



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

Dist.  
GENERAL

DP/1990/45(Part I)  
28 March 1990

ORIGINAL: ENGLISH

Thirty-seventh session  
28 May - 22 June 1990, Geneva  
Item 6 of the provisional agenda  
UNFPA

S U P P O R T

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 1989

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## FOREWORD

*The beginning of the last decade of this century, indeed of this millennium, is a particularly fitting moment to take stock and reflect on the kind of world we hope to leave to succeeding generations.*

*As I wrote in the preface to the principal background document UNFPA prepared for the International Forum on Population in the Twenty-first Century held in Amsterdam in November 1989, I believe all of us wish the future world to be,*

*A world at peace devoting an ever-increasing proportion of its resources to the elimination of poverty, disease and illiteracy in societies everywhere;*

*A world in which population is in balance with natural resources and there is clean air to breathe, clean water to drink, wholesome food to eat, a world in which the natural beauty of the earth is preserved for generations to come;*

*A world in which cultural diversity is preserved and the riches of all traditions shared, but also one in which social change is encouraged;*

*A world in which fundamental human rights are attained and the dignity and worth of the human person and the equal rights of men and women reaffirmed;*

*A world in which our common humanity and global interdependence are reaffirmed and people of all nations helped to enjoy the benefits of economic development and full participation in the civic, economic, political and social life of their communities and nations;*

*A world in which our international institutions are strengthened by mobilizing our best efforts from all parts of the world and by providing these institutions with the resources necessary to help lead the way in achieving these ends.*

*The International Forum in Amsterdam was an important step in the long journey to such a world in the future. It provided an excellent opportunity to reflect on the findings and recommendations of the wide-ranging review and assessment of accumulated population experience completed by the United Nations Population Fund in 1989, as well as on the recommendations and goals set forth in UNFPA's 1989 State of World Population report, "Investing in Women: The Focus of the Nineties". Such reflection enabled Forum participants to develop the contours of an expanded international population agenda for the 1990s and the beginning of the next century which formed the basis of The Amsterdam Declaration, entitled "A Better Life for Future Generations".*

*The implementation of The World Population Plan of Action and the ambitious "Call to Action" of The Amsterdam Declaration will require a far stronger global partnership in population, development and environmental matters than exists today. UNFPA, for its part, is committed to bringing about higher levels of awareness of population issues, and how they relate to both development and the environment. The Fund will also continue to draw attention to the crucial importance of population concerns to the well-being and quality of life of present and future generations. UNFPA is dedicated to helping set a firm course of action to foster the equitable, sustained and sustainable development that is required if we are to find real and lasting solutions to the major population, development and environmental problems that confront all of us.*



Nafis Sadik  
Executive Director

## II. UNFPA IN 1989:

### PROGRAMME AND FINANCIAL HIGHLIGHTS

#### Pledges and contributions

- Income in 1989 (provisional) totalled \$184.9 million, compared to 1988 income of \$178.0 million, an increase of 3.9 per cent compared to 1988.
- Pledges to UNFPA's general resources in 1989 totalled \$180.7 million, \$13.4 million more than 1988, a percentage increase of 8 per cent. At year's end, cumulative pledges through 1989 totalled \$2.0 billion from a cumulative total of 151 donors.
- The number of donors in 1989 totalled 98. There were two first-time donors in 1989 (Equatorial Guinea and Vanuatu).
- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional \$6.4 million during 1989 for projects with allocations totalling \$10.1 million at year-end (see part III).

#### Allocations and expenditures

- Total programme ceiling given by the Governing Council for 1989 was \$191.6 million, compared to \$173.7 million for 1988.
- Project allocations in 1989 totalled \$194.2 million, including \$39.2 million carryover from 1988. Project allocations in 1988 totalled \$169.1 million, including \$26.7 million carryover from 1987. Project expenditures (provisional) for 1989 totalled \$157.5 million compared to project expenditures in 1988 of \$129.7 million.
- Expenditures (provisional) in 1989 totalled \$203.7 million, compared to \$167.2 million in 1988. The 1989 figure included \$109.8 million for country programmes, compared to \$89.9 million in 1988; \$47.7 million for intercountry (regional, interregional and global) programmes, compared to \$39.8 million for 1988. Total administrative and programme support services (APSS) expenditure for both headquarters and field offices was \$32.1 million in 1989 (net of \$2.2 million overhead credits), compared to \$26.7 million in 1988 (net of \$2.0 million overhead credits). Field office costs were \$11.6 million in 1989 compared to \$9.7 million in 1988. Agency support costs were \$14.1 million in 1989, compared to \$10.7 million in 1988. Agency support costs, both in 1988 and 1989, in addition to including all overhead payments to United Nations executing agencies, also included non-governmental organizations and support costs on procurement services for government-implemented projects.
- The project expenditure rate (expenditures divided by allocations) was provisionally 81.1 per cent, compared to 76.8 per cent (final) in 1988. The resource utilization rate (expenditures divided by programmable resources approved by the Governing Council) was provisionally 89.3 per cent in 1989 compared to 81.1 per cent in 1988.
- 501 new projects were approved in 1989, amounting to \$51.0 million, compared to 605 new projects in 1988 amounting to \$64.5 million.
- At year's end, UNFPA was assisting 3538 projects: 2596 country and 942 regional and intercountry projects (1156 country and regional projects in Africa; 907 in Asia and the Pacific; 583 in Latin America and the Caribbean; and 444 in the Arab States and Europe); 291 interregional; and 157 global projects. In 1989, 229 projects were completed, bringing the cumulative total of all projects completed through 1989 to 3173.
- For allocations in 1989 by major function, by geographical area, and by country category, see data on page 5 (part I).

#### Country activities

- 372 new country projects were approved in 1989, amounting to \$42.5 million or 30.0 per cent of total allocations of \$141.5 million to country projects, compared to 413 new country projects in 1988 amounting to \$32.7 million or 36.4 per cent of total expenditures for country projects in 1988.
- Allocations to continuing country projects amounted to \$99 million or 70 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to \$57.1 million in 1988 or 63.6 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 6 (part I).

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#### Priority countries

- . By decision 88/34 I, adopted at its thirty-fifth session in June 1988, the Governing Council, *inter alia*, approved a revision of the criteria for designation of priority countries for UNFPA assistance. Under the revised criteria, 56 countries have been given priority status. By geographic area, these priority countries number: Africa, 31; Asia and the Pacific, 16; Latin America and the Caribbean, 3; and Arab States, 6.
- . Of the total amount of resources allocated to country programmes and projects in 1989, 74.6 per cent was allocated to these 56 priority countries, compared to 73.5 per cent of expenditures for these countries in 1988.
- . Total allocations in 1989 to the 56 priority countries amounted to \$105.5 million, compared to \$66.0 million in expenditures for these countries in 1988.

#### Intercountry activities

- . Allocations for intercountry activities (regional, interregional and global) totalled \$52.7 million in 1989, compared to \$39.7 million in expenditures in 1988. By category of activity, these allocations were: regional, \$28.2 million in 1989, compared to \$19.9 million in expenditures in 1988; interregional and global, \$24.5 million in 1989, compared to \$19.8 million in expenditures in 1988.
- . Intercountry programmes accounted for 27.1 per cent of 1989 total allocations, compared to 30.6 per cent of expenditures in 1988.

#### Execution of projects

- . The number of projects directly executed by Governments in 1989 numbered 651, compared to 611 in 1988, and totalled \$54 million or 27.8 per cent of total 1989 programme allocations, compared to \$35.2 million or 27.1 per cent of programme expenditures in 1988.
- . For allocations in 1989 by executing agency, see table, page 5 (part I).

#### Programme review and strategy development missions

- . In 1989, UNFPA undertook programme review and strategy development missions to five countries - one in Africa (Angola), one in Arab States (Syrian Arab Republic) and three in Latin America and the Caribbean (Ecuador, Haiti and Mexico) - bringing the total missions (needs assessment missions and programme review and strategy development missions) conducted since 1977 through 1989 to 119.

#### Administration and personnel

- . In 1989, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were \$32.1 million (net of \$2.2 million of overhead credits) or 17.3 per cent of the 1989 total estimated income of \$184.9 million. Comparable administrative expenditures in 1988 were \$26.7 million or 15.0 per cent of the 1988 income of \$178.0 million.
- . As of 1 January 1990, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988 and 89/49 of June 1989, the total number of authorized budget posts numbered 694, comprising 167 professional and 527 general service staff. These included 100 professional and 132 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 63 Professional and 395 local General Service posts in the field.
- . The percentage of women on UNFPA's professional staff at headquarters and in the field continued to be over 34 per cent, one of the highest percentages among United Nations agencies and organizations. In 1990, the percentage is expected to be approximately 35 per cent.
- . 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 administration 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-fifth session (decision 88/36), UNFPA reimbursement to UNDP for the services rendered was set in the budget at \$3.3 million for the biennium 1988-1989. In 1988, UNFPA reimbursed UNDP the amount of \$1.6 million. In 1989, UNFPA reimbursed UNDP the amount of \$1.7 million.

UNFPA PROGRAMME IN 1988 AND 1989: AT A GLANCE(Data for 1988 are expenditures; data for 1989 are allocations<sup>1</sup>)

| <u>UNFPA assistance by major function</u>                |                         |               |  |             |
|--|-------------------------|---------------|--|-------------|
|  | <u>In thousand \$US</u> |               | <u>Percentage of total programme</u>         |             |
|  | <u>1988</u>             | <u>1989</u>   | <u>1988</u>                                  | <u>1989</u> |
| Family planning  | 67 982                  | 89 847        | 52.4   | 46.3        |
| Communication and education                              | 18 908                  | 32 691        | 14.6   | 16.8        |
| Basic data collection                                    | 13 000                  | 21 163        | 10.0   | 10.9        |
| Population dynamics                                      | 14 774                  | 24 254        | 11.4   | 12.5        |
| Formulation and evaluation of population policies        | 9 331                   | 13 320        | 7.2  | 6.9         |
| Implementation of policies                               | 263                     | 73            | 0.2  | 0.0         |
| Multisector activities                                   | 2 187                   | 5 414         | 1.7  | 2.8         |
| Special programmes                                       | <u>3 248</u>            | <u>7 482</u>  | <u>2.5</u>                                   | <u>3.8</u>  |
| Total  | 129 693                 | 194 244       | 100.0  | 100.0       |
| <u>UNFPA assistance by geographical region</u>           |                         |               |  |             |
|  | <u>In thousand \$US</u> |               | <u>Percentage of total programme</u>         |             |
|  | <u>1988</u>             | <u>1989</u>   | <u>1988</u>                                  | <u>1989</u> |
| Africa   | 31 226                  | 50 058        | 24.1   | 25.8        |
| Arab States and Europe                                   | 14 752                  | 23 440        | 11.4   | 12.1        |
| Asia and the Pacific                                     | 46 648                  | 70 256        | 36.0   | 36.2        |
| Latin America and the Caribbean                          | 17 194                  | 25 926        | 13.2   | 13.3        |
| Interregional and Global                                 | <u>19 873</u>           | <u>24 504</u> | <u>15.3</u>                                  | <u>12.6</u> |
| Total  | 129 693                 | 194 244       | 100.0  | 100.0       |
| <u>UNFPA assistance by country/intercountry category</u> |                         |               |  |             |
|  | <u>In thousand \$US</u> |               | <u>Percentage of total programme</u>         |             |
|  | <u>1988</u>             | <u>1989</u>   | <u>1988</u>                                  | <u>1989</u> |
| Country  | 89 899                  | 141 517       | 69.3   | 72.9        |
| Inter-country  | <u>39 794</u>           | <u>52 727</u> | <u>30.7</u>                                  | <u>27.1</u> |
| Total  | 129 693                 | 194 244       | 100.0  | 100.0       |
| <u>UNFPA assistance by country category, all regions</u> |                         |               |  |             |
|  | <u>In thousand \$US</u> |               | <u>Percentage of total country programme</u> |             |
|  | <u>1988</u>             | <u>1989</u>   | <u>1988</u>                                  | <u>1989</u> |
| Priority country   | 66 091                  | 105 546       | 73.5   | 74.6        |
| Other country  | <u>23 808</u>           | <u>35 971</u> | <u>26.5</u>                                  | <u>25.4</u> |
| Total  | 89 899                  | 141 517       | 100.0  | 100.0       |
| <u>UNFPA assistance by executing agency</u>              |                         |               |  |             |
|  | <u>In thousand \$US</u> |               | <u>Percentage of total programme</u>         |             |
|  | <u>1988</u>             | <u>1989</u>   | <u>1988</u>                                  | <u>1989</u> |
| Government-executed projects <sup>2</sup>                | 35 202                  | 53 969        | 27.1   | 27.8        |
| United Nations   | 20 999                  | 31 502        | 16.2   | 16.2        |
| Regional commissions                                     | 7 517                   | 9 711         | 5.8  | 5.0         |
| ILO  | 7 376                   | 11 987        | 5.7  | 6.2         |
| FAO  | 2 332                   | 4 103         | 1.8  | 2.1         |
| UNESCO   | 7 630                   | 12 143        | 5.9  | 6.3         |
| UNEP   | 19                      | 93            | 0.0  | 0.1         |
| WHO  | 21 744                  | 28 364        | 16.7   | 14.6        |
| UNICEF   | 148                     | (10)          | 0.1  | 0.0         |
| UNFPA <sup>3</sup>                                       | 7 367                   | 20 820        | 5.7  | 10.7        |
| UNIDO  | 2                       | 2             | 0.0  | 0.0         |
| Non-governmental organizations                           | 18 242                  | 19 902        | 14.1   | 10.2        |
| UNDP (OPS)   | <u>1 115</u>            | <u>1 658</u>  | <u>0.9</u>                                   | <u>0.8</u>  |
| Total  | 129 693                 | 194 244       | 100.0  | 100.0       |

<sup>1</sup> Expenditure data for 1989 are not available until after the due date for submission of this document to the Governing Council.

<sup>2</sup> Includes UNFPA assistance to procurement for Governments' projects as follows: \$22 million in 1988 and \$19.7 million in 1989.

<sup>3</sup> See footnote 2.

UNFPA expenditures (1988) and allocations (1989), by region

|   | <u>AFRICA (SUB-SAHARAN)</u> |        |                               |                               | <u>ARAB STATES AND EUROPE</u> |        |                               |                               | <u>ASIA AND THE PACIFIC</u> |        |                               |                               |
|---|-----------------------------|--------|-------------------------------|-------------------------------|-------------------------------|--------|-------------------------------|-------------------------------|-----------------------------|--------|-------------------------------|-------------------------------|
|   | <u>(in \$US 000)</u>        |        | Percentage of total programme | Percentage of total programme | <u>(in US\$ 000)</u>          |        | Percentage of total programme | Percentage of total programme | <u>(in US\$ 000)</u>        |        | Percentage of total programme | Percentage of total programme |
|   | 1988                        | 1989   | 1988                          | 1989                          | 1988                          | 1989   | 1988                          | 1989                          | 1988                        | 1989   | 1988                          | 1989                          |
| <u>By major sector</u>                            |                             |        |                               |                               |                               |        |                               |                               |                             |        |                               |                               |
| Family planning                                   | 11 570                      | 18 579 | 37.1                          | 37.1                          | 5 532                         | 8 593  | 37.5                          | 36.6                          | 33 522                      | 40 562 | 71.8                          | 57.7                          |
| Communication and education                       | 5 045                       | 11 239 | 16.2                          | 22.4                          | 2 945                         | 4 567  | 20.0                          | 19.5                          | 5 398                       | 9 584  | 11.6                          | 13.6                          |
| Basic data collection                             | 6 008                       | 7 534  | 19.2                          | 15.1                          | 1 460                         | 1 970  | 10.0                          | 8.4                           | 2 085                       | 7 866  | 4.5                           | 11.2                          |
| Population dynamics                               | 4 232                       | 5 144  | 13.6                          | 10.3                          | 2 928                         | 4 539  | 19.8                          | 19.4                          | 3 524                       | 8 533  | 7.5                           | 12.2                          |
| Formulation and evaluation of population policies | 3 380                       | 4 922  | 10.8                          | 9.8                           | 961                           | 1 305  | 6.5                           | 5.6                           | 823                         | 983    | 1.7                           | 1.4                           |
| Implementation of policies                        | 0                           | 8      | 0.0                           | 0.0                           | 242                           | 55     | 1.6                           | 0.2                           | 23                          | 10     | 0.1                           | 0.0                           |
| Multisector activities                            | 541                         | 1 047  | 1.7                           | 2.1                           | 148                           | 584    | 1.0                           | 2.5                           | 455                         | 972    | 1.0                           | 1.4                           |
| Special programmes                                | 450                         | 1 585  | 1.4                           | 3.2                           | 536                           | 1 827  | 3.6                           | 7.8                           | 818                         | 1 746  | 1.8                           | 2.5                           |
| TOTAL REGION                                      | 31 226                      | 50 058 | 100.0                         | 100.0                         | 14 752                        | 23 440 | 100.0                         | 100.0                         | 46 648                      | 70 256 | 100.0                         | 100.0                         |
| <u>By country category</u>                        |                             |        |                               |                               |                               |        |                               |                               |                             |        |                               |                               |
| Priority country *                                | 18 389                      | 33 553 | 58.9                          | 67.0                          | 7 696                         | 11 742 | 52.2                          | 50.1                          | 37 774                      | 57 434 | 81.0                          | 81.7                          |
| Other country                                     | 5 019                       | 6 198  | 16.1                          | 12.4                          | 4 319                         | 7 089  | 29.3                          | 30.2                          | 3 664                       | 5 599  | 7.8                           | 8.0                           |
| Total country                                     | 23 408                      | 39 751 |                               |                               | 12 015                        | 18 831 |                               |                               | 41 438                      | 63 033 |                               |                               |
| <u>Regional</u>                                   | 7 818                       | 10 307 | 25.0                          | 20.6                          | 2 737                         | 4 609  | 18.5                          | 19.7                          | 5 210                       | 7 223  | 11.2                          | 10.3                          |
| TOTAL REGION                                      | 31 226                      | 50 058 | 100.0                         | 100.0                         | 14 752                        | 23 440 | 100.0                         | 100.0                         | 46 648                      | 70 256 | 100.0                         | 100.0                         |

|   | <u>LATIN AMERICA AND THE CARIBBEAN</u> |        |                               |                               | <u>INTERREGIONAL AND GLOBAL</u> |        |                               |                               |
|---|--|--------|-------------------------------|-------------------------------|---------------------------------|--------|-------------------------------|-------------------------------|
|   | <u>(in \$US 000)</u>                   |        | Percentage of total programme | Percentage of total programme | <u>(in US\$ 000)</u>            |        | Percentage of total programme | Percentage of total programme |
|   | 1988                                   | 1989   | 1988                          | 1989                          | 1988                            | 1989   | 1988                          | 1989                          |
| <u>By major sector</u>                            |  |        |                               |                               |                                 |        |                               |                               |
| Family planning                                   | 9 724                                  | 12 787 | 56.5                          | 49.3                          | 7 633                           | 9 326  | 38.4                          | 38.0                          |
| Communication and education                       | 1 454                                  | 3 151  | 8.5                           | 12.2                          | 4 065                           | 4 149  | 20.4                          | 16.9                          |
| Basic data collection                             | 1 923                                  | 2 413  | 11.2                          | 9.3                           | 1 524                           | 1 381  | 7.7                           | 5.6                           |
| Population dynamics                               | 2 286                                  | 3 592  | 13.3                          | 13.9                          | 1 806                           | 2 446  | 9.1                           | 10.0                          |
| Formulation and evaluation of population policies | 1 162                                  | 2 546  | 6.8                           | 9.8                           | 3 005                           | 3 564  | 15.1                          | 14.5                          |
| Implementation of policies                        | 0                                      | 0      | 0.0                           | 0.0                           | (2)                             | 0      | 0.0                           | 0.0                           |
| Multisector activities                            | 113                                    | 321    | 0.7                           | 1.2                           | 930                             | 2 489  | 4.7                           | 10.0                          |
| Special programmes                                | 532                                    | 1 116  | 3.1                           | 4.3                           | 912                             | 1 209  | 4.6                           | 5.0                           |
| TOTAL REGION                                      | 17 194                                 | 25 926 | 100.0                         | 100.0                         | 19 873                          | 24 564 | 100.0                         | 100.0                         |
| <u>By country category</u> *                      |  |        |                               |                               |                                 |        |                               |                               |
| Priority country                                  | 2 231                                  | 2 817  | 13.0                          | 10.9                          |                                 |        |                               |                               |
| Other country                                     | 10 806                                 | 17 086 | 62.8                          | 65.9                          |                                 |        |                               |                               |
| Total country                                     | 13 037                                 | 19 903 |                               |                               |                                 |        |                               |                               |
| <u>Regional</u>                                   | 4 157                                  | 6 023  | 24.2                          | 23.2                          |                                 |        |                               |                               |
| TOTAL REGION                                      | 17 194                                 | 25 926 | 100.0                         | 100.0                         |                                 |        |                               |                               |

Priority Countries (as modified in 1988 in accordance with 88/34 I)

Africa:

Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Cote d'Ivoire, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Mauritania, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia.

Arab States and Europe

Democratic Yemen, Egypt, Morocco, Somalia, Sudan, Yemen.

Asia and the Pacific

Afghanistan, Bangladesh, Bhutan, China, Cambodia, India, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean

Bolivia, Haiti, Honduras.

\* The figures for 1988 and 1989 are for the 56 priority countries that were so designated in accordance with decision 88/34.

## I. REVIEW OF PROGRAMME BY GEOGRAPHIC REGION

### A. Africa (sub-Saharan)

1. During 1989, most of the Governments of sub-Saharan African countries showed increasing concern about maternal and infant mortality and infertility rates, which continued to be among the highest in the world. Indeed, all Governments in the region now recognize the importance of family planning and/or birth spacing, in particular in the context of effective health care. At the International Forum on Population in the Twenty-first Century, which was held in Amsterdam, the Netherlands, 6-9 November 1989 (see paras. 176-180 of this report), the representatives of some 30 African Governments endorsed the recommendation contained in the Amsterdam Declaration to "improve coverage and quality of maternal and child health and family planning (MCH/FP) programmes wherever possible within the context of primary health care and, where circumstances make it necessary, through other approaches".
2. UNFPA support to MCH/FP programmes in the Africa region continued to take into account the guiding principles of the strategy for UNFPA assistance in sub-Saharan Africa put forth in document DP/1987/37, which was approved by the Governing Council at its thirty-fourth session. These include, among other things, helping countries to provide their populations with better access to information on birth spacing and family planning and to expand and improve the quality of health services in order to reduce infant mortality, maternal morbidity and high fertility. To this end, UNFPA has concentrated its assistance on the development of health personnel in all categories of MCH/FP through training in family planning, the development and improvement of statistical systems for MCH/FP services, and the undertaking of operations research on family systems in various cultural and socio-economic settings. During 1989, UNFPA allocated approximately \$18.6 to MCH/FP activities in the region, or 37.1 per cent of total allocations to sub-Saharan Africa.
3. In 1989, nearly half of UNFPA's assistance to MCH/FP activities in sub-Saharan Africa was used to develop training programmes. At the country level, as part of UNFPA support to national MCH/FP programmes, rural health workers, traditional birth attendants (TBAs) and nurse/midwives were trained in family planning techniques as well as in family planning communication and motivation. Also during the year, UNFPA sponsored a diagnosis of management information systems (MIS) relating to MCH/FP in 27 African countries as well as an analysis of systems of procurement and distribution of contraceptive supplies in 18 countries. These exercises detected, among other things, significant weaknesses in the attainment and application of data for management purposes in the former case and procedural shortcomings leading to chronic shortages of basic supplies in the latter. Plans for follow-up assistance to help remedy these shortcomings are being prepared.
4. The UNFPA two-year review and assessment of accumulated population experience (see paras. 173-175 of this report) found that the lack of a clear understanding of socio-cultural factors relating to pregnancy and childbirth negatively affects the development and organization of MCH/FP services. UNFPA has thus encouraged the undertaking of studies on family systems and traditional beliefs in different cultural and socio-economic settings in the region (see the special section on socio-cultural research in part III of this report). Moreover, through sub-contractual arrangements with research institutions and individuals, staff of UNFPA-funded formal and non-formal education programmes are collecting, analyzing and making use of information and data regarding the cultural, ethnic, religious and other characteristics of programme target populations.

5. The Fund is also making special efforts to ensure that all relevant socio-cultural research is being built into the programme process when formulating new and expanded MCH/FP projects. For example, in Madagascar and Zambia, UNFPA is, with technical assistance from the UNFPA-funded interregional World Health Organization (WHO) Family Health Team based in Geneva, financing diagnoses of existing MCH and family planning communication and service activities, in order to help the Governments of these two countries design a comprehensive strategy for a national MCH/FP programme. In the United Republic of Tanzania, UNFPA has helped develop a national MCH/FP strategy, based on the results of various evaluation and research findings, and with the participation of MCH/FP staff from all management and service levels. Furthermore, UNFPA-supported WHO/African Regional Office (AFRO) regional advisers specializing in MCH/FP have used the rapid evaluation methodology to review and improve the implementation of the ongoing MCH/FP programmes in Botswana and Malawi. In Senegal, UNFPA, in collaboration with the United States Agency for International Development (USAID) and the World Bank, assisted the Government in elaborating a national MCH/FP strategy and developing a national programme to support this strategy. Technical assistance was provided through the Université Libre de Bruxelles, Belgium, and various external consultants.

6. There is now at least one MCH/FP project in each of the 42 countries of the region, and in some countries, such as Ethiopia, Kenya, and the United Republic of Tanzania, there are several projects targeted at special groups (rural dwellers, urban poor, women, youth) or tailored for special settings (United Republic of Tanzania mainland, Muslim Zanzibar, rural or urban hospitals, clinic-based or community-based services). UNFPA/AFRO regional MCH/FP teams in Harare, Zimbabwe, and in Bamako, Mali, each consisting of three advisers, continue to backstop projects in 17 countries. However, with national management capabilities improving, coupled with the support of a larger UNFPA field presence, an increasing number of projects are now being directly implemented by the Governments themselves.

7. Nevertheless, many Governments still need technical backstopping in terms of technical assistance and project reviews and evaluations. Such backstopping is, in some instances, being provided through UNFPA sub-contractual arrangements with institutions such as the Royal Tropical Institute, the Netherlands (for projects in four countries); the Université Libre de Bruxelles, Belgium (for projects in five countries); the Margaret Sanger Center (for projects in two countries), as well as with The Population Council for the introduction of the NORPLANT sub-dermal contraceptive implant into the MCH/FP project in Rwanda. Moreover, the International Planned Parenthood Federation (IPPF) is participating in the execution of projects in Lesotho, Zaire, and Swaziland. The Centre for Population and Development Studies and Research of the Sahel Institute has assisted in project evaluations and formulation in Cape Verde, Guinea-Bissau, and Mauritania and has participated in MIS and logistic system diagnostic exercises in the Gambia and Mauritania. UNFPA has also entered into agreements with international non-governmental organizations (NGOs) (e.g., IPPF, Margaret Sanger Center) and academic institutions (Johns Hopkins University) for technical support to projects in Ethiopia, Malawi and the United Republic of Tanzania.

8. During 1989, UNFPA continued to assist Governments in the region in the development and implementation of population and family life information, education and communication (IEC) programmes. UNFPA allocated approximately \$11.2 to the IEC sector, or 22.4 per cent of total allocations to the region. Among the activities supported by UNFPA during the year were the organization of population seminars and workshops for policy-makers and opinion leaders in Ethiopia, Kenya, Malawi, Mali, Senegal and the United Republic of Tanzania, as well as the introduction of family life education into: (a) non-formal training programmes for youth and adolescents in Botswana, Cape Verde, Malawi and the Seychelles; (b)



parents education programmes in Malawi, Mali, and the United Republic of Tanzania; and (c) the training programmes of labour organizations and trade unions in Kenya, Mozambique, Uganda and Zambia. UNFPA is also helping to develop, in collaboration with ministries of information and national and international mass media organizations, population IEC programmes for the public at large in Burundi, Cameroon, Ethiopia, Kenya, Madagascar, Mauritania, Mozambique, Senegal, Uganda and the United Republic of Tanzania. Moreover, in view of the fact that adult literacy and agricultural extension programmes have proven effective in reaching adult men and women with population and family life messages, the Fund is supporting an increasing number of projects in this area, including those in Ethiopia, Kenya, Lesotho, Mozambique, Rwanda and Uganda.

9. In the formal education sector, UNFPA is supporting more than 30 projects aimed at introducing population and family life education into the curricula of primary and secondary schools. The projects cover all phases of the integration process, ranging from the preparatory stage of research and testing of educational material (Burundi, Guinea-Bissau, Mali, Mauritania and Uganda), through the introduction of population curricula into selected levels in pilot schools (Kenya, Mauritius and Mozambique), to the full integration of population education into the entire school curricula (Burkina Faso) and into teachers' training colleges and refresher courses (Benin, Sierra Leone). Formal training in population education is also being introduced into agricultural colleges in Ethiopia and Malawi and into the Institute for Development Management in the United Republic of Tanzania.

10. While almost all Governments in the region recognize the importance of integrating population factors into the development process, their commitment to the formulation and implementation of sustainable population policies and programmes needs to be strengthened. During 1989, UNFPA continued to support projects to create awareness and understanding among policy-makers and the public at large about the effects of rapid population growth on economic development. The Fund also supported the development of national skills in demography and the promotion of understanding of the complex interrelationship between population and development in all countries of the region. Moreover, UNFPA provided assistance for the collection and analysis of population data and for the integration of population factors into development plans. The Fund also provided or arranged technical and financial assistance to many countries for the establishment of various types of population planning bodies, including units, councils and commissions.

11. Training in demography at the undergraduate and masters levels has been introduced in many universities and centres throughout the region, with the support of UNFPA. UNFPA also provided assistance to many countries to conduct awareness-creation seminars and workshops for government officials as well as for religious, opinion and community leaders, among others. Such seminars and workshops, which are generally run by training staff together with staff of planning ministries, were offered in Ethiopia, Kenya, Malawi, Rwanda, and Uganda.

12. In 1989, a national population and housing census was conducted in Kenya, and preparatory work was started or continued for the 1990 round of censuses in Benin, Burundi, Cape Verde, Comoros, Guinea-Bissau, Mauritania, Mozambique, Uganda, and Zambia. UNFPA's support to census operations was supplemented by multi-bilateral financial arrangements or co-financed with other donor agencies, such as the World Bank and the United Nations Development Programme (UNDP).

13. Regional programme. The regional MCH/FP training course at the Regional Training Centre in Family Health for Africa in Mauritius offered four courses on fertility management to approximately 90

participants from English- and French-speaking African countries. Also during 1989, two training courses on clinical fertility techniques were conducted at the Université Libre de Bruxelles, with the participation of 27 trainees from French-speaking countries. During the year, UNFPA concluded agreements with the University of Laval and the University of Montreal, both in Canada, to train health and social development personnel in the management of MCH/FP programmes and in the design and implementation of support communications activities. UNFPA expects to provide 45 such fellowships through this arrangement each year. In order to cater to the needs for training in fertility management of lusophone African countries, a training course for trainers in that field has been established in collaboration with the Portuguese Ministry of Health. An assessment of training needs in the field of MCH/FP was initiated in 1988 with the assistance of the Margaret Sanger Center. The report, which is based on information from ministries of health, is now finalized and will soon be available for general distribution.

14. UNFPA, together with the World Bank, WHO and IPPF, initiated a project in 1989 aimed at assisting African Governments in formulating health and population policies and translating them into effective programmes of action. The primary purpose of the project is to help identify socio-cultural and political constraints that impede the timely and effective implementation of population activities, including family planning programmes. The project will cover some 20 countries. In-depth studies will be undertaken in eight countries (Cameroon, Kenya, Nigeria, Rwanda, Senegal, Zaire, Zambia and Zimbabwe). The findings and recommendations of these studies will be translated into an agenda for action for the 1990s. Project activities during 1989 included the establishment of a high-level advisory committee of population experts and policy-makers, the identification of research institutions and individuals who will serve as members of task force advisory groups for the in-depth country studies, and the elaboration of terms of reference and methodologies for these studies. Pilot country activities are scheduled to start in Ghana, Kenya and Nigeria in early 1990. It is expected that the intercountry sharing of experiences on population programming, especially among high-level policy-makers, will help increase the political commitment to such programmes and thereby greatly improve the prospects for their successful implementation in the future.

15. UNFPA-funded FAO, ILO and UNESCO regional advisers in population IEC continued to develop and provide technical backstopping to country projects in the region. In view of the increased number of projects, the two interagency advisory teams in the region were strengthened with the posting of two junior experts in population education. UNFPA is presently funding five IEC regional advisers and two junior experts in Dakar, Senegal, and three regional advisers in Nairobi, Kenya.

16. In order to strengthen the sharing of information and IEC research methodologies and training materials in the two sub-regions served by the Nairobi and Dakar IEC teams, UNFPA is planning to establish a sub-regional population IEC documentation centre for Western and Central Africa as well as one for Eastern and Southern Africa. During 1989, through a multi-bilateral arrangement with Canada, UNFPA started work on compiling an inventory of human and institutional resources, research studies, and IEC training materials in 12 countries in Eastern and Southern Africa (Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritania, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe). This activity is expected to provide a good basis for improving future IEC activities in the sub-region.

17. Census activities continued to receive substantial support through, among others, the African Census Training Project funded through a multi-bilateral arrangement with Canada and executed by the Economic Commission for Africa (ECA) and the United Nations. The project used the expertise of the UNFPA-funded eight-member team of experts in demographic statistics located at ECA. In 1989, the team was

strengthened through the posting of two additional advisers -- one a specialist on sampling, the other an expert on data processing.

18. UNFPA continued its support to the demographic training programmes at the Regional Institute for Population Studies (RIPS) in Ghana and the Institut de formation et de recherche demographique (IFORD) in Cameroon. Support was also continued to the Department d'Etudes de la Population at the Union Douaniere et Economique de l'Afrique Centrale (UAEAC/DEP), to the Centre d'Etudes et de Recherches sur la Population pour le Developpement (CERPOD), and to the three-member regional advisory team in demographic analysis located at ECA. UNFPA also continued to fund two ILO regional advisers in population and human resource development to backstop population planning projects. During 1989, an additional post of associate expert was added to strengthen the team.

#### B. Arab States and Europe

##### Arab States

19. The fruits of past efforts in the region are reflected in the increasingly high priority given to population activities by the Governments of the region, the substantial increase in the proportion of national budgets specifically earmarked for population activities, and, to a large extent, the successful implementation of UNFPA-supported country programmes in Arab States. The extent to which population has evolved into a critical issue in the region in recent years is perhaps no where more evident than in the prominence given to two important conferences that were held in 1989; namely, the Second Arab Parliamentary Conference on Population and Development held in Damascus, the Syrian Arab Republic, in September, and a ministerial conference held in Amman, Jordan, in October.

20. The Second Arab Parliamentary Conference on Population and Development was organized in cooperation with the Arab Parliamentary Union and the Global Committee of Parliamentarians on Population and Development, with joint financing from UNDP and UNFPA. Parliamentarians from 15 countries in the region participated, together with representatives of United Nations organizations concerned with population, the Asian Forum of Parliamentarians on Population and Development, the African Parliamentary Council, the Arab League and its specialized agencies, Al-Azhar University, the Arab Assembly on Women's Role in Development, the Arab Development Fund, and other leading NGOs in the region, as well as representatives from major donor countries such as the Netherlands and the Federal Republic of Germany. At the conclusion of the Conference, the participants adopted the "Damascus Declaration on Population and Development", which highlighted the importance of population issues in development planning and gave particular emphasis to the importance of family planning as a basic human right of couples. The Declaration underlined the positive impact of family planning on the health of mothers and children, and called on the Arab countries of the region to guarantee this right to couples as stipulated in the "Amman Declaration of Population of 1984". The Conference also addressed the problems of food security, unemployment and the environment.

21. The recommendations of the Second Arab Parliamentary Conference on Population and Development were presented to a subsequent ministerial conference entitled "Safeguarding the Future: Population, Women and the Environment" held in Amman, Jordan, from 2 to 4 October under the patronage of His Majesty King Hussein Bin Talal and Her Majesty Queen Noor. This presentation of the recommendations of the parliamentarians to government ministers was particularly significant since it was, in effect, an exchange between the legislative and executive arms of the Governments in the region.

22. Of the 18 countries participating in the Amman Conference, 14 were represented at the ministerial level. The portfolios of participants varied among countries, including those of health, social affairs, labour, planning, and education. The Conference was opened by His Majesty King Hussein, with H.M. Queen Noor chairing the first and last sessions. Three papers -- on population and development, the role of women in development, and the environment and development -- were presented and discussed. The concluding recommendations resulted in commitments at the highest level of government to the following actions: to develop in each country a clearly-defined national population policy; to make family planning services available, including provision of education and information, to enable couples to plan their families freely and responsibly; to study and help regulate intra-regional migration, specifically that of skilled labour; and to enhance the education and employment opportunities of women so as to enable them to participate fully in the development process. The Conference stressed the importance of safeguarding the environment, in particular the need to strike a balance between the current use of natural resources and future resource requirements and to develop a strategy for addressing the problems of drought and desertification and their impact on agricultural productivity and food security.

23. Nineteen-eighty-nine also saw an increase in activities concerning the interrelationship of Islam and various aspects of population. For example, the UNFPA-supported International Islamic Centre for Population Research and Studies at Al-Azhar University arranged seminars in Fez, Morocco, and in Sana'a, Yemen, where eminent theologians from Al-Azhar University debated the precepts of Islam on the quality of life of Moslem populations and explained to the participants the position of Islam towards family planning. Also, during 1989, preparations were concluded for the convening of an International Congress on Islam and Population Policy, to be hosted in Indonesia under the patronage of His Excellency President Soeharto.

24. These various activities help demonstrate the extent of UNFPA's contribution in assisting Governments in the region to gain an understanding of population issues and their interlinkage with development planning. In addition, UNFPA again provided support to the Population Research Unit of the Arab League. The unit prepares briefs and provides policy options for the councils of various sectoral ministries concerning population and how it relates to and affects the activities of their respective sectors. Moreover, in 1989, UNFPA was accorded observer status at the Arab League Economic and Social Council and its Council of Health Ministers.

25. Allocations to programmes and projects in the region during 1989 totalled \$23.4 million, an increase of 11.5 per cent over allocations in 1988, with MCH/FP continuing to be the priority area with 36.6 per cent of the allocations, followed by population information, education and communication at 20 per cent, population dynamics at 19 per cent (including formulation of population policies and their implementation), data collection at 8 per cent, as well as 8 per cent for special programmes, including those designed to improve the status of women and to help create income-generating activities for them. Below are some of the highlights of UNFPA's country programmes and projects in the region.

26. Most of the projects planned for the 1989-1993 cycle of UNFPA assistance in Algeria were initiated during the year. Preparatory work for formulation of a comprehensive MCH/FP project was approved, with plans for a workshop on the topic to be held in early 1990. UNFPA provided support to Algeria's National Statistical Office for the upgrading of equipment and improvement of the staff's technical skills in data collection and analysis. UNFPA also assisted a research project on women and fertility executed by a team of female researchers from the Centre for Research in Studies on Demography.

27. In Democratic Yemen, MCH/FP strategies were reoriented during 1989 in order to broaden the scope of safe motherhood initiatives. Several training programmes in MCH/FP were organized, including one for 100 TBAs who were trained in safe delivery techniques and promotion of family planning as an important health issue. In-service training for community midwives, health guides and MCH/FP staff continued, as did training for health workers on health education. A national training programme for physicians on maternal mortality, family planning, management of infertility, and the development of a referral system was also held.
28. In Egypt, the Government's strong support of family planning and population activities received added impetus in 1989 when the Mufti of Egypt made a pronouncement in essence sanctioning contraceptive use in Islam on the grounds of health and economic well-being. For its part, UNFPA continued the timely supply of contraceptives to meet the demand of family planning acceptors. The final results of Egypt's 1986 census were published in 1989 by the Central Agency for Public Mobilization and Statistics (CAPMAS).
29. In Jordan, as part of a UNFPA-supported project, the General Secretariat for the National Population Commission established three committees (technical, planning and development) during 1989. Moreover, in an effort to identify gaps in population research and to recommend policy areas requiring analysis for Jordan's future national population policy, an inventory of 180 articles and research papers on population and development was compiled. Training programmes for medical doctors, social workers, nutritionists, midwives, and traditional birth attendants were conducted in November/December 1989 at the district level.
30. An October 1989 evaluation mission concluded that Morocco's strengthened civil registration and data processing systems could serve as models for those of other countries in the region. UNFPA assistance contributed to the production of the first statistical document on the role of women in Morocco, published by the Centre for Demographic Research and Studies (CERED). One of the first UNFPA-funded projects on the interrelationship between population and environment was initiated in Morocco during 1989 with the recruitment of an international expert.
31. Economic uncertainty and security concerns in Somalia during 1989 delayed the implementation of many UNFPA projects. Despite these unfavourable conditions, however, efforts to integrate MCH/FP services into the primary health care programme continued. Moreover, several training programmes and workshops in MCH/FP were conducted, and a manual on MCH training developed. In July, a national seminar on women in development (WID) was organized, and during the year the Ministry of National Planning established a WID Unit. The population IEC project included a workshop on awareness creation and a seminar on interpersonal population communication techniques for 50 community representatives.
32. Political and economic instability in Sudan slowed the implementation of UNFPA activities there in 1989. Nevertheless, reporting on the 1983 census was completed and the country moved forward in the formulation of a national population programme. The Omduran MCH/FP Training Centre continued to hold MCH/FP training activities in the area of population and health, and the physical facilities at the Burakat Training Centre in Gezira were completed, enabling it to begin training TBAs and village midwives. Population IEC activities in Sudan began including information on the prevention of AIDS.
33. UNFPA completed its third cycle of assistance to the Syrian Arab Republic in 1989, and conducted a Programme Review and Strategy Development Mission in that country in September. The mission noted

that, during the third cycle, UNFPA support to MCH/FP programmes had been expanded in both rural and urban areas and that over 100 new staff members had been added to the Government's MCH/FP team. New acceptors of family planning services in 1989 reached 82,027, an increase of almost 20,000 over the 1988 levels. The Central Bureau of Statistics began preparation for the 1991 census by issuing population projections by province and determining administrative divisions.

34. In Tunisia, UNFPA continued its support of the Ministry of Planning and Finance in its work to develop research and multi-disciplinary studies on population and development, thus contributing to the integration of population factors into planning for social and economic development. UNFPA assistance to the National Institute of Statistics was aimed at developing a civil registration system and improving statistical analysis. A project to improve health in rural areas began in 1989, as did a project to integrate population education into training programmes for young rural women.

35. Two new UNFPA-assisted projects, one in MCH/FP and the other in population IEC, were approved during 1989 for Turkey. The project to extend family planning education and services to workers in the organized sector, implemented by the Turkish Family Planning Association, was completed in 1989, with trainers in family planning reaching some 120,000 workers at 117 factories. The State Planning Organization for the first time offered plans for a research project aimed at developing structures for a national population policy, to be incorporated into the country's annual and five-year development plans.

36. An MCH/FP project in Yemen continued to address that country's very high rates of infant mortality, maternal morbidity and fertility. Training of 260 predominately female rural paramedics at the Health Manpower Institute in Sana'a was a key activity during 1989, as the country strengthened its efforts to reach people living in the many underserved mountainous and rural areas. A seven-day national workshop in MCH/FP strategies, including safe motherhood and community participation, was held at the end of 1989 with UNFPA as a lead agency, drawing over 200 participants in the health and development fields. A national seminar on population and Islam, organized by UNFPA in collaboration with Al-Azhar University, issued a declaration that family planning is acceptable in Islam, and especially needed in Yemen.

37. Regional programme. Through the regional network of UNFPA-funded agency experts and non-governmental organizations, UNFPA carried out a number of regional training exercises and provided technical and managerial support to country projects in the region.

38. During 1989, the ILO prepared a study on "Population, Labour Mobility and Policy Alternatives in the Framework of Development Planning" and conducted two regional seminars, one on international and return migration and the other on demographic research and data utilization in development planning for countries in the Arab region. The ILO also collaborated with the Economic and Social Commission for Western Asia (ESCWA) in conducting a workshop on international migration, held in Amman, Jordan, in December 1989, for participants from the region.

39. ESCWA continued to support countries in the region through training workshops and technical assistance. For example, it organized an advanced training workshop on the organization and administration of population and housing censuses in Amman in June 1989. ESCWA's two UNFPA-supported regional advisers visited the United Nations Department of Technical Co-operation for Development (DTCD) to discuss ways to ensure close collaboration in their work.

40. The WHO's Eastern Mediterranean Regional Office (EMRO) in Alexandria, Egypt, developed and distributed a basic training manual in the Somali language for trainers of illiterate TBAs. EMRO also provided technical backstopping for MCH/FP projects in 10 countries, through such means as placing consultants, ordering supplies, processing fellowships, and monitoring the substantive inputs of regional projects. An evaluation of EMRO execution of UNFPA-supported regional and country projects, conducted by UNFPA, found that while it was mutually advantageous for UNFPA and EMRO to continue collaborative efforts to accomplish the MCH/FP objectives of both agencies, progress had been slow due to the persistence in many countries of traditional attitudes towards family planning as well as other constraints, including delays in the preparation of such important materials as fellowship application forms, lists of supplies, specifications for equipment and terms of reference for consultants (see document DP/1990/49).

41. UNFPA provided assistance to three participants each from Egypt, Somalia, and Sudan to attend the African Conference on the Integrated Project with Family Planning, Nutrition and Parasite Control held in Zambia in March 1989. UNFPA co-operation with The Centre for Development and Population Activities (CEDPA) continued in 1989, with the Fund providing five fellowships for participants from the region to attend workshops on women in management and on supervision and evaluation, both of which were held in Washington, D.C., the United States.

#### European region

42. UNFPA assistance to recipient countries of the European region rose slightly during 1989, from \$1.3 million in 1988 to \$1.6 million in 1989. As usual, many of the projects were TCDC in nature, providing training for students from developing countries. In addition, the projects tended to be quite small, being used primarily to help fill gaps in the population programme of the various countries that could not be covered through government efforts. On average, each country received about \$200,000 in assistance.

43. At the regional level, UNFPA continued to support the population activities of the Economic Commission for Europe (ECE) through three projects initiated the previous year. The Fund also allocated additional funds to WHO/EURO (Europe Regional Office) to produce and distribute an eight-to-ten page quarterly in eight languages, which would provide family planning workers with new, practical information. Preparations began in 1989 for a regional conference on reducing the incidence of abortion through improved family planning services, planned for the end of 1990 in Tbilisi, Union of Soviet Socialist Republics (U.S.S.R.).

44. UNFPA assistance to the Government of Albania continued in 1989 for the expansion of the country's MCH/FP services and for the analysis of its 1989 census. A UNFPA Basic Needs Assessment Mission visited the country in December in order to help develop a strategy for future UNFPA assistance. In Bulgaria, a major UNFPA-funded project to integrate demographic, social and economic data into one computerized system continued. However, an international training workshop on that project's methodology was postponed due to local problems.

45. UNFPA support to Hungary continued for a training course on software packages held for participants from developing countries. During 1989, the format and content of an international post-graduate training course on family planning methods was changed from an introductory course on family planning to a series of courses presenting a specific topic for each course. In 1990, the courses, each to

be attended by about 15 physicians from developing countries, will cover adolescent reproductive health, family planning, laparsocopy, and female surgical contraception.

46. Twenty-five participants from developing countries took part in the second international workshop on population projections for socio-economic planning, held in Warsaw, Poland, in August/September 1989. In addition, three new projects were approved for Poland during the year: a survey on fertility and family planning, a study on the socio-demographic and health determinants of infant mortality, and a study on the psycho-demographic determinants of family dissolution and its consequences on population growth.

47. In Portugal, UNFPA-funded information and education activities carried out by the Portuguese Family Planning Association and the Commission on the Status of Women continued. During the year, the project integrating basic education in literacy, health and family planning for the country's Cape Verdean community ended. An evaluation will be conducted to determine whether or not the project should be continued. Support also ended for a training programme on family planning offered by the General Directorate of Primary Health Care. A new request for a programme concentrating on providing services to adolescents, high-parity women and migrants is under consideration for 1990-1993.

48. In 1989, UNFPA approved a new project to be carried out by the Centre for Social Work in Slovenia, Yugoslavia, to evaluate the effectiveness of marital and pre-marital counselling on fertility decisions. A survey on reproductive behaviour in urban settlements in Macedonia was conducted at the end of 1989 by the University of Skopje.

### C. Asia and the Pacific

49. Nowhere is the challenge of population growth greater than in the Asia and Pacific region, where some 600 million people will be added to the region during the decade of the 1990s. It was within this context that UNFPA undertook or supported a number of reviews of its activities at both the national and regional level. This included, among others, a comprehensive review of population policies and programmes in the region, which was conducted as part of the Fund's two-year review and assessment of accumulated population experience (see paras. 173-175 in this report). Other reviews of note were a sub-regional study of population activities in Bangladesh, India, Nepal and Pakistan (see below) and a national conference in China to assess the experiences of the national family planning programme.

50. During the 1980s, several countries in the region made substantial gains in achieving the objectives of their population programmes. For example, many of the countries of East Asia have either completed the demographic transition (from high to low fertility and mortality rates) or are moving steadily towards it. In South-east Asia, Indonesia, Singapore and Thailand have made rapid progress in slowing down their population growth rates by decreasing fertility rates through direct government intervention. By contrast, some Asian countries, particularly those in South Asia, have not significantly reduced their population growth, total fertility or infant mortality rates, despite a long record of direct intervention. The countries of the Pacific sub-region all have growth rates below 3 per cent, with the exception of the Solomon Islands, whose rate of growth is 3.3 per cent. All but three of the other countries have rates below 2 per cent a year.

51. The South Asian sub-region, which accounts for over one third of the population of the Asia and Pacific region, has a relatively high population growth rate of 2.3 per cent. In an effort to identify the



major weaknesses and constraints in the population programmes of the countries in this sub-region, UNFPA organized a study in four countries: Bangladesh, India, Nepal and Pakistan. The study found, among other things, that: (a) management of MCH/FP programmes needed to be strengthened in all aspects, including financial and human resources, planning and logistics; (b) efforts to integrate family planning and MCH services were constrained by numerous complex administrative, managerial and technical problems in each country; (c) weaknesses in the delivery of MCH/FP services hindered efforts to increase contraceptive use; and (d) the cultural and religious sensitivities of the people had not been adequately taken into account in the design of communications programmes.

52. The South Asian study also stressed that sustained improvement in the status of women required, first and foremost, improvement in their education. Moreover, the review made it clear that unless women's autonomy within the household and status within society were substantially enhanced, further decline in fertility rates likely would not occur. Other important findings included a preference for early marriage, except among more-educated urban dwellers, and a strong desire to have at least one son and one daughter. A regional meeting is planned for early to mid-1990 to discuss the study and to put forward recommendations based on its findings.

53. UNFPA allocations to country and regional programmes in the Asia and Pacific region in 1989 totalled over \$70.3 million, or 36.2 per cent of UNFPA total allocations. This included allocations for the first year of two comprehensive five-year population programmes (China, and the Philippines) that had been approved by the Governing Council at its thirty-sixth session, held in June 1989. New country programmes for the Democratic People's Republic of Korea (DPRK), Indonesia, and the Islamic Republic of Iran are being submitted to the Governing Council at this session.

54. During 1989, UNFPA Basic Needs Assessment Missions were sent to the DPRK and the Islamic Republic of Iran. In addition, project formulation missions were sent to Afghanistan, Indonesia, the Maldives, Nepal, and the Philippines to assist in the development of project activities in various population sectors. An evaluation was conducted in Indonesia in November 1988 during the third year of its third country programme (1986-1990) in order to assess the strengths and weaknesses of the current programme and to use this information in the formulation of UNFPA's fourth country programme (1991-1994) there.

55. Maternal and child health and family planning. In 1989, the MCH/FP sector continued to receive the largest amount of support in country programmes, accounting for some 58 per cent of UNFPA resources for the region. The Fund again placed special emphasis on improving and expanding MCH/FP services, particularly to rural or remote areas; establishing facilities to produce contraceptives locally; and expanding the supply and distribution of contraceptives. UNFPA also heightened its efforts to encourage the use of temporary methods of contraception and the delivery of MCH/FP services within the context of established concepts of child survival and safe motherhood.

56. During the year, UNFPA assisted all countries in the region in their efforts to strengthen and expand MCH/FP services. In Bangladesh, the integrated MCH/FP programme remained the most important UNFPA activity in the country, alone accounting for \$4.5 million in UNFPA regular resources supplemented by \$1.9 million in multi-bilateral resources in 1989. Recently released figures from the Bangladesh Fertility Survey and the country's Contraceptive Prevalence Survey indicated that one out of three married couples of reproductive age was using some form of family planning method, nearly 80 per cent of whom were using modern methods. Considerable progress was also made in China in the MCH/FP sector during 1989. The results of numerous research projects, particularly clinical and epidemiological studies on various methods

of contraception currently being used, were analyzed in order to make recommendations and revise guidelines for the national family planning programme. In addition to training staff and upgrading their skills and knowledge in MCH/FP service delivery, the UNFPA programme gave special attention to early identification of pregnant women at high risk. While perinatal mortality in provincial hospitals continued to decrease, albeit only slightly, perinatal care coverage at the county and district levels increased in 1989 by approximately 50 per cent.

57. In India, where UNFPA has its largest population programme, an area development project aimed at improving the health and family welfare infrastructure and reducing maternal and child mortality and morbidity began in the State of Rajasthan. Similar projects are being considered for the States of Himachal Pradesh and Maharashtra. A project to monitor medical aspects of the sterilization programme was initiated in four districts in the States of Rajasthan and Tamil Nadu. Another project started in the State of Maharashtra aimed at increasing the contraceptive prevalence among couples in areas with low acceptance rates, in particular through the use of child-spacing methods. A test centre for IUDs and tubal ligation rings has been functioning at the Biomedical Engineering Department of the Indian Institute of Technology, New Delhi, since the beginning of 1989. The centre will also provide technical assistance to contraceptive production facilities to ensure good manufacturing practices in the production of IUDs and tubal ligation rings.

58. In Indonesia, UNFPA continued to support efforts to improve the quality of services related to the NORPLANT sub-dermal contraceptive implant, providing necessary supplies and training 344 medical teams and 1,030 field-workers in 16 selected provinces during 1989. In the Maldives, a new family health and child-spacing project was initiated during 1989. The project aimed at creating the infrastructure necessary to provide island-based counselling in family planning, as well as family welfare and child-spacing services. In Pakistan, UNFPA continued its assistance to 95 Family Welfare Centres and 52 Family Health Centres, which provide family planning and MCH services in urban and rural areas. In addition, UNFPA assisted more than 100 Reproductive Health Centres in providing voluntary surgical contraception as well as other clinical contraceptive services. In early 1989, UNFPA initiated assistance to Afghan refugees in Pakistan, among other things, setting up an integrated MCH/FP child-spacing project to train 20 female paramedics as master trainers. In the Philippines, 55 health personnel from various regions were trained during 1989 in the insertion of CU 380A IUDs. Moreover, the Fund approved a new project to provide continuity in the delivery of comprehensive MCH/FP services. UNFPA also continued to provide assistance to family planning clinics operated by NGOs.

59. During the year, UNFPA increased its support for the local production of contraceptives. This enabled most of the factories in China that had received support from UNFPA through its second country programme to complete construction work and trial-test production facilities. In 1989, UNFPA approved a project to set up an IUD Manufacturing Unit in Trivandrum (India), the aim being to ensure self-sufficiency for India in the supply of IUDs within the next three years. Furthermore, the condom factory supported by UNFPA is now operational in Viet Nam. Nonetheless, UNFPA continued to supply a wide range of contraceptives to many countries throughout the region, including Bangladesh, India, the DPRK, the Islamic Republic of Iran, Mongolia, Nepal, Pakistan, and Sri Lanka. Also, UNFPA and the World Bank are reviewing the future needs of contraceptives in Asia and plan to co-sponsor a conference during 1990 on attaining self-reliance in contraceptive production in Asian countries.

60. Basic data collection and analysis. In the area of basic data collection and analysis, the April 1989 census in Viet Nam was a notable success, both in terms of the uniformly high standard of the enumeration

throughout the country and in terms of the high quality of data collected. Preliminary results of the census were published in June 1989. Tuvalu and Vanuatu also received UNFPA assistance for the conduct of their 1989 censuses. Preparatory activities were under way in 1989 in China, the DPRK, Nepal, Pakistan, Papua New Guinea, and the Philippines for censuses scheduled for 1990 and 1991. The Fund also continued to support the training of nationals in data processing and analysis and in the use of microcomputers. The UNFPA-supported demographic training project at Kabul University in Afghanistan progressed smoothly during 1989. Overall UNFPA assistance to data collection activities in the Asia and the Pacific region amounted to \$7.9 million, or 11.2 per cent of 1989 country programme allocations.

61. Information, education and communication. In 1989, UNFPA supported 61 IEC projects in the region, with a total allocation of \$9.5 million. One major initiative was the provision of kits for over 700,000 instructors of adult education classes in India as part of the effort to integrate population education into the country's adult literacy programme. In Indonesia, training in population education was provided for about 450 population instructors and family planning motivators, counsellors, and advisers in industrialized sectors throughout the country. The curriculum included topics on government policy towards family planning and population; the benefits of family planning for employees and workers; family planning as a component of health care; introduction to contraceptive materials; introduction to basic communication and motivation techniques; and familiarization with education and training materials.

62. In Malaysia, as a means of providing information and education on family planning, particularly for those in lower socio-economic groups, the Federation of Family Planning Associations organized 18 information campaigns in eight states, 15 exhibitions in six states, 190 talks on family planning for 4,652 participants, and 150 informal sessions in the homes of 2,196 participants. In Pakistan, the Ministry of Education took steps to introduce population and environment as a separate, mandatory subject in secondary schools. A population education project was also carried out to promote the concept of a small family norm among males in major industrial areas of the country. UNFPA also sponsored and helped organize exhibitions, children's painting contests and other population IEC activities in Bangladesh, China, India, the Philippines, and Viet Nam.

63. Women, population and development. It is widely recognized now that one of the most important factors that has led to a decrease in fertility rates in countries such as China and Sri Lanka and in the State of Kerala in India is the relatively high social status of women in these areas. Through its programming activities in 1989, UNFPA continued to place increasing emphasis on women in the development process. This included, among other things, specially designing training programmes to encourage women's participation in project activities and, in many projects, assigning women important roles in project implementation. A colloquium, "Women and Development - Implications for planning and population dynamics", was conducted in 1989 in Malaysia, and three important workshops were held in Bangladesh to identify, assess and formulate an overall strategy for UNFPA involvement in issues concerning women in development. In Indonesia, training was provided for girls who had dropped out of school, in order to enhance their understanding of the concept and practice of the small family norm. In Pakistan, UNFPA assisted the Aurat Foundation in setting up a Documentation and Resource Centre for women, UNFPA's first endeavour specifically designed to promote and encourage a better environment for the greater participation of women in the development efforts in that country. UNFPA-supported income-generating activities for rural women achieved great success in Thailand and Indonesia during 1989. UNFPA launched two similar projects in China in 1989 and is planning to launch activities of this type in the DPRK and the Islamic Republic of Iran in future. Moreover, women played an important role in population programmes in the Cook Islands, Niue, Papua New Guinea, Samoa and the Tokelau Islands in the Pacific sub-region.

64. Multi-sectoral programmes. In 1989, UNFPA was involved in other important population-related issues, such as AIDS, the aging, migration, urbanization, and the relationship between population, resources, environment and sustainable development. A proposal from Thailand concerning awareness creation and education on the issue of AIDS is currently under review at the Fund. Results of UNFPA-supported research on aging in China were presented to two international conferences and symposia on that subject. The project, Research for Aging, is part of the country programme approved by the Governing Council at its thirty-sixth session. UNFPA's co-operation was sought in the Maldives for possible environmental projects in the future. In the Philippines, preparations were completed for a national symposium on population and environment that was held in January 1990.

65. Programme co-ordination and management. UNFPA continued its efforts to ensure effective co-operation with United Nations agencies and donors, both at the headquarters level and in the field. For example, UNFPA, together with UNICEF and UNDP, supported the Philippine Legislators' Committee on Population and Development. Arrangements are also being made by UNFPA to procure large quantities of contraceptives on behalf of the World Bank for use in Bangladesh. As a part of the collaborative efforts of the Joint Consultative Group on Policy (JCGP) (see the section on co-ordination in part II of the report), UNFPA and the World Bank, as well as other donors, continued to explore the possibility of joint programming in the future. Such efforts have been successful among United Nations agencies and donors in Bangladesh, China, Nepal, the Philippines, and Viet Nam, among other countries in the region.

66. In many countries, UNFPA programmes encountered problems related to management, the key ingredient in the effective utilization of natural, financial and human resources. The Fund, therefore, continued to undertake special efforts during the year to improve programme and project management, including providing training on managerial skills to personnel involved in implementation of MCH/FP projects in Indonesia, Nepal and Pakistan. In the implementation of natural family planning efforts in Bangladesh, UNFPA sought to overcome management constraints by contributing to a project through which the country's Management and Development Unit deployed a team of expatriate and local management experts to selected districts within the four divisions of the country to identify management shortcomings and recommend possible remedies.

67. The year under review saw an increase in the number of NGOs participating in the implementation of UNFPA projects in the region. For example, in the South Pacific, in addition to the ongoing work of the South Pacific Commission, a new project was successfully executed in Fiji by the women's organization Soqosoqo Vakamarama. Moreover, UNFPA intensified its collaboration with the Young Women's Christian Association (YMCA) in Sri Lanka, providing fellowships for action-oriented training, supporting the production of IEC materials and sponsoring seminars on reproductive health education. In Pakistan, UNFPA provided assistance to 52 Family Health Centres set up by five NGOs to complement the efforts of the Government to increase the number of MCH/FP service delivery outlets in urban and semi-urban areas.

68. Regional programme. The regional programme in the Asia and Pacific region in 1989 focused mainly on providing technical advisory and backstopping services, organizing meetings and workshops, and conducting training and research. Funds were approved for the preparatory phase of a project to improve the living conditions of women and their families in the fishing communities in the Bay of Bengal area. This project, which marked the first collaborative effort between UNFPA and the Department of Fisheries

of FAO, adopted an integrated approach, incorporating income-generation, population, MCH/FP, nutrition, and education elements. The main phase of the project is expected to be initiated in mid-1990.

69. UNFPA provided support to the Indian Association for the Study of Population for a regional conference on population held in Delhi, prior to the General Conference of the International Union for the Scientific Study of Population (IUSSP). Some of the issues addressed at the conference were population and employment; strengthening of demographic databases; mortality and child survival; and the role of women.

70. Reviews of several regional projects were conducted in 1989. For example, in March, the Fund reviewed UNFPA-supported activities implemented by the Asia-Pacific Institute for Broadcasting Development in collaboration with UNESCO. The UNFPA review specifically examined the training courses and explored the possibility of decentralizing some of the training to other institutions in the region. The Fund also conducted a review of the fellowship programme at the International Institute for Population Sciences (IIPS) in Bombay, India, which receives UNFPA support. The review concluded that the Institute should be encouraged to administer the fellowship programme directly, without the involvement of an executing agency. In conjunction with the IIPS review, UNFPA commissioned an assessment of the demand for demographic training in the Asia and Pacific region. The study, conducted by the International Population Dynamics Programme of the Australian National University, covered 10 countries and focused on the need for short-term training programmes. In addition to assessing the demand for different types of demographic training, the study also examined the capacity of institutions in the region to meet this demand. The objectives and findings of research funded by UNFPA through regional projects were summarized in the report which served as an input to the work of the UNFPA Task Force on Research.

#### D. Latin America and the Caribbean

71. In retrospect, 1989 was a pivotal year for UNFPA's programme in the Latin America and Caribbean region. The Fund's review and assessment of accumulated population experience in the region, undertaken as part of UNFPA's larger review and assessment (see paras. 173-175 in this report), identified the main achievements and analyzed the major constraints of population programmes of Latin American and Caribbean countries. The findings and recommendations of the review will serve as the basis for future UNFPA programming in the region.

72. One of the major findings of the regional review and assessment, especially in terms of future programming, is that population programmes have not yet been institutionalized in many countries of the region. As a result, the continuation and survival of population activities in the region are still largely dependent upon external assistance and co-operation. Certainly, the disastrous debt crisis of the 1980s exacerbated the recession that many developing countries had experienced in the early part of the decade. Equally important, however, the debt crisis brought about a recession in many countries that had enjoyed considerable economic growth and had benefited from steady advances in the social sector. The resultant retrenchment in social and economic programmes in these countries intensified their dependence on external assistance and co-operation.

73. Nevertheless, the economic crisis is not the only factor that has affected the process of institutionalization of population programmes and projects in the region. Indeed, another issue of great concern to UNFPA is the need to generate greater commitment to population programmes among the

Governments of Latin American and Caribbean countries. With this in mind, UNFPA, working closely with relevant government and non-governmental agencies, put forth proposals designed to increase awareness of population issues among policy-makers and supported activities to make data available on the relationships between population and development as well as on emerging issues such as the link between population factors and women's health and between population and the environment. Such activities have included, among others, the holding of seminars on awareness creation, the offering of specialized courses in population and development, and the establishment of training programmes on population communication.

74. Another significant development in 1989 that enhanced the Fund's ability to program effectively was the inauguration of UNFPA-sponsored Programme Review and Strategy Development (PRSD) exercises. Three such exercises were carried out in the region during the year -- in Ecuador, Haiti, and Mexico -- with each contributing substantially to the formulation of the new country programme being submitted to the Council this year.

75. UNFPA programming in the region in 1989 continued to emphasize the importance of women in population and development activities. Indeed, in accordance with UNFPA guidelines, each of the country programmes being presented to the Council at this session takes women's concerns into account in all activities supported by UNFPA. Moreover, most of the programmes contain activities specifically designed to address critical issues affecting women. It is important to note in this context that women's concerns have become predominant in the area of MCH/FP. This represents something of a shift in approach from previous years, when most activities focused on child health care. Thus, UNFPA-supported MCH/FP activities in the region now place considerably more emphasis on women's health care than in the past, including their reproductive health.

76. Projects seeking to expand the coverage and improve the quality of MCH/FP services again received the largest share of UNFPA resources in the region, 59 per cent, in 1989. UNFPA-supported MCH/FP activities were carried out in 35 countries and included the provision of contraceptives and medicines, as well as the training of medical and paramedical personnel, community workers, and traditional birth attendants. It is worth noting that in 1989 for the first time Bolivia recognized family planning as an essential component of maternal and child health. Moreover, 15 countries started research and service delivery projects specifically addressed to adolescents. Research projects were undertaken in Argentina, Chile, Colombia, Costa Rica, Cuba, Mexico, and Uruguay. Colombia also initiated a project in 10 of its major cities on reproductive health for youth, and Panama prepared a programme to tackle the problems of pregnancy, drugs and violence among adolescents.

77. Mexico, a pioneer in this field, continued to develop conceptual and methodological frameworks for dealing with the country's expanding needs for adolescent health services. Mexico also served as host to the International Conference on Adolescent Fertility, which was organized by The Population Council and The Pathfinder Fund and sponsored by UNFPA. The Conference brought together specialists and practitioners from all over the region who made important recommendations on ways to increase the participation of adolescents in MCH/FP activities and to enhance intersectoral co-ordination, particularly in the fields of education and labour.

78. Programmes dealing with adolescents were extremely successful in the English-speaking Caribbean countries, primarily because of these countries' long experience in this area and the programmes' attention to the special characteristics of the sub-region. One particularly effective feature of such programmes has been the use of adolescents and youth leaders to promote reproductive health among their peers. For

example, as part of the activities of a National Health Week in Anguilla, youths played an active role as resource persons on the theme of "AIDS Education for a Healthier Nation". Youths were also trained to serve as peer counsellors and resource persons on family life education and family planning in St. Lucia and St. Kitts and Nevis.

79. Despite considerable efforts to deal with the major issues concerning the health care of the population, 80 per cent of the public health services in the region, of which family planning is an integral component, do not meet the necessary requirements for effective operation. Public funds are often barely sufficient to maintain existing infrastructure, and the management of services and special programmes is often inadequate, as is the training of staff. In an attempt to address some of these shortcomings, the Pan American Health Organization (PAHO) and UNFPA have undertaken joint efforts to improve the management of MCH/FP programmes and to train staff. Moreover, UNFPA, in collaboration with the Latin America and Caribbean Demographic Centre (CELADE) and PAHO, is funding a comparative evaluation of health management information systems in Bolivia, Dominica, Ecuador, Grenada, Honduras, Nicaragua, Paraguay, and Peru. The results of the evaluation, which will be completed later this year, will be presented in the form of recommendations for improving existing systems or establishing new ones.

80. Training in the management of health care systems and the establishment of information networks and evaluation schemes have become increasingly more important in Latin America and the Caribbean as more and more countries in the region decentralize their health care. The trend towards decentralized health care will require good management at all levels of the system, which in turn will heighten the need for trained staff. Improving the supervisory and evaluation capacities of health care systems will of course have serious financial implications for the future. In this regard, UNFPA will encourage other countries to learn from the experiences of Colombia, Mexico, and Peru in this area.

81. Population communication activities in the region benefited from the expertise of the FAO Regional Adviser in this area. UNFPA supported training in population communication in Cuba, Nicaragua, and Peru. In another project, the Fund provided audio-visual equipment to the Dominican Republic, which contributed to the design of 254 radio and 50 television programmes on family planning, sexuality, family life, and the interrelationship between population and development.

82. UNFPA also supported literacy, adult education and agricultural extension programmes as vehicles for bringing population education to various groups in Colombia, El Salvador, Jamaica, Peru, and Venezuela. The introduction of population education in the curricula of primary and/or secondary schools was an on-going activity in Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Nicaragua, Panama, Paraguay, and Peru.

83. Preparations continued in the region during 1989 for the undertaking of the 1990 round of population censuses. UNFPA supported the training of nationals of Bolivia, Chile, Dominica, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Peru in data processing and analysis and in the use of microcomputers, through a UNFPA fellowship programme with the United States Bureau of the Census. The year also saw the National Statistics Institute of Argentina present the findings of a pioneering work on the redesign of the country's socio-demographic statistics system.

84. In the area of population and development, UNFPA continued to support a wide variety of activities, including the undertaking of research and dissemination of its results, as well as the organization and sponsorship of seminars and workshops. For example, as a result of a UNFPA-funded workshop on

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population entitled "Dominican Republic 2000", the National Planning Office of the Dominican Republic set up an inter-institutional committee to formulate and implement a comprehensive population and development programme. Moreover, a national population seminar in Venezuela brought together all sectors of the Government that deal with population issues in order to assess the country's major population needs and to propose strategies to address them. A similar exercise was carried out by the National Development Council (CONADE) of Ecuador, which organized several seminars on population policy aimed at creating a national consensus on the importance of introducing population into the development planning process. The University of Cuenca contributed to this effort by organizing a population seminar at the Sixth Conference on the Social and Economic Situation in Ecuador.

85. A UNFPA-supported project at the Ministry of Planning of Honduras made significant progress in the training of government personnel as to the importance of incorporating socio-demographic criteria into development plans and projects. Also, the National University of Honduras attracted a wide audience for a series of seminars and lectures on population and development, with emphasis on the role of women in the development process. Efforts to create a better understanding of the interrelationship between population and development received considerable impetus at the First Central American Seminar on Population and Development, which was held in Nicaragua. The seminar was doubly important because the staffs of all of the population projects in the countries of the sub-region participated in the proceedings. One particularly notable result of the seminar was that the countries of Central America agreed to jointly prepare a regional project on population and development.

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