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D. Staff training and development

195. UNFPA staff training and development efforts continued to receive priority attention in 1989. The new policy on staff training and development issued in 1988 was put into effect and closely monitored by the Fund's Steering Committee on Staff Training and Development. An Advisory Committee on Training, composed of UNFPA staff and Staff Council representatives, was constituted during the year in order to obtain greater involvement of staff members in staff training and development activities.

196. In accordance with the Fund's increasing emphasis on quality programming and enhanced substantive knowledge, the staff training and development programme seeks to strengthen four substantive areas of UNFPA work: maternal and child health/family planning; information, education and communication; the interrelationship between population and development; and women, population and development. The programme also focuses on improving management and supervisory skills; enhancing programme appraisal, monitoring and evaluation skills; developing computer and language skills; and providing orientation and training for UNDP Resident Representatives in their capacity as UNFPA Representatives.

197. The staff training and development work programme for 1989 was designed taking into account the human resource development strategy of the organization. UNFPA planned and executed a comprehensive programme to train and orientate several levels of staff, including those in the field, on a wide range of activities relating to the substantive content of programmes. The 1989 core training activities comprised workshops for field staff on programme policies and procedures; for programme staff on basic population concepts, measures and applications; for field staff on financial, administration and personnel policies and procedures; for all staff, including senior management, on electronic data processing applications; and for all programme staff on women, population and development.

198. The Field Staff Orientation and Training Workshop, held at headquarters in October 1989, was attended by new UNFPA Country Directors, national programme officers and programme assistants, and one national government representative. The workshop emphasized UNFPA's goals, mandate, organizational policies and procedures relating to programme planning, appraisal, monitoring and evaluation (including administration and field office support functions) and the role and purpose of field staff in relation to UNFPA's work.

199. The workshops for programme staff at headquarters on basic population concepts, measures and applications were organized in collaboration with The Population Council in a series of sessions attended in two groups of 20 staff members each. The Field Staff Workshop on Financial, Administration and Personnel Policies and Procedures was held in November/December, Dakar, Senegal, for Francophone Africa and attended by 20 staff members.

200. UNFPA also organized training in various aspects of electronic data processing (see document DP/1990/51). These included, inter alia, word processing, data management and retrieval, and electronic graphics for Professional and General Service staff. The number of staff trained during 1989 totalled 161 in the basic operation of the personal computer local area network (PC/LAN); 101 in the introduction to WordPerfect; 70 in introductory Lotus 1-2-3; 40 in introductory dBase III; 25 in Harvard Graphics; 24 in advanced Lotus 1-2-3; 9 in advanced dBase III; 6 in Ventura desktop publishing software; and 3 in management of the LAN.

201. Also during 1989, the Fund organized Women in Development training workshops for UNFPA field staff participation. A regional training workshop in Bangkok, Thailand, had 33 participants, including UNFPA Country Directors, regional advisers and international programme officers from 11 Asian countries. A JCGP/ECLAC Women in Development Training Workshop was held in Santiago, Chile. The workshop was attended by representatives of the five United Nations organizations involved, i.e., International Fund for Agricultural Development (IFAD), UNDP, UNICEF, the World Food Programme (WFP) and UNFPA, as well as by UNFPA Country Directors and national programme officers from six countries in the Latin America and Caribbean region.

202. UNFPA participated in the Inter-Agency Technical Workshop on Training Results to Finalize the Evaluation Training Guidelines for the United Nations System, which was hosted by the United Nations Industrial Development Organization (UNIDO) on behalf of the Consultative Committee on Administrative Questions (CCAQ) Sub-Committee on Training. UNFPA also participated in ad-hoc workshops organized by UNDP for UNDP/UNFPA field and headquarters staff and junior programme officers on general orientation, programme development and management, and supervisory skills. Several UNFPA General Service staff also participated in the United Nations Secretariat training series on advanced drafting skills.

203. Under its external training programme, UNFPA provided substantive/technical training in population communication/education skills for three technical and programme-related staff. In addition, seven staff members received assistance through the educational assistance programme for various areas of academic/technical training related to UNFPA's mandate.

204. UNFPA also prepared an Introductory Management Handbook for an in-house basic skills workshop series (which was pilot tested in UNFPA with assistance from UNICEF's training section), and a Performance Appraisal Handbook for an in-house workshop series for all staff on the Fund's revised personnel performance evaluation system. UNFPA is also preparing a field training manual on programme policies and procedures based on the UNFPA Orientation Handbook.

E. Evaluation of UNFPA programmes and projects

205. The past year saw a continued increase in the number of project evaluations undertaken as part of scheduled activities. Such evaluations were again found to be useful in revising existing projects and in appraising requests for project extensions. As planned, the in-depth evaluations organized by UNFPA focused on country and intercountry programmes as well as on specific areas and issues in global or regional perspective. However, in view of the recent introduction of a new system for Programme Review and Strategy Development, which includes a country programme evaluation component, UNFPA will no longer organize separate evaluations of country programmes.

206. During the UNFPA Global Meeting held in Noordwijk, the Netherlands, in November 1989, UNFPA headquarters and senior field staff reviewed the revised "UNFPA guidelines for monitoring and evaluation of UNFPA-supported projects and programmes". A final version of the Guidelines incorporating the recommendations made during the meeting is expected to be printed and distributed during the first half of 1990.

207. UNFPA continued to expand its database of lessons learned from evaluations, but at a modest pace. One of the main constraints inhibiting use of the database is that it is not yet directly available to all staff.

This is due primarily to limitations in computer hardware. To compensate for this, UNFPA has been disseminating database information in various ways, including distributing several newsletters with analyses of evaluation results concerning issues of general interest, such as, for example, project institutionalization and the role of women in UNFPA project activities.

Programme evaluation results

208. The findings of the independent, in-depth evaluations undertaken in 1989 are summarized below. Further information is available in document DP/1990/49, which is being submitted to the Council at this session.

209. Nigeria country programme. The evaluation mission found that UNFPA support for the 1987-1991 country programme had contributed to the development and launching of the country's population policy and to progress in the sectors of basic data collection, MCH/FP and population education for secondary schools. More could have been done, however, within the framework of the approved country programme in implementing IEC strategies directed at women of reproductive age, out-of-school youth and males; in extending MCH/FP services to underserved populations in rural areas; and in addressing the issue of women, population and development. The mission noted the good communication among donors regarding ongoing projects, but also observed that the size of the country and the federal system (wherein states have primary responsibility for programme implementation) meant that co-ordination among donors in Lagos did not always prevent overlapping or duplication of activities at state or local levels.

210. Zaire country programme. The evaluation mission found that the achievements of the programme and its sectors had been very limited, particularly in the MCH/FP and IEC components. This was due to insufficient national commitment, inconsistent technical backstopping, incomplete monitoring, and delays in receipt of funds, as well as to external conditions, such as severe communication difficulties. One serious delay occurred in the area of demographic data collection and analysis, and the final results of the 1984 census had not yet been published. The most important results of the programme were its contribution to the formulation of a national population policy and plan of action and the strengthening or establishment of institutional structures for implementing population activities. An interesting feature of this evaluation was that it was conducted in conjunction with evaluations of the programmes supported by UNDP and UNICEF and led to the identification of future areas for joint efforts.

211. ILO intercountry programme. The evaluation mission found that this programme had contributed to a better understanding of the interrelationship between population and development among planners and policy-makers in developing countries and had also provided them with supporting materials, techniques and advisory services for population and developing planning. The programme had made progress in integrating family welfare and family planning into workers' education and in developing new target audiences. It had also produced a reputable body of research and made important methodological contributions in data collection. Moreover, women's concerns had been given a central focus both in programming and in research. Problems included the over-burdening of staff with administrative responsibilities at the expense of their attention to technical issues, insufficient awareness at the country level of the activities of the interregional programme, a less than optimal exchange of materials and project experiences among advisers, poorly designed projects, and inadequate promotion of research findings into policy.

212. WHO/EMRO intercountry programme. The mission found that overall EMRO/UNFPA collaboration had created advantages for both organizations, but that EMRO needed to play a stronger role

in advocating family planning and in giving more visibility to UNFPA inputs in its activities. Implementation of the regional projects had been seriously constrained by the inability to staff the regional advisory team at full complement. With regard to the role of EMRO as executing agency for some of UNFPA's country projects, the mission concluded that many of the constraints identified in the implementation of fellowships and financial matters could be alleviated in the future if the two agencies ensured that there was adequate mutual understanding of policies and regulations, that clear agreements were reached on common procedures, and that project design and appraisal were more rigorously carried out, based on proper assessments of country needs.

213. WHO/AFRO intercountry programme. This was the second independent evaluation of AFRO organized by UNFPA, the first having taken place in 1982. The mission noted the many well-conceived initiatives that had been adopted by AFRO in recent years aimed at increasing self-reliance and community health status. However, the mission also identified a number of constraints on AFRO's ability as an executing agency. These included the limited technical capacity within its MCH/FP unit in Brazzaville, Congo, WHO's national quota system for hiring, and the lack of co-ordination between AFRO and WHO/Geneva, particularly with regard to the dissemination of research findings and guidelines to the field. Concerning the two regional teams, the mission concluded that the Harare-based team seemed more effective even though its objective to increase emphasis on family planning had not been fully realized, while the Bamako-based team appeared to lack effective leadership.

Comparative evaluations

214. Follow-up to the two comparative evaluations reported on in 1988 (training in MCH/FP and population and development planning) continued. For example, a programme advisory note on training in MCH/FP was prepared for distribution in early 1990, and a report on population development planning containing general conclusions based on the four regional reports was completed. Preparations for a programme advisory note on the latter area are under way. In addition to wide distribution of reports and programme advisory notes, some seminars may be organized for further dissemination of the results of the comparative evaluations. Two additional comparative evaluations -- one on MCH/FP management information systems; the other on newly-weds -- were undertaken in 1989. The results of the general analysis of population and development planning as well as of the two evaluations are presented below.

214. Population and development planning. The report concluded that many objectives of population and development projects had been achieved, including the establishment of population councils/commissions and population units, and the undertaking of research and training. However, the more fundamental objective of integrating population into development planning had not been met. Some of the reasons for this included: a lack of conceptual and analytical framework; lack of operational guidelines; the fact that basic needs assessments had not been well structured for the purposes of population and development planning; and weaknesses in project formulation.

215. Management information systems in MCH/FP. UNFPA commissioned a series of studies of the management information systems in MCH/FP programmes in a number of countries. A comparative analysis of these studies was undertaken as a thematic evaluation. This exercise differed from other evaluations in that the focus went beyond UNFPA-supported projects. The analysis concluded that too many programmes operated without access to basic input, output and quality indicators. Even where such access existed, in too many cases data were not taken into account in management decision-making. It appeared that the main requirement for enabling MIS to become a useful management tool was the conveyance of technical

knowledge through consultancies and training. Moreover, there was a need in some countries for additional human resources to operate the MIS. It was also found that some systems needed hardware, especially computer equipment.

216. Newly-weds. Young couples yet to have children were identified by UNFPA's review and assessment as deserving special priority status for family planning education and services in all cultural contexts. Yet, various approaches to this group had been relatively unexplored. Therefore, UNFPA organized an evaluation of five approaches carried out in three countries in Asia and Latin America. The findings of the study indicated that, although service providers were sometimes opposed to the provision of education and services to this group, a newly-wed or pre-marital education activity had merits for a large number of couples. Interest and acceptance could be enhanced when provision of the information on family planning was preceded by an explanation of its significance.

F. Technical co-operation among developing countries

217. Nineteen-eighty-nine marked the eleventh year of continuing UNFPA support for TCDC. Throughout that time, the Fund has allocated increasingly larger portions of its regular programme resources to activities specifically designed to help build up the capacities of developing countries to make use of the TCDC modality in responding to their needs in population and family planning. UNFPA's experience has shown that the voluntary sharing and exchange of skills and knowledge among developing countries has contributed substantially towards finding solutions to population problems.

218. One of the more successful TCDC endeavours supported by UNFPA over the years has been a series of study tours for officials from various developing countries to Indonesia to observe Indonesia's highly successful family planning and population programme. This led ultimately to the establishment of the International Training Programme (ITP) within Indonesia's National Family Planning Co-ordinating Board. ITP now offers regularly scheduled courses for policy-makers, programme managers and practitioners from developing countries on topics ranging from the planning and development of family planning programmes to the promotion and management of community participation in these programmes.

219. UNFPA support to the Centre for Demographic Studies of the University of Havana in Cuba has helped to make it one of the leading demography and research centres serving Latin American and Caribbean countries. Moreover, UNFPA signed an important agreement with the Government of Brazil to provide technical expertise through a TCDC modality to all developing countries, and to Portuguese-speaking countries in sub-Saharan Africa in particular for graduate studies in demography at the Centre for Regional Planning and Development at the University of Minas Gerais. UNFPA also again supported the efforts of the Population and Research Unit of the League of Arab States to organize regular fellowship and training programmes for students from other countries in the region.

220. UNFPA continues to view technical co-operation among developing countries as an important dimension in development co-operation and as an important mechanism in promoting self-reliance over the long term. Thus, UNFPA will continue to give high priority to the promotion of TCDC. In addition, the Fund has assigned a staff member to serve as TCDC focal point officer. The officer is responsible for, among other things, making sure that TCDC is included in the training of UNFPA programme staff, and for monitoring and reviewing the development and formulation of programmes and projects to ensure that the TCDC modality is used when appropriate.

G. Procurement of equipment and supplies

221. UNFPA procurement activities in 1989 totalled US \$27,461,885 in the following main categories:

	\$
Headquarters procurement for UNFPA and government executed projects/project components	23 747 000
Local procurement (including authorizations from headquarters)	917 000
Publications and audio-visual services	590 000
Headquarters procurement for administrative purposes	<u>2 208 000</u>
Total	<u>27 462 000</u>

222. The total amount for headquarters procurement for projects and project components in 1989 exceeded that for 1988 by approximately US \$ 3.0 million. This mainly reflects an increase in requests for oral contraceptives and includes procurement of contraceptives to meet the requirements for Bangladesh on behalf of the Federal Republic of Germany. The figure for headquarters procurement, for administrative purposes, includes expenses for the remodeling of UNFPA's headquarters, expected to be completed by mid-1990.

223. Prices of contraceptives were very stable in 1989. There was, in fact, a slight decrease in the price of some of the products in the second half of the year. Prices of vehicles, however, were high, owing to an unfavourable shift in the exchange rate of the US dollar vis-à-vis the Japanese yen.

224. UNFPA has stepped up its efforts to procure needed supplies and equipment from developing countries. As a result, in 1989 the Fund placed a total of \$2.0 million in direct orders with suppliers in developing countries. UNFPA also encouraged its field offices to procure equipment and services locally by increasing the procurement authority at the field level. However, the nature and type of commodities used in UNFPA programmes has tended to limit the volume of UNFPA procurement from developing countries. For example, over 50 per cent of the total value of UNFPA procurement is generally for contraceptives, the particular brands of which are normally specified by project managers. With very few exceptions, only suppliers from developed countries have been able to meet these demands. However, quite a few of the large contraceptive manufacturers are in the process of setting up subsidiary companies in developing countries, often in joint ventures with Governments or with privately owned local companies. This should create more opportunities for UNFPA to increase procurement from suppliers in developing countries.

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225. In 1989 procurement from suppliers in Canada, the Netherlands, and the Nordic countries totalled US \$4.4 million.

226. Similar to 1988, UNFPA headquarters procurement on behalf of Government-executed projects has been tabulated as UNFPA-executed project components and thus has been included in the total amount for headquarters procurement. This was done to ensure the accurate accounting of procurement transactions and to provide a clear delineation of commitments and responsibilities.

227. Major commodities processed by UNFPA's Procurement Unit in 1989 were:

	<u>US \$ 000</u>	
	<u>1989</u>	<u>1988</u>
Medical equipment	8 752	5 663
Oral contraceptive tablets	6 052	1 956
Contraceptive injectables	3 326	2 942
Vehicles	1 111	2 133
Contraceptive intra-uterine devices	503	556
Audio-visual equipment	665	1 130
Contraceptive implants	575	2 174
Condoms	559	639
Computer equipment	427	472
Hormones	384	1 045
Pharmaceuticals	363	506
Vaginal contraceptive tablets	222	465
Office equipment	95	767
Miscellaneous	<u>713</u>	<u>300</u>
Total	<u>23 747</u>	<u>20 748</u>

H. Multi-bilateral funding of population activities

228. UNFPA's extra-budgetary financing is done for the most part through multi-bilateral arrangements. In 1989, there were 17 new projects funded by extra-budgetary resources, raising to 84 the cumulative total of such projects since the inception of the multi-bilateral programme in 1976. In 1989, UNFPA oversaw and monitored some 50 projects which had allocations in 1989 totalling \$11.8 million. By the end of the 1989, cumulative allocations to extra-budgetary population programmes and projects arranged and assisted by UNFPA over the period 1976-1989 exceeded \$50 million.

229. During 1989, Canada, Finland, Italy, the Netherlands, Norway, Sweden, the United Kingdom, The OPEC Fund for International Development and AGFUND continued to give multi-bilateral support for projects in numerous countries including Bangladesh, Ethiopia, Kenya, Nepal, Nicaragua, Pakistan, Peru, and the United Republic of Tanzania. New multi-bilateral recipients in 1989 were Burkina Faso, Côte d'Ivoire, Cuba, Niger, and Nigeria.

230. Australia continued to support a project in Viet Nam, and Belgium supported an MCH/FP project in Bangladesh, well as a regional population and development training centre at the Catholic University of Louvain, Louvain-la-Neuve. Luxembourg and Belgium continued to support an MCH/FP project in Bangladesh. AGFUND is supporting projects in Pakistan (family welfare centres) and Thailand (MCH/FP and birth spacing) and has pledged support for the regional Pan Arab Project for Child and National Health Survey (PAPCHILD) project in the Arab States region and for projects in the Seychelles (family welfare education) and Sudan (population information and communication).

231. Both Norway and the Netherlands are maintaining a substantial number of multi-bilateral projects. In addition, Norway recently signed an agreement with UNFPA for channelling Norwegian bilateral funds through UNFPA to Kenya, and negotiations are ongoing for Norwegian bilateral funds to the United Republic of Tanzania. Several projects in Africa are under consideration by the Netherlands, Norway, and Denmark. The Netherlands and Finland are considering projects in Latin America, and the Netherlands and Australia are considering projects in Asia.

232. UNFPA, in supporting multi-bilateral arrangements, is trying to serve the needs of both recipient and donor. UNFPA does not view such arrangements as in any way competing with the multilateral principles of United Nations assistance or as an option to general contributions.

233. UNFPA is deeply aware that it cannot meet all the growing needs of developing countries in the population field. UNFPA's concern is therefore not restricted to the funding of projects from its own resources. UNFPA is concerned about population needs of all developing countries and with helping them tackle their population problems regardless of whether UNFPA itself can provide the necessary financial assistance. UNFPA is, therefore, prepared to act as sponsor, promoter, co-ordinator and as "match-maker" of donors and recipients for a variety of population-related activities when invited to do so.

234. There are several ways to provide multi-bilateral resources: (a) as an exclusive funding source for a project; (b) as a group of countries, organizations or agencies that provide funding for a project; (c) as a country, organization or agency that joins UNFPA in providing funding. Sometimes multi-bilateral funding is arranged, at least in its initial stages, by national representatives in the particular recipient country in co-operation with the host country and UNFPA field office.

235. UNFPA-arranged multi-bilateral funding can be used to assist developing countries in formulating national programmes or specific projects and in enlisting the co-operation of donor agencies to provide necessary resources for these programmes' implementation. Or, UNFPA can act simply as a "go-between" in bringing together donor Governments and developing countries to provide support for population activities.

V. SPECIAL SECTIONS REQUESTED BY THE GOVERNING COUNCIL AT ITS THIRTY-SIXTH SESSION

A. Population and poverty

236. This special section of the Executive Director's annual report on population and poverty has been prepared in response to Governing Council decision 89/46 A, paragraph 12, which invited the Executive Director "to identify obstacles encountered by developing countries in the implementation of policies and

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programmes related to population matters in the context of the link between the implementation of population programmes and the exacerbation of poverty, taking into account the views expressed by delegations on all relevant macro-economic factors, in particular the external indebtedness of developing countries".

237. This section is organized into four parts. The first part attempts to put the problem in perspective by providing a brief overview of the extent of global poverty. The second part reflects on the macro-economic factors that have contributed to or exacerbated poverty conditions, giving particular attention to international indebtedness. The third part focuses on the significance of the population dimension in the context of widely prevalent poverty and exacerbating macro-economic influences. The fourth part examines the obstacles inhibiting the effective implementation of population policies in light of the findings and conclusions of the Fund's recent review and assessment of accumulated population experience. It also highlights many of the population and related activities undertaken by UNFPA to help ameliorate conditions that contribute to or deepen poverty.

Extent of the problem

238. Few issues today evoke as much concern and confusion world-wide as growing poverty and how to deal with it. There is even serious difficulty with the concept itself: what is poverty and how does one measure it? One approach has been to compare the per capita income levels of various countries as well as of various groups within countries. This has produced a wealth of comparative figures on gaps in income (often very large and growing), even if it has not produced a wealth of understanding or corrective policies and measures. Another approach has been to estimate the number of people world-wide who live in "absolute poverty", by which is meant a condition of life so limited by malnutrition, illiteracy, disease, squalid surroundings, high infant mortality, and low life expectancy as to be beneath any reasonable definition of human decency.

239. Although there is no standard or widely accepted definition of "absolute poverty", most knowledgeable observers would agree that between 15 and 20 per cent of the world's population lives in intolerable conditions. According to some accounts, notably that of the World Bank and FAO, in the early 1980s between 700 million and 1 billion people were living in poverty. 1/ Furthermore, according to a recent report published by UNICEF, over 1 billion people still lack adequate food, clean water, elementary education, and basic health care. 2/ Whereas one would have expected sustained improvements in nutrition throughout the world, malnutrition has actually increased in a number of countries in recent years. 3/ Moreover, records show that life expectancy fell in nine African countries between 1979 and 1983, 4/ and that hunger seems to be on the rise in many parts of the world. 5/

240. Crude estimates of one knowledgeable observer suggest that approximately 675 million people live in "absolute poverty" in Asia, or 25 per cent of that region's population; 325 million in sub-Saharan Africa (62 per cent of the region's population); 150 million in Latin America (35 per cent); and 75 million in North Africa and the Middle East (28 per cent). 6/ Despite rapid urbanization and growing urban poverty - especially in Latin America -- 80 per cent of those afflicted by absolute poverty still live in rural areas. Numerically, the group most plagued by poverty is children. As family size increases and per capita incomes decline -- particularly in rural areas -- there is reason to believe that perhaps two-thirds of the world's poorest people are children of the poor.

241. The poor are also more likely to be female than male (particularly in urban areas), leading some analysts to speak of a global "feminization of poverty". Although the actual extent of female poverty is not yet adequately documented, there is no question that women are paid less than men, work longer hours because of multiple employment and domestic burdens, are less well educated, and constitute a large group of single parent families where poverty tends to be most acute. 7/

Exacerbating macro-economic factors

242. The social and economic paths of the rich and poor diverged sharply during the 1980s. For many relatively wealthy countries, the decade was a time of resurgence and recovery after the economic turmoil of the 1970s. For many relatively poor countries, however, particularly those in Africa and Latin America, the 1980s were a time of decline, of falling food supplies, falling earnings, and rising debt.

243. Perhaps most telling, by the end of the 1980s, developing countries had accumulated a staggering US\$1.3 trillion dollars of debt, for which they are obliged to pay approximately US\$100 billion yearly just to meet interest payments. Indeed, after subtracting foreign aid, investments and new loans, many developing countries are experiencing a reverse flow of resources totalling approximately \$60 billion per year. Equally problematic has been the scissor-squeezing effect of falling export earnings in many developing countries. Excluding petroleum products, the prices of 33 commodities monitored by the World Bank fell by 40 per cent between 1980 and 1987. 8/

244. The scissors effect of falling earnings and rising debt has, unfortunately, created an economic crisis for many governments. A partial solution to this situation has been to adopt "structural adjustment programmes". Structural adjustment programmes aim principally at eliminating macro-economic inefficiencies over the short and medium term so as to stimulate economic growth, and ultimately, to facilitate the repayment of debt and accessibility to new credits. However, for several of the 59 countries receiving long-term structural adjustment loans between 1980 and 1988, evidence is mounting that the actual implementation of structural adjustment measures may be disproportionately hurting the poor. Indeed, case studies in Botswana, Brazil, Chile, Ghana, Jamaica, Madagascar, Peru, the Philippines, the Republic of Korea, Sri Lanka and Zimbabwe show a deterioration in general health, education and living standards since the adoption of such measures. 9/ To help alleviate this situation -- to reduce the magnitude of cutbacks in social services and build up some sort of a security net -- the World Bank has inaugurated its Social Dimensions of Adjustment Program, with research under way in 20 African countries, and action-oriented loans to assist those countries affected most by this crisis.

The population dimension

245. It is in the context of widely prevalent poverty and the exacerbating influences described above that rapid population growth and pronounced imbalances in its distribution take on major significance. The population of the developing world grew by 770 million during the 1980s and, according to the United Nations medium variant projection, will increase by an additional 900 million in the 1990s. At the national level, a doubling of the population within 25-30 years (which assumes an annual growth rate of between 2.3 and 2.8 per cent) -- as projected in many developing countries -- means that greater pressure will be brought to bear on governments to provide some reasonable level of health, education, employment, housing, and related services.

246. The magnitude of this task is perhaps even more unsettling if one takes into account the unequal distribution of population growth and numbers among regions, countries, age groups and rural and urban areas. For example, by the end of the century, those in developing countries aged 0 to 25 years will number some 2.6 billion, or nearly 42 per cent of the world's projected population at that time. The Amsterdam Declaration, noting the sheer volume of the projected population to the year 2000, captured well the potential impact of such a development: "The younger ones among this group (those aged 0 to 14 years) will largely have to depend on others for food, education, health care, clothing and shelter; the older ones (age 15 to 24) will have to struggle to find work, especially in the cities, which are currently growing at four times the rate of those in the more developed regions (3.6 per cent per year versus 0.8 per cent)."

247. One consequence of rapid and uneven population growth, therefore, is that it further exacerbates shortages in social services and infrastructure, thereby reducing the fiscal capacity of governments to meet the basic needs of their people. Several studies suggest that this has in fact been the case in the area of education. For example, the total number of illiterate people in the world increased from 742 million in 1970 to approximately 890 million in 1983. While there are many causes of this increase, it is clear that the already insufficient investments in education were unable to keep pace with rapid population growth in the 1980s.

248. At the community level, where the poorest families tend to have largest numbers of children, the proportion of poor people in the community will likely increase, especially if children are disproportionately born into families that are most destitute. To illustrate, whereas on average 15-30 per cent of families in developing countries as a whole have eight or more members, the proportion of poor families with that many members is 55-80 per cent. Poorest communities therefore tend to have relatively high dependency ratios, with considerable pressure on economically active members to provide income and food security.

249. At the family level, resources may be diminished when, for example, savings and investments are used to clothe and feed additional children, land is fragmented into unproductive sub-parcels to accommodate larger numbers of adult children and so on. In some cases, this has been observed to drag down scarce financial reserves, thus undermining the family's ability to absorb economic shocks (poor crops, loss of jobs) and contributing to widespread social and economic insecurity. Furthermore, higher birth rates among the poorest families are associated with higher infant and maternal mortality rates, and through resulting malnutrition, in some cases to brain stunting and inferior anthropomorphic development (stature, muscle development, etc.). ^{10/} That this can subtract directly from physical human capital is particularly important in contexts where labour-intensive employment prevails, such as farming.

250. Combining these realities with projected demographic growth over the next 40 years yields an immense challenge. How will developing countries cope as the world's population grows by another 3.2 billion between 1990 and 2025 (according to the United Nations medium variant projection), with more than 90 per cent of this growth taking place in regions where poverty is most prevalent? Some analysts warn that without extremely bold and multi-faceted action to integrate population, health, education, employment and related issues into improved development planning, upwards of one-half of humanity could be living in absolute poverty by the year 2050-2075. ^{11/} Yet, merely to keep the world's population from surpassing the projected figures above, the proportion of couples practicing contraception in developing countries must increase from approximately 326 million couples in 1987 (approximately 48 per cent of all married couples) to close to 900 million couples by 2025. It has been conservatively estimated that monies spent on population programmes would have to at least triple by 2025 to make achieving such a goal feasible. And to aim for population increments below the projected 3.2 billion -- to say 2.4 billion more people, were the

United Nations low variant population projection to be realized -- even greater levels of population assistance would be required.

Implementing population policies

251. The review and assessment of accumulated population experience over the last 20 years conducted by UNFPA identified several major obstacles inhibiting the effective implementation of population policies and programmes. These include: (a) lack of political will and commitment on behalf of governments; (b) persistence of cultural, religious and other social constraints; (c) ineffective allocation and use of existing resources; (d) lack of institutional arrangements for integrating population into national development planning, as well as for co-ordinating population and development strategies; (e) lack of effective programme monitoring and evaluation to insure quality; (f) insufficient collaboration with the non-governmental sector; (g) lack of reliable data, research and policy analysis to assess population problems and commensurate strategies; and (h) lack of adequately trained personnel to manage and execute population and development activities.

252. Many of these obstacles are made worse by poverty itself. At the national level, for example, the poorest countries lack financial resources to launch and staff the institutional arrangements required for effective population planning; to fund information, education and communication programmes; or to undertake essential data collection, research, and policy analysis. At the local level, the cost of effective outreach is often prohibitive, especially as large shares of the poorest families live in rural areas, often remote ones. At the individual level, poverty again inhibits the delivery of and even the demand for maternal and child care and family planning services. It does so directly, because even when families wish to have no more children, the absolute poor may not be able to afford the financial and social costs of accessing the services that may be available. It does so indirectly, because poverty, illiteracy, and unfounded fears about fertility and contraception often go hand in hand, raising obstacles to the effective use and supply of family planning services.

253. To contribute to the alleviation of poverty through effective population policies and programmes, UNFPA and its Governing Council have played a leading role in mobilizing resources for population assistance within the international community; in revising the criteria and threshold levels to which countries are accorded "priority" status for UNFPA assistance in terms of per capita income, annual increments to total population, levels of infant mortality, levels of female illiteracy, agricultural population density and gross reproduction rates; and in incorporating lessons from its review and assessment of past experience to better reach the poor in the country programmes the Fund assists. This emphasis is reflected not only in a new strategy that UNFPA is proposing for developing countries, but in shifts in funding to the extent that 70.2 per cent of all UNFPA expenditures went to "priority" countries between 1982 and 1987, whereas only 56.8 per cent did so between 1976 and 1981. By 1988, expenditures to priority countries totalled 73.5 per cent and, according to Governing Council decision 88/34, should reach 80 per cent in the near future.

254. At the programming level, the Fund's concern with alleviating poverty is reflected in special attention to disadvantaged groups as well as to the use of innovative approaches to reaching them. Examples include projects to enhance the status and role of women both in development and in society and to promote income-generating opportunities for both men and women, particularly in rural areas; to use NGOs and grass-roots organizations to reach the poorest groups in rural and marginal urban areas; to target population education and related assistance to help reduce teen-age pregnancy; to redress rural/urban

inequalities by targeting MCH/FP programmes to poor groups, such as landless families in geographically remote or isolated areas; to formulate strategic approaches to population and poverty in countries facing deteriorating economic conditions, such as in sub-Saharan Africa; to anticipate and offset negative consequences of structural adjustment programmes on population activities or groups, such as women and children, that are especially vulnerable; to promote integrated population and development planning by, for example, participating in collaborative initiatives through the Joint Consultative Group on Policy, as well as in a consortium of agencies, including WHO, UNICEF and the World Bank, to support fundamental health infrastructure for MCH/FP programmes in particularly poor areas; and to undertake a broader assessment of factors influencing poverty conditions -- such as health criteria, income inequality, and complementarities between policies -- in Programme Review and Strategy Development exercises, which are now requisite for developing UNFPA country programmes of assistance.

255. While the challenges ahead may seem daunting, it is important not to lose sight of the considerable progress that has been made in clarifying linkages between population and poverty problems, as well as the kinds of action-oriented programmes needed to combat obstacles and make population assistance more effective. In this regard, UNFPA looks forward to sharing its experiences with other agencies in the United Nations system, as well as with non-governmental agencies and others in the quest to mobilize resources to retard and eventually eliminate poverty as a human condition.

B. UNFPA support to socio-cultural research

256. This special section of the annual report has been prepared in response to Council decision 89/46 A, paragraph 17, which took note "of the need to ensure that population assistance is appropriate to specific socio-cultural attitudes, beliefs and practices with regard to fertility and family planning" and requested the Executive Director to include information on UNFPA support for such research in the annual report for 1989. This section is presented in two parts. The first part provides a brief overview of main issues and problems associated with the undertaking of socio-cultural research. The second part provides a brief summary of UNFPA support to such research.

Issues and problems

257. Recognizing the importance of socio-cultural research in the formulation of sound population policies and in the strengthening of the operational aspects of programmes, UNFPA has promoted, and will continue to promote, research at national, regional and global levels, with emphasis on socio-cultural aspects. For example, as a consequence of its two-year-long review and assessment, UNFPA initiated a series of exercises to assess accumulated experiences in the use of such research through a review of pertinent literature and the undertaking of field-level inquiries through its field offices. The resulting overview of the socio-cultural factors that have a significant impact on MCH/FP and IEC programmes indicates that a knowledge of culturally defined patterns of social behaviour is critical to the programming process. They include, among others, social attitudes towards marriage, sexual behaviour in and out of marriage, pregnancy and childbirth, and age and aging. The overview also shows that social attitudes strongly influence people's willingness to discuss demographic processes, as well as their receptivity to various population programmes, projects and activities.

258. A basic feature of all cultures is the way in which social organization is carried out. In this connection, family formation is very important. It lays the foundation for marriage, family size and the age

at first marriage, among other things. Such customs, however, often vary from region to region within countries, as well as between rural and urban areas. Moreover, the role and status of women in society and in development determines to a large degree the extent to which they influence the fertility, contraceptive and child-bearing practices of their respective communities. For example, women's level of education, participation in income-generating economic activities, role in the socialization process, access to health care, and communication with their spouses contribute substantially towards their participation in decision-making about family size, the spacing of children and preferences concerning the sex of children, and the option of using contraceptives, either modern or traditional.

259. The demand for children plays a vital role in the family. How many children and of what sex are among the many issues influencing acceptance of birth spacing and contraception. Issues such as these are thus integral parts in the cultural and social milieu in which a society operates and must therefore be examined and understood before a government can formulate an effective population policy to guide activities in a given socio-cultural setting. However, the exact magnitude of the effects and specific nature of interaction among individual or collective socio-cultural variables are not yet, and perhaps cannot be, completely understood. Still, the undertaking of socio-cultural research is indispensable in providing necessary data and knowledge for the formulation of population policies. Indeed, to facilitate the achievement of policy-relevant objectives, one would obviously seek to uncover those socio-cultural factors that have a direct bearing on efforts to improve the effectiveness of MCH/FP programmes and IEC activities.

260. Furthermore, the UNFPA review indicates that religion and religiosity, level of social development, extent of adaptation of new ideas and technology, and the like, are significant socio-cultural factors affecting fertility behaviour, contraceptive use, and MCH/FP service utilization and the effectiveness of IEC activities. Whether actually founded in religious texts or dogmas, religious interpretations have been found to affect peoples' attitudes and guide their behaviour regarding family formation, marriage patterns, child rearing and contraceptive use. Religious factors, though often submerged under cultural or other norms, in fact often form the basis for such behaviour. Still, social structures and societal norms, though often rooted in the religious legacies of the various peoples, must also be considered as independent and significant factors influencing the acceptance and implementation of family planning programmes.

261. Another important finding that emerges from the UNFPA review exercise is that there is a strong correlation between the stage of a society's social development and the dynamics of socio-cultural change. For example, social development not only enhances the availability of social and economic opportunities and services, it also heightens peoples' participation in and responsiveness towards interventions affecting their social behaviour. Quite often, policies that have been formulated without ascertaining the stage of a society's social development have resulted in unrealistic interventions in a particular social and cultural milieu, which in turn has led not only to failure but to unanticipated, if not surprising, developments. Thus, the interrelationship between the level of social development and the dynamics of socio-cultural change must be studied so as to be understood within the context of strategic planning and policy-making.

262. Peoples' attitudes towards modern methods of contraception are important in influencing the effectiveness of family planning programmes. One serious difficulty as regards socio-cultural factors is the concept of modern contraception itself. Indeed, some people in some developing countries consider modern methods of contraception as products of socio-cultural environments quite different from the very societies in which their acceptance is being sought. As a result, some traditional societies, particularly those at early stages of development, have tended to resist or be cautious towards the introduction of modern family

planning techniques and services, regarding them as inappropriate to their specific social and cultural settings.

263. A serious difficulty in socio-cultural research is the lack of data and a precise definition of concepts. Therefore, in order to complement conceptual studies on various aspects of socio-cultural attitudes, more data-based research on social and cultural factors must be undertaken and the findings organized in databanks. This will require employing better data-collection techniques so as to allow in-depth analyses of socio-cultural variables, which would ensure more effective incorporation of such knowledge in population policy and programme formulation. Whatever little information is available in this area tends not to be policy-oriented, and thus not easily translatable into policy options. There is a need, therefore, to develop linkages among variables to improve the usefulness of existing information and to combine survey and observational methods to improve the knowledge base of focus and target groups.

264. A further weakness in the process of utilization of research is that the existing gaps between research and policy formulation and implementation have never been a priority of either policy-makers or researchers. As a result, on the one hand, policy-makers tend to know very little about research findings, while on the other hand, the literature produced on this subject by researchers often fails to address strategic planning objectives. Even when such problems are dealt with, often the focus is too narrow or the generalizations so impressionistic that the results are difficult to use with any degree of confidence in policy-making.

265. In order to bridge this gap there is a need to devise alternative conceptual frameworks for examining potential connections between fertility-related expectations and behaviours and perceived effects of contraceptive use at the micro-level (that of the individual and domestic group), as well as at the macro-level (large kin groups and communities). The knowledge gained by including relevant socio-cultural information in conceptual frameworks would help promote awareness of research findings among policy-makers and planners, as well as generate support in the community and improve both the accessibility of MCH/FP services and the effectiveness of IEC activities even in some unfavourable social settings. This would influence and enhance the participation of individuals and families in the programmes and projects supported by the Fund.

266. Yet, information on socio-cultural characteristics that can potentially affect population programmes is not widely available. This is compounded by the fact that the reproductive behaviour of small ethnic or community groups is only partially known. Information is often limited to anecdotal references or to that published in local or small-circulation journals. Consequently, even when there is information available, it often does not serve the needs for the formulation of programmes and the design of services.

267. Of course, the population situation, as well as perceptions and level of commitment with regard to population issues, varies from country to country. Also, wide differences exist between socio-cultural values and contexts, between the availability of socio-cultural data and their utilization, and in the capacities of national research organizations. Consequently, the population programmes designed to address the specific needs of various groups must be different as well. In view of these conditions, UNFPA has increasingly provided support to countries through national and interregional projects in order to introduce or strengthen the incorporation of socio-cultural factors into population programmes.

UNFPA support for socio-cultural research

268. This part of the special section provides a brief description of some of the most relevant socio-cultural-related research supported by UNFPA. It should be noted that on the basis of research findings, UNFPA has provided support to create and promote awareness among all those involved in population programmes of population issues, as well as of the relevance of socio-cultural factors. The Fund has done so primarily through interregional, regional and national meetings, conferences, and workshops, and through the production of population education and communication materials. Such activities have benefited large numbers of countries in all regions of the world.

269. UNFPA has also promoted and supported the undertaking of socio-cultural studies and research as well as baseline surveys in numerous countries. For instance, a baseline survey was conducted in Ethiopia under a UNFPA-supported project. The purpose of the survey was to collect information on the social, cultural and economic characteristics as well as the knowledge, attitude and practice (KAP) of the people concerning health, sanitation, nutrition and reproductive behaviour, in order to lay the foundation for formulating information and communication materials in support of the MCH/FP programme. Moreover, UNFPA-supported a socio-cultural case study in Democratic Yemen, which was to be used in the design of the in-school curriculum. The Fund also organized a KAP survey in Democratic Yemen for use in out-of-school literacy and adult education programmes. In Mexico, UNFPA funded a survey to identify and study the demographic behaviour of ethnic groups, as an input to the national population programme. Also in Mexico UNFPA continued its support of a programme on social research.

270. UNFPA has provided assistance to research studies specifically oriented to identify socio-cultural factors influencing the acceptance of family planning programmes. In Thailand, for example, UNFPA-funded MCH/FP projects were formulated on the basis of socio-cultural information on hill tribes and on the population in the southern provinces. In Malaysia, a country known for its multi-ethnic composition, each with its own distinct cultural and religious values and traditional practices, UNFPA-supported activities in the area of the collection and analysis of population-related data invariably take into consideration ethnicity and socio-cultural factors. In Nepal, population projects have been formulated fully cognizant of cultural values, beliefs and norms among the different communities and how these affect reproductive behaviour and family patterns, as well as the status of women and migration patterns. In Bangladesh, the IEC and MCH/FP programmes that UNFPA supports have drawn extensively on all relevant socio-cultural research that exists. In Viet Nam, social, cultural and behavioural aspects concerning acceptability of contraceptive methods have been included in a UNFPA-funded research project on human reproduction.

271. Similar activities have been undertaken in the other regions as well. In sub-Saharan Africa, for instance, UNFPA is supporting an MCH/FP project in Zaire, which began with socio-cultural research. The objective of the research was to find where the "classical" approach had failed in Zaire and to develop an alternative approach that would be successful. In Latin America, a UNFPA-supported study proposes to analyze the determinants of fertility in Uruguay by means of a survey conducted among women of child-bearing age who live in the Department of Montevideo. The immediate objective of this project is to generate socio-cultural data with regard to knowledge of contraceptive methods; attitudes towards family size, child spacing and contraceptive use; and prevalence of contraceptive use. In the Arab States, in Yemen, UNFPA-supported research in the MCH/FP area is aimed at disclosing the dysfunctional aspects of family planning service delivery. An important area of this research is an examination of perceptions, attitudes and behaviour of the community as regards the content and coverage of family planning services and the perception of the role of such services in upgrading people's health.

272. UNFPA has supported research studies focusing on the socio-cultural context and income situation of both the family and women in rural areas. Moreover, many of the UNFPA-funded projects specifically addressed to the concerns of women include a socio-cultural research component. In Liberia, for example, within the framework of a project on income-generating activities for rural women in Nimba County, a survey has been proposed to collect relevant socio-cultural data that would be replicable in other counties. In Yemen, under a UNFPA-supported project on population and family life education in rural extension centres, a research programme was initiated in three regions to provide a clearer understanding of administrative roles, responsibilities, attitudes towards family life education, and work constraints among extension workers and rural women. In Viet Nam, UNFPA supported a research project on the impact of socio-economic and cultural change on family structure and demographic variables. The project is focusing on such issues as changing marriage patterns, fertility decision-making, socio-psychological aspects of using various methods of birth control, and social factors affecting infant and child morbidity and mortality.

273. UNFPA has also supported studies examining the socio-cultural factors that determine community patterns which affect the health situation of the people and infant and maternal mortality. In Liberia, for example, UNFPA is supporting in Montserrado County, under an MCH/FP project, a community-level diagnosis covering, among other factors, the socio-cultural patterns of behaviour affecting the health of the people. In Democratic Yemen, high priority has been given to studying the status and role of the traditional birth attendants (TBAs) in society, with a view to identifying those areas where TBAs are accepted by a wide cross-section of the community as well as those TBAs Government medical services can select and train as part of the community link with primary health care. In another research study in Democratic Yemen, areas with different socio-economic structures and degrees of accessibility of governmental MCH/FP services were selected for comparison as regards the situation of maternal and infant mortality. Moreover, the Fund has supported, in collaboration with JOICFP, a project on integrated family planning and parasite control which focuses on health conditions and family planning acceptance, taking into consideration the socio-cultural context of the community. This project has been implemented in Colombia and Mexico, among others.

274. UNFPA has provided assistance to undertake studies in support of family life education and family planning services and reproductive health programmes for adolescents, which take into account socio-cultural factors. For example, in Sri Lanka UNFPA has supported a research programme undertaken by the Family Planning Association of Sri Lanka on the reproductive health of adolescents. This research has revealed many socio-cultural phenomena having an impact on reproductive attitudes and behaviour among young people. Also, in the English-speaking Caribbean, in Anguila, Barbados, British Virgin Islands, Dominica, and Jamaica, family planning services and family life education programmes have been tailored according to the socio-cultural values of the target population.

275. In the area of population education and communication programmes, UNFPA has provided considerable assistance for the promotion and support of research studies aimed at strengthening family planning and other community-related programmes. The majority of the UNFPA-supported IEC projects are based on research studies which take into account socio-cultural factors prevalent among the target populations. In Yemen, for instance, under the IEC programme assisted by UNFPA, a socio-cultural case study was initiated in 1988 under the population education project. This study on knowledge, attitudes, values and beliefs concerning population and family life questions aims at increasing awareness on those issues among target groups. In Viet Nam, a project on parent education started with a baseline survey to assess customs and beliefs concerning child care, and another project with the audio-visual centre includes

research activities to determine the socio-cultural characteristics of the target audiences and the implications of these characteristics with regard to population communication.

276. In recent years, UNFPA has provided increasing assistance to create or strengthen the national institutional and technical capacity required to undertake and utilize socio-cultural research results. In Liberia, UNFPA is supporting the Demographic Unit at the University of Liberia, which, in addition to conducting policy-oriented research, will undertake socio-cultural studies as appropriate. In Viet Nam, UNFPA is supporting a project to strengthen the institutional capacity of the Rural and Urban Institute, in which socio-cultural research forms part of the research agenda.

277. Lastly, UNFPA has co-sponsored the Demographic Health Survey Programme in a number of countries around the world. The survey is seeking to collect and analyze information on such important factors as marriage patterns, age at first marriage, fertility desires, obstacles to contraceptive use, the need for family planning, incidence and causes of high-risk pregnancies, maternity care, and breast feeding, among others. Such efforts will greatly enhance UNFPA ability to formulate programmes that take into account socio-cultural attitudes.

278. UNFPA has funded research specifically designed to expand knowledge and understanding on young people's physical and social development as well as the attitudes of those who have the most influence on their reproductive health and behaviour. For example, through the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, UNFPA provides support for research on the consequences of female circumcision, early marriage, taboos and other practices that affect the health of young women and children. UNFPA also supports the WHO interregional "Study on Reproductive Health in Adolescence: Fertility and Fertility Regulation in Adolescence", which organizes research activities designed to increase awareness and knowledge of the health and social problems related to the fertility and reproductive behaviour of adolescents. The project has gathered biomedical data on various aspects of adolescent pregnancy as well as baseline data on the psycho-social aspects of contraceptive and reproductive behaviour among adolescents.

279. Since the formulation of effective policies and programmes for the reduction of adolescent fertility require a thorough understanding of adolescent fertility patterns, UNFPA is also funding another interregional project in this area through the United Nations Population Division. The objective is to fill an important gap in knowledge with respect to global levels and trends in adolescent fertility. This study will thus seek to identify common patterns and emerging trends in adolescent fertility in developed and developing countries.

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