international organizations, including representatives from developing countries in Africa, Asia and Latin America.

74. Family planning received the second largest amount of support within the country programmes, with about 20 per cent of the 1986 allocations. Two major policy concerns in this area are to increase population growth by lowering the levels of infertility and sterility and providing genetic counselling and to reduce the level of illegal abortions and maternal and infant mortality through the establishment and expansion of family planning clinic networks.

75. For example, the Family Planning Association of Portugal continued to receive assistance for its community work programme and family planning with

the main purpose of raising public awareness about family planning. The community work is carried out in several regions, most of them located in rural areas where practically no family planning information exists, although there are public health clinics offering services. The Cape Verdean Association also continued to receive assistance from UNFPA for nutrition, sanitation and family planning instruction in the slums around Lisbon inhabited by Cape Verdean immigrants. Assistance was furthermore provided to the Commission on the Status of Women for the purpose of promoting greater MCH/FP and nutrition and sanitation concepts in two slum areas of Lisbon and training local Commission members to carry on slum improvement activities in co-operation with health authorities. The latter will serve as a demonstration project and guidelines are being developed for replication in other slums.

76. In Greece, a country with some 4 million women of childbearing age, the levels of illegal abortions were reportedly very high. 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. By 1985, there was a network of 28 family planning clinics throughout the country, with more in the planning stage. The number of abortions has now been considerably reduced. During 1986 the Ministry of Health and Welfare continued to receive assistance to carry out a family planning awareness campaign.

77. In Yugoslavia, as a result of a UNFPA-supported project initiated at the University of Sarajevo in which teachers, social workers, lawyers and others were offered post-graduate courses on the status of women and responsible parenthood, it has been legislated that permanent courses for school teachers on relations between the sexes and responsible parenthood be established. Based on this successful experience, in 1986 the University of Sarajevo conducted, with UNFPA assistance, a two-month course on these subjects for 30 participants from developing countries. Assistance was also provided to the Teachers Academy of the University of Banjaluka for a model mass media campaign aimed at young people dealing with equality of the sexes and family planning. The project also aims to develop a cadre of professional journalists, broadcast specialists and educators who will become advocates for responsible parenthood.

78. On the regional level UNFPA continued to support the work of the Economic Commission for Europe (ECE), on two projects concerning, respectively, the economic and social consequences of aging and population, development and migration in southern Europe. These projects are being carried out by national agencies using modules jointly prepared by the participating countries under the supervision of the Commission.

79. On the global level, technical assistance for specialists and students from developing countries continued to be provided in Europe through demographic training courses organized at Moscow State University. Begun in 1978, since 1983 there have been two sessions each year following the increasing demand from participating countries. There are about 25 participants per session.

F. Interregional programmes and projects

80. Since the majority of the interregional projects supported by UNFPA are implemented within the framework of a four-year programme cycle begun in 1984, 1986 marked the third year of the present programme which is executed by the United Nations, specialized agencies and non-governmental organizations.

81. The largest single allocation by UNFPA to an interregional project in 1986 was \$2.6 million in support of the WHO Special Programme of Research, Development and Research Training in Human Reproduction. The Special Programme, an activity of high priority for UNFPA, promotes and co-ordinates international research in human reproduction and family planning. Its principal objectives are to increase access to new and improved methods of fertility regulation that are safe, cost-effective and acceptable, promote technologies for the treatment of infertility as a component of primary health-care and support national self-reliance in human reproduction research in developing countries.

82. In 1986, the ongoing programme cycle for WHO interregional projects within the Family Health Division provided for technical backstopping to national MCH/FP programmes, including country study programmes at national institutes to develop research protocols and tools for country-specific application. Included in the studies on adolescent fertility, for example, were workshops conducted on the development of counselling methods for adolescents with regard to reproductive health and fertility regulation.

83. The interregional programme with ILO comprises three interrelated projects. The first emphasizes strengthening national institutional capabilities in population, human resources and development planning through the provision of technical and advisory services, training and curricula development. The second project promotes population education and includes technical backstopping and training in the development of IEC materials. Under the third project, research activities in 1986 dealt with the demographic impact of population and development activities at the community level and the formulation of policy strategies to improve the status of women.

84. The interregional programme with FAO continued to provide technical and advisory backstopping for regional and country-level population projects and for efforts to integrate population into regular FAO projects. Other projects included activities in rural IEC and training, population curriculum development and population documentation and its dissemination. Also during 1986, programmes and materials developed at the interregional level were being utilized at the regional and country levels. One training tool, CAPPA, was successfully adapted for use in regional training programmes for national and regional planners. New UNFPA-funded FAO interregional activities approved in 1986 include research to assess the impact of urbanization and rural-urban migration on food supply and rural development.