



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

Distr.  
GENERAL

DP/FPA/CP/78  
19 February 1991

ORIGINAL: ENGLISH

Thirty-eighth session  
3 - 21 June 1991, New York  
Item 6 of the provisional agenda  
UNFPA

**UNITED NATIONS POPULATION FUND  
PROPOSED PROGRAMMES AND PROJECTS**

Recommendation by the Executive Director

Assistance to the English-speaking Caribbean Subregion

Support for a comprehensive population programme

Proposed UNFPA assistance:

\$6 million, of which \$4 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

Estimated value of  
Governments' contributions:

To be determined

Duration:

Four years

Estimated starting date:

January 1992

## I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$6 million, of which \$4 million would be committed from UNFPA's regular resources, over a four-year period, starting January 1992, to assist the Governments of 19 English-speaking countries and territories<sup>1</sup> in the Caribbean subregion in achieving their population and development objectives. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. Although UNFPA has provided support to most of these countries and territories since 1969, this will be the first time that the Fund would support a comprehensive population programme in the subregion.

2. The proposed programme of assistance to the subregion is based on, *inter alia*, the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that consulted with government officials and others in seven countries of the subregion<sup>2</sup> in May 1990. The major population concerns of the subregion were identified as: high rates of adolescent fertility, a significant hiatus between awareness and practice of contraception, inadequacy of skilled human resources for service delivery and counselling, lack of up-to-date and reliable data and information on population dynamics, inadequate opportunities for women and youth, and inadequate integration of population programmes into development planning.

3. The proposed programme aims in the long term to contribute to a greater understanding and appreciation within and among the nations about the interrelationships between population and development, including gender and environmental concerns; it also aims to strengthen national capacities for planning, implementing and managing population policies and programmes. The immediate objectives would be: (a) to facilitate the slowing of growth rates (currently estimated at 1.4 per cent per year); (b) to contribute to an increase in contraceptive prevalence (currently estimated at 50 per cent); (c) to contribute to the reduction of teen-age pregnancies (currently estimated at 30 per cent); and (d) to facilitate the integration of population concerns into socio-economic planning.

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

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<sup>1</sup>Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands. Owing to the large number of countries and territories, a demographic fact sheet is not included in the presentation of this programme. Demographic fact sheets for each country/territory can be found in UNFPA's Inventory of Population Projects in Developing Countries Around the World 1989/1990.

<sup>2</sup>Antigua, Barbados, Grenada, Guyana, Jamaica, St. Lucia, Trinidad and Tobago.

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. The Caribbean region consists of the island arc in the Caribbean Sea, stretching from Cuba and the Bahamas off the coast of the United States, south and east to Trinidad and Tobago off the coast of Venezuela and includes Guyana and Suriname on the mainland of the South American continent and Belize in Central America. This programme covers 19 countries and territories, including all the English-speaking countries and territories known as the Caribbean Community (CARICOM) countries (except Belize) and Suriname and the Netherlands Antilles, which are Dutch/English speaking. In geographical terms this subregion extends over a distance of 3,500 kilometres with a land area of nearly 412,000 square kilometres.

6. The countries of the subregion are socio-culturally homogeneous but are heterogeneous economically and demographically. By world standards, the countries are relatively small with population sizes ranging from less than 10,000 (Anguilla and the Turks and Caicos Islands) to approximately 2.5 million (Jamaica). Seventeen of the 19 nations have less than 1 million inhabitants, and 6 have less than 100,000. The total population of the subregion in the late 1980s was estimated at over 6 million.

7. The population growth rate for the subregion as a whole is moderate at 1.4 per cent (1989). However, six countries (Guyana, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands) show rates of natural increase of over 2 per cent. Crude birth and death rates as well as infant and maternal mortalities are relatively low, as are total fertility rates. Life expectancy at birth is relatively high at an average of 70 years.

8. A particularly problematic factor of the subregion's fertility pattern is the high rate and proportion of births among teen-age women, who account for nearly one third of all births. However, data on teen-age fertility are incomplete and inaccurate, and abortions are not included in these statistics. The high level of teen-age fertility not only acts as an obstacle to the reduction of population growth but also has serious implications for the health, education and employment of teen-age mothers and perpetuates their dependence and poverty. Recent contraceptive prevalence surveys and adolescent sexuality studies indicate that age-specific fertility levels for women in the 20-35 age group are rising, and that there are significant unmet needs for family planning services. The studies also found, however, that the use of contraception is inhibited by worries about side effects. HIV and AIDS prevalence in the subregion are among the highest in the world, and cancer of the cervix has been a serious and increasing concern.

9. Another serious concern in nearly all the countries of the subregion is out-migration. Typically, the emigrants are the younger, better educated and more skilled professionals and workers, thus depriving these nations of valuable human resources. This, in turn, affects the capacity of the countries to deliver good quality health and family planning services, to operate and maintain health clinics and to maintain the supply of new entrants to nursing schools. Internal migration and urbanization are also on the increase. Levels of unemployment and underemployment, particularly among youth and women, are high and in many cases increasing. School drop-out rates above the primary level are high, and consequently the skills and knowledge to be gained from secondary and higher education are lacking in a majority of the population.

10. There is a growing realization in the subregion that worsening problems of deforestation, degradation of coastal regions, silting up of rivers and streams, water pollution and water shortages, and waste disposal without environmental controls are all matters of serious concern. These environmental issues are assuming critical importance for development planning in the subregion, and must be looked at in the context of continuing population growth, relatively high population densities and increasing levels of poverty.

11. Five countries of the subregion<sup>3</sup> have adopted formal population policies, while the others are either in the process of refining their implicit policies or contemplating formulation of such policies. The countries that have adopted population policies are currently engaged in efforts to integrate population factors into development planning.

12. Although socio-economic statistics indicate a higher level of prosperity in the countries of the subregion compared to that of many other developing countries, this is more apparent than real as far as institutional capacity is concerned. The high cost of living, fluctuating economic fortunes, debt burdens, out-migration of human resources, vulnerability to crippling natural disasters and, above all, the relatively small size and the location of the populations render it extremely difficult -- if not impossible -- to attain economic self-reliance. For example, according to recent World Bank estimates, Guyana is now the poorest country in the Western Hemisphere. Thus, the need for continued external assistance is real and imperative, and population programmes cannot be sustained or improved without assistance from UNFPA and other donors for some time to come.

### III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Past UNFPA assistance to the subregion was based on ad hoc requests from 1969 onwards. A limited programme review and needs identification were undertaken in 1980, which provided the basis for UNFPA-supported activities during the 1980s. Among the more important concerns of the past UNFPA programme were: strengthening of the delivery of family planning services integrated into public health care/maternal and child health programmes; supplying of contraceptives, particularly injectables; development of human resources through training in fertility management and service delivery, family planning administration, communication and counselling; introduction and strengthening of family life education in schools and in the non-formal sectors with special attention to youth and adolescents; design and production of population-related information and education materials; formulation of special programmes to address the needs and concerns of teen-age mothers and to combat AIDS; collection and analysis of data through the 1980 and 1990 rounds of censuses; and conduct of studies and research to facilitate the formulation and implementation of population and development policy.

14. To date, UNFPA assistance has amounted to about \$22 million for a total of over 160 projects at country and subregional levels, spanning almost all work-plan categories. The largest allocation (57 per cent) was for delivery of family planning services, followed by demographic data collection and analysis (13.7 per cent). Information, education and communication (IEC) accounted for 9.4 per cent; special programmes

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<sup>3</sup>Dominica, Grenada, Jamaica, St. Lucia, St. Vincent and the Grenadines.

for adolescents, youth and women for 8 per cent; policy formulation and integration of population and development planning for 6 per cent; and multisectoral programmes for 5.9 per cent.

#### Maternal and child health and family planning

15. Nearly 70 projects -- most of them at the country level -- were implemented in the area of family planning at a total cost of \$12.6 million. They typically comprised the training of nurses, midwives and senior medical personnel in fertility management and family planning techniques; procurement of contraceptive supplies, particularly injectables; and provision of family life/sex education for the in-school population and for out-of-school youth target groups.

16. Past family planning programmes in the subregion have achieved commendable successes that have resulted in significant improvements in performance and coverage: population growth rates declined from 2.2 per cent in 1960 to 1.4 per cent in 1989; contraceptive prevalence increased from under 40 per cent to over 50 per cent; injectable contraceptives gained in acceptance, becoming the third preferred method among females; and use of condoms expanded, accounting for more than 10 per cent of total contraceptive coverage. Past experience suggests, therefore, that continued availability of a wide choice of methods coupled with trained personnel and good physical facilities will help increase the levels of contraception.

#### Information, education and communication

17. IEC activities were normally integrated into comprehensive family planning/family life education projects (as were the special concerns of women and youth) wherever feasible. Nevertheless, 28 projects approved for a total of over \$2 million related exclusively to IEC. These focused primarily on promotion of family planning services, provision of family planning/family life education/sex education in the formal and non-formal sectors through a variety of channels; setting up of a family planning/family life education documentation centre and clearing house; design, production and distribution of information and education materials; and creation of awareness about population and development concerns.

18. Promotion of family life education was somewhat difficult because some influential groups equated it with sex education, which they felt encouraged promiscuity among teen-agers. UNFPA-assisted projects dealt with this situation by developing effective educational, training and communication materials, training health and education personnel, and enlisting the support of community and religious groups in spreading family life and family planning messages. Cadres of workers specially charged with education and communication responsibilities were trained and multiple strategies were used to reach target audiences. Past programmes confirm that in-country and subregional activities to train resource persons in family life education were useful. However, most of these were in-service training initiatives, and in view of the large turnover of personnel, the future focus should include pre-service training for teachers and other personnel.

19. Past IEC activities have resulted in an almost universal awareness of family planning and contraception, but further efforts are needed to translate this awareness into increased contraceptive practice. The IEC content and strategies should be derived from appropriate socio-cultural studies, for greater acceptance and impact, and should target specific groups, particularly males, using greater interpersonal communication and counselling.

20. Despite past successes, the full-scale introduction of family life education in schools has been slow and indicates a continuing reluctance to deal openly with topics of adolescent sexuality, because of the

conflict with traditional value systems. Further efforts are required to overcome this. Greater and more direct involvement of the ministries of education is essential for institutionalization of family life education.

#### Data collection and analysis

21. UNFPA support in demographic data collection and analysis mainly related to the 1980 and 1990 rounds of population and housing censuses and involved an allocation of over \$3 million for a total of 31 projects. The Fund also supported projects for fertility surveys and other studies to generate data on youth and teen-age sexuality and on contraceptive prevalence.

22. UNFPA support to census activities and fertility and contraceptive prevalence surveys has enhanced the availability and reliability of data for programme formulation and implementation and evaluation. Nevertheless, from a review of the quality and adequacy of demographic data in countries of the subregion, the PRSD mission concluded that institutional and human resource capabilities for demographic data collection and analysis needed to be further developed.

#### Population policy formulation

23. UNFPA supported 10 projects with an allocation of about \$1.3 million to promote policy formulation and integration of population into development planning. These projects covered, among other things, the organization of conferences for high-level decision makers and community leaders with the aim of familiarizing them with the interrelationship between population and development and its policy implications. Assistance was also provided for the drafting and processing of policy documentation and the establishment of institutional structures to facilitate policy implementation. As a result, some of the countries that have adopted policies are currently engaged in integrating population factors into their planning processes.

24. Although there is a high degree of general awareness of the implications of demographic variables for development efforts, specific and concrete steps have not been initiated. Past efforts in population policy formulation were impeded by the lack of involvement of sectoral ministries other than the ministries of health. Thus, once a policy was formally adopted, the health ministries did not have the resources, mandate or institutional capacities needed to implement it. The population councils/units that had been created to oversee the implementation of the policy soon became inactive. Efforts at integration of population and development were hampered by the lack of knowledge and skills in the integration of population/development planning.

#### Special programmes

25. Concerns of women, youth and adolescents were integrated into UNFPA-assisted projects wherever feasible. Fifteen projects specifically dealing with these concerns were approved for a total of \$1.7 million. These aimed at establishing and/or strengthening youth centres/clinics and often integrated income-generating skills into programmes. These activities succeeded to some extent in serving the information and service needs of the target groups, particularly young women. Attendance at the youth clinics has been low, however, apparently because they have not been able to convey a sense of privacy and confidentiality to the young people. Inadequate supervision and outreach seriously affected programme development. Vocational training at youth centres was beset with problems of materials and supplies, together with a lack of trainers

and a limited demand for the products made by the students at youth centres, thus reflecting the need for in-depth analysis of the strategy and design of these initiatives.

26. UNFPA extended partial support to the Women's Centres programme in Jamaica, which aimed at returning teen-age mothers to formal education after childbirth and reducing subsequent pregnancies through family life education/sex education and skills training. This programme has achieved notable success in reducing second pregnancies among teen-agers and reinforcing their educational opportunities. It has been adopted as a model experiment by some African countries through technical co-operation among developing countries (TCDC).

27. AIDS. Many of the family planning/family life education projects supported by UNFPA contained integrated components for the promotion of AIDS awareness and responsible sexual behaviour. The Fund also supported awareness creation among young people about AIDS and family planning through youth parliament debates. These debates were extremely successful and generated considerable interest within the region and outside it. National agencies, however, have reservations about combining AIDS-related programmes with family planning because of the stigma attached to AIDS. This is an area that must be addressed.

#### Other external assistance

28. The United States Agency for International Development (USAID) has provided assistance for contraceptive procurement (excluding injectables), training in management of contraceptive logistics, population policy formulation, family planning communication, and research studies in fertility-related issues, including contraceptive prevalence surveys. Some assistance has also been provided by the Canadian International Development Agency (CIDA), the British Overseas Development Agency (ODA) and the Swedish International Development Authority (SIDA) for research studies on adolescent fertility, data collection, family life education, and women's employment schemes, among others. The German Agency for Technical Assistance (GTZ) supported the Fertility Management Programme at the University of the West Indies in Jamaica. The Norwegian Agency for Development (NORAD) has provided continuing assistance to the Women's Centres project in Jamaica.

### IV. PROPOSED PROGRAMME 1992-1995

29. The proposed programme for the Caribbean subregion is based on the findings of the PRSD mission and the background documentation prepared by the UNFPA Caribbean field office in Jamaica. The PRSD mission concluded that the development of individual country programmes for the 19 countries of the Caribbean is not practical. Furthermore, the mission observed that certain socio-economic, ethnic and historical factors, and the common concerns and interests shared by the countries, are conducive to a subregional approach and the formulation of a unified and comprehensive UNFPA programme of assistance. Such a programme would enjoy the advantages of cost-effective management, high-quality technical support and backstopping, and optimum utilization of available human and institutional resources, and would promote greater mutual co-operation among the countries in the subregion.

30. The content of the programme has been determined on the basis of an extensive review of past population programmes in the subregion, and the widest possible consultation with Governments, regional institutions, non-governmental organizations (NGOs) and donors active in the region. In keeping with the

wishes of the countries and the directives of the Governing Council for co-ordinated strategies and programmes of United Nations assistance, UNFPA inputs will aim at maximum possible complementarity and support of assistance from other United Nations agencies.

31. In order to attain the objectives outlined in paragraph 3 above, the following strategies would be employed: (a) strengthening the provision of quality family planning services, with special attention to the needs of adolescents and youth; (b) facilitating the generation of reliable and up-to-date demographic data and their utilization in development planning; (c) reinforcing information, education and communication programmes, including family life/sex education in and out of school; (d) promoting special programmes addressing the productive and reproductive concerns of adolescents and youth; (e) encouraging greater investment by Governments in plans and activities aimed at improving the status of women; (f) integrating environmental concerns into all population and development programmes; (g) encouraging the institutionalization of population-related programmes and activities leading to self-reliance; (h) enlisting the co-operation of NGOs and the involvement of the community; and (i) enhancing programme management to improve technical backstopping, programme monitoring and co-ordination.

#### Maternal and child health and family planning

32. UNFPA would support maternal and child health and family planning (MCH/FP) service delivery in the subregion with special attention to the needs of adolescents and youth. A major activity would be the assessment of contraceptive needs and procurement of contraceptives that are not available from other donors. Care would be taken to ensure that the contraceptives procured addressed the special needs of the target groups. The capacity for outreach in delivery of MCH/FP services in rural areas would be strengthened, so that the sectors of the population with the most critical needs would be given special attention for counselling and service delivery. Clinics dealing exclusively with adolescent health needs would be supported.

33. UNFPA would support the development of human resources through in-service and pre-service training of national personnel, including subregional seminar/workshops, to develop positive attitudes towards their functions and responsibilities, improve skills for delivery of high-quality and cost-effective family planning services, promote better management practices, and improve collection and utilization of data. Contraceptive prevalence surveys would be supported and operations research undertaken to improve the content of the training and the delivery of services. Epidemiological studies on the high prevalence of abortion, especially among adolescents, would be supported.

34. UNFPA would provide \$900,000 for the above activities. An additional \$800,000 would be sought from other sources, including multi-bilateral sources.

#### Information, education and communication

35. UNFPA would support the development of strategies and materials based on socio-cultural research to enhance the impact of information and communication activities and to bridge the gap between contraceptive awareness and practice. Support would be provided to revise existing materials and to pretest, evaluate and produce new materials, in order to enhance their relevance and impact. Moreover, the results



of studies on the social costs of abortions, teen-age pregnancies, and school drop-outs (see para. 39 below) would be disseminated to policy makers and planners to facilitate policy and programme decisions.

36. The Fund would support projects focusing on specific target groups such as males, youth, and adolescents; in-school and out-of-school audiences; the socially disadvantaged and groups most in need of critical services; service-providers and decision makers.

37. UNFPA assistance would be used: (a) to promote the systematic integration of family life education/sex education into primary and middle-level schools, and into in- and pre-service teacher training and programmes in the non-formal sector; (b) to conduct periodic evaluations of the content and production of texts, handbooks and manuals; and (c) to conduct seminars and workshops in order to enhance the support and commitment of concerned ministries, as well as of community and religious leaders. The quality and coverage of family life education would be improved to help clarify health issues and encourage safe, effective family planning. The outreach of family life education in non-formal sectors would be expanded in view of the high number of drop-outs at post-primary levels of formal education.

38. UNFPA would provide \$800,000 for the above activities. An additional \$500,000 would be sought from other sources, including multi-bilateral sources.

#### Data collection and analysis

39. UNFPA would continue to support the improvement of data availability and quality through the 1990 round of census activities as well as the strengthening of human skills for continued demographic data collection and analysis. UNFPA assistance would be used to promote the aggregation and dissemination of data in usable forms and to conduct studies to fill information gaps with respect to such topics as levels and trends of contraceptive use, trends and health implications of abortions, the interrelationship between teen-age fertility and school drop-out, women's perceptions of their own aspirations and life goals, the effects of unemployment and under-employment on youth behaviour, and migration.

40. UNFPA proposes an amount of \$600,000 for these activities. An additional \$300,000 would be sought from other sources, including multi-bilateral sources.

#### Population policy formulation

41. UNFPA would support and encourage the creation and operation of institutional mechanisms for integrating population factors into development planning, as well as the strengthening of national capabilities to incorporate demographic aspects in sectoral plans and to promote and sustain mutual contacts among sectoral ministries and the agencies concerned. The Fund would also support activities aimed at producing disaggregated data to be used in policy formulation, and at encouraging Governments to take environmental concerns into account in population policies. UNFPA proposes to provide \$400,000 to this sector.

#### Women, population and development

42. Gender concerns would be taken into account in all the programmes and projects. UNFPA would continue to support and enhance the coverage and effectiveness of the Women's Centres in Jamaica, as well as to undertake initiatives in other countries to address the issues of primary school drop-outs with a view to reducing teen-age pregnancies and improving the status of women. Support would be extended to

women's units to strengthen their capacity to deal with the special concerns of women by providing technical assistance and training in formulating and managing programmes and projects and in integrating women's concerns into population and development programmes. Country and subregional workshops would be supported to enhance the awareness of high-level decision makers. Components pertaining to improving women's status would be supported in integrated rural development programmes. UNFPA proposes to provide \$300,000 for these activities.

#### Special programmes

43. Further assessment and analysis of the design and content of the comprehensive youth and family life education programme would be undertaken to enhance its effectiveness. Components dealing with concerns of youth and with awareness creation of AIDS would be incorporated into all family planning, family life education and IEC projects and activities. Special attention would be given to education on the prevention of the spread of AIDS, including the importance of the use of condoms. UNFPA would provide \$700,000 for activities in this sector. An additional \$400,000 would be sought from other sources, including multi-bilateral sources.

#### Programme reserve

44. UNFPA proposes to establish a programme reserve of \$300,000 to address as yet undetermined needs within the context of the proposed programme.

#### Programme co-ordination

45. Overall co-ordination of UNFPA-funded population programmes and activities in the subregion would be the responsibility of the Governments with assistance from the UNFPA Director. To the extent feasible, countries would be encouraged to establish co-ordinating mechanisms for all population programmes in their respective country. UNFPA would seek to strengthen the link between its programme and those of other United Nations agencies, particularly the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization/Pan American Health Organization (WHO/PAHO), in order to take advantage of the complementarity of each other's activities. These would specifically include the integrated area development projects of UNDP, the vulnerable sections feeding programmes of WFP, and the primary health care and youth education programmes of UNICEF.

#### Programme monitoring, evaluation and management

46. Projects would contain, as far as is possible, clearly articulated and measurable objectives so as to facilitate assessment of results and achievement of objectives. Base data would be included, if available, from past reports or studies; otherwise, a situational analysis would be undertaken preparatory to the formulation of the project. Where necessary, this analysis would be commissioned directly by UNFPA through local or subregional consultancies. Greater attention would be given to sectoral reviews and evaluations in order to form the basis for qualitative improvements in the design and strategy of projects and programmes and to provide benchmarks to monitor the progress and effectiveness of assistance and activities. The UNFPA Director would manage the programme from the UNFPA field office for the subregion, making use of institutional resources available in the subregion as well as the services of United Nations Volunteers.

# Financial summary

47. As indicated in paragraph 1, UNFPA proposes assistance for a Caribbean subregional programme in the amount of \$6 million over the four-year period 1992-1995, of which \$4 million would be committed from regular resources. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

|  | <u>UNFPA's regular<br/>resources</u><br>\$ | <u>Other<br/>resources</u><br>\$ | <u>Total</u><br>\$ |
|--|--|----------------------------------|--------------------|
| Maternal and child health<br>and family planning | 900,000                                    | 800,000                          | 1,700,000          |
| Information, education<br>and communication      | 800,000                                    | 500,000                          | 1,300,000          |
| Data collection and analysis                     | 600,000                                    | 300,000                          | 900,000            |
| Population policy formulation                    | 400,000                                    | -                                | 400,000            |
| Women, population and development                | 300,000                                    | -                                | 300,000            |
| Special programmes                               | 700,000                                    | 400,000                          | 1,100,000          |
| Programme reserve                                | <u>300,000</u>                             | <u>      </u>                    | <u>300,000</u>     |
| Total  | 4,000,000                                  | 2,000,000                        | 6,000,000          |

48. It is estimated that approximately two thirds of the available resources would be allocated to country-level projects and the remainder to subregional projects. Allocations to country-level projects would take into consideration such factors as population size, natural growth rate, total fertility rate, contraceptive prevalence and per capita gross national product.

## V. RECOMMENDATION

49. The Executive Director recommends that the Governing Council:

(a) Approve the Caribbean subregional programme in the amount of \$6 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to commit an amount of \$4 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$2 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 make appropriate arrangements with the countries of the Caribbean subregion and with the executing agencies.

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