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FINAL REPORT

1981 State-AID Review
of the United Nations Fund for Population Activities

January 1982

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PART I: EXECUTIVE SUMMARY:
FY 1981 STATE-AID REVIEW OF UNFPA ACTIVITIES

During 1981, State and AID jointly conducted the first comprehensive review of activities supported by the United Nations Fund for Population Activities (UNFPA). This Executive Summary indicates the background, purposes, major findings, and recommended actions related to this review.

Background and Purpose of Review

On November 12, 1980, the Assistant Administrator of AID's Development Support Bureau determined that a comprehensive review of the activities of UNFPA should be carried out. From 1968 through FY 1980, the U.S. Government had contributed some \$236 million to UNFPA which, with the resources contributed by other donors, had made UNFPA the second largest source of population assistance to developing countries. In view of the major U.S. role in supporting UNFPA and recognizing the growing gap between overall requests for population assistance and available resources, the review was intended to assess the purposes and effectiveness of UNFPA programs and to provide guidance for a more productive AID-UNFPA relationship in the decade of the 80's.

The State-AID review team represented the following offices: State - the Coordinator of Population Affairs, and the Bureau for International Organizations; AID - the Office of the Assistant Administrator, DSB, and the Office of Population. This team, directed to work in close coordination with AID's regional bureaus (which had formally requested such a review), with the Bureau for Program and Policy Coordination, and with UNFPA, was charged with developing an overall plan for the review.

The review plan was completed in January, 1981. This plan, for which UNFPA offered its complete cooperation, consisted of four main parts:

- (1) a review of UNFPA's country program assistance - representing about 70 per cent of all UNFPA expenditures;
- (2) a review of UNFPA's inter-country assistance programs - the remaining 30 per cent of UNFPA expenditures;
- (3) a review of UNFPA's support for family planning programs - the largest single category (about 45 per cent) of country and inter-country expenditures;
- (4) a review of UNFPA's program management system.

The review was focussed on UNFPA activity mainly during the period of 1978-80. The review set out to assess UNFPA's performance principally in terms of its own mandate; it did not attempt to compare UNFPA assistance with other assistance to population programs, including that provided by AID.

The second and third elements of the review plan were undertaken by consultants. Shortages of travel funds curtailed the review of country

program activity (element 1 above) to a survey questionnaire which was sent to 68 Embassies and Missions in countries that accounted for more than one-half of all countries that received UNFPA assistance during the period of 1978-1980, and nearly three-quarters of all UNFPA assistance dollars for country assistance programs.

Major Review Findings

1. A continuing UNFPA role is important to the achievement of USG foreign policy objectives.

In their response to the survey questionnaire, 47 of 48 Embassies and Missions responded positively to the question, "Is a continuing UNFPA role important to the achievement of USG population assistance and foreign policy objectives?" Narrative comments specified the U.S. interests that are advanced by UNFPA activity.

Mission and Embassy responses indicated various ways of improving the effectiveness of UNFPA activities and of directing a larger portion of UNFPA assistance to what the U.S. perceives as country priority needs. Overall, more than 90 per cent of the Embassies and Missions that responded to the questionnaire considered UNFPA "effective (to some degree) in providing requested assistance" and judged "UNFPA program activity consistent with the USG country population strategy". UNFPA assistance is considered much more effective in the field of assistance for basic data collection than for family planning programs.

UNFPA assistance serves more than 100 countries and provides a variety of assistance needs that are not always met by AID bilateral population assistance programs and which often are vital to the successful implementation of AID activities. The UNFPA's priority country guidelines and program mandates derive from a set of UN decisions in which the U.S. concurred. UNFPA assistance is allocated differently than AID population assistance because the Governing Council has given UNFPA program guidance that differs from the mandate that directs AID programs. However, it should be noted that UNFPA's program and country priorities are currently changing under the guidance issued by the Governing Council in June, 1981 and, as a result, UNFPA is moving in program directions that should assure greater future coincidence of its priorities and programs with U.S. population program policy objectives - particularly with respect to greater emphasis on family planning assistance.

2. Inadequate resources are becoming a severe restraint in UNFPA programming.

The result is a reduction in some planned activities, a stretching out of other assistance programs, and a slowing of the previously planned expansion of others. Resource adequacy was not specifically addressed

in the survey questionnaire, but there was frequent allusion to this as a problem by Embassies and Missions. Responses from non-priority UNFPA countries were somewhat more likely to stress resource scarcity, with a concomitant recommendation of changes in UNFPA's selection criteria for priority country status. These recommendations for revision of priority country criteria are largely identical with the guidelines that the UNDP Governing Council developed at its session in June, 1981.

3. AID and UNFPA have working relationships that represent generally effective program coordination; certain organizational differences have produced communication gaps which can and should be overcome.

In nearly 90 per cent of the countries with AID bilateral missions, AID and UNFPA field staffs meet at monthly intervals and a similar percentage of all Embassies and Missions exchange program documentation. AID/W backstop staffs for bilateral assistance are in frequent contact with their counterparts at UNFPA headquarters. Communication and program coordination, however, need improvement in the following cases:

- Some countries lack a clearly designated person within the resident U.S. staff with responsibility for coordinating AID centrally-funded population assistance with UNFPA programs. In these cases, UNFPA field staff have no U.S. counterpart for program coordination;
 - UNFPA program decisions on country assistance packages are made principally at New York headquarters - rather than in the field as is the case with AID. Understandings of agreements reached by AID field staffs with resident or visiting UNFPA representatives have not always been transmitted to AID/W and to UNFPA/NY, resulting in subsequent misunderstandings between UNFPA and AID headquarters staffs;
 - Nearly two-thirds of the countries that receive AID population assistance are provided support only through centrally-funded projects, managed in AID/W; UNFPA staff, both in New York and in the field, are frequently unfamiliar with the country assistance provided by these projects and the relationship of this assistance to UNFPA initiatives; a lack of information on these assistance flows has prevented some potentially useful program coordination, both in New York and in the field.
4. The allocation of UNFPA assistance differs sharply between AID regions in kind and in magnitude; these differences, however, are generally consistent with U.S. interests.

Overall, UNFPA allocates nearly one-half of all country assistance to Asia, and the remainder is divided in roughly equal shares between the

remaining three regions. In Africa and the Near East, however, UNFPA's program provides two to three times more resources for basic data collection assistance than it does in Asia and Latin America and, conversely, Asia and Latin America receive two to five times more resources for family planning assistance than Africa or the Near East.

Despite these differences, 80 per cent or more of the Embassies and Missions that responded to the survey questionnaire, across AID regions, tend to regard UNFPA support for basic data collection as "effective" and two-thirds or more consider UNFPA support for family planning programs "effective" as well.

Nonetheless, in view of the increasing demand for funds the June, 1981, session of the Governing Council called for a "substantial" reduction in UNFPA support for basic data collection and policy development assistance and for a "substantial" increase in support for family planning assistance (taken in its narrower sense).

5. UNFPA's support for inter-country programs will be sharply reduced; further reductions can jeopardize UNFPA's capacity to meet priority assistance needs.

Under the direction of the Governing Council, UNFPA has been reducing the share of its total resources allocated to inter-country programs from close to 50 per cent in the mid-1970's to a target level of 25 per cent (at the end of 1982). The U.S. has generally supported this process. Selected further reductions, particularly in non-project support for the population offices of the U.N. regional economic commissions, may improve the effective use of scarce UNFPA resources. UNFPA inter-country programs have supported useful activities, such as the World Fertility Survey during the 1970's, and they represent a cost-effective way of providing (1) consultant and training services that are useful for some country programs, (2) support for international meetings, and (3) a capacity for various regional and inter-regional initiatives that cannot be funded within individual country programs. The 25 per cent target level for resources allocated to UNFPA's inter-country programs by the end of 1982 is less important than the objective of continuing to provide adequate support for those selected activities that should continue as inter-country programs.

6. UNFPA support for family planning programs is shaped by host country policies, resulting in the provision of considerable assistance for health activities unrelated to family planning. The health-oriented mandates of UNFPA's principal executing agencies also contribute to this mix of activities.

"Family planning" is defined broadly in UNFPA's mandate to include a wide array of assistance for improved maternal and child health. In

requesting UNFPA assistance, many countries give priority to support for health, rather than family planning, activities. This is particularly true in Africa and the Near East where half or more of all respondents reported that host countries give "low priority" to the provision of family planning services. Almost all countries surveyed "favor or require the integration of family planning assistance with maternal-child health or other health programs". In these circumstances about half of UNFPA's family planning assistance represents support for health activities unrelated to family planning.

Moreover, WHO, PAHO, and UNICEF, which frequently serve as executing agencies for UNFPA programs, are oriented to health program support, broadly defined. UNFPA assistance for family planning, in its narrower sense, has grown in recent years with UNFPA's introduction of direct Fund support for country programs and with its use of NGO's that are specialized in family planning assistance, such as the Population Council, as its executing agencies.

USG support for UNFPA derives entirely from funds appropriated for population program assistance. UNFPA's interpretation of "family planning" assistance to include considerable support for health programs has been a concern within AID which was a major consideration in undertaking the current review of UNFPA activity.

Recommended Actions

1. The U.S. should continue financial support for UNFPA.

While no specific support level can be derived from the review findings, the support level adopted should be sufficient to reflect the demonstrated importance of UNFPA activity to the achievement of overall U.S. foreign policy and development assistance interests. The overall level of AID support should take into account the U.S. government's perception of differing regional needs and UNFPA's relative capacity to meet those needs; the likely support for UNFPA from other national donors is also an important consideration. It is possible that any diminution in USG support might be interpreted by other donors and by LDC's as a negative signal with regard to the Fund and international population assistance.

2. The U.S. should encourage and support AID-UNFPA program coordination at all levels.

Where gaps currently exist, members of Embassy or USAID staffs should be assigned responsibility for the coordination of U.S. population

assistance with UNFPA; communications gaps should be bridged, particularly between UNFPA/NY and USAID field staffs, and between AID/W managers of centrally-funded activities and UNFPA staff. Meetings between AID/W regional population offices and UNFPA program support staffs, focussed on regional needs, should be a regularly scheduled occurrence.

3. The U.S. position at the next session of the Governing Council should emphasize

- that UNFPA should channel a larger proportion of its resources into support for family planning programs - as contrasted with other health programs, particularly by directing requests for health assistance to other UN agencies and by utilizing the most effective executing agencies for UNFPA-funded projects - with particular emphasis on NGO's;
- the necessity for clear guidance with regard to future funding decisions should take into account the differences between the assistance needs of different geographic regions and the importance of providing policy development assistance that encourages governments to recognize and to address their population problems; and
- judicious selection of the inter-country programs for which UNFPA support is to be reduced so that assistance needed by country programs and best organized at an inter-country level are not weakened or eliminated.

4. Establishment of a process for the continuing U.S. review of UNFPA activities should be a condition for the continued U.S. support of UNFPA.

A comprehensive review, covering all major aspects of the UNFPA program, should be undertaken every five years. On a continuing basis, specific problem and country-oriented reviews should be carried out, including intensive, on-site reviews of UNFPA country projects where these activities closely relate to U.S. population assistance objectives.

PART II: INTRODUCTION: ORIGIN AND DESIGN OF REVIEW;
AVAILABLE REPORTS

In November of 1980, the Assistant Administrator of AID's Development Support Bureau directed that a comprehensive review of U.S. support for UNFPA should be initiated. Since the inception of UNFPA in 1968, the U.S. Government had been its major donor, contributing a total of \$236 million - or more than 15 percent of all AID population assistance through 1980.

U.S. Government reviews of UNFPA activity and its relationship to U.S. interests had been carried out regularly during this period in conjunction with AID's annual budget cycle and in response to emerging policy issues; moreover, comments on UNFPA performance had been an integral part of the State Department's annual CERP (Combined Economic Reporting Program) report from Embassies. However, no separate and comprehensive review of UNFPA, comparable to normal AID project evaluations, had been undertaken prior to 1980.

In initiating the review, the Assistant Administrator recognized its timeliness and the substantial interests of other AID and State offices in any assessment of UNFPA.

- During 1980-81, UNFPA was undertaking a major review of its own role in providing assistance during the decade of the 1980's in preparation for a discussion of this topic at the UNDP Governing Council session of June, 1981 - a matter of considerable interest to the United States.
- In addition, during October, 1980, the Assistant Administrators of AID's four regional bureaus formally requested a thorough review of UNFPA that would address a series of program concerns.
- Finally, while the U.S. contribution to UNFPA, unlike other UN support, is appropriated in the AID Population and Health Account - rather than in the International Organization Programs account, both the State Department Coordinator of Population Affairs and the Bureau for International Organizations expressed their serious interest in supporting a comprehensive U.S. Government review of the Fund's performance.

In initiating a special U.S. Government review of UNFPA, the Development Support Bureau, therefore, called for the collaboration of all interested AID and State offices as well as UNFPA. A State-AID core review team was established with representation from the following offices: State - the Coordinator of Population Affairs, and the Bureau for International Organizations; AID - the Office of the Assistant Administrator, DSB, and the Office of Population. The Office of Population served as the secretariat for the review period.

Throughout the exercise, the review team solicited the advice and support of AID's regional bureau population staffs, the population review staff of AID's Program and Policy Coordination Bureau, the professional staff of the Office of Population, and the staff of UNFPA. While UNFPA was not a formal partner in the review process, the Fund provided all needed information about its activities and offered support for proposed on-site visits to UNFPA field programs. Three consultants - Dr. Leopold Laufer, Dr. Lincoln Chen, and Mr. David Parker -, provided by the American Public Health Association, assisted the core review team.

The core review team completed its overall plan for the review in January, 1981. The review was specifically focussed on UNFPA activity during the period of 1978-80. Its purposes were stated in the review plan as follows:

- "a) to provide the basis for a fuller and more informed USG understanding of UNFPA, through greater familiarity with each other's objectives, programs, and respective roles in providing assistance, related to issues such as:
- review of new or extended UNFPA major country programs submitted for UNDP Governing Council approval;
 - consideration of UNFPA's proposals for the Fund's future role (at the Governing Council meeting in June, 1981);
 - program coordination in countries and areas of functional activity where USG and UNFPA interests intersect;
 - the appropriate U.S. contribution to UNFPA for FY 82, FY 83, and future years, including any proposed future trend; and
- b) to improve UNFPA understanding of USG purposes and priorities through cooperation in this review exercise."

The final plan for review of UNFPA activities consisted of four main parts:

- 1) a review of UNFPA's country program assistance - accounting for about 70 percent of all UNFPA expenditures;
- 2) a review of UNFPA's inter-country assistance program - accounting for about 30 percent of UNFPA expenditures;
- 3) a review of UNFPA's support for family planning programs - the largest single category (about 45 percent) of country and intercountry expenditures; and
- 4) a review of UNFPA's program management system.

The review was conducted during the period of February through August, 1981. A shortage of AID travel funds prevented the planned on-site review of UNFPA field programs by the core review team. An extensive cable survey of Embassy-Mission views of UNFPA was, however, completed - see Part III of this report.

In addition to the Executive Summary, the final report on this review includes three main documents:

- a report on the survey of Embassy-Mission views of UNFPA - Part III;
- the Executive Summary of the consultant report on UNFPA's intercountry programs - Part IV; and
- the Executive Summary of the consultant report on UNFPA's support for family planning programs - Part V.

Additional background documents developed during this review are available on request to the Office of Population, AID. These include:

- the memoranda that initiated the review;
- the plan for the review developed by the core review team;
- the complete consultant reports on intercountry activities and on UNFPA support for family planning programs; and
- the Embassy-Mission responses to the survey questionnaire, and technical notes on the analysis of survey responses by the core review team.

PART III: Final Report - State-AID Review
of UNFPA Country Assistance: The Field Questionnaire Findings

I. Introduction/Summary

A. Nature/Purposes of Survey

The final plan for State-AID review of UNFPA activities in FY 1981 recognized that some 70 per cent of UNFPA assistance takes the form of support for country projects and programs.¹ Any useful review, therefore, would have to assess the relevance and effectiveness of this assistance with respect to USG interests and the quality of the AID-UNFPA working relationship in the field. Two complementary approaches for assessing these aspects of country assistance were proposed: 1) on-site review of UNFPA activities in a limited number of countries; and 2) broad-brush review of UNFPA activities in many other countries by means of a questionnaire addressed to field missions.

Originally, site visits by State-AID teams were planned for 8-10 key countries. Drastic reductions in travel funds during FY 1981 reduced and ultimately eliminated all site visits. The questionnaire responses reported in this paper represent, therefore, our only comprehensive source of U.S. field mission judgements on UNFPA country assistance.

B. Summary Findings

1. A continuing UNFPA role is important to the achievement of USG foreign policy objectives.

Field responses were nearly unanimous in this judgement, with 41 of 48 indicating it was "very important", and only one "not important". There was only slightly less consensus that UNFPA program activity is consistent with USG country population assistance strategies. This finding was unanimous in responses from the Asian and Near Eastern regions, concurred in by 18 of 19 responses from Africa, but weaker in Latin America where 3 of 13 responses found UNFPA programs "not consistent" with USG strategies.

Note:

1 UNFPA provides assistance to countries through support for individual "projects" and, in many countries, through support for related sets of projects or "programs". This review covers both country projects and country programs. To avoid confusion, the terms "assistance" and "activities" are used in this paper in lieu of "project" and "program".

2. UNFPA is effective in providing requested assistance, but there is room for improvement.

While 20 of 45 replies to this inquiry characterized UNFPA as "very effective", 23 implied it could and should do better, calling it only "moderately effective"; 2 respondents found it "not effective". Within the activity categories of UNFPA programs, respondents found it to be relatively more effective in the area of demographic data assistance, and relatively less effective in support for policy development, education and communication activities, and support for family planning programs; in all of these categories, however, three-quarters or more of the respondents considered UNFPA to be effective in some degree.

3. Inadequate resources are becoming a severe restraint in UNFPA programming.

The result is a reduction in some planned activities, a stretching out of other assistance programs, and a slowing of the previously planned expansion of others. Resource adequacy was not specifically addressed in the survey questionnaire, but there was frequent allusion to this as a problem. Responses from non-priority UNFPA countries were somewhat more likely to stress resource scarcity, with a concomitant recommendation of changes in UNFPA's selection criteria for priority country status. These recommendations for revision of priority country criteria are largely identical with the guidelines that the UNDP Governing Council developed at its session this past June.¹

4. UNFPA emphasis on family planning service delivery correlates closely with host country policies.

UNFPA provides the kinds of population assistance that countries request. Thus, in African countries, where population policy generally places little or no emphasis on family planning, a greater proportion of UNFPA assistance goes into basic data collection. In Asia, where governments have developed family planning programs, UNFPA places much more emphasis on service delivery support. In general, the governments of UNFPA priority countries accord low priority to family planning. Similarly, in providing family planning assistance, UNFPA simultaneously supports health activities unrelated to family planning where host country priorities require this form of assistance.

Note:

- 1 A comparison of field responses with the additional priority criteria recommended by the Governing Council for UNFPA consideration is shown in Attachment A.

5. In many countries, UNFPA can provide assistance or kinds of services which are not available and/or might not be acceptable from bilateral donors; in about half of the responding countries, USG assistance was dependent in some degree on UNFPA support.

Nearly 55 per cent of the respondents indicated that UNFPA provides contraceptive supplies not otherwise available. This also occurs in the case of support for family planning training, for education programs, or for the improvement of demographic data. On the other hand, only 8 of 29 responses indicated that USG assistance depended on UNFPA support for policy development. A significant number of responses attributed UNFPA's overall effectiveness to its multilateral character.

6. USAID and UNFPA assistance is complementary in many countries, and USAID and UNFPA field staffs have undertaken extensive coordination efforts.

More than 90 per cent of Embassies and Missions report meetings with local UNFPA representatives on a quarterly (or more frequent) basis; mutual sharing of program documentation is the rule rather than the exception. Local coordination between USAID and UNFPA staffs is predictably more common in countries that receive AID bilateral population assistance. However, UNFPA's support in the many non-bilateral countries is also important for the achievement of USG policy objectives. Coordination of Fund assistance with centrally-funded AID assistance is more difficult in these settings and is frequently inadequate.

C. Important qualifications

- o The Mission responses to the questionnaire reflect varying degrees of consultation with host governments and with resident UN representatives. Although in some instances the respondents discussed the questionnaire with host government and UN officials, the responses primarily express U.S. field staff views, and not those of the host government, UNFPA, or executing agencies.
- o The Mission responses vary greatly in the detail with which UNFPA activities are discussed and, to a lesser extent, in Mission understandings of the U.S. population policy to which the questionnaire related UNFPA activity. The questionnaire imposed a serious burden on smaller Missions, a number of which were unable to respond. Overall, the responses reflect a very serious, comprehensive, and credible field assessment of UNFPA activities. In more than three-quarters of the countries that were surveyed, Washington could identify full-time or part-time officers assigned to monitor population assistance activities. (See Attachment B)
- o Missions were not asked to compare UNFPA performance with AID's

activity or to express their preference between UNFPA and AID in the allocation of available funds. No practical way was found to invite this kind of comparison without introducing serious bias into the review since there is no "typical" AID population program with which to compare UNFPA activities. Moreover, there is no way to relate a reduction or increase in the U.S. contribution to UNFPA's general fund to specific changes in UNFPA assistance to a particular country. Admittedly, responses may have been different if Missions had been instructed to view U.S. support for UNFPA as an alternative to the funding of bilateral programs.

- ⊙ Some of the questions posed proved premature (e.g. how "effective" is an activity that has just started?) or used terms that, in some cases, produced ambivalent responses (e.g. how "dependent" are AID programs on the success of UNFPA activities?) The responses to these parts of the questionnaire must be read with care.
- ⊙ The review was conducted after several years of rapid expansion of UNFPA country assistance, but during a period when resource shortages were forcing UNFPA to reduce its previously planned levels of assistance. The UNFPA budget cutbacks, underway or imminent during the review, should be kept in mind in assessing the field responses.
- ⊙ The survey is not a random sample; statistically, its findings should not be generalized beyond the sample countries. Nonetheless, it remains true that the sample countries alone represent the bulk of UNFPA country assistance in recent years.

II. How Representative Are The Findings?¹

Table 1 below summarizes the degree to which the survey findings represent Embassy-Mission views in the universe of countries which received UNFPA assistance during the period 1978-80.²

Who Received the Questionnaire?

The survey questionnaire was sent to 68 Embassies and Missions, accounting for slightly more than one-half of all the countries that received UNFPA assistance during the period and nearly three-quarters of all UNFPA assistance dollars for country activities.

Note:

- 1 Attachment C describes the process whereby the survey questionnaire was developed, and the procedure that was employed to analyze the returns.
- 2 This period of UNFPA country assistance represents most of the UNFPA assistance activity with which respondents to the questionnaire were likely to be familiar.

Table 1

Distribution Pattern of State - AID Survey of UNFPA Country Assistance by Number of Countries,¹ by Amount of UNFPA Country Assistance (1978-80) in \$ millions,² and by AID Regions³

Region	Countries in				Survey		Not		All	
	Responding Countries		Non-Respondents ⁴		Total in Survey		in Survey ⁵		Countries	
	#	\$	#	\$	#	\$	#	\$	#	\$
Africa	25	31.7	5	7.3	30	39.0	12	8.1	42	47.1
Asia	8	87.3	1	.4	9	87.7	19	36.5	28	124.2
LAC	15	31.3	2	2.2	17	33.5	19	14.6	36	48.1
NE	11	31.2	1	.9	12	32.1	14	7.8	26	39.9
Total	59	181.5	9	10.8	68	192.3	64	67.0	132	259.3

Note:

- 1 After the questionnaires were transmitted, four Embassies-Missions were removed from the original set, reducing the final survey sample to 68 countries.
- 2 "UNFPA Assistance" is measured by actual (1978 and 1979) and planned (1980) expenditures, published in periodic UNFPA reports.
- 3 UNFPA and AID definitions of regions differ slightly for Africa, Asia, and the Near East; the AID regional definition has been used throughout this report.
- 4 Non-respondents include Embassies-Missions in:
Africa - Congo, Niger, Sudan, Togo, Zambia;
Asia - Burma;
Latin America/Caribbean - Bolivia, Nicaragua;
Near East - Iraq.
- 5 Some countries receiving relatively large amounts of UNFPA assistance were not included in this review. Defining "relatively large" as assistance greater than the average UNFPA assistance, per country, in a particular region, these more important omissions are listed below, with the average annual UNFPA country assistance (for the region) shown, in \$ thousands, after the region name:
Africa (\$373) - Sierra Leone, Uganda;
Asia (\$1,479) - People's Republic of China, Republic of Korea, Malaysia, Mongolia, Viet Nam;
Latin America/Caribbean (\$445) Cuba, El Salvador, Peru;
Near East (\$512) - Afghanistan, Democratic Yemen.

- By region, African countries were most strongly represented (71 per cent of the countries receiving UNFPA assistance were included) and Asian countries most weakly (32 per cent included).
- In terms of assistance dollars, all regions included countries that received the bulk (i.e. not less than 70 per cent) of all UNFPA assistance to each region.
- The countries covered were typically those that receive the larger amounts of UNFPA assistance. Moreover, nearly all countries receiving U.S. bilateral population assistance were included. Except in the African region, most countries included in the survey received some U.S. bilateral and/or central population assistance.

(Attachment E is a series of Tables that display this information in regional detail.)

Who Responded to the Questionnaire?

Fifty-nine country missions responded to the questionnaire - a better than 85 per cent response rate. These respondents account for 45 per cent of all countries that received UNFPA assistance during the 1978-80 period and 70 per cent of all UNFPA country assistance.

- By region, the response rate (Embassies-Missions responding) was lowest in Africa - a very respectable 83 per cent - and ranged as high as 92 per cent (the Near East). In terms of dollars of UNFPA country assistance, the respondents represent no less than 65 per cent of all assistance (Latin America) and as much as 78 per cent (Near East).
- In general, the respondents, like the overall survey group, represent the larger UNFPA country assistance packages and nearly all U.S. bilateral population assistance. Consequently, the respondents appear to well represent the original survey group and, more broadly, the countries that receive both U.S. and UNFPA population assistance.

(Attachment F provides supplementary information on the responses to the questionnaire.)

III. The Findings

In this section of the report, a wide variety of findings from the questionnaire responses will be summarized. Attachment G provides a keyed guide to the questions to which the field was responding and the responses themselves, cross-tabulated by AID regions and by other variables. For purposes of reference, the relevant question numbers are shown in parentheses at the end of each finding stated below.

Section 1: Findings Related to Overall USG Assistance Policy

- o Respondents expressed strong belief (92%) that UNFPA assistance is consistent with USG country population strategies.
 - AID bilateral countries were slightly more likely to adopt this view. In Asia and the NE regions, all respondents concurred and, in Africa, 95 per cent. In LAC, three-quarters concurred (ten of thirteen), with Brazil, Colombia, and Guatemala registering dissent. (VIII.A.)
- o There was overwhelming support (98%) for the view that a continuing UNFPA role is important to the achievement of USG population and foreign policy objectives; one country dissented.
 - Support, based on the view that UNFPA is often more acceptable to countries because of its international character, was coupled with some reminders that improved UNFPA management is needed - particularly more effective local representation - and also an allocation of resources more closely related to priority population assistance needs. (VIII.D.)
- o Most respondents in UNFPA priority countries (86%) felt that UNFPA provides reasonable levels of assistance to priority countries.¹ A smaller majority of respondents in non-priority countries (68%) sense no detrimental impact of the system on assistance to non-priority countries--although many respondents from non-priority countries note that less assistance was provided than the countries requested.
 - More than half of the non-priority countries in LAC (60%-six of ten) reported that UNFPA does use priority country status to justify lower levels of assistance than those requested by countries.
- o A majority of missions (64%) recommend no changes in the priority country system.

Note:

1 Following directives of the UNDP Governing Council, UNFPA has been shifting its allocation of country assistance so that, by 1982, two-thirds of all country assistance will be placed in a "priority" set of countries; the criteria for designating priority countries were given to UNFPA by the same Governing Council. Two basic questions about UNFPA priorities are reflected in the questionnaire: does UNFPA implementation of its priority system result in a sensible programming of its resources and, should the UNFPA priority country criteria be changed and, if so, in what ways?

- However, respondents in all regions indicated support for specific changes in UNFPA's priority country system and, in LAC, where only two UNFPA priority countries are located, a majority (57%-eight of fourteen) recommend specific modifications of UNFPA priority country criteria; the suggestions made closely parallel those recommended by the June, 1981, session of the UNDP Governing Council for consideration by UNFPA. (II.D., II.E., II.F., Attachment A)
- o Respondents expressed some confusion regarding the relationship of the UNDP country program to UNFPA activities.¹
 - A minority (45%) indicated that the UNDP country program contains a population dimension. Narrative responses indicated that most missions do not expect the UNDP country program to advance population objectives; these are viewed as solely the responsibility of UNFPA. (II.J.)
 - This view, however, is offset by the majority judgement (71%) that the UNDP Country Representative generally encourages concern for the population dimensions of development.

Section 2. Findings Related to Program or Policy in Specific Activity Areas²

- o Basic Data Collection. Respondents considered this an important (93%) area of UNFPA activity.³ No less than 86% of the respondents in any region view basic data collection as a key activity.

Note:

- 1 UNDP provides a framework for UN development assistance through its country assistance program. Since population is one of the development concerns that has been called to the attention of all UN bodies, the questionnaire asked whether UNDP programs include reference to population concerns.
- 2 UNFPA's country assistance provides support for various categories of population activities - specifically, basic data collection, population dynamics and policy support, family planning service systems, and communication and education programs. Each of these areas relates to USG population objectives and, typically, to AID program assistance as well in each of the survey countries. This section of the report summarizes the findings for each of these key activity areas. (See Attachment H for Tables displaying UNFPA allocations by activity area.)
- 3 "Important" in this context does not imply any comparison with alternative uses of resources--i.e. in support of bilateral activities rather than UNFPA.

- Respondents in countries with smaller¹ UNFPA assistance levels were more likely to view this activity as important--perhaps because this is a priority areas for assistance in countries initiating population activity.
 - The Tables in Attachment H, especially Tables 4-7, show the amounts and distribution by region of UNFPA support for basic data collection. It should be noted (Tables 6-7) that LAC countries receive a much larger proportion of their basic data collection assistance from UNFPA's regional (or intercountry) programs than do countries in other regions, resulting in much smaller average country assistance levels in this activity area.
 - Most respondents consider this area of UNFPA assistance to be reasonably effective as well (94%). (IV.A., IV.B.)
- o Education/Communication. This is is also considered an important area (82%) of UNFPA activity.
- In all regions, no less than 75% (LAC-six of eight) consider it important. It is considered more important by respondents in countries with larger UNFPA country programs and/or with AID bilateral programs--perhaps because IEC is an integral part of more fully developed population programs.
 - It is considered most effective in the NE (100%-four of four), followed by Asia (83%-five of six), LAC (71%-five of seven), and Africa (60%-six of ten). (VII.A., VII.B.)
- o Policy Development. This is considered important by three-quarters of the respondents (74%) in all regions.
- Respondents in countries with mid-size UNFPA programs and/or AID bilateral assistance are more likely to view it as important--possibly because it is a proven way of promoting the expansion-phase of population program activities.
 - It is generally viewed as effective except in LAC where half of the respondents (three of six) consider it ineffective. (V.A., V.B.)

Note:

1 Using average annual UNFPA country allocations for 1978-1980, "small", in this report, includes all country assistance amounting to average annual allocations of \$1-499,999; "medium" or "mid-size" describes assistance in the range of \$500,000-999,999; and "large" assistance in excess of \$1,000,000.

● Family Planning¹

● U.S. field staffs judged that, in nearly half of the countries surveyed (46%), family planning is a low country priority; in the remainder, family planning is "central to policy" (30%) or of "equal importance with other issues" (23%).

- Combining "central" and "equal" ratings, countries in Asia (88%-seven of eight) and LAC (75%-nine of twelve) are more likely to consider family planning as important; this measure is 55% (six of eleven) in the NE and 32% (eight of twenty-five) in Africa.

- Countries where respondents judged that family planning is a low priority policy item typically lack AID bilateral assistance (with the exception of Honduras, Morocco, and Tanzania), are UNFPA priority countries, and receive smaller annual levels of UNFPA assistance. (VI.A.)

● Respondents indicate that most countries prefer or require family planning assistance to be integrated with maternal-child health programs (87%). This preference is least but still dominant in LAC (73%-eight of eleven). (VI.B.)

● Respondents estimate UNFPA support for health activities unrelated to family planning as follows²:

in 38% of the countries, less than one third of UNFPA family planning assistance goes for unrelated health activities;

Note:

1 Developing countries have widely differing policies regarding the importance of family planning and how assistance should be provided. The following two questions were designed to provide Embassy-Mission judgements on the kinds of family planning policies that shape UNFPA assistance packages.

2 An initial AID concern that prompted the State-AID review of UNFPA was the extent to which UNFPA, under the heading of "family planning", supports unrelated health activities. A related interest was the extent to which UNFPA provides particular kinds of family planning assistance--specifically, contraceptives, local salary support, and assistance for family planning training activities. Since the U.S. contribution to UNFPA is funded from the Population Account of the FAA, it is cause for concern if UNFPA resources are being used to support non-family planning areas of development assistance. In the following question, respondents have provided their "best estimate" (not a strict accounting) of the proportion of UNFPA family planning assistance that serves unrelated health purposes.

at the other extreme, in 62% of the countries, one-third or more is for unrelated health activities.

- Support for health activities is most common in Africa, LAC, and the NE; in each of these regions, 72% (ten of fourteen), 73% (eight of eleven), and 67% (six of nine) of the respondent countries, respectively, estimated that more than one-third of "family planning" assistance is support for unrelated health activities.
- In Asia, only 25% (two of eight) of the countries made this judgement.
- In general, UNFPA is less likely to support unrelated health activities in countries with one or more of the following characteristics:
 - governments place a high priority on family planning,
 - UNFPA programs are larger,
 - integration of family planning with maternal-child health programs is not favored or required,
 - there are AID bilateral population assistance programs.

In contrast, wherever country policy places barriers to family planning support, the proportion of UNFPA family planning assistance channeled to unrelated health activity is considerably higher. (VI.C.)

● Provision of contraceptive supplies not otherwise available is generally important (59%).

- It is more important with respondents in countries with bilateral programs, and in LAC (64%-seven of eleven) and, to a lesser degree, in Asia (67%-five of eight) and Africa (59%-ten of seventeen); only half of the NE countries (five of ten) consider it important. In the case of AID bilateral countries, the results indicate that UNFPA provision of contraceptives is important even where AID is also providing contraceptive supplies. (VI.D.)

● Local salary support is generally not important (73%).

- In general, local salary support is more likely to be of importance in countries with higher levels of UNFPA assistance (54%-seven of thirteen). It is least important in Africa (89%-seventeen of nineteen). (VI.E.)

● Family planning training assistance is relatively important (68%) and is considered effective (76%).

- This is the case especially in Asia (all countries), the NE (70%-seven of ten), and Africa (62%-eight of thirteen); in LAC, half of the countries did not consider it important, and a majority (56%) viewed it as not effective.
- Training assistance is most important in countries receiving the larger amounts of UNFPA assistance--perhaps because it is an integral part of mature family planning programs. (VI.G., VI.H.)
- ⊙ Overall, most respondents consider UNFPA support for family planning as a whole effective (83%).
 - LAC registers the strongest doubts, but the majority consider it effective (67%-six of nine). (VI.F.)
- ⊙ Intercountry programs were considered important by most respondents (77%).
 - This response is found especially in Asia (100%-six of six) and LAC (86%-twelve of fourteen) - see Attachment I for Tables comparing country and intercountry (i.e. UNFPA's "regional", "interregional", and "global") assistance.
 - Intercountry assistance is more likely to be considered important in countries receiving AID bilateral assistance--perhaps because these countries are better able to find and use all sources of assistance (88%). (I.B.)

Section 3: Findings Related to Program Management

... Role of UNFPA

- ⊙ With one exception (in LAC), respondents reported that Needs Assessment findings were actually put to use in designing UNFPA's country assistance packages. (II.B.)
- ⊙ Respondents reported that UNFPA assistance packages are generally developed within two years (87%). (II.G.)
 - The longest delays were reported in four countries of LAC. Generally, the largest and the smallest assistance packages are developed more quickly. There is no obvious reason for this pattern.
- ⊙ "Major" (i.e. \$1 million or more life-of-project cost) programs are developed somewhat more slowly than other assistance activities.
 - The slower pace of their development, however, is not sufficient to be attributed to the requirement that "Major" programs must be

approved at the annual meetings of the UNDP Governing Council. (II.G.) (Note that "Major" country programs may be small, mid-size, or large in terms of the annual average levels of assistance.)

- ◉ UNFPA, in the view of respondents, has developed a good working relationship with most governments. (VIII.B.)
- ◉ UNFPA is generally considered effective (96%) in providing requested assistance. (VIII.C.)

... Role of Other Executing Agencies

- ◉ Most other executing agencies are considered effective (91%).
 - LAC respondents have registered the greatest amount of concern, generally directed at PAHO performance, but on the whole consider UNFPA's executing agencies effective (78%-seven of eight). (II.H.)
- ◉ In-country residence of executing agency representatives is somewhat important (62%).
 - It is viewed as distinctly more important in Asia (83%-five of six) and in countries with larger UNFPA programs (79%) and/or AID bilateral assistance (71%). Residence is viewed as least important in the NE (46%-five of eleven) and LAC (50%-six of twelve). (II.I.)

... Role of the UNDP Country Representative

- ◉ Overall, most respondents (71%) considered the UNDP Rep to be encouraging host country concern with the population dimensions of development.
 - This view was strongest in Asia (100%-four of four) and Africa (76%-thirteen of seventeen), and weaker in LAC (64%-seven of eleven) and NE (50%-three of six). (II.J.)

Section 4: Findings Related to Program Coordination

- ◉ U.S. field staffs are well acquainted with UNFPA's country activities. (I.A.)
- ◉ In most instances (82%), Embassies or Missions were consulted by UNFPA's Needs Assessment teams.
 - Consultation was most common in Asia (100%-seven of seven) and, in general, where there are AID bilateral programs (86%-twelve of fourteen) and/or designated U.S. population officers (92%); predictably consultation was least frequent in the NE (57%-four of

seven) where there is no designated population officer in three of the survey countries. (II.C.)

- Coordination meetings with UNFPA representatives typically occur on a quarterly or more frequent basis (91%); 68% meet monthly or more often.
 - Coordination meetings are more frequent in countries with AID bilateral programs (100% quarterly or more frequent) and is equally common with all levels of UNFPA assistance. They are least frequent in the NE--60% quarterly or more frequent (three of five). Most field staffs (97%) consider these coordination meetings useful. (III.A.)
- Most missions (86%) report mutual sharing of program documentation; this practice is least frequent in Asia (75%-six of eight). (III.B.)

COMPARISON OF
UNDP GOVERNING COUNCIL GUIDELINES ON UNFPA COUNTRY PRIORITIES
AND RESPONSES TO STATE-AID FIELD SURVEY

Priority Criteria Guidelines Developed by UNDP Governing Council at June 1981 Session ¹	Respondents Who Endorsed Similar Priority Criteria, by Country of Residence ²
relationship of population growth to GNP per capita	Ivory Coast
absolute population size and numeri- cal growth	Ivory Coast, Thailand
government policies and programs	Indonesia
government commitment to population policy	Kenya, Indonesia, Thailand, Brazil, Colombia, Dominican Republic, Guatemala, Morocco
absorptive capacity	Zaire, Indonesia, Thailand, Barbados, Colombia, Dominican Republic, Morocco, Tunisia
level of other development assistance	no mention
level of other population assistance	Philippines
actual/projected implementation rates	Zaire, Thailand, Barbados, Brazil, Colombia, Dominican Republic, Morocco

Note:

¹ The criteria listed in this column are excerpted from paragraph 8 of the UNDP Governing Council draft decision the criteria represent guidelines for UNFPA consideration, not a directive to implement these criteria.

² Respondents are identified by country of residence to indicate the geographic spread of the views expressed; in no sense does this imply host government endorsement of the criteria.

In responding to this question, most Embassies and Missions indicated that they were satisfied with UNFPA country priority criteria as they applied to their country. The above table reflects responses that considered the priority criteria issue in general terms. Some of these responses implied support for a number of criteria and are so recorded above. Others recommended a variety of other criteria not considered by the Governing Council. Further information is available from S&T/POP/IO, x59656.

Table 1
 Distribution of Questionnaires, by Region,
 by Kind of AID Program,
 and by Type of Population Assistance Monitor

	Kind of AID Program			Type of U. S. Monitor			TOTAL
	Bilateral & Central	Central Only	No AID Program	FT Pop Officer	Other Rep	No Pop Rep	
Africa	3	15	12	7	12	11	30
Asia	6	2	1	7	2	0	9
LAC	7	9	1	7	9	1	17
NE	3	6	3	4	0	8	12
TOTAL	19	32	17	25	23	20	68

Notes on Survey Methodology

A. Development of Survey Instrument

Prior to developing the questionnaire for this survey, the State-AID team reviewed two related field survey exercises of State and AID. These were the CERP (Combined Economic Reporting Program), issued annually by the State Bureau of International Organization Affairs, and the annual IPPF review conducted by AID's Office of Population.

- The CERP requests some Embassy comment on various aspects of UNFPA performance. However, focus on UNFPA is severely limited by the CERP purpose of securing Embassy review of all UN assistance activities in each country, not those of UNFPA alone. The CERP questions invite only narrative responses, not easily translated into scores that readily permit comparison and generalization.
- The IPPF questionnaire is structured to provide scaled responses to questions that rate the local volunteer organizations in terms of their performance and program value. Many useful questions for the UNFPA review were suggested by these queries. The IPPF questionnaire invites narrative response as well.

An initial draft questionnaire, together with a tentative list of countries for inclusion in the survey, was first reviewed in December, 1980, by the State-AID review team and by AID's regional bureaus. The questionnaire was designed to:

- (1) draw out useful field comment on all major aspects of UNFPA's country activity,
- (2) identify the regional differences, if any, in UNFPA's performance and some of its causes, and
- (3) provide a mixed narrative-scaled response format for field comment that would permit some limited tabulations of the responses, without suppressing the country-specific information that narrative response alone could provide.

The draft questionnaire was substantially revised during January and February, 1981, to incorporate recommendations of the various reviewers. The Office of Population's Research and Demographic Divisions provided particularly useful suggestions for technical improvement of the questionnaire. In addition, the distribution list for the questionnaire was revised to include 72 countries and, in collaboration with the Coordinator for Population Affairs, an introductory message to Ambassadors and Mission Directors was drafted.

The introductory message and the final questionnaire were sent by cable on March 2. All Embassies and Missions in the sample were also sent a supplementary cable, specific to each country, that indicated (1) the country's status within the UNFPA priority system, (2) whether or not a Needs Assessment study had been completed, and (3) the projects that UNFPA was believed to be supporting in 1981. (See Attachment D for copies of these messages.)

B. Procedure for Analyzing Returns

A plan for systematic analysis of the questionnaire responses was developed in March, 1981, by the State-AID review team. The plan recognized that field responses to some 42 separate questions would yield a mass of information that could not be digested adequately without some use of computer techniques. Consequently, a coding system was designed to translate quantifiable responses into machine-readable form and, in order to identify the differences in country situations, additional information was added to each country entry to describe various aspects of AID and UNFPA assistance.¹

Members of the review team then coded and checked each of the field responses, taking care to identify responses that were not wholly consistent; the AID computer and the SPSS analysis package was then used to generate frequency distributions of the responses to each question, together with selected cross-tabulations that relate the region of respondents and other factors to particular responses.² The State-AID review team also reviewed the field responses with an eye for narrative comment that called for particular attention.

Notes:

1 The "descriptor" variables of AID assistance were:

AID region, existence or absence of AID bilateral or AID central population assistance, and presence of a resident USG population officer attached to the AID Mission or Embassy;

Descriptors of UNFPA assistance were:

UN priority system status, completion of a Needs Assessment study, presence of a "major" UNFPA program (i.e. \$1,000,000 + life-of-project), and the average annual UNFPA assistance during 1978-80.

A complete set of the field responses to the questionnaire, the plan for their analysis, and the coding form that was used are available on request from S&T/POP/IO, x59656.

2 A copy of the complete set of frequency distributions and cross-tabulations is available from the same office as above.

Attachment D

The Questionnaire:

Related Cables

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ORIGIN AID-35

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ORIGIN OFFICE POP-01
INFO ARAF-01 AFSA-03 AFRA-03 AFFW-04 AFDR-06 AFCA-03 AAAS-01
ASEM-01 ASBI-02 ASDP-02 AALA-01 LASA-03 LADP-03 LADR-03
NEDP-02 NETC-04 PPCE-01 PDPR-01 PPPB-03 GC-01 PPEA-01
GCLA-03 GCFL-01 GCNE-01 STA-10 PPIA-02 ASPD-03 ASTR-01
AADS-01 DSHE-01 CH8-01 AFDA-01 HEW-09 RELO-01
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INFO OCT-00 EUR-12 AF-10 EA-12 NEA-07 ARA-16 OES-09
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AID/NE/TECH: LKANGAS (SUB)

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ORIGIN POP INFO ARAF AFSA AFFW AFCA AFRA AFDA AFDR AAAS ASEM ASBI

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AMEMBASSY HBABANE

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AMEMBASSY BANGKOK

AMEMBASSY LOHE

AMEMBASSY TUNIS

AMEMBASSY ANKARA

AMEMBASSY KAMPALA

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AMEMBASSY OUAGADOUGOU

AMEMBASSY SANAA

AMEMBASSY KINSHASA

AMEMBASSY LUSAKA

INFO USMISSION USUN NEW YORK

USMISSION GENEVA

UNCLAS STATE 052268

JOINT STATE-AID FOR AMBASSADORS AND MISSION DIRECTORS

E.O. 12065: N/A

TAGS: SPOP, UNFPA

SUBJECT: POPULATION: UNFPA REVIEW

1. IN A CABLE THAT WILL FOLLOW SHORTLY, ADDRESSEES WILL RECEIVE A QUESTIONNAIRE THAT FORMS AN IMPORTANT PART OF A CURRENT USG REVIEW OF PROGRAMS OF THE UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA). THE USG HAS BEEN A MAJOR SUPPORTER OF UNFPA SINCE ITS FOUNDING IN 1968. THE CURRENT REVIEW MARKS THE FIRST COMPREHENSIVE USG EFFORT TO ASSESS UNFPA ACTIVITIES IN RELATION TO US FOREIGN POLICY OBJECTIVES. IT IS ALSO IN LINE WITH INITIALLY ANTICIPATED IN-DEPTH REPORTS, FORESEEN AS SUPPLEMENTAL TO

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THE CERP 0008 EVALUATION OF UN ASSISTANCE PROGRAMS.

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2. POPULATION ASSISTANCE, DESIGNED TO SLOW CURRENT WORLD POPULATION GROWTH, IS A KEY ELEMENT OF U.S. FOREIGN POLICY AND DEVELOPMENT ASSISTANCE POLICY. U.S. INTERNATIONAL POPULATION ASSISTANCE POLICIES, AS FORMULATED IN A NATIONAL SECURITY COUNCIL INTERAGENCY FRAMEWORK, ARE BASED ON A RECOGNITION OF THE DANGERS OF EXCESSIVE POPULATION GROWTH TO THE DEVELOPMENT PROCESS AND TO NATIONAL SECURITY. THE LINKAGE OF POPULATION PRESSURES IN MANY COUNTRIES WITH MALNUTRITION, UNEMPLOYMENT, HEALTH CONDITIONS, ENVIRONMENTAL

DEGRADATION, URBAN EXPLOSION, AND PRESSURES ON ENERGY AND OTHER RESOURCES, PRESENT A GROWING POTENTIAL FOR SOCIAL UNREST AND POLITICAL INSTABILITY. OVER THE PAST FIFTEEN YEARS, THE USG HAS PROVIDED \$1.4 BILLION IN POPULATION ASSISTANCE, APPROXIMATELY ONE-HALF OF TOTAL EXTERNAL POPULATION ASSISTANCE AVAILABLE FROM ALL SOURCES.

3. WITHIN THIS CONTEXT, UNFPA IS THE MAJOR MULTILATERAL ORGANIZATION IN THE POPULATION FIELD. UNFPA OPERATES IN OVER 125 COUNTRIES, AND HAS DISBURSED APPROXIMATELY \$725 MILLION IN ITS 11 YEARS OF EXISTENCE; ITS 1981 BUDGET AMOUNTS TO \$150 MILLION. THE U.S. WAS INSTRUMENTAL IN THE ESTABLISHMENT OF UNFPA; THE 1981 U.S. CONTRIBUTION OF \$32 MILLION REPRESENTS 17 PERCENT OF THE U.S. POPULATION BUDGET AND ABOUT 25 PERCENT OF UNFPA'S BUDGET. UNFPA IS ALSO THE PRINCIPAL CHANNEL FOR POPULATION ASSISTANCE FROM OTHER DONOR COUNTRIES, NEARLY ALL OF WHICH DO NOT HAVE BILATERAL PROGRAMS IN THIS FIELD COMPARABLE TO THE UNITED STATES. OUR SUPPORT AND CONTRIBUTIONS HAVE HAD AN OBVIOUS MULTIPLIER EFFECT IN BRINGING FORTH POPULATION ASSISTANCE FUNDS FROM OTHER DONOR COUNTRIES. UNFPA OPERATES IN MANY COUNTRIES WHERE THERE ARE NO BILATERAL U.S. POPULATION ACTIVITIES. UNFPA IS CURRENTLY UNDERTAKING A MAJOR REVIEW OF ITS ROLE IN THE 1980'S IN THE CONTEXT OF EXPANDED REQUESTS FOR AID AND THE EVOLVING WORLD POPULATION SITUATION.

4. AGAINST THIS BACKGROUND, IT IS CLEAR THAT AID AND UNFPA MUST WORK EVEN MORE CLOSELY TOGETHER IN THE FUTURE. MECHANISMS ARE BEING ESTABLISHED FOR MORE FREQUENT MEETINGS AND COORDINATION AMONG STATE, AID, AND UNFPA HEADQUARTERS IN NEW YORK ON BOTH POLICY AND REGIONAL STAFF LEVELS. AS PART OF THIS EXERCISE, WE ARE ASKING MISSIONS TO PARTICIPATE IN AN ANALYSIS OF UNFPA ACTIVITIES.

5. THIS REVIEW IS A JOINT EFFORT OF STATE AND AID. THE STATE DEPARTMENT COORDINATOR OF POPULATION AFFAIRS, AIB. RICHARD BENEDICK, ASSISTANT SECRETARY-DESIGNATE FOR INTERNATIONAL ORGANIZATION AFFAIRS, MR. ELLIOT ABRAMS, THE ASSISTANT ADMINISTRATORS OF AID'S REGIONAL BUREAUS, AND THE ASSISTANT ADMINISTRATOR OF THE DEVELOPMENT SUPPORT BUREAU, ALL REQUEST YOUR CAREFUL ATTENTION TO THIS INQUIRY. THE REVIEW, WHICH IS BEING CARRIED OUT DURING FEBRUARY-APRIL, 1981, WILL EXAMINE UNFPA COUNTRY AND INTER-COUNTRY PROGRAMS, WITH A VIEW TO WHAT THEY ACCOMPLISH AND HOW THEY IMPACT ON USG INTERESTS; WITH PARTICULAR ATTENTION TO UNFPA'S SUPPORT FOR FAMILY PLANNING ACTIVITIES.

6. PROMPT FIELD RESPONSES TO THIS QUESTIONNAIRE ARE ESSENTIAL FOR THE SUCCESS OF THIS REVIEW. ALL ASPECTS OF THE REVIEW MUST BE COMPLETED BY MID-APRIL, 1981 TO ENSURE THAT ITS FINDINGS ARE AVAILABLE FOR BUDGET DECISIONS DURING THE APRIL-JUNE, 1981, PERIOD AND TO PROVIDE NEEDED INFORMATION FOR THE DEVELOPMENT OF U.S. POLICY ON "UNFPA'S ROLE IN THE 1980'S", A KEY AGENDA TOPIC

SCHEDULED FOR THE JUNE, 1981, SESSION OF THE UNDP GOVERNING COUNCIL. IN VIEW OF THE IMPORTANCE OF UNFPA WITHIN CURRENT U.S. FOREIGN ASSISTANCE POLICY, ADDRESSEE RESPONSES TO THE QUESTIONNAIRE SHOULD INCLUDE AMBASSADOR AND MISSION DIRECTOR VIEWS ON THE USG FOREIGN POLICY IMPLICATIONS OF UNFPA'S PRESENCE AND ACTIVITIES IN THE HOST COUNTRY.

7. THE MISSION AND EMBASSY RESPONSE TO THIS QUESTIONNAIRE SHOULD BE SUBMITTED IN AN UNCLASSIFIED MESSAGE SO THAT THE PRINCIPAL FINDINGS CAN BE SHARED WITH NON-USG BODIES, INCLUDING UNFPA. STOESSER

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ORIGIN OFFICE POP-04
INFO LADR-03 HEDP-02 CH6-01 NETC-04 NEE1-03 NENA-03 NFJL-03
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CON-02 HEW-09 ONB-02 NP-01 /066 R4 703

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ARA-16 ONB-01 SIG-03 OES-09 /128 R

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STATE/OES/CP:REBENEDICK

AID/LAC/DR:HBRACKETT (SUB)

AID/NE/TECH:LKANGAS (SUB)

STATE/AF/EPS:HJROSSI (SUB)

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AMEMBASSY VICTORIA
AMEMBASSY FREETOWN
AMEMBASSY HOGADISHU
AMEMBASSY COLOMBO
AMEMBASSY KHARTOUM
AMEMBASSY MBABANE
AMEMBASSY DAMASCUS
AMEMBASSY BANGKOK
AMEMBASSY LOME
AMEMBASSY TUNIS
AMEMBASSY ANKARA
AMEMBASSY KAMPALA
AMEMBASSY DAR ES SALAAM
AMEMBASSY OUAGADOUGOU
AMEMBASSY SAHAA
AMEMBASSY KINSHASA
AMEMBASSY LUSAKA
INFO USMISSION USUN NEW YORK
USMISSION GENEVA

UNCLAS STATE 052502

JOINT STATE-AID CABLE

E.O. 12065: N/A

TAGS: SPOP, UNFPA

SUBJECT: POPULATION: UNFPA REVIEW

REFERENCE: STATE 052268

1. SUMMARY. THE USG HAS BEEN A PRINCIPAL SUPPORTER OF THE UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA) SINCE ITS EXCEPTION IN 1968. WITH A VIEW TO PROVIDING A MORE INFORMED BASIS FOR US SUPPORT OF UNFPA AND FOR IMPROVED COORDINATION OF AID AND UNFPA PROGRAMS, A COMPREHENSIVE REVIEW OF UNFPA ACTIVITIES IS CURRENTLY UNDERWAY. THE QUESTIONNAIRE HEREBY TRANSMITTED IS DESIGNED TO PROVIDE ESSENTIAL FIELD INPUT FOR THIS REVIEW. IN ORDER TO MEET REVIEW DEADLINES, FIELD RESPONSES SHOULD BE TRANSMITTED BY CABLE NO LATER THAN MARCH 28, 1981- END SUMMARY.

2. OVER THE PAST SEVERAL YEARS, THE USG HAS FACED RAPIDLY GROWING DEMANDS FOR POPULATION ASSISTANCE AND A RELATIVELY UNCHANGED APPROPRIATION FOR THIS PURPOSE. AT THE SAME TIME, CONCERN FOR EXCESSIVE POPULATION GROWTH AND THE OBJECTIVE OF ENGAGING THE ATTENTION AND RESOURCES OF AS MANY NATIONS AS POSSIBLE IN DEALING WITH IT REMAINED A KEY ELEMENT OF U.S. FOREIGN POLICY. WITH ASSISTANCE REQUESTS TO BOTH AID AND UNFPA EXCEEDING AVAILABLE RESOURCES, IT IS IMPORTANT TO ASSURE THAT AVAILABLE GLOBAL POPULATION RESOURCES ARE BEING SPENT AS EFFECTIVELY AS POSSIBLE AND THAT, WHENEVER POSSIBLE, AID

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AND UNFPA ACTIVITIES COMPLEMENT ONE ANOTHER. IN ORDER TO DETERMINE HOW WELL THIS IS BEING DONE AND MIGHT BE IMPROVED, WE ARE ASKING EMBASSIES AND AID MISSIONS TO REVIEW UNFPA ACTIVITIES IN THEIR COUNTRIES AND DETERMINE HOW EFFECTIVELY THEY MEET WHAT THE HOST GOVERNMENT SEES AS ITS NEEDS IN THIS AREA, HOW THEY CONTRIBUTE TO U.S. FOREIGN POLICY GOALS, AND HOW EFFECTIVELY THEY CONTRIBUTE TO AID PROGRAM OBJECTIVES. OVERALL, WE WISH TO IDENTIFY MORE CLEARLY THE DISTINCTIVE CONTRIBUTION THAT UNFPA ACTIVITY MAKES, TAKING INTO ACCOUNT THE SPECIFIC COUNTRY CIRCUMSTANCES IN WHICH ASSISTANCE IS PROVIDED

3. FIELD RESPONSE TO THE QUESTIONNAIRE PRESENTED IN PARA 5 IS INDISPENSABLE TO THIS REVIEW OF UNFPA ACTIVITIES. IN UNDERTAKING THE USG'S FIRST MAJOR REVIEW OF UNFPA ACTIVITIES, HOWEVER, IT IS CLEARLY RECOGNIZED THAT UNFPA HAS ITS OWN SPECIFIC MANDATE FOR POPULATION ASSISTANCE--SEE PARA 7--WHICH IS PROGRAMMATICALLY SIMILAR TO BUT LEGALLY INDEPENDENT OF AID'S POPULATION MANDATE--SEE PARA 8. THE QUESTIONS IN PARA 5 BELOW SHOULD BE ANSWERED WITH THESE RELATED BUT DIFFERENT INSTITUTIONAL MANDATES IN MIND.

4. THE CURRENT REVIEW OF UNFPA ACTIVITIES IS A JOINT EFFORT OF STATE AND AID. UNFPA HAS INDICATED ITS READINESS TO PROVIDE ANY INFORMATION NEEDED IN THIS REVIEW EFFORT, BOTH AT ITS NEW YORK HEADQUARTERS AND IN THE FIELD. THE REVIEW TIMETABLE IS DESIGNED TO PROVIDE INPUT FOR THE 1983 ANNUAL BUDGET SUBMISSION EXERCISE AND FOR THE USG POSITION ON A KEY AGENDA ITEM, "UNFPA'S ROLE IN THE 1980'S", AT THE UNDP GOVERNING COUNCIL SESSION IN JUNE, 1981. INsofar AS TRAVEL FUNDS ARE AVAILABLE, ONE OR TWO COUNTRIES IN EACH REGION, SELECTED IN CONSULTATION WITH THE STATE DEPARTMENT AND AID'S REGIONAL BUREAUS, WILL BE ASKED TO CONCUR IN THE VISIT OF AN EXPERT TEAM TO UNDERTAKE MORE INTENSIVE STUDY OF UNFPA'S PROGRAMS THROUGH A SITE VISIT.

5. QUESTIONNAIRE: NOTE: PLEASE TRANSMIT RESPONSES BY MARCH 28, USING AS CABLE SUBJECT: "POPULATION/UNFPA REVIEW" PASS TO AID/DS/POP, STATE/OES/CP, STATE/IO/DHP. STATE RESPONSES IN THE SEQUENCE SPECIFIED BELOW, USING "UNKNOWN" OR "NOT APPLICABLE" WHERE APPROPRIATE.

I. UNFPA PROGRAM CONTENT

A. PARA 6 (TRANSMITTED IN SEPARATE CABLE) LISTS CURRENT UNFPA PROJECTS IN YOUR COUNTRY AND THEIR IMPLEMENTING AGENTS. DO THESE CORRESPOND TO YOUR UNDERSTANDING OF

CURRENT UNFPA ASSISTANCE? PLEASE PROVIDE CORRECTIONS OR MISSING PROJECTS.

B. DO ACTIVITIES THAT UNFPA FUNDS OUTSIDE OF COUNTRY AGREEMENTS--KNOWN AS "REGIONAL", "INTERREGIONAL", OR "GLOBAL" ACTIVITIES (E.G. CELADE, IFORD, ASEAN, WFS, ICRP, CONFERENCE SUPPORT)--PROVIDE IMPORTANT ASSISTANCE TO YOUR COUNTRY?--"VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT". DISCUSS. GIVE EXAMPLES.

II. PROGRAM DEVELOPMENT/IMPLEMENTATION

A. UNFPA USES NEEDS ASSESSMENT (NA) STUDIES TO IDENTIFY PRIORITY HOST GOVERNMENT ASSISTANCE NEEDS. IF APPLICABLE (SEE PARA 6), WERE THE NEEDS IDENTIFIED CONSISTENT WITH THOSE REGARDED AS PRIORITIES BY THE USG? DISCUSS.

B. WERE NA FINDINGS USED BY UNFPA IN THE DESIGN OF NEW ACTIVITIES? IF SO, DISCUSS. GIVE EXAMPLES.

C. WAS THE EMBASSY OR MISSION CONSULTED BY THE NA TEAM?
D. SOME COUNTRIES (SEE PARA 6) ARE DESIGNATED AS UNFPA PRIORITY COUNTRIES. IF YOUR COUNTRY HAS PRIORITY STATUS, DOES IT APPEAR TO RECEIVE A REASONABLE DEGREE OF UNFPA ATTENTION AND ASSISTANCE? IF NOT A PRIORITY COUNTRY, IS

ITS LACK OF PRIORITY STATUS USED BY UNFPA TO EXPLAIN LEVELS OF ASSISTANCE BELOW THOSE REQUESTED BY THE HOST GOVERNMENT? DISCUSS. GIVE EXAMPLES.

E. HAS UNFPA SIGNIFICANTLY CHANGED ITS LEVEL OF SUPPORT (UP OR DOWN) RECENTLY? WAS THE UNFPA EXPLANATION STATED IN TERMS OF THE COUNTRY'S PRIORITY STATUS? IF NOT, WHAT EXPLANATION WAS OFFERED?

F. TAKING INTO ACCOUNT HOST COUNTRY CONDITIONS, DOES THE EMBASSY OR MISSION RECOMMEND ANY CHANGES IN UNFPA'S CRITERIA FOR COUNTRY PRIORITIES?--SEE PARA 7.C.

G. DESCRIBE THE TYPICAL TIME-PERIOD REQUIRED FOR DEVELOPMENT OF A UNFPA COUNTRY PROGRAM--"LESS THAN 1 YEAR", "1-2 YEARS", "MORE THAN 2 YEARS". EXPLAIN DELAYS THAT HAVE AFFECTED HOST COUNTRY PROGRAMS OR RELATED USG ASSISTANCE, TAKING INTO ACCOUNT AID EXPERIENCE WITH PROGRAM DEVELOPMENT. GIVE EXAMPLES.

H. PARA 6 LISTS THE IMPLEMENTING AGENTS (IA) FOR UNFPA PROJECTS. DESCRIBE THEIR EFFECTIVENESS IN IMPLEMENTING UNFPA PROJECTS--"VERY EFFECTIVE", "MODERATELY EFFECTIVE", "NOT EFFECTIVE". GIVE EXAMPLES.

I. IS IN-COUNTRY RESIDENCE OF IA REPRESENTATIVES CRITICAL FOR ADEQUATE OVERSIGHT? DISCUSS.

J. DOES THE UN RESIDENT REPRESENTATIVE OR COORDINATOR (PREVIOUSLY KNOWN AS THE UNDP RESREP) ENCOURAGE THE HOST GOVERNMENT TO BE CONCERNED WITH POPULATION DIMENSIONS OF DEVELOPMENT? IS THERE A POPULATION DIMENSION IN THE UN COUNTRY PROGRAM? DISCUSS.

III. PROGRAM COORDINATION

A. HOW FREQUENTLY DO FORMAL OR INFORMAL PROGRAM COORDINATION MEETINGS OCCUR BETWEEN USG STAFF AND UNFPA IMPLEMENTING AGENTS (IA)?--"ANNUALLY", "QUARTERLY", "01-MONTHLY", "MONTHLY OR MORE FREQUENTLY", "OTHER-SPECIFY". CHARACTERIZE THE USEFULNESS OF THESE MEETINGS--"VERY USEFUL", "MODERATELY USEFUL", "NOT USEFUL". EXPLAIN.

B. DO AID AND THE IA'S SHARE PROGRAM DOCUMENTS AND INFORMATION AT THE DEVELOPMENT STAGE OF ACTIVITIES? GIVE EXAMPLES. COMMENT ON THE CURRENT STATUS OF PROGRAM COORDINATION.

C. IF THERE HAVE BEEN MISSION OR EMBASSY DISAGREEMENTS WITH UNFPA OVER PROGRAM OR POLICY ISSUES DURING THE PAST TWO YEARS, HOW HAVE THESE BEEN RESOLVED AND WHAT LESSONS HAVE BEEN LEARNED?

NOTE: IN SECTIONS IV-VII BELOW, PLEASE RESPOND IF PARA 6 SHOWS 1980 UNFPA ASSISTANCE IN THE PROGRAM AREA, OR IF, IN PREVIOUS YEARS, THERE HAS BEEN SIGNIFICANT UNFPA ASSISTANCE OF THE KINDS INDICATED.

IV. PROGRAM AREAS: DEMOGRAPHIC DATA

A. HAS DEMOGRAPHIC DATA COLLECTION/ANALYSIS BEEN A MAJOR AREA OF UNFPA ASSISTANCE IN THE RECENT PAST?--"VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT".

B. HOW EFFECTIVE HAS UNFPA ASSISTANCE BEEN IN PROVIDING NEEDED DEMOGRAPHIC DATA AND/OR ENCOURAGING GREATER HOST GOVERNMENT USE OF DEMOGRAPHIC DATA? DISCUSS.

C. DOES ANY USG ASSISTANCE ACTIVITY DEPEND ON THE ACHIEVEMENT OF UNFPA ACTIVITIES IN THIS AREA? EXPLAIN. USE EXAMPLES.

V. PROGRAM AREAS: POLICY ASSISTANCE

A. HAS POPULATION POLICY ASSISTANCE (SEE PARA 6--"POPULATION DYNAMICS", "FORMULATION/EVALUATION OF POLICY", "IMPLEMENTATION OF POLICY") BEEN A MAJOR AREA OF UNFPA ASSISTANCE IN THE RECENT PAST?--"VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT". EXPLAIN.

B. HOW EFFECTIVE HAS UNFPA ASSISTANCE IN THIS AREA BEEN IN ENCOURAGING HOST GOVERNMENT POLICY DEVELOPMENT? DISCUSS.

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C. DOES ANY USG ASSISTANCE ACTIVITY DEPEND ON THE ACHIEVEMENT OF UNFPA ACTIVITIES IN THIS AREA? DISCUSS. USE EXAMPLES.

VI. PROGRAM AREAS: FAMILY PLANNING PROGRAMS

A. CHARACTERIZE HOST COUNTRY COMMITMENT TO PROVIDE FAMILY PLANNING SERVICES:--"CENTRAL TO HOST GOVERNMENT'S

POPULATION POLICY", "EQUAL IMPORTANCE WITH OTHER MAJOR POPULATION POLICY CONCERNS", "LOW PRIORITY OR NOT A POPULATION POLICY CONCERN". DISCUSS.

B. SPECIFY WHETHER THE HOST GOVERNMENT FAVORS OR REQUIRES AN INTEGRATION OF FAMILY PLANNING ASSISTANCE WITH MATERNAL-CHILD HEALTH OR OTHER HEALTH PROGRAMS.

C. APPROXIMATELY WHAT PROPORTION OF UNFPA SUPPORT FOR "FAMILY PLANNING PROGRAMS" (SEE PARA 6) REPRESENTS SUPPORT FOR HEALTH PROGRAM ACTIVITIES UNRELATED TO FERTILITY CONTROL? DISCUSS.

D. DOES UNFPA PROVIDE CONTRACEPTIVE COMMODITIES NOT OTHERWISE AVAILABLE? GIVE EXAMPLES.

E. IS UNFPA A MAJOR SOURCE OF SUPPORT FOR LOCAL SALARIES IN THE FAMILY PLANNING PROGRAM?-- "VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT".

F. HOW EFFECTIVE IS UNFPA'S SUPPORT FOR FAMILY PLANNING PROGRAMS?--"VERY EFFECTIVE", "MODERATELY EFFECTIVE", "NOT EFFECTIVE". DISCUSS.

G. IS UNFPA A MAJOR SOURCE OF SUPPORT FOR FAMILY PLANNING TRAINING PROGRAMS?--"VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT".

H. HOW EFFECTIVE IS UNFPA'S ASSISTANCE FOR FAMILY PLANNING TRAINING?--"VERY EFFECTIVE", "MODERATELY EFFECTIVE", "NOT EFFECTIVE". GIVE EXAMPLES.

I. WITH RESPECT TO D., E., AND G. ABOVE, DOES THE USG POPULATION ASSISTANCE PROGRAM DEPEND ON UNFPA TO MEET ASSISTANCE NEEDS? EXPLAIN. USE EXAMPLES.

VII. PROGRAM AREAS: POPULATION COMMUNICATIONS

A. HAS POPULATION COMMUNICATIONS/EDUCATION ASSISTANCE BEEN A MAJOR PART OF UNFPA'S LOCAL PROGRAM IN THE RECENT PAST?-- "VERY IMPORTANT", "MODERATELY IMPORTANT", "NOT IMPORTANT".

B. HOW EFFECTIVE HAVE UNFPA PROGRAMS BEEN IN THIS AREA? "VERY EFFECTIVE", "MODERATELY EFFECTIVE", "NOT EFFECTIVE". DISCUSS.

C. DOES THE USG POPULATION ASSISTANCE PROGRAM DEPEND ON UNFPA TO MEET ASSISTANCE NEEDS IN THIS AREA? DISCUSS. USE EXAMPLES.

VIII. SUMMARY JUDGEMENTS

A. IN CARRYING OUT ITS MANDATE REQUIREMENTS, IS UNFPA PROGRAM ACTIVITY CONSISTENT WITH USG COUNTRY POPULATION STRATEGY OBJECTIVES? DISCUSS.

B. DESCRIBE UNFPA'S WORKING RELATIONSHIP WITH THE HOST GOVERNMENT.

C. IS UNFPA EFFECTIVE IN PROVIDING REQUESTED ASSISTANCE? DISCUSS. GIVE EXAMPLES.

D. IS A CONTINUING UNFPA ROLE IMPORTANT TO THE

REALIZATION OF USG POPULATION ASSISTANCE OBJECTIVES AND FOREIGN POLICY OBJECTIVES? DISCUSS. INDICATE THE DESIRED CHANGES, IF ANY, USING EXAMPLES WHERE POSSIBLE.

6. PROJECT SUMMARY: A SEPARATE CABLE WILL TRANSMIT AID/W INFORMATION ON UNFPA'S CURRENT PROGRAM MIX IN YOUR COUNTRY, ITS PLANNED EXPENDITURES FOR 1980 BY ACTIVITY, AND THE IMPLEMENTING AGENCY FOR EACH ACTIVITY.

7.A. UNFPA MANDATE: FROM ECOSOC RESOLUTION 1763, LIV. " (A) TO BUILD UP, ON AN INTERNATIONAL BASIS, WITH ASSISTANCE OF THE COMPETENT BODIES OF THE UNITED NATIONS

SYSTEM, THE KNOWLEDGE AND THE CAPACITY TO RESPOND TO NATIONAL, REGIONAL, INTERREGIONAL AND GLOBAL NEEDS IN THE POPULATION AND FAMILY PLANNING FIELDS; TO PROMOTE COORDINATION IN PLANNING AND PROGRAMMING, AND TO COOPERATE WITH ALL CONCERNED.

(B) TO PROMOTE AWARENESS, BOTH IN DEVELOPED AND IN DEVELOPING COUNTRIES, OF THE SOCIAL, ECONOMIC AND ENVIRONMENTAL IMPLICATIONS OF NATIONAL AND INTERNATIONAL POPULATION PROBLEMS; OF THE HUMAN RIGHTS ASPECTS OF FAMILY PLANNING; AND OF POSSIBLE STRATEGIES TO DEAL WITH THEM, IN ACCORDANCE WITH THE PLANS AND PRIORITIES OF EACH COUNTRY.

(C) TO EXTEND SYSTEMATIC AND SUSTAINED ASSISTANCE TO DEVELOPING COUNTRIES AT THEIR REQUEST IN DEALING WITH THEIR POPULATION PROBLEMS; SUCH ASSISTANCE TO BE AFFORDED IN FORMS AND BY MEANS REQUESTED BY THE RECIPIENT COUNTRIES AND BEST SUITED TO MEET THE INDIVIDUAL COUNTRY'S NEEDS.

(D) TO PLAY A LEADING ROLE IN THE UNITED NATIONS SYSTEM IN PROMOTING POPULATION PROGRAMS AND TO CO-ORDINATE PROJECTS SUPPORTED BY THE FUND".

B. UN ACC DEFINITION OF "POPULATION ACTIVITIES" INCLUDES:

(1) BASIC DATA COLLECTION; (2) POPULATION DYNAMICS; (3) FORMULATION AND EVALUATION OF POPULATION POLICIES AND PROGRAMS; (4) IMPLEMENTATION OF POLICIES; (5) FAMILY PLANNING PROGRAMS; (6) COMMUNICATION AND EDUCATION; (7) SPECIAL PROGRAMS (E.G. STATUS-OF-WOMEN, YOUTH, AGED); (8) MULTISECTOR ACTIVITIES.

C. UNFPA COUNTRY PRIORITY CRITERIA ARE: (A) A TOTAL POPULATION OF ONE MILLION OR MORE; (B) A PER CAPITA INCOME BELOW \$400; AND (C) CHARACTERISTICS EXCEEDING TWO OR MORE OF THE FOLLOWING THRESHOLDS: (I) POPULATION GROWTH OF 2.5 ; (II) GROSS REPRODUCTION RATE OF 2.5; (III) INFANT MORTALITY OF 160 PER THOUSAND; AND (IV) POPULATION DENSITY ON ARABLE LAND OF 2 PERSONS PER HECTARE.

8. USG POPULATION ASSISTANCE MANDATE: (LANGUAGE RELATING TO POPULATION ASSISTANCE, SEC 104, FAA).

".... (B) ASSISTANCE FOR POPULATION PLANNING.--IN ORDER TO INCREASE THE OPPORTUNITIES AND MOTIVATION FOR FAMILY PLANNING AND TO REDUCE THE RATE OF POPULATION GROWTH, THE PRESIDENT IS AUTHORIZED TO FURNISH ASSISTANCE, ON SUCH TERMS AND CONDITIONS AS HE MAY DETERMINE, FOR VOLUNTARY POPULATION PLANNING. IN ADDITION TO THE PROVISION OFFAMILY PLANNING INFORMATION AND SERVICES AND THE CONDUCT OF DIRECTLY RELEVANT DEMOGRAPHIC RESEARCH, POPULATION PLANNING PROGRAMS SHALL EMPHASIZE MOTIVATION FOR SMALL FAMILIES....

(D) INTEGRATION OF ASSISTANCE PROGRAMS.

(1) ASSISTANCE UNDER THIS CHAPTER SHALL BE ADMINISTERED SO AS TO GIVE PARTICULAR ATTENTION TO THE INTERRELATIONSHIP BETWEEN (A) POPULATION GROWTH, AND (B) DEVELOPMENT AND OVERALL IMPROVEMENT IN LIVING STANDARDS IN DEVELOPING COUNTRIES, AND TO THE IMPACT OF ALL PROGRAMS, PROJECTS, AND ACTIVITIES ON POPULATION GROWTH. ALL APPROPRIATE ACTIVITIES PROPOSED FOR FINANCING UNDER THIS CHAPTER SHALL BE DESIGNED TO BUILD MOTIVATION FOR SMALLER FAMILIES THROUGH MODIFICATION OF ECONOMIC AND SOCIAL CONDITIONS SUPPORTIVE OF THE DESIRE FOR LARGE FAMILIES, IN PROGRAMS SUCH AS EDUCATION IN AND OUT OF SCHOOL, NUTRITION, DISEASE CONTROL, MATERNAL AND CHILD HEALTH SERVICES, IMPROVEMENTS IN THE STATUS AND EMPLOYMENT OF WOMEN, AGRICULTURAL PRODUCTION, RURAL DEVELOPMENT, AND ASSISTANCE TO THE URBAN POOR. POPULATION PLANNING PROGRAMS SHALL BE COORDINATED WITH OTHER PROGRAMS AIMED AT REDUCING THE INFANT MORTALITY RATE, PROVIDING BETTER NUTRITION FOR PREGNANT WOMEN AND INFANTS, AND RAISING THE STANDARD OF LIVING FOR THE POOR.

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(3) ASSISTANCE PROVIDED UNDER THIS SECTION SHALL EMPHASIZE LOW-COST INTEGRATED DELIVERY SYSTEMS FOR ... FOR THE POOREST PEOPLE ... USING PARAMEDICAL AND AUXILIARY MEDICAL PERSONNEL, CLINICS, AND HEALTH POSTS, COMMERCIAL DISTRIBUTION SYSTEMS, AND OTHER MODES OF COMMUNITY OUTREACH.

(E) RESEARCH AND ANALYSIS.....

(2) THE PRESIDENT IS AUTHORIZED TO STUDY THE COMPLEX FACTORS AFFECTING POPULATION GROWTH IN DEVELOPING COUNTRIES AND TO IDENTIFY FACTORS WHICH MIGHT MOTIVATE PEOPLE TO PLAN FAMILY SIZE OR TO SPACE THEIR CHILDREN.

(F) PROHIBITION ON USE OF FUNDS FOR ABORTIONS AND INVOLUNTARY STERILIZATIONS.-- (1) NONE OF THE FUNDS MADE AVAILABLE TO CARRY OUT THIS PART MAY BE USED TO PAY FOR THE PERFORMANCE OF ABORTIONS AS A METHOD OF FAMILY PLANNING OR TO MOTIVATE OR COERCE ANY PERSON TO PRACTICE

ABORTIONS. (2) NONE OF THE FUNDS MADE AVAILABLE TO CARRY OUT THIS PART MAY BE USED TO PAY FOR THE PERFORMANCE OF INVOLUNTARY STERILIZATIONS AS A METHOD OF FAMILY PLANNING OR TO COERCE OR PROVIDE ANY FINANCIAL INCENTIVE TO ANY PERSON TO UNDERGO STERILIZATION." STOSSEL

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DSPO-03 CH8-01 RELO-01 /031 A2 A09

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UNCLAS STATE 058704

JOINT STATE-AID

E. O. 12065: N/A

TAGS: SPOP, UNFPA

SUBJECT: POPULATION: UNFPA REVIEW
REFERENCE: STATE 052502

1. THIS CABLE TRANSMITS UNFPA PROGRAM DATA REFERENCED IN
PARA 6 OF THE QUESTIONNAIRE THAT HAS BEEN SENT TO
ADDRESSEE MISSIONS.

2. BAHRAIN IS NOT A UNFPA PRIORITY COUNTRY. A NEEDS
ASSESSMENT STUDY HAS BEEN COMPLETED.

3. - - PLANNED 1980 IMPLEMENTING
PROJECT TITLE BUDGET IN DOLS (000) AGENT

PROJECT TITLE	BUDGET IN DOLS (000)	IMPLEMENTING AGENT
(BASIC DATA COLLECTION)		
- TRNG IN POP STAT	130	"UN SECRETRT"
(FORMULATION/EVALUATION OF POLICY)		
- POP SOCL DEV PROGRAMS	5	UNFPA DIRECTLY
(FAMILY PLANNING PROGRAMS)		
- FAMILY LTFE ED	262	UNESCO
- DEV OF FP SERVCS	190	WHO

NOTE: "UN SECRETRT" INCLUDES TECHNICAL ASSISTANCE FROM
UN/NY OFFICES, AND FROM UN REGIONAL COMMISSIONS. STOESSEL

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Table 1
UNFPA Country Program Assistance, 1978-80,
by AID Region and Survey Response:
Percentage Distribution of Respondents, by Number of Countries

Region	Countries in Survey				Total in Survey		Not in Survey		All Countries	
	Responding Countries		Non-Respondents		%	%	%	%	%	%
Africa	59.5	11.9	71.4	28.6	100.0					
	42.4	55.6	44.1	18.7	31.8					
Asia	28.6	3.6	32.2	67.8	100.0					
	13.6	11.1	13.2	29.7	21.2					
LAC	41.7	5.5	47.2	52.8	100.0					
	25.4	22.2	25.0	29.7	27.3					
NE	42.3	3.8	46.1	53.9	100.0					
	18.6	11.1	17.7	21.9	19.7					
Total	44.7	6.8	51.5	48.5	100.0					
	100.0	100.0	100.0	100.0	100.0					

Table 2
UNFPA Country Program Assistance, 1978-80,
by AID Region and Survey Response:
Percentage Distribution of Respondents, by Amount of Assistance

Region	Countries in Survey				Total in Survey		Not in Survey		All Countries	
	Responding Countries		Non-Respondents		%	%	%	%	%	%
Africa	66.3	15.5	82.8	17.2	100.0					
	17.5	67.4	20.3	12.1	18.2					
Asia	70.3	.3	70.6	29.4	100.0					
	48.1	3.7	45.6	54.5	47.9					
LAC	65.2	4.6	69.8	30.2	100.0					
	17.3	20.3	17.4	21.7	18.5					
NE	78.0	2.3	80.3	19.7	100.0					
	17.1	8.6	16.7	11.7	15.4					
Total	70.0	4.2	74.2	25.8	100.0					
	100.0	100.0	100.0	100.0	100.0					

Table 3
UNFPA Country Program Assistance, 1978-80,
by AID Region and Survey Status,
and by average annual size of UNFPA assistance,
in \$(000)

survey status	region	* annual average UNFPA country assistance *									All countries		
		# of cntrys	\$1-499,000 78-80		\$500,000-999,999			\$1,000,000 +			#	\$	avg
			\$	annual avg	#	\$	avg	#	\$	avg			
IN	Africa	22	21,963	333	8	16,971	707	0	0		30	38,934	433
	Asia	1	394	131	1	1,936	645	7	85,355	4,065	9	87,685	3,248
SURVEY	LAC	7	7,532	359	6	10,665	593	4	17,778	1,481	17	33,525	657
	NE	6	5,499	305	2	5,247	875	4	21,356	1,780	12	32,102	892
	Subtotal	36	35,388	328	17	34,819	683	15	124,489	2,786	68	192,246	942
NOT	Africa	12	8,107	225	0	0		0	0		12	8,107	225
IN	ASIA	14	4,668	111	1	1,724	575	4	30,140	2,512	19	36,532	641
	LAC	16	3,903	81	1	2,862	954	2	7,782	1,297	19	14,547	255
SURVEY	NE	12	1,545	43	1	2,302	767	1	4,618	1,539	14	7,835	186
	Subtotal	54	18,223	112	3	6,888	765	7	42,540	2,026	64	67,021	349
T O T A L	Africa	34	30,070	295	8	16,971	707	0	0		42	47,041	373
	Asia	15	5,062	112	2	3,660	610	11	115,495	3,500	28	124,217	1,479
	LAC	23	11,435	166	7	13,527	644	6	25,560	1,420	36	48,072	445
	NE	18	7,044	130	3	7,549	839	5	25,974	1,732	26	39,937	512
	T O T A L	90	53,606	199	20	41,707	695	22	167,029	2,531	132	259,267	655

Table 4
 Percentage Distribution of UNFPA Country Program Assistance, 1978-1980,
 by AID Region, Relation to Survey,
 and average annual level of UNFPA country assistance,
 by number of countries in each category

relation to survey	AID region	annual average UNFPA country assistance			All countries
		\$1-499,000	\$500,000-999,999	\$1,000,000 +	
IN SURVEY	Africa	73.3 24.4	26.7 40.0	0 0	100.0 22.7
	Asia	11.1 1.1	11.1 5.0	77.8 31.8	100.0 6.8
	LAC	41.2 7.8	35.3 30.0	23.5 18.2	100.0 12.9
	NE	50.0 6.7	16.7 10.0	33.3 18.2	100.0 9.1
Subtotal		52.9 40.0	25.0 85.0	22.1 68.2	100.0 51.5
NOT IN SURVEY	Africa	100.0 13.3	0 0	0 0	100.0 9.1
	Asia	73.7 15.6	5.3 5.0	21.0 18.2	100.0 14.4
	LAC	84.2 17.8	5.3 5.0	10.5 9.1	100.0 14.4
	NE	85.8 13.3	7.1 5.0	7.1 4.5	100.0 10.6
Subtotal		84.4 60.0	4.7 15.0	10.9 31.8	100.0 48.5
T O T A L	Africa	81.0 37.7	19.0 40.0	0 0	100.0 31.8
	Asia	53.6 16.7	7.1 10.0	39.3 50.0	100.0 21.2
	LAC	63.9 25.6	19.4 35.0	16.7 27.3	100.0 27.3
	NE	69.2 20.0	11.5 15.0	19.3 22.7	100.0 19.7
T O T A L		68.2 100.0	15.2 100.0	16.6 100.0	100.0 100.0

Table 5
 Percentage Distribution of UNFPA Country Program Assistance, 1978-1980,
 by AID Region, Relation to Survey,
 and average annual level of UNFPA country assistance,
 by total assistance in each category

relation to survey	AID region	annual average UNFPA country assistance			All countries				
		\$1-499,000	\$500,000-999,999	\$1,000,000 +					
IN SURVEY	Africa	41.0	56.4	40.7	43.6	0	0	15.0	100.0
	Asia	.7	.5	4.6	2.2	51.1	97.3	33.8	100.0
	LAC	14.0	22.5	25.6	31.8	10.6	45.7	12.9	100.0
	NE	10.3	17.1	12.6	16.4	12.8	66.5	12.4	100.0
Subtotal		66.0	18.4	83.5	18.1	74.5	63.5	74.1	100.0
NOT IN SURVEY	Africa	15.1	100.0	0	0	0	0	3.2	100.0
	Asia	8.7	12.8	4.1	4.7	18.0	82.5	14.1	100.0
	LAC	7.3	26.8	6.9	19.7	4.7	53.5	5.6	100.0
	NE	2.9	19.7	5.5	29.4	2.8	50.9	3.0	100.0
Subtotal		34.0	27.2	16.5	10.3	25.5	62.5	25.9	100.0
T O T A L	Africa	56.1	63.9	40.7	36.1	0	0	18.2	100.0
	Asia	9.4	4.1	8.7	2.9	69.1	93.0	47.9	100.0
	LAC	21.3	23.8	32.5	28.1	15.3	48.1	18.5	100.0
	NE	13.2	17.6	18.1	18.9	15.6	63.5	15.4	100.0
T O T A L		100.0	20.7	100.0	16.1	100.0	63.2	100.0	100.0

Table 6
 UNFPA Assistance, 1978-80, in \$(000)
 by AID region, by Response/Non-response to Survey,
 and by Presence/Absence of AID Bilateral Population Program

Region		Responding Countries	All Respondents	Non-Respondents	All in Survey
Africa ¹	Bilateral	4,979	31,668	0	38,934
	No Bilat	26,689		7,306	
Asia ²	Bilateral	74,153	87,291	0	87,685
	No Bilat	13,138		394	
LAC ³	Bilateral	17,858	31,335	639	33,525
	No Bilat	13,477		1,551	
NE ⁴	Bilateral	14,605	31,170	0	32,102
	No Bilat	16,565		932	
Total	Bilateral	111,595	181,464	112,234	192,246
	No Bilat	69,869		80,012	

Notes:

- 1 Africa bilateral programs are Kenya, Lesotho, and Tanzania
- 2 Asia bilateral programs are Bangladesh, India, Indonesia, Nepal, Philippines, and Thailand
- 3 Latin America/Caribbean bilateral programs are Costa Rica, Ecuador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua (no response to questionnaire), and Panama
- 4 Near East bilateral programs are Egypt, Morocco, and Tunisia

Table 7
 Percentage Distribution, Within and Between AID Regions,
 of Table 6, UNFPA Assistance, 1978-80, in \$(000)
 by AID region, by Response/Non-response to Survey,
 and by Presence/Absence of AID Bilateral Population Program

Region	a. Within Regions ¹		b. Between Regions ²		
	Responding Countries	All Countr's In Survey	Responding Countries	All Countr's In Survey	
Africa	Bilateral	15.7	12.8	4.5	4.4
	No Bilat	84.3	87.2	38.2	42.5
	ALL	100.0	100.0	17.4	20.3
Asia	Bilateral	84.9	84.6	66.4	66.1
	No Bilat	15.1	15.4	18.8	16.9
	ALL	100.0	100.0	48.1	45.6
LAC	Bilateral	57.0	55.2	16.0	16.5
	No Bilat	43.0	44.8	19.3	18.8
	ALL	100.0	100.0	17.3	17.4
NE	Bilateral	46.9	45.5	13.1	13.0
	No Bilat	53.1	54.5	23.7	21.8
	ALL	100.0	100.0	17.2	16.7
Total	Bilateral	61.5	58.4	100.0	100.0
	No Bilat	38.5	41.6	100.0	100.0
	ALL	100.0	100.0	100.0	100.0

Notes:

¹ The "Within Regions" distribution shows that, in LAC and NE, UNFPA assistance is distributed in a similar proportion between AID bilateral and non-bilateral countries; in Africa and Asia, on the other hand, the distribution of UNFPA assistance reverses.

² The "Between Regions" columns show that AID bilateral countries in Asia (included in the survey) receive about two-thirds of all UNFPA assistance to bilateral countries; LAC and NE bilateral countries receive about 30 per cent of the remainder.

Table 1
 Distribution of Responses, by Region,
 by Kind of AID Program, and by Type of Local AID Monitor

	Kind of AID Bilateral & Central	Central Only	Program No AID Program	Type of AID FT Pop Officer	Other Rep	Monitor No Pop Rep	TOTAL
Africa	3	12	10	7	9	9	25
Asia	6	1	1	7	1	0	8
LAC	6	8	1	6	8	1	15
NE	3	6	2	4	0	7	11
TOTAL	18	27	14	24	18	17	59

GUIDE TO READING RESPONSES TO UNFPA REVIEW QUESTIONNAIRE

Questions from para 5 of State 52502:

- I A . . .Is para 6 (proj summary) consistent with Mission understanding of UNFPA activity?
- I B . . .How important are UNFPA intercountry activities?
- II A . . . If applicable, were Needs Assessment findings consistent with USG perception of priority needs?
- II B . . . Were NA findings used in design of new activities?
- II C . . . Did the NA team consult with the Embassy/Mission?
- II D 1 . . . If a UNFPA priority country, did it receive reasonable degree of UNFPA attention/assistance?
- II D 2 . . . If not a priority country, did UNFPA use status to justify levels of assistance below those requested?
- II E 1 . . . Has UNFPA support increased or decreased recently?
- II E 2 . . . Did UNFPA explain changes in terms of priority status?
- II F . . . Does Embassy/Mission recommend changes in UNFPA's criteria for country priorities?
- II G . . . Describe time required for development of UNFPA country program.
- II H . . . Describe effectiveness of implementing agents for UNFPA projects.
- II I . . . Is in-country residence of IA reps critical for adequate oversight?
- II J 1 . . . Does the UNDP resrep encourage host country concern with pop dimensions of development?
- II J 2 . . . Is there a pop dimension in the UN country program?
- III A 1 . . . Indicate frequency of formal/informal program coordination meetings between USG staff and UNFPA implementing agents.
- III A 2 . . . Characterize the usefulness of these meetings.
- III B . . . Do AID and IA's share program documentation?
- III C . . . If the Mission or Embassy has had disagreements with UNFPA over policy or program issues during the past two years, how have these disagreements been resolved and what has been learned?

- IV A . . Is demo data collection important area of UNFPA aid?
- IV B . . How effective has UNFPA aid been in providing needed demo data and/or encouraging greater host country use of demo data?
- IV C . . Does any USG assistance depend on success of UNFPA activity in this area?
- V A . . Is UNFPA pop policy assistance important?
- V B . . How effective has UNFPA aid been in encouraging pop policy development?
- V C . . Does any USG assistance depend on success of UNFPA in this area?
- VI A . . Characterize host country commitment to provide family planning services.
- VI B . . Does host country favor/require integration of fp assistance with mch or other health programs?
- VI C . . What proportion of UNFPA support for "family planning programs" represents support for health activities unrelated to fp ?
- VI D . . Does UNFPA provide contraceptive commodities not otherwise available ?
- VI E . . Does UNFPA provide major support for local salaries in fp ?
- VI F . . How effective is UNFPA support for fp programs?
- VI G . . Is UNFPA support for fp training important ?
- VI H . . How effective is UNFPA support for fp training ?
- VI I D . Does any USG assistance depend on UNFPA provision of contraceptive commodities not otherwise available
- VI I E . Does any USG assistance depend on UNFPA support for local salaries of fp programs ?
- VI I G . Does any USG assistance depend on UNFPA support for fp training?
- VII A . .Has UNFPA pop ed/communications assistance been important?
- VII B . .How effective is UNFPA support in this area?
- VII C . .Does any USG assistance depend on UNFPA success in this area?

- VIII A . Is UNFPA program activity consistent with the USG country pop strategy?
- VIII B . Describe UNFPA's working relationship with the host government?
- VIII C . Is UNFPA effective in providing requested assistance?
- VIII D . Is a continuing UNFPA role important to achievement of USG population assistance/foreign policy objectives?

Summary Cross Tabulations
of Responses to State-AID Survey of UNFPA Country Programs
by AID Region

Descriptor Variables:

1. UNFPA Priority Countries

Region	Priority Countries	Other Countries	Total
Africa #	16	9	25
%	64.0	36.0	100.0
Asia #	7	1	8
%	87.5	12.5	100.0
LAC #	4	11	15
%	26.7	73.3	100.0
NE #	4	7	11
%	36.4	63.6	100.0
Total #	31	28	59
%	52.5	47.5	100.0

2. Countries with Completed UNFPA Needs Assessments

Region	Completed	No N. A.	Total
Africa #	13	12	25
%	52.0	48.0	100.0
Asia #	8	0	8
%	100.0	0.0	100.0
LAC #	6	9	15
%	40.0	60.0	100.0
NE #	7	4	11
%	63.6	36.4	100.0
Total #	34	25	59
%	57.6	42.4	100.0

3. Countries with UNFPA Major Country Programs

Region		Major Program	Other	Total
Africa	#	14	11	25
	%	56.0	44.0	100.0
Asia	#	6	2	8
	%	75.0	25.0	100.0
LAC	#	9	6	15
	%	60.0	40.0	100.0
NE	#	3	8	11
	%	27.3	72.7	100.0
Total	#	32	27	59
	%	54.2	45.8	100.0

4. UNFPA Country Programs, Average Annual Size, 1978-80

Region		\$500,000-			Total
		\$1-499,000	999,999	\$1,000,000+	
Africa	#	19	6	0	25
	%	76.0	24.0	0.0	100.0
Asia	#	0	1	7	8
	%	0.0	12.5	87.5	100.0
LAC	#	6	5	4	15
	%	45.5	18.2	36.4	100.0
NE	#	5	2	4	11
	%	45.5	18.2	36.4	100.0
Total	#	30	14	15	59
	%	50.8	23.7	25.4	100.0

5. Countries with AID bilateral population assistance programs

Region		Bilateral Program	No Bilateral	Total
Africa	$\frac{\#}{\%}$	3 12.0	22 88.0	25 100.0
Asia	$\frac{\#}{\%}$	6 75.0	2 25.0	8 100.0
LAC	$\frac{\#}{\%}$	7 46.7	8 53.3	15 100.0
NE	$\frac{\#}{\%}$	3 27.3	8 72.7	11 100.0
Total	$\frac{\#}{\%}$	19 32.2	40 67.8	59 100.0

6. Countries Receiving AID Centrally-Funded Population Assistance

Region		Central Assistance	No Central	Total
Africa	$\frac{\#}{\%}$	12 48.0	13 52.0	25 100.0
Asia	$\frac{\#}{\%}$	7 87.5	1 12.5	8 100.0
LAC	$\frac{\#}{\%}$	14 93.3	1 6.7	15 100.0
NE	$\frac{\#}{\%}$	7 63.6	4 36.4	11 100.0
Total	$\frac{\#}{\%}$	40 67.8	19 32.2	59 100.0

7. Countries with Resident USG Population Officer (FT or PT)

Region	Pop Officer	No Pop Officer	Total
Africa # %	16 54.0	9 35.0	25 100.0
Asia # %	8 100.0	0 0.0	8 100.0
LAC # %	14 93.3	1 6.7	15 100.0
NE # %	4 36.4	7 63.6	11 100.0
Total # %	42 71.2	17 28.8	59 100.0

Responses to Questions

I.A. Is para. 6 (project summary) consistent with Mission understanding of UNFPA activity?

Region	Yes	No	Total	Other ¹
Africa # %	15 71.4	6 28.6	21 100.0	4
Asia # %	5 100.0	3 0.0	8 100.0	0
LAC # %	10 71.4	4 28.6	14 100.0	1
NE # %	9 90.0	1 10.0	10 100.0	1
Total # %	39 73.6	14 26.4	53 100.0	6

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

I.B. How important are UNFPA intercountry activities?

Region		Very important	Moderately important	Not important	Total	Other ¹
Africa	$\frac{\#}{\%}$	6 33.3	6 33.3	6 33.3	18 100.0	7
Asia	$\frac{\#}{\%}$	2 33.3	4 67.0	0 0	6 100.0	2
LAC	$\frac{\#}{\%}$	5 35.7	7 50.0	2 14.3	14 100.0	1
NE	$\frac{\#}{\%}$	1 11.1	5 55.6	3 33.3	9 100.0	2
Total	$\frac{\#}{\%}$	14 29.8	22 46.8	11 23.4	47 100.0	12
AID bilatl	$\frac{\#}{\%}$	8 47.1	7 41.2	2 11.7	17 100.0	2
no bi- latl	$\frac{\#}{\%}$	6 20.0	15 50.0	9 300.0	30 100.0	10

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.A. If applicable, were Needs Assessment findings consistent with USG perceptions of priority needs?

Region	Consistent	Hot Consistent	Total	Other ¹
Africa	# 13 % 92.9	# 1 % 7.1	# 14 % 100.0	11
Asia	# 7 % 87.5	# 1 % 12.5	# 8 % 100.0	0
LAC	# 3 % 60.0	# 2 % 40.0	# 5 % 100.0	10
NE	# 5 % 85.7	# 1 % 14.3	# 7 % 100.0	4
Total	# 29 % 85.3	# 5 % 14.7	# 34 % 100.0	25

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.B. Were Needs Assessment findings used in the design of new UNFPA activities?

Region	Yes	No	Total	Other ¹
Africa	# 13 % 100.0	# 0 % 0.0	# 13 % 100.0	12
Asia	# 8 % 100.0	# 0 % 0.0	# 8 % 100.0	0
LAC	# 4 % 80.0	# 1 % 20.0	# 5 % 100.0	10
NE	# 5 % 100.0	# 0 % 0.0	# 5 % 100.0	6
Total	# 30 % 96.8	# 1 % 3.2	# 31 % 100.0	28

II.C. Did the Needs Assessment team consult with the Embassy/Mission?

Region		Yes	No	Total	Other ¹
Africa	$\frac{\#}{\%}$	11 84.6	2 15.4	13 100.0	12
Asia	$\frac{\#}{\%}$	7 100.0	0 0.0	7 100.0	1
LAC	$\frac{\#}{\%}$	5 83.3	1 16.7	6 100.0	9
NE	$\frac{\#}{\%}$	4 57.1	3 42.9	7 100.0	4
Total		$\frac{\#}{\%}$ 27 81.8	$\frac{\#}{\%}$ 6 18.2	$\frac{\#}{\%}$ 33 100.0	26
AID bilat ¹	$\frac{\#}{\%}$	12 85.7	2 14.3	14 100.0	5
no AID bilat ¹	$\frac{\#}{\%}$	15 78.9	4 21.1	19 100.0	21
pop officer	$\frac{\#}{\%}$	23 92.0	2 8.0	25 100.0	17
no pop officer	$\frac{\#}{\%}$	4 50.0	4 50.0	8 100.0	9
<u>Near East only</u> pop officer	$\frac{\#}{\%}$	3 100.0	0 0.0	3 100.0	1
<u>Near East only</u> no pop officer	$\frac{\#}{\%}$	1 25.0	3 75.0	4 100.0	3

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.D. (1) In the case of UNFPA priority countries, did the country receive a reasonable degree of UNFPA attention and assistance?

Region	Yes	No	Total	Other ¹
Africa # %	12 80.0	3 20.0	15 100.0	10
Asia # %	7 100.0	0 0.0	7 100.0	1
LAC # %	2 66.7	1 33.3	3 100.0	12
NE # %	3 100.0	0 0.0	3 100.0	8
Total # %	24 85.7	4 14.3	28 100.0	31

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.D. (2) In the case of non-priority countries, did UNFPA use non-priority status to justify levels of assistance below those requested?

Region	Yes	No	Total	Other ¹
Africa # %	1 16.7	5 83.3	6 100.0	19
Asia # %	0 0.0	0 0.0	0 0.0	8
LAC # %	6 60.0	4 40.0	10 100.0	5
NE # %	0 0.0	6 100.0	6 100.0	5
Total # %	7 31.8	15 68.2	22 100.0	37

II.E. (1) Has UNFPA support increased or decreased recently?

Region	Yes	No	Total	Other ¹
Africa $\frac{\#}{\%}$	15 58.2	7 31.8	22 100.0	3
Asia $\frac{\#}{\%}$	5 62.5	3 37.5	8 100.0	0
LAC $\frac{\#}{\%}$	10 71.4	4 28.6	14 100.0	1
NE $\frac{\#}{\%}$	3 27.3	8 72.7	11 100.0	0
Total $\frac{\#}{\%}$	33 60.0	22 40.0	55 100.0	4

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.E. (2) Did UNFPA explain these changes in terms of your country's priority status?

Region	Yes	No	Total	Other ¹
Africa $\frac{\#}{\%}$	5 41.7	7 58.3	12 100.0	13
Asia $\frac{\#}{\%}$	2 66.7	1 33.3	3 100.0	5
LAC $\frac{\#}{\%}$	6 60.0	4 40.0	10 100.0	15
NE $\frac{\#}{\%}$	2 66.7	1 33.3	3 100.0	8
Total $\frac{\#}{\%}$	15 53.6	13 46.4	28 100.0	31

II.F. Does the Embassy/Mission recommend changes in UNFPA's criteria for country priorities?

Region	Yes	No	Total	Other ¹
Africa # %	5 22.7	17 77.3	22 100.0	3
Asia # %	3 37.5	5 62.5	8 100.0	0
LAC # %	8 57.1	6 42.9	14 100.0	1
NE # %	4 36.4	7 63.6	11 100.0	0
Total # %	20 36.4	35 63.6	55 100.0	4

Note:

¹ "Other" includes "unknown"; "not applicable", and otherwise classified responses.

II.G. Describe the time required for development of UNFPA country programs.

Region	Less than 1 year	1-2 years	more than 2 years	Total	Other ¹
Africa # %	4 21.1	13 68.4	2 10.5	19 100.0	6
Asia # %	3 37.5	5 62.5	0 0.0	8 100.0	0
LAC # %	4 33.3	4 33.3	4 33.3	12 100.0	3
NE # %	5 62.5	3 37.5	0 0.0	8 100.0	3
Total # %	16 34.0	25 53.2	6 12.8	47 100.0	12

II.G. Describe the time required for development of UNFPA country programs (continued).

Region		Less than 1 year	1-2 years	more than 2 years	Total	Other ¹
average annual program						
\$1 - 499,999	# %	7 33.3	12 57.1	2 9.6	21 100.0	9
\$500,000- 999,999	# %	2 16.7	7 58.3	3 25.0	12 100.0	2
\$1 million or more	# %	7 50.0	6 42.9	1 7.1	14 100.0	1
major program	# %	10 33.3	15 50.0	5 16.7	30 100.0	2
no major program	# %	6 35.3	10 58.8	1 5.9	17 100.0	10

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.H. Describe the effectiveness of the implementing agents for UNFPA projects.

Region		Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	# %	4 30.8	8 61.5	1 7.7	13 100.0	12
Asia	# %	1 20.0	4 80.0	0 0.0	5 100.0	3
LAC	# %	1 11.1	6 66.7	2 22.2	9 100.0	6
NE	# %	2 28.6	5 71.4	0 0.0	7 100.0	4
Total	# %	8 23.5	23 67.6	3 8.9	34 100.0	25

II.1. Is in-country residence of the representatives of implementing agents critical for adequate oversight?

Region		Yes	No	Total	Other ¹
Africa	#	14	5	19	6
	%	73.7	26.3	100.0	
Asia	#	5	1	6	2
	%	83.3	16.7	100.0	
LAC	#	6	6	12	3
	%	50.0	50.0	100.0	
NE	#	5	6	11	0
	%	45.5	54.5	100.0	
Total	#	30	18	48	11
	%	62.5	37.5	100.0	
<u>average annual program</u>					
\$1 - 499,999	#	14	10	24	6
	%	58.3	41.7	100.0	
\$500,000- 999,999	#	5	5	10	4
	%	50.0	50.0	100.0	
\$1 million or more	#	11	3	14	1
	%	78.6	21.4	100.0	
AID bilatl	#	12	5	17	2
	%	70.6	29.4	100.0	
no AID bilatl	#	18	13	31	9
	%	58.1	41.9	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.J. (1) Does the UNDP Country Representative encourage host country concern for population dimensions of development?

Region	Yes	No	Total	Other ¹
Africa # %	13 76.5	4 23.5	17 100.0	8
Asia # %	4 100.0	0 0.0	4 100.0	4
LAC # %	7 63.6	4 36.7	11 100.0	4
NE # %	3 50.0	3 50.0	6 100.0	5
Total # %	27 71.1	11 28.9	38 100.0	21

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

II.J. (2) Is there a population dimension in the UN Country Program?

Region	Yes	No	Total	Other ¹
Africa # %	8 47.1	9 52.9	17 100.0	8
Asia # %	2 50.0	2 50.0	4 100.0	4
LAC # %	3 30.0	7 70.0	10 100.0	5
NE # %	4 57.1	3 42.9	7 100.0	4
Total # %	17 44.7	21 55.3	38 100.0	21

III.A. (1) Indicate the frequency of formal or informal program coordination meetings between USG staff and UNFPA implementing agents.

Region	Annually	Quarterly	Bi-monthly	Monthly +	Total	Other ¹
Africa #	0	5	0	7	12	13
Africa %	0.0	41.7	0.0	58.3	100.0	
Asia #	0	0	0	7	7	1
Asia %	0.0	0.0	0.0	100.0	100.0	
LAC #	1	2	0	8	11	4
LAC %	9.1	18.2	0.0	72.7	100.0	
NE #	2	0	1	2	5	6
NE %	40.0	0.0	20.0	40.0	100.0	
Total #	3	7	1	24	35	24
Total %	8.6	20.0	2.9	68.5	100.0	
<u>average annual program</u>						
\$1 - #	1	4	0	8	13	17
\$1 - 499,999 %	7.7	30.8	0.0	61.5	100.0	
\$500,000- #	0	2	0	7	9	5
\$500,000- 999,999 %	0.0	22.2	0.0	77.8	100.0	
\$1 million #	2	1	1	9	13	2
\$1 million or more %	15.4	7.7	7.7	69.2	100.0	
AID #	0	1	1	16	18	1
AID bilateral %	0.0	5.6	5.6	88.8	100.0	
no AID #	3	6	0	8	17	23
no AID bilateral %	17.6	35.3	0.0	47.1	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

III.A. (2) How useful are these coordination meetings?

Region		Very useful	Moderately useful	Not useful	Total	Other ¹
Africa	# %	8 61.5	5 38.5	0 0.0	13 100.0	12
Asia	# %	5 71.4	2 28.6	0 0.0	7 100.0	1
LAC	# %	6 50.0	5 41.7	1 8.3	12 100.0	3
NE	# %	3 50.0	3 50.0	0 0.0	6 100.0	5
Total	# %	22 57.9	15 39.5	1 2.6	38 100.0	21

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

III.B. Do AID and the implementing agents share program documentation?

Region		Yes	No	Total	Other ¹
Africa	# %	13 81.2	3 18.8	16 100.0	9
Asia	# %	6 75.0	2 25.0	8 100.0	0
LAC	# %	12 100.0	0 0.0	12 100.0	3
NE	# %	5 83.3	1 16.7	6 100.0	5
Total	# %	36 85.7	6 14.3	42 100.0	17

IV.A. Is demographic data collection an important area of UNFPA assistance?

Region		Very important	Moderately important	Not important	Total	Other ¹
Africa	#	18	2	0	20	5
	%	90.0	10.0	0.0	100.0	
Asia	#	2	4	1	7	1
	%	28.6	57.1	14.3	100.0	
LAC	#	4	5	1	10	5
	%	40.0	50.0	10.0	100.0	
NE	#	5	1	1	8	3
	%	75.0	12.5	12.5	100.0	
Total	#	30	12	3	45	14
	%	66.7	26.7	6.6	100.0	
<u>average annual program</u>						
\$1 -	#	19	3	0	22	8
499,999	%	86.4	13.6	0.0	100.0	
\$500,000-	#	5	4	1	10	4
999,999	%	50.0	40.0	10.0	100.0	
\$1 million	#	6	5	2	13	2
or more	%	46.2	38.5	15.3	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

IV.B. How effective has UNFPA assistance been in providing needed demographic data and/or encouraging greater host country use of demographic data?

Region	Very effective	Moderately effective	Not effective	Total	Other ¹
Africa # %	10 76.9	3 23.1	0 0.0	13 100.0	12
Asia # %	1 20.0	3 60.0	1 20.0	5 100.0	3
LAC # %	2 25.0	5 62.5	1 12.5	8 100.0	7
NE # %	3 50.0	3 50.0	0 0	6 100.0	5
Total # %	16 50.0	14 43.8	2 6.2	32 100.0	27

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

IV.C. Does any USG assistance depend on the success of UNFPA activity in this area?

Region	Yes	No	Total	Other ¹
Africa # %	7 50.0	7 50.0	14 100.0	11
Asia # %	1 25.0	3 75.0	4 100.0	4
LAC # %	4 50.0	4 50.0	8 100.0	7
NE # %	2 40.0	3 60.0	5 100.0	6
Total # %	14 45.2	17 54.8	31 100.0	28

V.A. How important is UNFPA population policy assistance?

Region		Very important	Moderately important	Not important	Total	Other ¹
Africa	# %	5 38.5	4 30.8	4 30.7	13 100.0	12
Asia	# %	1 14.3	4 57.1	2 28.6	7 100.0	1
LAC	# %	3 33.3	4 44.4	2 22.3	9 100.0	6
NE	# %	2 40.0	2 40.0	1 20.0	5 100.0	6
Total	# %	11 32.4	14 41.1	9 26.5	34 100.0	25
AID bilatl	# %	5 31.2	9 56.2	2 12.6	16 100.0	3
no AID bilatl	# %	6 33.3	5 27.8	7 38.9	18 100.0	22
average annual program						
\$1 - 499,999	# %	6 46.2	2 15.4	5 38.5	13 100.0	17
\$500,000 - 999,999	# %	2 22.2	7 77.8	0 0.0	9 100.0	5
\$1 million or more	# %	3 25.0	5 41.7	4 33.3	12 100.0	3

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

V.B. How effective has UNFPA assistance been in encouraging population policy assistance?

Region	Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	# 1 % 14.3	# 5 % 73.4	# 1 % 14.3	# 7 % 100.0	18
Asia	# 1 % 33.3	# 2 % 66.7	# 0 % 0.0	# 3 % 100.0	5
LAC	# 1 % 16.7	# 2 % 33.3	# 3 % 50.0	# 6 % 100.0	9
NE	# 1 % 20.0	# 3 % 60.0	# 1 % 20.0	# 5 % 100.0	6
Total	# 4 % 19.0	# 12 % 57.1	# 5 % 23.9	# 21 % 100.0	38

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

V.C. Does any USG assistance depend on the success of UNFPA in this area?

Region	Yes	No	Total	Other ¹
Africa	# 2 % 18.2	# 9 % 81.8	# 11 % 100.0	14
Asia	# 1 % 20.0	# 4 % 80.0	# 5 % 100.0	3
LAC	# 2 % 25.0	# 6 % 75.0	# 8 % 100.0	7
NE	# 3 % 60.0	# 2 % 40.0	# 5 % 100.0	6
Total	# 8 % 27.6	# 21 % 72.4	# 29 % 100.0	30

VI.A. Characterize host country commitment to provide family planning services.

Region	Central to policy	Equal to other issues	Low priority	Total	Other ¹
Africa # %	3 12.0	5 20.0	17 68.0	25 100.0	0
Asia # %	6 75.0	1 12.5	1 12.5	8 100.0	0
LAC # %	5 41.7	4 33.3	3 25.0	12 100.0	3
NE # %	3 27.3	3 27.3	5 45.4	11 100.0	0
Total # %	17 30.4	13 23.2	26 46.4	56 100.0	3
AID bilatl # %	13 72.2	2 11.1	3 16.7	18 100.0	1
no AID bilatl # %	4 10.5	11 28.9	23 60.6	38 100.0	2
<u>average annual program</u>					
\$1 - # 499,999 %	4 14.8	6 22.2	17 63.0	27 100.0	3
\$500,000- # 999,999 %	2 14.8	6 42.9	6 42.9	14 100.0	0
\$1 million # or more %	11 73.3	1 6.7	3 20.0	15 100.0	0
UN priority # %	9 29.1	5 16.1	17 54.9	31 100.0	0
Other coun- # tries %	8 32.0	8 32.0	9 36.0	25 100.0	3

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.B. Does the host country favor or require the integration of family planning assistance with maternal-child health or other health programs?

Region	Yes	No	Total	Other ¹
Africa # %	23 95.8	1 4.2	24 100.0	1
Asia # %	6 75.0	2 25.0	8 100.0	0
LAC # %	8 72.7	3 27.3	11 100.0	4
NE # %	9 90.0	1 10.0	10 100.0	1
Total # %	45 86.8	7 13.2	53 100.0	6

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.C. What proportion of UNFPA support for "family planning programs" represents support for health activities unrelated to family planning?

Region	No support	Less than one-third	33-67 percent	more than two-thirds	Total	Other ¹
Africa # %	1 7.1	3 21.4	2 14.3	8 57.2	14 100.0	11
Asia # %	3 37.5	3 37.5	2 25.0	0 0.0	8 100.0	0
LAC # %	1 9.1	2 18.2	3 27.3	5 45.4	11 100.0	4
NE # %	2 22.2	1 11.1	1 11.1	5 55.6	9 100.0	2
Total # %	7 16.7	9 21.4	8 19.0	18 42.9	42 100.0	17

VI.C. What proportion of UNFPA support for "family planning programs" represents support for health activities unrelated to family planning?
(continued)

Region	No support	Less than one-third	33-67 percent	more than two-thirds	Total	Other ¹
AID bilatl #	3	5	4	5	17	2
%	17.6	29.4	23.6	29.4	100.0	
no AID bilatl #	4	4	4	13	25	15
%	16.0	16.0	16.0	52.0	100.0	
<u>average annual program</u>						
\$1 - #	2	2	3	8	15	15
499,999 %	13.3	13.3	20.0	53.4	100.0	
\$500,000- #	1	2	2	7	12	2
999,999 %	8.3	16.7	16.7	58.3	100.0	
\$1 million #	4	5	3	3	15	0
or more %	26.7	33.3	20.0	20.0	100.0	
FP central #	4	5	5	2	16	1
to policy %	25.0	31.2	31.2	12.6	100.0	
FP of equal #	2	1	0	7	10	3
importance %	20.0	10.0	0.0	70.0	100.0	
FP of low #	1	3	2	9	15	11
priority %	6.7	20.0	13.3	60.0	100.0	
Other ¹ #	0	0	1	0	1	2
Integratn #	5	8	5	16	34	12
favrd/reqrd %	14.7	23.5	14.7	47.1	100.0	
Integratn #	2	1	2	1	6	1
not reqrd %	33.3	16.7	33.3	16.7	100.0	
Other ¹ #	0	0	1	1	2	4

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.D. Does UNFPA provide contraceptive commodities not otherwise available?

Region	Yes	No	Total	Other ¹
Africa # % 58.8	10	7 41.2	17 100.0	8
Asia # % 62.5	5	3 37.5	8 100.0	0
LAC # % 63.6	7	4 36.4	11 100.0	4
NE # % 50.0	5	5 50.0	10 100.0	1
Total # % 58.7	27	19 41.3	46 100.0	13
AID bilatl # % 70.6	12	5 29.4	17 100.0	2
no AID bilatl # % 51.7	15	14 48.3	29 100.0	11

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.E. How important is UNFPA support for local salaries in family planning activities?

Region		Very important	Moderately important	Not important	Total	Other ¹	
Africa	# %	1 5.3	1 5.3	17 89.4	19 100.0	6	
Asia	# %	2 28.6	1 14.3	4 57.1	7 100.0	1	
LAC	# %	2 20.0	1 10.0	7 70.0	10 100.0	5	
NE	# %	1 11.1	3 33.3	5 55.6	9 100.0	2	
Total	# %	6 13.3	6 13.3	33 73.4	45 100.0	14	
AID bilatl	# %	2 11.1	5 27.8	11 61.1	18 100.0	1	
no AID bilatl	# %	4 14.8	1 3.8	22 81.4	27 100.0	13	
<u>average annual program</u>							
\$1 - 499,999	# %	1 5.0	0 0.0	19 95.0	20 100.0	10	
\$500,000-999,999	# %	1 8.3	3 25.0	8 66.7	12 100.0	2	
\$1 million or more	# %	4 30.8	3 23.1	6 46.1	13 100.0	2	
A F R I C A	AID bilatl	# %	0 0.0	1 33.3	2 66.7	3 100.0	0
	no AID bilatl	# %	1 6.2	0 0.0	15 93.8	16 100.0	6

VI.E. How important is UNFPA support for local salaries in family planning activities? (continued)

Region		Very important	Moderately important	Not important	Total	Other ¹
A S I A	AID bilat ¹	# 1	# 1	# 4	# 6	# 0
	%	16.7	16.7	66.6	100.0	
A no AID bilat ¹	#	1	0	0	1	1
	%	100.0	0.0	0.0	100.0	
L A	AID bilat ¹	# 1	# 1	# 4	# 6	# 1
	%	16.7	16.7	66.6	100.0	
A C	no AID bilat ¹	# 1	# 0	# 3	# 4	# 4
	%	25.0	0.0	75.0	100.0	
N E	AID bilat ¹	# 0	# 2	# 1	# 3	# 0
	%	0.0	66.7	33.3	100.0	
E	no AID bilat ¹	# 1	# 1	# 4	# 6	# 2
	%	16.7	16.7	66.6	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.F. How effective is UNFPA support for family planning programs?

Region		Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	#	1	3	1	5	20
	%	20.0	60.0	20.0	100.0	
Asia	#	5	2	0	7	1
	%	71.4	28.6	0.0	100.0	
LAC	#	3	3	3	9	6
	%	33.3	33.3	33.3	100.0	
NE	#	3	5	1	9	2
	%	33.3	55.6	10.1	100.0	
Total	#	12	13	5	30	29
	%	40.0	43.3	16.7	100.0	

VI.G: How important is UNFPA support for family planning training?

Region	Very important	Moderately important	Not important	Total	Other ¹
Africa	# 5 % 38.5	# 3 % 23.0	# 5 % 38.5	# 13 % 100.0	12
Asia	# 6 % 75.0	# 2 % 25.0	# 0 % 0.0	# 8 % 100.0	0
LAC	# 1 % 10.0	# 4 % 40.0	# 5 % 50.0	# 10 % 100.0	5
NE	# 3 % 30.0	# 4 % 40.0	# 3 % 30.0	# 10 % 100.0	1
Total	# 15 % 36.6	# 13 % 31.7	# 13 % 31.7	# 41 % 100.0	18
<u>average annual program</u>					
\$1 - 499,999	# 5 % 37.5	# 4 % 25.0	# 6 % 37.5	# 16 % 100.0	14
\$500,000- 999,999	# 2 % 18.2	# 5 % 45.4	# 4 % 36.4	# 11 % 100.0	3
\$1 million or more	# 7 % 50.0	# 4 % 28.6	# 3 % 21.4	# 14 % 100.0	1

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.H. How effective is UNFPA support for family planning training?

Region	Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	3 42.9	3 42.9	1 14.2	7 100.0	18
Asia	2 28.6	5 71.4	0 0.0	7 100.0	1
LAC	2 22.2	2 22.2	5 55.6	9 100.0	6
NE	2 33.3	3 50.0	1 16.7	5 100.0	5
Total	9 31.0	13 44.8	7 24.2	29 100.0	30

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.I. (D) Does any USG assistance depend on UNFPA provision of contraceptive commodities not otherwise available?

Region	Yes	No	Total	Other ¹
Africa	1 20.0	4 80.0	5 100.0	20
Asia	3 60.0	2 40.0	5 100.0	3
LAC	6 60.0	4 40.0	10 100.0	5
NE	3 75.0	1 25.0	4 100.0	7
Total	13 54.2	11 45.8	24 100.0	35

VI.I. (E) Does any USG assistance depend on UNFPA support for local salaries of family planning programs?

Region		Yes	No	Total	Other ¹
Africa	# %	0 0.0	5 100.0	5 100.0	20
Asia	# %	1 20.0	4 80.0	5 100.0	3
LAC	# %	2 25.0	8 75.0	10 100.0	5
NE	# %	1 33.3	2 66.7	3 100.0	8
Total	# %	4 17.4	19 82.6	23 100.0	36

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VI.I. (G) Does any USG assistance depend on UNFPA support for family planning training?

Region		Yes	No	Total	Other ¹
Africa	# %	0 0.0	5 100.0	5 100.0	20
Asia	# %	6 100.0	0 0.0	6 100.0	2
LAC	# %	4 40.0	6 60.0	10 100.0	5
NE	# %	2 66.7	1 33.3	3 100.0	8
Total	# %	12 50.0	12 50.0	24 100.0	35

VII.A. How important is UNFPA support for education and communications activities?

Region		Very important	Moderately important	Hot important	Total	Other ¹
Africa	# %	4 30.8	6 46.2	3 33.0	13 100.0	12
Asia	# %	6 75.0	1 12.5	1 12.5	8 100.0	0
LAC	# %	1 12.5	5 62.5	2 25.0	8 100.0	7
NE	# %	2 40.0	3 60.0	0 0.0	5 100.0	6
Total	# %	13 38.2	15 44.1	6 17.7	34 100.0	25
AID bilatl	# %	7 46.7	6 40.0	2 13.3	15 100.0	4
no AID bilatl	# %	6 31.6	9 47.4	4 21.0	19 100.0	21
<u>average annual program</u>						
\$1 - 499,999	# %	3 25.0	6 50.0	3 25.0	12 100.0	18
\$500,000-999,999	# %	2 25.0	5 62.5	1 12.5	8 100.0	6
\$1 million or more	# %	8 57.1	4 28.6	2 14.3	14 100.0	1

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VII.B: How effective has UNFPA assistance been in education and communications programs?

Region		Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	# %	2 20.0	4 40.0	4 40.0	10 100.0	15
Asia	# %	2 33.3	3 50.0	1 16.7	6 100.0	2
LAC	# %	2 28.6	3 42.8	2 28.6	7 100.0	8
NE	# %	1 25.0	3 75.0	0 20.0	4 100.0	7
Total	# %	7 25.9	13 48.2	7 25.9	27 100.0	32

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VII.C. Does any USG assistance depend on the success of UNFPA in this area?

Region		Yes	No	Total	Other ¹
Africa	# %	3 37.5	5 62.5	8 100.0	17
Asia	# %	4 100.0	0 0.0	4 100.0	4
LAC	# %	1 16.7	5 83.3	6 100.0	9
NE	# %	2 100.0	0 0.0	2 100.0	9
Total	# %	10 50.0	10 50.0	20 100.0	39

VIII.A. Is UNFPA program activity consistent with the USG country population strategy?

Region		Consistent	Not Consistent	Total	Other ¹
Africa	#	18	1	19	5
	%	94.7	5.3	100.0	
Asia	#	8	0	8	0
	%	100.0	0.0	100.0	
LAC	#	10	3	13	2
	%	76.9	23.1	100.0	
NE	#	9	0	9	2
	%	100.0	0.0	100.0	
Total	#	45	4	49	10
	%	91.8	8.2	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

VIII.C. How effective is UNFPA in providing requested assistance?

Region		Very effective	Moderately effective	Not effective	Total	Other ¹
Africa	#	7	11	0	17	8
	%	41.2	58.8	0.0	100.0	
Asia	#	5	3	0	8	0
	%	62.5	37.5	0.0	100.0	
LAC	#	5	4	2	11	4
	%	45.5	36.4	18.1	100.0	
NE	#	3	5	0	8	3
	%	37.5	62.5	0.0	100.0	
Total	#	20	23	2	45	14
	%	44.4	51.1	4.5	100.0	

VIII.D. Is a continuing UNFPA role important to the achievement of USG population assistance and foreign policy objectives?

Region		Very important	Moderately important	Not important	Total	Other ¹
Africa	#	19	3	0	22	3
	%	86.4	13.6	0.0	100.0	
Asia	#	8	0	0	8	0
	%	100.0	0.0	0.0	100.0	
LAC	#	9	1	1	11	4
	%	81.8	9.1	9.1	100.0	
NE	#	5	2	0	7	4
	%	71.4	28.6	0.0	100.0	
Total	#	41	6	1	48	11
	%	85.4	12.5	2.1	100.0	

Note:

¹ "Other" includes "unknown", "not applicable", and otherwise classified responses.

Table 2
 UNFPA Allocations, 1978-80, in \$(000,000),
 by Areas of Activity and AID Regions,
 in Countries Receiving Questionnaires

	Demog Data	Pop. Dynamics	Policy	Family Planning	Educ/ Commun.	Special Programs	Total
Africa	17.1	2.9	1.1	13.3	3.7	.8	38.9
Asia	5.9	1.4	4.5	66.5	8.2	1.2	87.7
Latin America/ Caribbean	2.8	2.7	1.8	24.4	1.8	*	33.5
Near East	6.5	5.1	1.6	15.6	2.9	.4	32.1
All Regions	32.3	12.1	9.0	119.8	16.6	2.4	192.2
Percentage Shares: UNFPA Allocations between Activity Areas.							
Africa	43.8	7.4	2.9	34.2	9.6	2.1	100.0
Asia	6.7	1.6	5.1	75.9	9.3	1.4	100.0
Latin Amer/Car	8.3	8.2	5.3	72.7	5.3	.2	100.0
Near East	20.2	16.0	4.8	48.7	9.0	1.3	100.0
All Regions	16.8	6.3	4.7	62.3	8.6	1.3	100.0
Percentage Shares: UNFPA Allocations Between Regions							
Africa	52.9	24.0	12.2	11.1	22.3	33.2	20.3
Asia	18.3	11.6	50.0	55.5	49.4	50.0	45.6
Latin Amer/Car	8.7	22.3	20.0	20.4	10.8	.2	17.4
Near East	20.1	42.1	17.8	13.0	17.5	16.6	16.7
All Regions	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note:

* indicates less than \$50,000

Table 3
 UNFPA Allocations, 1978-80, in \$(000,000);
 by Areas of Activity and AID Regions,
 in Countries Responding to Questionnaire

	Demog Data	Pop Dynamics	Policy	Family Planning	Educ/ Commun	Special Programs	Total
Africa	14.2	2.7	1.1	10.1	3.0	.6	31.7
Asia	5.5	1.4	4.5	66.5	8.2	1.2	87.3
Latin America/ Caribbean	2.4	2.1	1.4	23.8	1.6	*	31.3
Near East	6.5	4.4	1.4	15.6	2.9	.4	31.2
All Regions	28.6	10.6	8.4	116.0	15.7	2.2	181.5
Percentage Shares: UNFPA Allocations between Activity Areas							
Africa	44.8	8.5	3.5	31.9	9.4	1.9	100.0
Asia	6.3	1.6	5.1	76.2	9.4	1.4	100.0
Latin Amer/Car	7.7	6.7	4.4	76.0	5.1	.1	100.0
Near East	20.8	14.1	4.5	50.0	9.3	1.3	100.0
All Regions	15.8	5.9	4.6	63.9	8.7	.1	100.0
Percentage Shares: UNFPA Allocations Between Regions							
Africa	49.7	25.5	13.0	8.7	19.1	27.2	17.5
Asia	19.2	13.2	53.6	57.3	52.2	54.5	48.1
Latin Amer/Car	8.4	19.8	16.7	20.5	10.2	.1	17.2
Near East	22.7	41.5	16.7	13.5	18.5	18.2	17.2
All Regions	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note:

* signifies less than \$50,000

Table 4
 UNFPA Basic Data Collection Assistance,
 as Per Cent of All UNFPA Assistance, 1978-80,
 by Size of Total UNFPA Country Program

relation to survey	AID region	annual average UNFPA country assistance			All Countries
		\$1-499,000	\$500,000-999,999	\$1,000,000 +	
IN SURVEY	Africa	55.0	29.4	0	43.8
	Asia	100.0	16.1	6.1	6.7
	LAC	10.2	10.8	4.8	8.3
	NE	20.1	26.1	18.9	20.3
	Subtotal	40.5	22.5	8.1	16.8
NOT IN SURVEY	Africa	52.5	0	0	52.5
	Asia	34.8	44.6	14.9	18.8
	LAC	18.9	17.1	30.7	24.9
	NE	38.6	24.1	60.4	50.2
	Subtotal	39.6	26.3	22.7	27.9
T O T A L	Africa	54.3	29.4	0	45.3
	Asia	39.9	29.5	8.4	10.3
	LAC	13.2	12.1	12.7	13.3
	NE	24.1	25.5	26.2	26.1
T O T A L		40.2	23.1	11.8	19.6

Table 5
Average Annual Basic Data Collection Assistance, in \$(000),
by Average Annual Total Size of UNFPA Country Assistance, 1978-80,
by AID Region

relation to survey	AID region	annual average UNFPA country assistance			All countries
		\$1-499,000	\$500,000-999,999	\$1,000,000 +	
IN SURVEY	Africa	183	208	0	190
	Asia	131	104	247	218
	LAC	36	64	71	54
	NE	61	228	336	181
	Subtotal	133	154	224	158
NOT IN SURVEY	Africa	118	0	0	118
	Asia	39	256	374	121
	LAC	15	163	398	63
	NE	17	185	929	94
	Subtotal	45	201	460	97
T O T A L	Africa	160	208	0	169
	Asia	45	180	293	152
	LAC	22	78	180	59
	NE	32	214	454	134
T O T A L		80	161	299	129

Table 6
UNFPA Assistance to Countries, 1978-80, in \$(000),
in the Form of Country and Regional Program Assistance,
by AID Region

	Total UNFPA Assistance, 1978-80				Basic Data Collection Assistance			
	Country Support	Regional Programs	Total Program	Regional/Total	Country Support	Regional Programs	Total Program	Regional/Total
Africa	47,041	10,637	57,678	18.4	21,325	1,420	22,745	6.2
Asia	124,217	13,436	137,653	9.8	12,777	269	13,046	2.1
LAC	48,072	17,428	65,500	26.6	6,392	1,916	8,308	23.1
NE	39,937	4,860	47,797	10.8	10,442	420	10,862	3.9
Total	259,267	46,361	305,628	15.2	50,936	4,025	54,961	7.3

Table 7
Average Annual UNFPA Assistance to Countries, 1978-80, in \$(000),
in the form of Country and Regional Programs,
for All Purposes and for Basic Data Collection,
by AID Region

	Total UNFPA Assistance, 1978-80			Basic Data Collection Assistance		
	Country Support	Regional Programs	Regional/Total	Country Support	Regional Programs	Regional/Total
Africa	373	253	40.4	169	34	16.7
Asia	1,479	480	24.5	152	10	6.2
LAC	445	484	52.1	59	53	47.3
NE	512	187	26.8	134	16	10.7
Total	655	351	34.9	129	30	18.9

Table 1
UNFPA Allocations, 1978-80, in \$(000,000),
for Country and Intercountry Programs,
by AID Region

AID Region	Country Support	* * * Regional	Intercountry Interreg/Global	Total Intercountry	Total Program
Africa	47.1	10.6		10.6	57.7
Asia	124.2	13.4		13.4	137.6
LAC	48.1	17.4		17.4	65.5
NE	39.9	4.9		4.9	44.8
unspecified			75.2	75.2	75.2
Total	259.3	46.3	75.2	121.5	380.8

Table 2
Percentage Distribution of
UNFPA Allocations, 1978-80, in \$(000,000),
for Country and Intercountry Programs,
by AID Region

AID Region	Country Support	Intercountry Programs	Total Program
Africa	81.6 18.2	18.4 8.7	100.0 15.2
Asia	90.3 47.9	9.7 11.0	100.0 36.1
LAC	73.4 18.5	26.6 14.3	100.0 17.2
NE	89.1 15.4	10.9 4.1	100.0 11.8
unspec.	0.0	100.0 61.9	100.0 19.7
Total	68.1 100.0	31.9 100.0	100.0 100.0

PART IV: CONSULTANT REPORT -
A GENERAL ASSESSMENT OF THE ROLE OF
INTERCOUNTRY ACTIVITIES IN THE UNFPA PROGRAM
(Prepared by Leopold Laufer)

Background and Program Trends

The United Nations Fund for Population Activities (UNFPA) divides its programs into country programs (CPs) and intercountry programs (ICs). The latter are further subdivided into regional, interregional, and global programs. These account now for approximately 30 percent of the UNFPA's total programs, but by 1982 they will have been reduced to approximately 25 percent in compliance with a 1979 decision by the United Nations Development Program's (UNDP) Governing Council. This action accelerates an existing trend and reflects the aspiration of recipient developing countries for greater concentration of UNFPA resources in CPs and greater control over all the resources of the Fund.

IC activities have had an important and necessary role in the evolution of the UNFPA's program, and they continue to be a key component of the UNFPA's current program. They are most useful as links to the development of country activities; instruments for comparative research; vehicles for regional, subregional, and country-level institution building; and umbrellas for innovation and experimentation. In accordance with current policy, links between IC and country program activities are being strengthened steadily. The two kinds of programs should be seen as complementary, and not competitive.

Over time, the geographic focus of IC activities has been shifted somewhat from the heavy concentration in Asia to other parts of the world. Communication and education and population dynamics have been emphasized over other content areas; family planning activities have been accorded a relatively small role (13-20 percent of funds). This is in sharp contrast to country programs; in these programs family planning accounts for nearly two-thirds of total UNFPA funds. However, the actual focus on family planning in IC programs may be somewhat understated, because family planning is a frequent theme in heavily emphasized communication and education programs and in the so-called "multisector" activities (conferences, missions, and program development presumably related to country programs).

Because of the character of the programs, implementing agencies, including, for the purpose of this analysis, the U.N. Secretariat and the regional commissions, are represented more prominently in IC activities than in country programs. Nonetheless, the UNFPA is gradually assuming an increasing share of responsibility for the "direct execution" of IC projects, which reflects the changing character of the UNFPA--from a largely funding and policy agency to an organization that also conducts operations. If it continues, this trend will have important implications for the UNFPA's structure and operations, including, perhaps, the addition of technical staff.

Implementing Agencies

The implementing agencies are, by and large, capable and equipped to carry out their responsibilities for IC programs, many of which involve the supervision and backstopping of country programs. Although the agencies' policy "commitment" to population concerns is, for the most part, clear, none of them, with the exception of the U.N. Secretariat and the regional commissions, has borne more than approximately 10 percent of the cost of the population activities, and few have made any significant efforts to "infuse" population elements into the broad spectrum of their program operations. In some of the implementing agencies, structural rigidities and lack of support from the top make the "infusion" of population concerns difficult, if not impossible.

U.S. policy on this question has not been consistent; sometimes there have been calls for increased commitment, but more often regular budget increases for population activities have been opposed. U.S. policy has also been heavily influenced by the varying perceptions of the domestic agencies with lead responsibilities for particular implementing agencies. There has been no systematic U.S. Government (USG) approach or strategy to deal with the structural impediments or lack of top-level support where these factors constitute obstacles to increased implementing agency commitment to population concerns.

Program Management and Administration

The process of reducing IC activities to 25 percent of the total program has been painful at times and has disrupted orderly operations. The impact of the action has been magnified by the shrinkage of the UNFPA's resources in 1980, and it is further complicated by a system-wide decision by the U.N. that requires the payment of 13 percent of "agency support costs" (overhead) for each project carried out by implementing agencies. Although this was a technical decision, it is likely to lessen the UNFPA's influence with the agencies as direct funding of "infrastructure" posts is discontinued, and it may stimulate the implementing agencies to "sell" new projects which would bring in additional overhead payments. The response of UNFPA management to these new elements has been to cushion, as much as possible, the disruptive effect and at the same time use the opportunity to streamline the IC program. This action is being accomplished primarily through scaled-down program allocations and the so-called "countryfication" policy, under which country components of IC projects must increasingly be funded from country allotments. No longer will countries be able to regard these programs as "freebies" separate from country programs and requiring few or no inputs from the recipients. Similarly, with the elimination of funding for infrastructure posts, the implementing agencies will be expected to commit their own resources (to be sure, augmented by UNFPA overhead payments) to maintain adequate staffing for population activities.

Clearly, the coincidence of the 25 percent quota, the decision on agency support costs, and the resource crunch have major implications for IC programs. They are forcing a rigorous assessment of priorities and cost-conscious programming, but they also may stifle new initiatives, subordinate broader goals to narrow national interests, and reduce the capacity of the implementing agencies to service UNFPA programs. UNFPA management, recipient countries, and the donor community can influence the outcome of the process through their own actions.

The UNFPA and the implementing agencies share the responsibility for IC program monitoring. The quality and frequency of monitoring appear to be uneven. The principal monitoring instrument is a semi-annual progress report by the implementing agency; it is supplemented by ad hoc correspondence and consultations. As presently constituted, UNFPA headquarters and field staff are not adequately equipped for thorough and systematic monitoring. Although the implementing agencies are, by and large, providing the required reports, the quality of those reports varies. UNFPA management is aware of the problem and is developing a new system to improve the quality of implementing agencies' reports and the monitoring outreach of UNFPA staff.

High-quality evaluations of IC programs are conducted by an independent unit at UNFPA headquarters whose capacity is limited. The implementing agencies make few evaluations or other reviews of IC programs. Tripartite reviews and annual country reviews, which are part of a standard operating procedure for country programs, are not considered to be applicable to IC programs, and in fact such programs are not evaluated, although they are subject to so-called "process" evaluation (monitoring).

Evaluations of IC programs by the UNFPA's Evaluation Office appear to be of high quality, and they invariably contain actionable recommendations which are taken seriously by UNFPA management. They show a "to-be-expected" distribution of successes and shortcomings, but they suffer from an exceedingly long gestation period (18 or more months). Improvement of the inadequate monitoring, evaluation, and review process for IC programs will require not only changes in monitoring procedures (these are under way), but also organizational changes to provide capacities that do not now exist and programming policy changes to make evaluation an integral part of the entire programming process.

Program Operations Highlights and Issues

IC programs offer an excellent opportunity to integrate population concerns with the other development activities of implementing agencies, and, through them, with country development programs generally. To achieve this goal, however, a coordinated strategy aimed at both the agencies and the individual countries, and at both operational and policy levels, is needed.

Most implementing agencies seem to concentrate most heavily on communication and education activities in IC programs. This raises not only

the question of possible duplication of effort, but the more important question of whether such heavy emphasis on communication and education is still required, and if so, where. There also appears to be a heavy concentration on migration research in Asia, but the delineation of scope is not always sufficiently clear to prevent duplication. Decisions to support new IC-funded research should take into account not only the intrinsic long-term value of that research, but also the near-term ability and probability of governments to act on the findings. A reassessment of IC priorities for communication and education and research is also indicated by the relatively large professional staff resources allotted to the activities.

The UNFPA's ability to orchestrate the various IC inputs and IC-related operations of the implementing agencies may be somewhat constrained by administrative decentralization of responsibility at UNFPA headquarters and inadequate capacity for supervision in the field. UNFPA country coordinators and their immediate supervisors--the UNDP resident representatives--are, as their titles imply, country-oriented. Sometimes, they appear to lack the authority to become involved in IC activities. In general, UNFPA coordinators appear to have less authority than officials of some other international agencies. Another limiting factor seems to be the tendency of host governments to assign liaison responsibility for the UNFPA to ministries of health, which may militate against intersectorial or non-health initiatives.

Despite these problems, much consultation and coordination take place among UNFPA implementing agencies, with active stimulation by UNFPA management. Joint execution is rare, but, where it has been attempted, it has apparently been successful. The same can also be said for collaboration with the Agency for International Development (AID) and the UNFPA's participation in multi-donor consortia (e.g., the WHO Special Program of Research, Development and Research Training in Human Reproduction). This relatively positive picture, however, is no indication of the growing groundswell of coordination and collaboration, and it should not conceal counterindications of competition for funds and recognition, as well as strong feelings of organizational loyalties and protection of turf. Besides UNFPA management, member countries have responsibilities to ensure that their staffs are better informed about UNFPA programs and that, in their own conduct, they set the tone and direction for a sustained climate of cooperation.

This review of UNFPA IC activities would not be complete if it did not touch on innovation, one of the principal justifications for IC programming. In several important program areas--research, training and communication, regional cooperation, reaching the poor--the author found evidence of innovative and imaginative programming. It is the task of UNFPA management to create a climate for innovation without abandoning necessary discipline or shortchanging the mainstream activities of the organization. It is also the responsibility of the implementing agencies to respond to such stimulation.

Concluding Remarks

1. Within the present framework of UNFPA operations, IC programs occupy a key place, but, as the technical and managerial capacities of recipient countries continue to grow, the need for regionally-funded and regionally-staffed technical and managerial services is likely to decline. At the same time, there will continue to be other activities which can best be funded and managed as IC programs.
2. The UNDP Governing Council and UNFPA management should continue to maintain a balance between IC programs and country programs. This effort will require a certain amount of flexibility to enable management to determine what the proportion of IC programs should be within the entire program.
3. At this time, IC programs depend heavily on the implementing agencies, but the agencies are likely to come under increased pressure as countries, individually or in groups, develop the experience and appetite for direct execution. The implementing agencies face the challenge of proving their worth, both as providers of quality services and as organizations committed to population concerns. And they must prove their worth if they wish to maintain a major role in the UNFPA's program.
4. The UNFPA continues to finance a number of major IC programs of prime interest to the USG. Both the UNFPA and its implementing agencies have access where U.S. bilateral programs may not. Although the UNFPA's and AID's mandates are in harmony, they are not identical, and it would be unrealistic to expect either the approach or program priority to be completely identical. It appears that the IC programs serve U.S. interests and priorities reasonably well. Even better results could be achieved if the policies and strategies of U.S. agencies involved in population programs were coordinated more closely with the lead responsibilities for relations with principal implementing agencies.

PART V: CONSULTANT REPORT -
UNFPA SUPPORT FOR FAMILY PLANNING PROGRAMS
(Prepared by Lincoln C. Chen and David A. Parker)

Overview

The United Nations Fund for Population Activities (UNFPA) is an inter-governmental agency in the United Nations (U.N.) system under the United Nations Development Programme (UNDP). It is devoted exclusively to programs in the field of population. UNFPA is the largest multilateral source of assistance for population and family planning. In 1980, over \$150 million were allocated for a wide range of activities in over 120 countries, and 97 donor countries contributed nearly \$125 million. The United States, which is the largest single donor, contributed \$32 million, or almost 25 percent of the 1980 budget.

More than \$50 million, or nearly one-half of UNFPA's resources, are given in support of family planning services and information, principally at the country level. As a continuing donor, the U.S. Government seeks to determine the effectiveness and the efficiency of UNFPA in meeting its stated objectives. Of particular interest is UNFPA's strategy for support of family planning programs which includes substantial assistance for health-related assistance. The rationale and scope of such assistance need to be clarified in order to ensure consistency with the intent of congressional appropriations from which the UNFPA contribution is derived. This also provides an opportunity to review the consistency of this strategy with the requirements of individual countries and with other development strategies that have been adopted within the U.N. system.

UNFPA's family planning activities are not prescribed under the agency's mandate, but are guided by the World Health Organization's (WHO) definition of family planning. The breadth of this definition raises a major question for policymaking regarding the method of delivering services. There are many reasons for the provision of family planning services, including human rights, demographic and economic objectives, environmental resources, and maternal and child health. The goals of family planning also vary widely among individuals, institutions, and countries, as well as over time. As a part of population strategies, family planning includes linking modern health technologies for birth prevention with people and communities who want such services. Many technologies are nonmedical, but some require clinical support. It is, therefore, understandable and desirable that family planning is often associated with health services; health networks allow for the provision of information and counseling, follow-up and referral, and clinical back-up. Recognizing this, national governments often locate family planning within the health ministry or in a separate but closely linked agency. As an inter-governmental organization, UNFPA may thus be expected to support family planning services through a variety of delivery modes and often in close conjunction with health care. In the past, this has led to some misunderstanding

in the U.S. Government, because the U.S. contribution to UNFPA is made under the appropriation for population assistance, rather than health care or development activities. Therefore, two major issues must be addressed regarding the U.S. contribution to UNFPA.

1. In view of the widespread association of family planning and health care services, what proportion of U.S. support should come from population-designated resources?
2. Does the integration of family planning services into health programs dilute the identity or thrust of fertility reduction concerns? To what extent may this approach be justified within the broad scope of the primary health care strategy?

Answers to these questions must be framed within the larger consideration of how donor assistance can best influence the technical content and effectiveness of national family planning programs. Although a comprehensive assessment of these points is beyond the scope of this review, several generalizations can be made.

- The operative rationales and strategies for family planning programs are specific to the geographic and cultural setting in which services are to be provided. In general, the demographic-economic rationale for family planning is strongest in Asia, while health considerations predominate in Latin America, Africa, and the Middle East.
- The approach taken to family planning also needs to be viewed in terms of the level of socioeconomic development and the strength of service infrastructure in particular settings. Family planning programs are most often organized independently, or vertically, in countries where health networks are minimal or oriented toward urban, hospital-based care. However, investments in health service infrastructure may generate long-term benefits for family planning and other programs. The current trend in most countries is to link family planning and health services.
- The aspect of program design that needs the greatest attention is determination of the relative priority of family planning within primary health care services. With the growth of services, approaches to family

planning support as a part of development assistance has changed. Thus, shifting national and international priorities need to be translated into organizational strategies for making efficient use of support.

- o In the context of integrated family planning services, it is difficult and often not meaningful to single out the cost of specific program components. Budgets do not always reflect operational reality, and a high cost burden absorbed by family planning services may reflect a general underinvestment in health care components. In addition, skewed investment patterns may result from imbalances in the relative contributions made by domestic and external resources. These points must be addressed in terms of individual national situations.

The remainder of this summary addresses the following questions set out for this review:

1. What are the documented goals, objectives, and strategies of UNFPA in the family planning area?
2. How are UNFPA resources distributed, according to function, location, means of program execution, and actual use?
3. What has been the operational performance of UNFPA family planning programs, and how is this performance related to agency policy and management processes?
4. What has been the strategy and performance of UNFPA-funded family planning projects executed by WHO?
5. What is the assessment of UNFPA's family planning activities that is made within USAID, and what are the implications of these findings for U.S. Government relationships with UNFPA?

Summary of Findings

A. Objectives and Strategies

UNFPA's goals and objectives on population have been evolving since the agency's establishment in 1967. Initially organized as a trust fund, UNFPA has become increasingly operational, taking on the functions of a

specialized agency in the U.N. system. Its broad objectives are to develop knowledge and the capacity to meet population needs, to promote awareness of population problems, and to provide assistance to developing countries by serving as the central U.N. agency in the population field. Major activities include the assessment of basic needs of countries, establishment of priorities between countries, provision of support for intercountry programs, and selective assistance for program budget items.

UNFPA is directed by the UNDP Governing Council and the Economic and Social Council of the United Nations (ECOSOC). It receives contributions annually from governmental donors and disburses funds to recipient countries, often through U.N. and nongovernmental organizations. Thus, UNFPA maintains a complex set of relationships in the international system.

In addition to formal ties with donors and recipients, UNFPA's collegial relationships with other U.N. agencies and the population community are critical for the achievement of objectives. UNFPA policies and actions necessarily reflect the strengths and weaknesses of these institutional arrangements.

Family planning is the largest of UNFPA's eight program areas. Its objective is to support services for birth spacing and the control of family size through a variety of program types in different settings, principally at the national level. The current classification system for program support includes health-related delivery systems (government-operated), community-based systems (operated by other agencies), fertility regulation (contraceptives), and management and evaluation. UNFPA is presently clarifying the scope of its family planning assistance.

The predominant method of delivering family planning services is to integrate it with maternal and child health (MCH) care services. The UNFPA thus supports limited types of MCH care, depending on the strength of the health rationale for family planning and need to operate through country health care networks. At its 1981 meeting, the Governing Council confirmed the priority of family planning within UNFPA activities and emphasized the integration of family planning and health services in the context of primary health care. This answers the concerns of donors and recipients regarding agency strategies and is expected to lead to improvements in the efficiency and effectiveness of UNFPA's allocation of family planning resources.

B. Distribution of Expenditures

Since its establishment, UNFPA has disbursed some \$726 million in population funds. Expenditures in 1980 exceeded \$150 million, and contributions from 97 donor countries reached nearly \$125 million. Budgetary resources seem to have stabilized, and there will be increasing financial pressure in the 1980s, especially in family planning.

In 1979, the latest year for which complete data are available, UNFPA allocated \$54 million to family planning programs, or 44 percent of its total expenditures of \$124 million. This is slightly less than the 50 percent that was allocated in recent years, but was more than 50 percent greater than expenditures in 1976. Expenditures for nonfamily planning activities doubled over this period. However, the categorization of family planning activities based on the UNFPA work plan is considered restrictive in comparison with the broad WHO definition. By including relevant activities from communication and education, policy implementation, and special programs for women, the family planning allocation exceeds 50 percent of the total budget.

About 90 percent of the 1979 family planning budget went to country and regional activities, with the remainder going to interregional and global projects. Over 50 percent of family planning funds went to Asia and the Pacific; Latin America received 20 percent; North Africa and the Middle East combined received about 10 percent; and Sub-Saharan Africa received about 7 percent. Compared with the 50 percent of all country and regional funds for family planning, the share was 60 percent in Asia, 55 percent in Latin America, over 40 percent in North Africa and the Middle East, and only about 20 percent in Sub-Saharan Africa and for interregional and global activities. These patterns are consistent with perception of the relative priority and strengths of family planning programs across regions and the capacity of countries to absorb family planning assistance. These data show a distribution similar to that of AID funds, but with substantial amounts going to countries not receiving AID population assistance or bilateral support.

Nearly 40 percent of funds in 1979 was administered through direct execution at the country level by government agencies, predominantly in Asia and the Pacific. Over 25 percent was directed through WHO, largely for country activities and country programs in Latin America, through the Pan American Health Organization (PAHO). Some 17 percent of the funds went to the United Nations Children's Fund (UNICEF), primarily for reimbursable procurement of project equipment. Nongovernmental organizations administered about 15 percent of the funds, mainly for intercountry activities and for country programs in Latin America and Africa. The remainder was directed through other U.N. agencies, including the International Labor Organization (ILO), the Food and Agricultural Organization of the United Nations (FAO), and regional committees. This pattern, and its regional variability, seem to be a reasonable distribution. However, they impose constraints on UNFPA's family planning operations which must be considered in assessing program performance.

There is also variation in the allocation of budget items. Equipment accounted for nearly 40 percent of family planning expenditures in the 1978-1979 period, including about 10 percent each for medical supplies, contraceptives, and other equipment, and smaller amounts for vehicles and facilities. Personnel costs were 30 percent of the budget, training was 22 percent, and subcontracted activities were 8 percent. There has been a decrease in the proportion of funds for project personnel, mainly the result of decreased

support for local staff. Correspondingly, the proportion for training has increased. This trend is significant and encouraging, because of the importance of reducing the donors' burden of recurrent costs and expanding development of local resources. However, the distribution of funds varies considerably by region, so there is great latitude for shifting budget item support.

C. Program Operations and Performance

UNFPA's project development process has improved in recent years and is reasonably effective. The needs assessment helps to determine a country's needs and to identify priorities for population assistance. It has been used successfully in many countries. The current emphasis is on improving communications and promoting the use of the reports. Project-request procedures are straightforward. The major problem of project development is related to UNFPA's annual funding process, which imposes uncertainty on project budgeting and leads to instability in the long-term programs.

Resident UNFPA project advisers and other UNFPA staff are well-qualified and generally effective, but their lack of budgetary authority limits administrative flexibility at the project level. It was impossible to evaluate the implementation of UNFPA projects in detail, but it appears to be satisfactory. There is predictable diversity between countries in project performance and in UNFPA-host government relations. Arrangements with executing agencies generally work well; in particular, WHO ties with national health ministers are important, and UNICEF procurement procedures are quite efficient. Problems that arise are usually related to the project environment and bureaucratic responsiveness.

Project monitoring and review are well designed, but they are not entirely effective. Poor communication between participating agencies and inadequate financial controls have led to budgetary and administrative problems in a number of projects. Progress reports are prepared on a regular basis, but the depth varies substantially among agencies and project settings. The tripartite review, which is conducted by UNFPA, the host government, and the executing agency, has proven to be useful for measuring progress and setting out work plans. Along with the broader annual country review of projects, it should in many cases assess performance more critically.

UNFPA conducts large-scale evaluations of selected programs through an independent branch of the agency. Of the 30 programs evaluated to date, only 4 have been in the family planning area. Evaluations revealed that family planning programs in Egypt, Mauritius, and Colombia were generally effective, but that there were a number of common implementation problems. Because such studies have difficulty measuring the specific effects of UNFPA resources, results are generally inconclusive. Greater flexibility of evaluation procedures and linking of the evaluation to project monitoring and review are

needed in order to conduct more studies in less time. Furthermore, the expansion of UNFPA support for program research and development should be encouraged.

D. Execution of Projects by WHO

WHO executes a wide range of UNFPA-supported family planning projects through its regional offices with support from the Division of Family Health in Geneva. WHO supports incorporation of family planning within its primary health care strategy, viewing family planning as a component of community health services. However, this objective is difficult to pursue because the decentralized organization allows the regional office staff responsible for program operations to approach family planning within the tradition of the curative health services. WHO's promotion of family planning may be considered strong, but it is impossible to evaluate the differing claims.

The WHO Family Health Program received \$40 million from UNFPA in 1980 to conduct family planning activities. About 30 percent of this was used for intercountry activities, including technical support for project management and research conducted through the Special Program in Human Reproduction (HRP). The range of administrative and coordination activities performed at the country level varied according to project and region. Resident program coordinators, who generally maintain a close relationship with government health agencies, play a major role.

The performance of family planning programs administered by WHO appears to be good, although a complete review was not made by region. A major problem is the difference in WHO inputs and limited continuity and coordination between them at the central, regional, and country levels. Unevenness in the capacities of the WHO regional offices was also reported. Overall, however, WHO and other U.N. agencies make a positive contribution to UNFPA family planning activities. The influence of WHO on UNFPA is clearly favorable when considering the growing consensus that family planning services should be integrated into primary health care.

E. UNFPA's Relationship with USAID

The family planning mandate of USAID, as set out in the U.S. Foreign Assistance Act, which calls for low-cost services coordinated where possible with health, nutrition, and other related programs, is broadly parallel to the mandate of UNFPA. The strategies followed by the two agencies are also similar: responsiveness to individual country needs and the use of a variety of approaches to introduce family planning services. Historically, USAID has promoted vertical programs to a greater extent than UNFPA, but this contrast has become less pronounced in recent years.

The agencies have different advantages as donors, however. UNFPA activities are usually less subject to political resistance, and USAID has greater ability to target support.

The major difference between UNFPA and USAID appears to be in the way the U.S. Government funds UNFPA. Because the U.S. contribution is made through population-designated resources, the USAID staff seems to feel that the use of UNFPA funds to support health services is inappropriate. In view of the formal U.S. support for UNFPA's integrated family planning program strategy, efforts to clarify this will be beneficial.

The assessment of UNFPA family planning programs by USAID headquarters and field offices varies among regions, but is generally favorable. Although there was some disagreement on several issues, such as responsiveness to the unmet demand for family planning services and the need to provide health-related assistance, most USAID staff felt that UNFPA has performed satisfactorily and that the problems it has experienced are common to all development agencies. The principal exception was in Latin America and the Caribbean region where UNFPA programs, particularly those conducted by PAHO, were considered to lack effectiveness. Coordination between the two agencies was generally considered to be adequate.

This review raises a number of issues concerning the design and content of family planning programs that UNFPA, donors, and recipients should clarify, including the definition of basic terms, the identification of various components of family planning services, the respective roles of UNFPA and other donor agencies in providing program inputs, and the effectiveness of program performance. With the prospect of increasing demands, clarification of these and related considerations will help to guide the development and allocation of limited family planning resources.