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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS
Recommendation by the Executive Director
Assistance to the Government of Haiti
Support for a comprehensive population programme

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| Proposed UNFPA assistance: | 10 million, of which \$7 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. |
| Estimated value of the Government's contribution: | To be determined |
| Duration: | Five years |
| Estimated starting date: | January 1990 |
| Executing agencies: | United Nations World Health Organization/Pan American Health Organization (WHO/PAHO) United Nations Educational, Scientific and Cultural Organization (UNESCO) |
| Government co-ordinating agency: | Ministry of Planning and External Co-operation |

HAITI

Demographic facts

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|-------------------------------------|-------|--|------|
| Population Total (000) | | Population density (/sq.km.) | 234 |
| Total | 6,504 | Average annual change (000) | |
| Males | 3,192 | Population increase | 129 |
| Females | 3,312 | Births | 226 |
| Sex ratio (/100 females) | 96.4 | Deaths | 79 |
| Urban | 1,968 | Net migration | -17 |
| Rural | 4,536 | Annual population total (% growth) . | 1.89 |
| Per cent urban | 30.3 | urban | 4.00 |
| Population in year 2000 (000) . | 7,837 | rural | 0.90 |
| Functional age groups (%) | | Crude birth rate (/1000) | 33.1 |
| Young child: 0-4 | 14.5 | Crude death rate (/1000) | 11.6 |
| Child: 5-14 | 24.7 | Net migration rate (/1000) | -2.6 |
| Youth: 15-24 | 20.6 | Total fertility rate (/woman) | 4.42 |
| Elderly: 60+ | 6.0 | Gross reproduction rate (/woman) . . . | 2.16 |
| 65+ | 3.9 | Net reproduction rate (/woman) | 1.79 |
| Women: 15-49 | 24.9 | Infant mortality rate (/1000) | 106 |
| Median age (years) | 20.0 | Life expectancy at birth (years) | |
| Dependency ratios: total | 75.6 | Males | 54.9 |
| (/100) Aged 0-14 | 68.8 | Females | 58.3 |
| Aged 65+ | 6.8 | Both sexes | 56.6 |
| Agricultural population density | | GNP per capita | |
| (/hectare of arable land) | 4.54 | (U.S. dollars, 1987) | 360 |

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$10 million, of which \$7 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1990, to assist the Government of Haiti in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent that this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be UNFPA's first comprehensive population programme in Haiti. The proposed programme has been formulated on the basis of the findings and recommendations of a multi-sectoral Programme Review and Strategy Development (PRSD) Mission conducted in September/October 1989.

2. Haiti is a priority country for UNFPA assistance. It does not have a formal population policy, but focuses its population concerns on the critically high rates of population growth, morbidity, mortality and fertility, as well as on migration and the spatial distribution of its population. It has stressed the need for measures to improve these conditions and to enhance the health, nutrition and quality of life of the population as steps towards socio-economic development. The recently drafted development plan (1989-1991) does refer to these issues, although only in a limited way, and efforts are under way to define a comprehensive population policy. To assist the Government of Haiti in attaining its population and development goals, UNFPA assistance would be addressed to: (a) strengthening public-sector institutions active in population matters; (b) contributing to the formulation and implementation of a population policy; (c) developing flexible but effective mechanisms for co-ordination in population matters among public and private institutions as well with international agencies and donors; and (d) expanding the delivery of MCH/FP and related services to vulnerable groups in society, especially those in rural and marginal urban areas.

3. In order to achieve these objectives, the proposed programme would implement actions: (a) to improve the capacity of the public health system to deliver co-ordinated and integrated services and to increase acceptance of family planning; (b) to complete the integration of population education into the curricula of primary schools (three cycles comprising grades 1 to 9) and to develop ways to introduce population information and education in non-formal education and community action programmes; (c) to improve the nation's capacity to provide timely, reliable and adequate demographic data; (d) to enhance awareness and understanding of population at both the policy- and decision-making levels and among the public in general; (e) to support the definition of a meaningful population policy and its implementation; and (f) to help improve the status of women and enable them to have a recognized role and voice in society.

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4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Haiti is the Latin America and Caribbean region's only least developed country (LDC). According to 1988 United Nations projections, Haiti has a population of 6.5 million people, growing at a rate of 1.9 per cent per year. Approximately 30 per cent of the population lives in urban areas, and more than half in the capital, Port-au-Prince. The population is young, with close to 40 per cent aged 15 or younger. Life expectancy improved from 38 years in 1950-1955 to 56.6 years in 1990, still the lowest in the region. Infant mortality is high, although it has been gradually decreasing since the end of the 1960s when it was approximately 140 per 1,000 live births. A 1977 survey registered an infant mortality rate of 194 per 1,000 for the metropolitan area of Port-au-Prince and 103 per 1,000 for rural areas; a subsequent survey in 1987 found rates to be around 100 per 1,000 for both urban and rural areas.* Mortality rates for children under five also declined, but remained high at between 150 and 180 per 1,000 in the mid-1980s. Maternal mortality is high and on the rise, having more than doubled between 1984 and 1987, from 1.4 per 1,000 live births to 3 per 1,000, according to government figures. A 1977 national fertility survey estimated the total fertility rate at 5.5 children per woman, but subsequent surveys suggest that there has been an increase in this rate in recent years.

6. Women constitute slightly more than 50 per cent of the population, a proportion that increases for certain age groups, due in part to the out-migration of economically active men. The female/male ratio affects marriage patterns and the number of women acting as heads of household. According to the 1982 census, 46 per cent of Haitian women were economically active. There was a significant change in illiteracy between the 1950 and 1982 censuses, with rates among people 10 years old and older declining from 90 per cent to 65 per cent. Illiteracy among women, however, is 20 per cent higher than among men.

*Government estimates of demographic indicators may differ from the United Nations projections provided in the demographic facts sheet on page two of this report.

The 1982 census further showed that only 36 per cent of rural children 6-14 years old attended school versus 74 per cent for those living in urban areas.

7. Haiti's already stagnating economy took a deep plunge during the recession of the 1980s. Between 1980 and 1986, the country's gross national product (GNP) decreased by an average of 0.7 per cent annually due principally to the downward trend in agricultural production and the contraction of the manufacturing sector, which were only slightly compensated by the very modest growth of the service sector. Available estimates note a cumulative decrease of 4.5 per cent in the GNP between 1980 and 1988. Political instability since 1986, coupled with massive rural-to-urban migration and the unchecked growth of urban slums, has further aggravated the socio-economic situation. The general disorganization of the economy and the poor state of agriculture have contributed to higher food prices, especially for basic products, with deleterious consequences for the most deprived population groups. Studies indicate that the quality of life of the average Haitian is today no different from that of the 1950s or 1960s.

8. Government concern with population issues dates back to the early 1970s and arose from health considerations. This concern centred on fertility and population growth, morbidity and mortality, and internal and international migration, all of which have rates the Government considers as too high. National health policies have set quantitative objectives in relation to fertility and mortality, but, in general, only modest emphasis has been given to population issues in Haiti's development plans.

9. In September 1986, however, the Government established the National Population Council (CONAPO) with a wide mandate for the formulation, implementation and integration of population policies. The Director-General of the Ministry of Public Health and Population (MSPP) is the Co-ordinator of CONAPO. The MSPP's Population Division functions as CONAPO's technical secretariat, with the Division's Director serving as Executive Secretary and the Director of the Demographic Analysis and Research Division (DARD) of the Haitian Institute of Statistics and Information (IHSI) as Deputy Executive Secretary. Population issues and policy options have thus acquired new vigour and have been under active discussion recently. They are now being studied by an inter-sectoral committee with a view to presenting policy recommendations to CONAPO for adoption in 1990.

10. The past decade has seen a considerable widening of awareness of population problems and of the need to adjust the imbalances between population and resources. There is a large measure of agreement on priority population problems and on measures required to deal with them. On the other hand, there is a need to consolidate and build upon what has been done, to develop a common

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posture and ways to apply an agreed set of objectives, and to generally enhance institutional and technical competence in matters of population.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA assistance to Haiti began in 1970. Funding to date has totalled \$15.4 million. About two thirds has been directed to the maternal and child health and family planning (MCH/FP) sector (67.5 per cent). The remainder has been allocated to other sectors as follows: data collection (12.6 per cent); population dynamics (10 per cent); population policy formulation (1.3 per cent); information, education and communication (4.3 per cent); and multi-sectoral activities (4.3 per cent).

Maternal and child health and family planning

12. Initially, UNFPA assistance focused on providing support for the creation of the infrastructure necessary to enable the public health system to provide MCH/FP services in urban areas. This was done through the MSPP's Division of Family Hygiene (DHF). Public and private clinics specializing in MCH/FP were organized and a wide range of services provided. Knowledge of MCH/FP was disseminated widely, and a good number of medical, paramedical and other personnel were trained in family planning, pre-natal care, and programme management and administration. However, while the clinics were generally successful in recruiting family planning users, efforts to extend such services to rural areas proved more difficult. The DHF functioned essentially autonomously, and the decision to provide MCH/FP as part of a unified primary health care system starting in 1980, and subsequent reorganizations within the Ministry of Public Health and Population, generally weakened the quality and lessened the availability of services. The resulting decrease in outreach of MCH/FP services may account for the contraction in contraceptive prevalence from 8.3 per cent reported by the Government in 1979 to 6.5 per cent estimated by a 1987 survey, as well as for the increase in the fertility rate found by recent surveys.

13. MCH/FP activities in Haiti encountered other difficulties as well. Projects were often too ambitious in their objectives, and suffered from the shortage and turn-over of personnel. In addition, the political uncertainties that climaxed in 1986 had an adverse effect on activities. Nevertheless, as of 1986, 348 dispensaries, 126 health centres and 42 hospitals were providing MCH/FP services. In rural communities MCH/FP was made available primarily through bilateral support to health agents, voluntary collaborators, and traditional birth attendants (TBAs). It is also important to note that the demand for family planning methods among the male population grew significantly during the 1980s. Awareness and demand for MCH/FP have clearly increased, and while contraceptive prevalence has declined, the proportion of women of reproductive age aware of modern methods of family planning was 87 per cent in 1987.

14. The decrease of foreign assistance to the MCH/FP sector in recent years further weakened the system's capacity to provide services. The PRSD mission noted that better co-ordination between the public and the private sector could have mitigated the downward trend somewhat. This is especially true for family planning, where a number of non-governmental organizations (NGOs) could be a source of support.

Information, education and communication

15. UNFPA assistance to this sector was used to introduce population education at different levels of the primary school programme, to train and retrain teachers and to develop and disseminate didactic materials on population. Activities were implemented within the context of the educational reform programme, begun in 1979, in collaboration with the National Pedagogical Institute (INP) of the Ministry of Education. As a result, the fourth, fifth and ninth years of primary school include population education elements in such study areas as the social and natural sciences and mathematics. Teachers' guides for the fifth and sixth years have also been published, and a guide for the seventh year is about to be issued. Considerable work nevertheless remains to be done to cover all nine years of the primary school programme.

16. As in the case of other projects, population education activities were affected by the political and institutional instability of recent years, which led to frequent changes in leadership. As a result, the INP is now no longer in charge of training, and new modalities will need to be worked out for the training of teachers in population education. In the meantime, a total of 80 instructors from the four teacher training schools were trained, as were 224 primary school inspectors and 32 inspectors-to-be, and 34 directors and assistant directors of primary and technical schools. In the context of non-formal education, population education was extended to 120 leaders of family life centres, and a number of public awareness events were organized to reach parents, students and professors. Modelled on the successful experience of the early years to promote MCH/FP through regular radio broadcasts, six television programmes on population issues were produced and widely broadcast.

17. Despite the difficulties encountered, the project produced important results. Efforts to complete the objectives of the project must continue, however, and support must therefore be provided to develop additional curricular content, produce and disseminate teaching materials and train teachers. There is also a need to evaluate the response of teachers and students alike to the contents of population education, and in the longer term to assess the effect of this education on people's attitudes towards family planning.

Basic data collection and analysis

18. UNFPA assistance to IHSI since 1970 has helped the Government conduct the 1971 and 1982 censuses and a national fertility survey in 1977 and provided training in methodologies and techniques of data collection. UNFPA provided advisory services, materials, equipment and training for the conduct of the 1982 census. The 1982 census yielded considerable socio-economic data, including information on employment, agricultural activities and housing, and the 1977 fertility survey helped to update information on the fertility levels found the 1971 census. The 1982 census, however, was affected by incomplete cartographic preparation, as well as by a shortage of trained staff, problems of logistics, and a series of difficulties with the computer equipment. These, coupled with the internal constraints of IHSI, contributed to serious delays in the processing of the data. As a consequence, while the provisional census results, based on a 2.5 per cent sample, were published in 1984, the final census results are still not available.

19. IHSI's capacity for data collection was fundamentally strengthened through UNFPA assistance, but the setbacks experienced in making the census data available have somewhat tarnished the image of the IHSI and encouraged the use of private institutions for surveys and studies to collect data. In future, IHSI must resolve its institutional difficulties if it is to reassert its effectiveness and its leadership as the primary data collection entity in the public sector.

Population dynamics and policy formulation

20. UNFPA helped expand government capacity for carrying out demographic analysis and research through its support for the establishment in 1975 of the Demographic Analysis and Research Division within IHSI. Project resources were used to provide technical services and to train staff either in-country or at competent international institutions. DARD now has a staff of seven demographers and two technicians, most of them having been trained under the project. DARD's output in its early years was impressive, but its performance in recent years has been more moderate. For example, DARD has not yet completed either the analysis of census data, or the updating of population projections. Internal constraints within IHSI have been a contributing factor, as its data processing service has not been able to supply the data for analysis. DARD attempted to bridge the gap by preparing monographs on the country's nine geographical departments, but so far has succeeded in publishing only 2 of the 20 planned volumes, though 8 others are to follow shortly.

21. UNFPA support also enabled DARD to make an important contribution in the area of population policy formulation and population and development. It is in fact the population policy report prepared by DARD in 1983 and published in 1986 that became the basic working document for current discussions on formulating a population policy. In this direction, DARD also prepared a number of studies

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and technical reports on the relationship between population and development. However, given the technical support role DARD must now play vis-à-vis CONAPO, DARD must focus on population and development in order to improve and advance existing knowledge. It must also review its work plan and redefine priorities in order to strengthen its performance.

22. UNFPA has also begun to support the Government's efforts to put into operation the technical secretariat of CONAPO. This assistance aims at facilitating the formulation, implementation and monitoring of a national population policy as well as the formulation and adoption of sectoral policies to be implemented in priority programmes. An intersectoral committee met five times in 1989, and a technical seminar on population and development was held. A meeting of the minds now appears to have been reached as to the main issues to be covered by a comprehensive population policy. It is hoped that a draft policy document may be presented to CONAPO in 1990 for its consideration. The technical secretariat has a key role to play, and will need to promote the active collaboration of all institutions concerned with population, especially to ensure that population objectives are more clearly addressed in development plans and in sectoral programming.

Other external assistance

23. The United States Agency for International Development (USAID) and UNFPA have been the traditional donors in the field of population in Haiti. In the past, USAID provided considerable support to the Ministry of Public Health and Population for family planning activities, including the bulk of needed contraceptives; this, together with UNFPA's funding, represented crucial support to the MCH/FP programme. At the end of 1987, however, USAID concluded its assistance to the public sector and directed its support instead to local, private voluntary organizations. At present, USAID has an \$8.25 million programme for five years (1986-1990), providing aid through 10 local private agencies. The International Planned Parenthood Federation (IPPF) has been contributing to the USAID programme of activities through a grant amounting to \$754,000.

24. There are other donors supporting activities related to population. For example, the Government has negotiated a six-year loan of \$32 million from the World Bank (1990-1995) for the development of public health infrastructure, focusing on the country's western health region. WHO/PAHO is assisting the Government in the development of health services infrastructure and management, in activities related to growth, development and human reproduction, in water sanitation and in malaria control (\$3.8 million between 1990 and 1991). It will also manage the acquired immune deficiency syndrome (AIDS) programme (approximately \$500,000 per year). The United Nations Children's Fund (UNICEF), with an ongoing programme of about \$4.3 million, is currently involved in a literacy project, and is developing a sizeable child survival project in

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collaboration with the Haitian Episcopal Conference. UNICEF, WHO/PAHO, USAID and Rotary International are the main supporters of a vaccination programme. Promotion of breast feeding, nutrition and diarrhoeal disease control receives assistance from UNICEF, WHO/PAHO and the World Food Programme (WFP). WFP also provides food supplements to pregnant women receiving MCH/FP services (\$8.5 million from 1985 to 1990). To complement UNFPA-supported MCH/FP projects, UNDP is expected to approve a project to train 1,800 traditional birth attendants. UNDP also supports a databank on women and a project in excess of \$2 million (1987-1991) to improve the organization and management of the country's education system.

25. The Government of Canada provided support for the conduct of a knowledge, attitudes and practice (KAP) study on AIDS, and the Government of France supports community health activities as well as AIDS and vaccination programmes.

V. FINDINGS OF PRSD MISSION

26. To date, UNFPA has not been able to provide assistance to Haiti on the basis of a multi-year comprehensive population programme. Support has been approved on a project-by-project basis, attempting nevertheless to focus on the areas of greatest urgency. A PRSD mission was fielded in September/October 1989, composed of independent consultants and a UNFPA staff member. The mission noted that continuous UNFPA support since 1970 had helped to significantly expand awareness of population issues and to develop national competence in data collection and research in population. More importantly, UNFPA support had also helped to establish and expand the MCH/FP services network. In addition, UNFPA assistance was making population education a regular component of the formal educational process. However, the mission found that awareness of population issues and competence in and commitment to population activities were primarily limited to groups specializing in population and related areas and that these qualitative factors had to be expanded on a broader scale to bring about a wider consensus on the relevance of population considerations to Haiti's development and the need for concerted population action.

27. The mission found that while population projects had met with a good measure of success, they also encountered numerous difficulties that inhibited greater effectiveness. These included weak national institutions in the population field, political instability, shortages and turn-over of staff, competing demands for limited resources, insufficient technical capacity and lack of appropriate technology. The mission also found poor co-ordination and dialogue among entities concerned with population issues in Haiti, and noted the relative absence of Haiti in regional and global discussions on population. The generally cautious attitude adopted by some donors in recent years and the withdrawal of important assistance by one major donor had had serious consequences, especially for MCH/FP activities. There had also been difficulties in the execution of projects. The mission found the projects to

be weak in design, often unable to anticipate constraints they would inevitably encounter. Objectives were frequently too optimistic and the capacity for implementation of planned activities was often overestimated. UNFPA's own presence was weak since the post of UNFPA Country Director had been discontinued for a number of years.

28. The mission concluded that Haiti was at a critical point in relation to its numerous population problems. It further noted that the seriousness of the socio-economic situation, wherein population issues played a large role, called for urgent and decisive action to assist the country in gaining self-reliance through the productive harnessing of all of its resources.

VI. PROPOSED PROGRAMME 1990-1994

29. In light of the situation described above, and based on the findings and recommendations of the PRSD mission, UNFPA proposes a comprehensive five-year (1990-1994) programme of population assistance to Haiti that has four main objectives: (a) to help strengthen public-sector institutions active in population matters; (b) to contribute to the formulation and implementation of a population policy; (c) to assist in the development of flexible but effective mechanisms for co-ordination in population matters among public and private institutions as well as with international agencies and donors; and (d) to expand the delivery of MCH/FP and related services to vulnerable groups in society, especially those in rural and marginal urban areas.

30. In order to achieve these objectives, the proposed programme would implement actions: (a) to improve the capacity of the public health system to deliver co-ordinated and integrated services and to increase acceptance of family planning services; (b) to complete the integration of population education into the curricula of primary schools and to develop ways to introduce population education in non-formal education and community action programmes; (c) to improve the nation's capacity to provide timely, reliable and adequate demographic data; (d) to enhance awareness and understanding of population at both the policy- and decision-making levels and among the public in general; (e) to support the definition of a meaningful population policy and its implementation; and (f) to help improve the status of women and enable them to have a recognized role and voice in society. For the implementation of activities in the programme, the participation of the United Nations, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), WHO/PAHO and UNESCO as executing agencies is so far anticipated; other executing agencies would be identified in conjunction with project formulation.

Maternal and child health and family planning

31. The continuing high levels of maternal and infant mortality, the low level of contraceptive use and the increased trends in fertility observed in recent years reflect in part the deterioration of Government interventions in this area. UNFPA thus proposes to strengthen its assistance to the MSPP to upgrade its capacity to provide integrated services for women's health and family planning and to widen the coverage of these services. In this project, it is proposed that UNFPA's assistance emphasize the strengthening of decentralized capacity to provide services, the rebuilding of outreach and the involvement of the community in MCH/FP activities. Given the potential for enhancing co-ordination among all service providers, UNFPA would also work with the MSPP to develop effective mechanisms of co-ordination between public and private health institutions, and to define a global strategy for MCH/FP comprising measurable quantitative objectives.

32. A significant portion of UNFPA's support would be used for training in programme management, administration and supervision, as well as for technical training of medical and paramedical personnel and community workers. A resident adviser in MCH/FP would be required. The programme would also emphasize improved communication techniques between health personnel and service users in order to enhance understanding of the benefits of family planning and knowledge regarding the use of contraceptive methods. The provision of contraceptives would be an important component of support; medical, audio-visual equipment and vehicles would also be provided. Given the incidence of AIDS and HIV infection in the country, the programme would emphasize the use of condoms and include counselling on how to prevent the spread of the disease. The logistics system for supplying and resupplying service points with contraceptives and other MCH/FP items would also be improved and records kept up-to-date by conducting annual inventories. Operations research would be required to identify organizational and other obstacles to the effective implementation of the programme and to study socio-cultural factors affecting the utilization of services and the acceptance of modern contraceptive methods. These interventions would be accompanied by carefully planned monitoring, supervision and evaluation activities.

33. UNFPA's contribution to this sector would be \$3.4 million. It is proposed that additional resources in the amount of \$1.5 million be sought from other sources, including multi-bilateral sources, in order to support needed activities in this area.

Information, education and communication

34. The PRSD mission considered IEC activities as fundamental for the future success of Haiti's population programme. Population activities to date have led to a better understanding of population matters and the linkages between population issues and development objectives, as well as to the acceptance of

MCH/FP. In order to significantly widen the knowledge and understanding of population problems among the different sectors of the population, UNFPA proposes to organize a number of events designed to facilitate discussion of population issues. The Fund would also assist in the articulation of a comprehensive multi-media approach aimed especially at promoting women and child health and family planning. The IEC activities designed to promote family planning would be based on a global perspective that emphasizes all considerations in support of the use of family planning and in a manner and style that respect the socio-cultural values of the various population groups. This will help ensure free and informed decisions. It is expected that such activities would help AIDS prevention efforts, as the needed dynamic policy to promote condom use would have greater effectiveness if implemented in the context of comprehensive information and education measures, integrating family education, responsible parenthood and maternal and child health.

35. In the area of formal education, UNFPA would continue to support the integration of population education contents into the curricula of primary schools and the training of teachers and trainers in population education, using a multidisciplinary approach to population education. The future phase of the population education project now being implemented by the National Pedagogical Institute of the Ministry of Education would be based on this orientation. The accent would be on adding population education to teacher training activities in general and especially to the training of trainers. The project would also explore and promote the introduction of population education into the programmes of Teachers Training Schools, which prepare the instructors for the seventh, eighth and ninth grades of primary school. A concerted effort would be made to co-ordinate activities in this area with those of other projects involved in educational reform and teacher training both in the public and the private sector. UNFPA assistance would comprise local and international expertise, training support for the preparation of educational materials, and relevant equipment. Given the recommended multidisciplinary focus and the need to economize on the significant resources required to prepare educational materials, the documentation prepared thus far would be assessed with a view to enhancing cost-effectiveness.

36. UNFPA assistance would also be used to study population education modalities employed outside the school system at the grass-roots level in order to identify suitable programme alternatives in this area. Public experience in this area is at present somewhat limited, but a number of NGOs with health, literacy and training activities as part of their work programmes could strengthen the impact of their programmes by including population education and information. Organizations involved with women's issues and rural co-operatives would be suitable channels for such activities. UNFPA anticipates the need to conduct some research on socio-cultural aspects of such activities and training. Inter-institutional co-operation would be sought to avoid duplication of effort.

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37. The amount of \$800,000 is estimated to be required for this sector of activity. In addition, the Fund proposes to seek \$200,000 from other sources, including multi-bilateral sources.

Basic data collection and analysis

38. UNFPA would continue to support the activities of IHSI and DARD, which are the principal public-sector sources of population data and research on population and development. This assistance would focus on national efforts to alleviate the constraints that impinge upon the ability of these institutions to contribute effectively to this important information bank, concentrating on actions to upgrade their technical and technological know-how and competence to train others. In this regard, UNFPA would provide support for the next population and housing census, currently planned for 1992, including its preparation, execution, tabulation and analysis. Further research on fertility and child and maternal mortality would also be undertaken in order to obtain information on recent trends. The civil registration system, which is another input into the regular flow of required demographic data, would be examined in order to recommend ways to make it more effective.

39. The process of internal migration and its relationship to the labour market is another area that requires study. The growing rural-to-urban flow and the uncontrolled growth of metropolitan areas, particularly Haiti's capital, Port-au-Prince, are priority concerns of the Government. Women in search of better conditions constitute a major portion of these migrants; unfortunately, they usually find themselves more deprived and handicapped than before. Also, the uncertainties and fluctuations of the labour market in Haiti affect women directly, as they are usually the main support for the household. In order to target efforts effectively to improve their condition it is necessary to understand better their employment activities. Research along these lines, therefore, would be an important area of support in the proposed programme.

40. UNFPA proposes to provide \$1.5 million to this sector of activity. Given the magnitude and cost of these operations, UNFPA proposes to seek assistance in the amount of \$800,000 from other sources, including multi-bilateral sources.

Population policy formulation

41. The definition and adoption of a population policy as a framework for future population actions is an objective of the Government. It is already receiving UNFPA assistance through projects supporting CONAPO and DARD in demographic data analysis and studies on the relationships between demographic variables and other variables of development. These initiatives would continue to receive support under the proposed programme, particularly to ensure that these policy proposals are coherent and realistic, and are in consonance with Haiti's socio-economic priorities.

42. UNFPA would provide the required support to the technical secretariat of CONAPO and DARD, to enable them to exercise an effective technical role in the formulation of a population policy. This would involve the convening of technical seminars to review and decide upon the demographic and social statistics to be used, to discuss issues of linkages among population and development variables and to define the bases on which the population policy would rest. Through training and specialized expert assistance, UNFPA would support the development of competence within the technical secretariat in population policy formulation and implementation, including its ability to establish effective liaison with sectoral and central planning authorities leading to the clear integration of the population dimension into their strategies and action plans for socio-economic development. UNFPA support would also seek to strengthen the ability of DARD to provide the studies and analyses required to widen the knowledge base on the relationships between population and development.

43. UNFPA's contribution for these activities is estimated at \$500,000. Additional support in the amount of \$200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

44. Women in Haiti are a particularly vulnerable group. It is proposed that UNFPA support a series of actions designed to help improve the status of women and their role in development. As a first step, UNFPA would support initiatives leading to the inclusion of gender considerations and objectives in the proposed population policy.

45. As there is currently no government institution in Haiti charged with the promotion of women, UNFPA's assistance would also be directed towards assisting the Government in creating an official body, with the required technical competence, to work for the improvement of the status of women. Sectoral ministries would be encouraged to adopt specific measures addressed to women, and support would be made available to bring about the systematic inclusion of women's concerns in development projects, particularly those focusing on community development. The Fund would also encourage open discussion about women and population issues, and support training and education for women. The aim of these activities would be to make women aware of the importance of looking after their health for personal and family welfare and of the opportunities to enhance their security and self-esteem, thus raising their appreciation of the vital contributions they make to society.

46. There are a number of NGOs involved in women's activities that have the potential to play a role in the implementation of this portion of the programme. For example, the Haitian Fund for Support to Women (FHAF) promotes female management of small enterprises; the National and International Documentation

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and Information Centre on Women in Haiti (ENFO-FANM) manages a databank on women; the Centre for the Promotion of Working Women (CPFO) addresses itself to improving the socio-economic conditions of working women, through health, education and training; the Collectivity of Women of the Centre for Research and Training for Development (CRESFED) promotes basic education; and the Association for the Promotion of the Haitian Family (PROFAMIL) provides family planning and sex education. A number of women's organizations have also joined together under the Haitian Association of Aid Agencies (HAVA) and the Association of Private Health Organizations (AOPS) and have thus a greater outreach network.

47. UNFPA proposes assistance in the amount of \$600,000 to cover technical expertise, the training of key staff and operational research as may be necessary to implement these activities. Additional funds amounting to \$300,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

48. UNFPA proposes to set aside \$200,000 from its regular resources as a programme reserve. The considerable needs of Haiti and the importance of a sound and vigorous population programme suggest that it would be prudent to have a reserve to meet unforeseen needs that may arise during implementation of the programme.

Programme co-ordination

49. In Haiti, multilateral assistance is the responsibility of the Ministry of Planning and External Co-operation (MPCE). The UNFPA-supported programme and its components would be co-ordinated within the institutional framework of the Ministry. The UNFPA programme would emphasize effective co-ordination and collaboration among the various public institutions involved in population, as well as between these institutions and similar institutions in the private sector. The UNFPA Representative and the UNFPA Country Director for Haiti have on-site responsibility for UNFPA-supported activities. They would exercise particular vigilance in relation to the development of collaborative linkages with other multilateral donors, such as UNDP, UNICEF, and WHO/PAHO, as well as co-ordination with relevant bilateral programmes. Regular monitoring and review exercises reinforced by periodic consultations with executing agencies, donors and entities receiving assistance would further strengthen co-ordination.

Programme monitoring, evaluation and management

50. The appointment of a UNFPA Country Director in 1990 will strengthen the oversight of UNFPA-funded activities in Haiti. Established UNFPA monitoring and evaluation procedures would be carefully applied. Particular care would be placed on project design for the qualitative and quantitative clarity required for proper evaluation. In addition to the standard monitoring activities and reports, other reviews would be organized to respond to particular developments.

UNFPA would also hold a country review exercise in the third year of the programme to reassess programme activities in relation to policy directives and the country's population and development priorities. Periodic site visits by UNFPA headquarters staff would be an additional means of assuring smooth implementation of projects.

Financial summary

51. As indicated in paragraph 1, UNFPA proposes to support a programme of \$10 million, of which \$7 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This UNFPA commitment to the Government of Haiti for the five-year period 1990-1994 by project area, subject to the availability of funds, is as follows:

| | <u>UNFPA</u> <u>Resources</u> \$ | <u>Other</u> <u>Resources</u> \$ | <u>Total</u> \$ |
|---|--|--|--------------------|
| Maternal and child health and family planning | 3,400,000 | 1,500,000 | 4,900,000 |
| Information, education and communication | 800,000 | 200,000 | 1,000,000 |
| Basic data collection and analysis | 1,500,000 | 800,000 | 2,300,000 |
| Population policy formulation | 500,000 | 200,000 | 700,000 |
| Women, population and development | 600,000 | 300,000 | 900,000 |
| Programme reserve | 200,000 | | 200,000 |
| Total | 7,000,000 | 3,000,000 | 10,000,000 |

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VI. RECOMMENDATION

52. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to Haiti in the amount of \$10 million for the five-year period 1990-1994;

(b) Authorize the Executive Director to commit an amount of \$7 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$3 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Haiti and with the executing agencies.
