Report of the Executive Director

Summary

This report is prepared in response to Governing Council decision 88/34 I, paragraph 10, which requested the Executive Director to report to the Council at its thirty-sixth session on the status of the implementation of the strategy for UNFPA assistance to sub-Saharan Africa. In accordance with Council decision 86/34/I, paragraph 1, the Executive Director submitted to the Council at its thirty-fourth session a report on the strategy of UNFPA assistance to sub-Saharan Africa (document DP/1987/37). The strategy, which was approved by the Council in 87/30 I, re-oriented the Fund's objectives in the region as follows: (a) to improve the understanding of population issues in order to stimulate the adoption and development of population policies and programmes and (b) to enhance Governments' ability to implement such policies and programmes effectively. This report examines the efforts of African countries in these areas, individually and/or collectively, as well as the type and extent of assistance provided by UNFPA, other United Nations agencies and organizations, and bilateral donors since the approval of the Fund's strategy for assistance to sub-Saharan Africa in 1987. The report is presented in three sections. The first provides an overview of UNFPA-assisted programmes in support of the strategy. Particular attention is given to programme resources, allocation and trends. The first section also examines the programme by sector and discusses programme monitoring activities and co-ordination of aid. The second section focuses on special initiatives that have been taken in the past two years. The third section looks briefly at how UNFPA field offices are being strengthened in order to assist in implementing the strategy.
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In response to Governing Council decision 86/34/I, paragraph 1, the Executive Director submitted to the Council at its thirty-fourth session a report on the strategy of UNFPA assistance to sub-Saharan Africa (document DP/1987/37). The strategy, which was approved by the Council in 87/30 I, re-oriented the Fund's objectives in the region as follows: (a) to improve the understanding of population issues in order to stimulate the adoption and development of population policies and programmes and (b) to enhance Governments' ability to implement such policies and programmes effectively. The report suggested that the best way to achieve these objectives, given the resources available, was to concentrate on four priority areas of assistance: (a) intensifying public information, education and communication (IEC) programmes; (b) encouraging the integration of population into development planning and the formulation and implementation of population policies; (c) supporting birth spacing/family planning information and service programmes; and (d) contributing to the improvement of the status of women.

2. As required by the strategy, the Fund has focused its efforts in these priority areas. To improve the efficiency of its programme activities and to maximize the effectiveness of the Fund's efforts in these priority areas, UNFPA initiated several operational measures designed (a) to strengthen, by extensive training of national staff, the administrative capability of countries, at all levels and in all programme sectors; (b) to enhance programme management and infrastructural support; (c) to encourage comprehensive country programming, instead of a sectoral and project approach, to enable Governments to plan and expand their population activities more effectively; and (d) to give UNFPA field offices greater authority to assist Governments in managing their population programmes and policies and co-ordinating external population assistance.

3. This report examines the efforts of African countries in these areas, individually and/or collectively, as well as the type and extent of assistance provided by UNFPA, other United Nations agencies and organizations, and bilateral donors since the approval of the Fund's strategy for assistance to sub-Saharan Africa in 1987. The report is presented in three sections. The first provides an overview of UNFPA-assisted programmes in support of the strategy. Particular attention is given to programme resources, allocations and trends. The first section also examines the programme by sector and discusses programme monitoring activities and co-ordination of aid. The second section of the presentation focuses on special initiatives that have been taken in the past two years. The third section looks briefly at how UNFPA field offices are being strengthened in order to assist in implementing the strategy.

I. UNFPA-ASSISTED PROGRAMMES IN SUPPORT OF THE STRATEGY

4. UNFPA is implementing the strategy for sub-Saharan Africa chiefly through the Fund's country and intercountry programmes, most of which had been approved by the Council at its thirty-fourth and thirty-fifth sessions. In addition, the Fund has worked closely with Governments to re-orient those country programmes that were developed before the strategy was formulated, to the
extent possible given the limited resources of UNFPA, to better reflect and focus on the priority sectors defined in the strategy. During 1987-1988, UNFPA intensified its efforts to implement the goals of the strategy through a variety of actions and special initiatives.

5. The primary vehicle for implementing the strategy is the country programme. Thirty country programmes have already been approved by the Governing Council at its sessions in 1987-1988. Seven country programmes totalling $32.0 million are being submitted to the Governing Council in 1989; seven more (including two for the first time) will be submitted in 1990. With the addition of these programmes, if approved by the Council, by the end of 1990, large-scale population country programmes will be operating in all 45 countries of sub-Saharan Africa, including Djibouti, Somalia and Sudan.

A. Programme resources, allocations and trends

6. Since the Council's adoption of the strategy in 1987, it has approved 30 country programmes as well as a multi-year intercountry programme for sub-Saharan Africa (see document DP/1988/37/Add. 2). The approval levels of these country programmes, which except for Gabon (three years) were for four or five years, total $148.6 million, of which $100.4 million is from UNFPA regular resources and $48.2 million is from other external sources. Resources approved by the Council in 1988 for the UNFPA regional programme for sub-Saharan Africa amount to $36.4 million for the period 1988-1991. Total funds approved by the Council in 1987-1988 for the 30 multi-year country programmes and the regional programme for 1988-1991 thus amounted to $185.0 million.

Available resources and commitment

7. UNFPA has achieved some success during the past two years in widening the financial scope of the country programmes both in terms of the numbers of programmes with components funded by other sources and in the volume of such funds. As mentioned above, the country programmes were conceived to be largely financed by the regular resources of UNFPA and complemented by other external resources. Six of the 30 country programmes succeeded in mobilizing one or more other sources of funds (Benin, Cameroon, Côte d'Ivoire, Kenya, Nigeria, United Republic of Tanzania); the other 24 are being financed thus far solely by UNFPA resources. In 1987 and 1988, UNFPA administered resources that totalled $9.6 million for the period 1987-1991 through special funding arrangements, including multi-bilateral agreements, with the Governments of Canada ($5.35 million), Finland ($2.1 million), Netherlands ($0.5 million), Norway ($0.8 million) and Sweden ($0.85 million). Overall, resources obtained so far from other sources, including multi-bilateral sources, constitute approximately 7 per cent of the total resources of the country programmes in sub-Saharan Africa. These additional sources of funds have enabled UNFPA to concentrate much-needed resources on special priorities and permitted the flexibility needed to support urgent new priorities. None the less, there is a significant and growing difference between the actual level of other resources received ($9.6 million) and the amount of external resources needed ($48.2
million), as assumed in the approval of the country programmes by the Council. The Executive Director, therefore, has taken measures, within the Fund’s available resources, to ensure increased programme deliveries. These include, among others, increases of more than $40 million (for the period 1987-1991) in the amount originally committed from UNFPA regular resources to the country programmes which were approved in 1987 and 1988. This increase in UNFPA regular resources reflects a considerable momentum in programming activities in sub-Saharan Africa.

Rate of allocation to projects

8. Approximately 75 per cent of the programme budgets of the 30 country programmes approved by the Council were committed to approved projects by the end of 1988. At the time of this writing (March 1989), nearly 85 per cent of approved programme resources had been allocated. This high rate of project formulation was in part the result of the concerted efforts of UNFPA field and headquarters staff to assist Governments in accelerating programming in support of the strategy.

9. Nonetheless, the rate of allocation of country programmes resources to projects varies from country to country. For example, by the end of 1988, seven country programmes (Benin, Cameroon, Cape Verde, Liberia, Malawi, Niger, Swaziland) overcommitted their approved budget. Five others (Ethiopia, Kenya, Nigeria, Uganda and United Republic of Tanzania) were 80 to 90 per cent committed to approved budgets by the latter part of 1988, and many others were nearing this level of commitment. However, the level of commitment of resources in a few country programmes fell short of expectations. This was due primarily to such constraints as security problems (as in Angola, for instance), the absence of a UNFPA field office (as in Botswana), or the adoption by some Governments of new economic and population policies and orientations that temporarily retarded project formulation activities (as in Senegal). The rate of allocation in several of these countries had significantly improved by the end of 1988 and early 1989, notably in Burkina Faso, Mali and Senegal. The intercountry programme has earmarked nearly $22.6 million (1988-1991) to sectoral programmes and projects. Generally, the approval of projects in the pipeline is advancing at an acceptable rate, and it is expected that resources available for the country and intercountry programmes approved in 1987 and 1988 will be very nearly allocated by the end of 1989.

Components of assistance and trends in budget structure

10. Annual budgetary allocations for the 30 country programmes for 1987 and 1988, compared with 1986, showed increases for training and equipment and a decrease for personnel as a percentage of all components. Overall, the share of project budgets allocated to the personnel component, while continuing to be the largest, decreased from an average of 38 per cent of the total in the previous period to an average of 35 per cent. During the same period, the share going to the training component, reflecting the Fund’s increased emphasis on human resources development, increased from 18 per cent to 24 per cent. The share for equipment rose only slightly, staying in the 33 per cent range. The remaining 8 per cent went to sub-contracting fees (3 per cent) and to
miscellaneous (5 per cent). The impact of these changes in the budget structure will be significant in the implementation of the programmes in the coming years.

B. Specific sectoral activities in support of the strategy

11. During the period 1987-1988, government priorities for technical co-operation remained much the same as those provided in the strategy. However, the adoption of a national population policy and/or a new plan of action in a number of countries provided additional incentives and an opportunity to adjust UNFPA-financed technical co-operation accordingly.

12. Based on figures for all allocations of the country programmes, family planning and child-spacing activities accounted for over $39.0 million for the programming period 1987-1991 and continued to receive the largest percentage of UNFPA resources as part of an effort to improve the health of mothers and children and to reduce high fertility and rapid population growth. IEC received nearly $24.0 million of UNFPA country programme resources, compared with $11.4 million for 1969-1986. This is consistent with the emphasis placed on this sector in the strategy and reflects Governments' efforts to create awareness and build a consensus on their national population programmes and policies. Budgets for the formulation and implementation of population policies as well as for the integration of population and development also increased in country programme allocations from $8.0 million in 1969-1986 to $20.0 million in 1987-1991. Projects seeking to advance the status and condition of women maintained the upward trend that had begun in 1986, with programme resources totalling some $3.6 million during 1987-1991.

13. The following section summarizes some specific actions that have been taken in each of the four priority areas during the 1987-1988 period.

Population information, education and communication

14. The first two years of the Fund's strategy witnessed significant development in IEC projects in most countries. During 1987 and 1988, Governments in the region increasingly recognized the need for population education, as did teachers, parents and communities in general. In view of the need to promote understanding of population issues and, correspondingly, to bring about a gradual change of attitudes towards family planning, UNFPA adopted a multi-faceted approach to implement its IEC strategy. UNFPA country activities focused on institution building at the level of primary and secondary schools and specialized training institutions and on increasing and creating awareness of the importance of population issues directed at different groups in the non-formal sector.

15. Population education in the formal school system. During 1987-1988, the introduction of population education into school systems has been launched in more than 24 countries. Fifteen of these countries are carrying out preparatory activities such as training of teachers, sensitization of key
school administrators and opinion leaders, preparation of curriculum materials and trial testing of these materials in selected schools. Six countries (Benin, Liberia, Nigeria, Sao Tome and Principe, Togo and Zambia) are at the intermediate stage as population education is being integrated into the entire school system. In one country (Burkina Faso) population education is now fully integrated into the school curricula. By mid 1989, nine more countries are expected to introduce population education as a pilot exercise. UNFPA assisted another eight countries (Cameroon, Ethiopia, Liberia, Kenya, Malawi, Nigeria, United Republic of Tanzania and Zambia) in launching projects to integrate population education into the curricula of professional training institutes such as schools of journalism, agricultural colleges, vocational schools, teacher training colleges, research institutions, and institutes of public administration, among others.

16. **Population IEC in the non-formal sector.** The number of country projects in this sector also increased dramatically during 1987-1988, from a total of 14 for the entire 1969-1986 period to 39 for the first two years of the strategy. Population awareness creation, the main objective of this sector, was directed at various groups, including policy-makers, legislators, planners, parents, religious and community leaders, journalists, youths and adolescents as well as women's organizations. This effort was greatly enhanced by the publicity, in 1987, surrounding the Fund's highly effective "day of five billion" campaign. The focus of UNFPA's support in this sector has been to utilize both traditional and innovative mechanisms for communicating population messages in order to sensitize opinion leaders and other target groups. For example, UNFPA provided assistance to the Union of Mali Women to use research findings on abortion and teen-age pregnancy to influence the attitudes of legislators and religious leaders on population issues. In Mauritania and Comoros -- both predominantly Islamic countries -- UNFPA assistance was used to organize a study tour to other Islamic countries, as well as for a seminar on Islam and family planning. Other channels emphasized in national projects included the introduction of population IEC into various sectoral development programmes that have the capacity for extensive field outreach. Thus, projects have been initiated to encourage responsible parenthood in the health sector (Central African Republic, Gambia, Uganda and Zambia, among others) and to introduce population education into the organized labour sector (Kenya), and the agricultural sector (Ethiopia, Kenya, Malawi), as well as among women's groups (Benin, Ghana, Liberia, Mali, Senegal), youth (Malawi), refugees (United Republic of Tanzania), rural population (the Comoros), and adult literacy (Kenya, Malawi, Mali). The Fund has also made greater use of the mass media in such countries as Benin, Cameroon, Ethiopia, Kenya, Lesotho, Malawi, Uganda and Zimbabwe.

17. To supplement these efforts at the country level, UNFPA also provided assistance at the intercountry level. UNFPA strengthened the two interagency Population Education and Communication teams based in Nairobi and Dakar. The teams provided technical backstopping to all ongoing projects and also helped to develop new ones. The Fund initiated activities, through a multi-bilateral arrangement with Canada, to help establish a sub-regional population IEC documentation centre in anglophone African countries to undertake an inventory
of human and institutional resources and training materials in IEC. Meanwhile, as part of its efforts to heighten awareness of population issues in the region, UNFPA collaborated with the Economic Commission for Africa (ECA) to strengthen the Fund’s support to the Population Information Network for Africa. UNFPA assistance was used to expand the Network’s data base on pertinent publications to cover an additional 600 population-related issues, and to forge greater co-operation with sub-regional and sectoral centres such as the Centre for African Family Studies (CAFS) and the Regional Institute for Population Studies (RIPS), and with the Eastern and Southern Africa Management Institute (ESAMI), which had recently become a new member of the Network. In this connection, the Fund has initiated discussions in several countries (Ethiopia, Kenya, Nigeria and United Republic of Tanzania) towards establishment of National Population Documentation Centres. Finally, in response to the increasing incidence of the acquired immune deficiency syndrome (AIDS) pandemic in the sub-region, the Fund encouraged Governments to promote educational activities on AIDS prevention as part of population IEC programmes. For example, in Kenya and in Zambia, IEC dealing specifically with AIDS will be integrated into the population and family planning programmes.

18. The major problem encountered during the reporting period was the inability to ensure the timely take-off of project activities. In some cases it has been difficult to recruit and field international experts according to work plans; in other cases the national project staff were not able to devote all the necessary time to project activities. Furthermore, the knowledge base for undertaking effective population IEC programme is limited.

Formulation, implementation and evaluation of population policies

19. Over the past few years the attitude of Governments in the sub-Saharan Africa region has been changing from that of laissez-faire to one of recognition that population and economic growth are interrelated. UNFPA assisted most Governments in the region in gaining an understanding of how the rapid population growth negatively affects economic growth and the attainment of national development goals. The Fund, therefore, supported the efforts of Governments to sensitize decision-makers/planners and the public at large to the consequences of such imbalances. In this context, and to promote technical co-operation among developing countries (TCDC), UNFPA assistance enabled senior policy-makers and planners from the United Republic of Tanzania, Zaire and Zambia to visit Nigeria to learn from that country’s experiences in population policy formulation. Several national seminars about the relationship between population and socio-economic development were also arranged for policy-makers, planners and opinion leaders in the Comoros, Congo, Ethiopia, Ghana, Malawi and United Republic of Tanzania, among other countries.

20. Kenya (1967) and Ghana (1969) were the first in sub-Saharan Africa to adopt an explicit population policy. Partly as a result of UNFPA-supported activities, a number of countries in the sub-region have since mid-1987 also officially announced their intentions to adopt an explicit population policy. Among them, seven countries (Benin, Ethiopia, Guinea, Niger, Sao Tome and Principe, Zaire and Zimbabwe) have initiated a UNFPA-supported programme aimed
at adopting a national population policy. Four countries (Rwanda, Togo, United Republic of Tanzania and Zambia) have formulated policies that are being studied by their policy-making bodies, while another four (Liberia, Nigeria, Senegal and Sierra Leone) have already adopted an explicit policy on population. In addition, efforts are ongoing to help Nigeria and Senegal design an implementation plan for their policy.

21. During 1987 and 1988, UNFPA support focused on establishing and/or strengthening national institutions responsible for developing, implementing and evaluating population policies. UNFPA assistance thus enabled a number of countries in the region to establish appropriate administrative machinery for this purpose. Since mid-1987, at least 16 countries have established population planning bodies within their administrative structures (Benin, Cameroon, Ethiopia, Guinea, Lesotho, Liberia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, United Republic of Tanzania, Zaire, Zambia, Zimbabwe) with the objective of integrating population into their national development plans. Five others have established Population Commissions (Congo, Liberia, Sao Tome and Principe, Sierra Leone, Zaire), and another five are setting up such bodies (Cape Verde, Equatorial Guinea, Ethiopia, Malawi, Uganda) to assist in the formulation and/or co-ordination of population policy among national sectoral ministries and NGOs. Where policies and structures were already in place, assistance was designed to strengthen Governments’ capability to review and evaluate their population policies. Thus, in Ghana and Kenya, UNFPA extended assistance to review the factors that have constrained timely implementation of their long-standing population policies.

22. UNFPA also provided assistance for the training of national planners and policy-makers in the various phases of integrating population into national development plans and/or formulating and evaluating population policies and programmes. In Zimbabwe, for example, UNFPA assisted the Population Planning Unit in generating demographic data to be used in special training programmes for planners, designed to relate demographic information to development planning. In Madagascar, fertility trend studies were supported to provide background material for policy formulation. In Togo, in-service training for sectoral planners on population and development was initiated and subsequently incorporated into the national university’s academic courses. In several countries, UNFPA assistance helped to broaden ongoing demographic training programmes at national universities to include sections on population and development (Benin, Ethiopia, Malawi, Swaziland, Zaire, Zambia).

23. In addition, the Fund supported a number of related activities to strengthen the sub-region’s infrastructure and capabilities for systematic generation of reliable demographic and socio-economic data, which are required for the sound planning, implementation and management of population policies and programmes. These included population censuses, inter-censal surveys, demographic and health surveys and civil registration. At least 10 countries (Cameroon, Central African Republic, Côte d’Ivoire, Kenya, Malawi, Mali, Mauritania, Niger, Senegal and United Republic of Tanzania) received support to conduct a national population census during 1987-1988. At least 10 others (Benin, Burundi, Cape Verde, Gambia, Guinea-Bissau, Madagascar, Nigeria, Togo, Zambia and Zimbabwe) began necessary preparations for the upcoming 1990 round of censuses, for which UNFPA will be a major donor.
24. The Fund increased its support for regional and global training programmes on population and development in order to improve the competence of sub-regional planning staffs. During the reporting period, UNFPA undertook a review of the training programme of the Institut de Formation et de Recherche Démographiques (IFORD) with a view to strengthening IFORD's capability to become financially self-sufficient and to expand its curricula to cover more population-related subjects, such as women in development and population IEC. Similarly, RIPS widened its programme to include training on population and development and to undertake research in support of the Fund's Africa strategy. The Institut Africain pour le Développement Economique et de la Planification (IDEP) located at Dakar, Senegal, and Université Catholique de Louvain (Belgium) started training courses on population and development for African development planners. Efforts were initiated to link these programmes to national training activities. For example, in the United Republic of Tanzania, the country's Institute of Development and Management (IDM) and the Netherlands Institute of Social Studies have commenced preparatory activities towards introducing population in IDM's curricula.

25. Since 1987, UNFPA has strengthened regional advisory services in demographic statistics and analysis at ECA. With multi-bilateral funding from Canada, the Fund also supported the establishment of a regional census training programme to train national statisticians in various aspects of census organization. In addition, UNFPA started preparatory activities in 1988 to carry out a sub-Saharan Africa Survey programme which will generate, by 1994, analyzed and comparative data on fertility, mortality, maternal and child health, family planning, status of women, and related socio-economic indicators to facilitate development planning in the sub-region.
well as prevailing socio-cultural factors which hinder an objective appreciation of the interrelationship between population and development. This situation is improving, but more reliable demographic data are needed to show the analytical impact of population on socio-economic development. The general lack of understanding of the interrelationship between population and development planning has also constrained the ability of many Governments to integrate demographic concerns into their development plans. The absence of appropriate institutional bodies to co-ordinate overall population planning is another factor inhibiting progress in this area.

28. By 1992, it is expected that more countries in the sub-region will approach UNFPA and other United Nations agencies and organizations for assistance in formulating population policies and programmes. By then, at least six more countries will likely have adopted population policies (Congo, Ethiopia, Madagascar, Sao Tome and Principe, United Republic of Tanzania, Zimbabwe). An area in which UNFPA is receiving increasing requests from Governments is for assistance in strengthening the modalities for further decentralized planning and implementation of development programmes and projects. Thus, it is envisaged that some countries (Kenya, Nigeria, Senegal, Uganda) will have developed the institutional framework and capabilities for integrating population into development plans at the district level.

**Birth spacing and family planning programmes**

29. UNFPA’s primary objectives in this sector are to help countries provide their populations with better access to information on birth spacing and family planning and to improve and expand the quality of health services in order to reduce infant mortality, maternal morbidity and high fertility levels. To realize these objectives, UNFPA has concentrated its assistance on the following components: development of health personnel in all categories of maternal and child health and family planning (MCH/FP) through training in family planning; development and improvement of statistical systems for MCH/FP services; and conduct of operational research on family systems in various cultural and socio-economic settings. UNFPA has programmed over $39 million for the 1987-1991 period for this sector, as against $49.4 million for the 17-year period from 1969 to 1986. In 1988, assistance channelled to this sector was double that of 1986. All comprehensive country programmes approved by the Governing Council in 1987 and 1988 have ongoing MCH/FP activities.

30. All Governments in the region recognize that the spacing of births at intervals of at least two or three years will reduce the number of deaths of newborn babies and infants and improve the health and well-being of infants and mothers. UNFPA therefore continued its assistance to all countries to integrate family planning and child spacing activities into MCH services. In Lesotho and Zimbabwe, this contributed to an increase in contraceptive acceptance to 17 per cent and 29 per cent, respectively. In Zanzibar, 28 per cent of MCH clinics provided family planning services; before the current programme started in 1985 the percentage was zero. As a result of a recent national seminar on family planning, the Government of Mauritania intends to provide family planning services in over 40 MCH centres and improve access to...
family planning at the community level through the training of traditional birth attendants (TBAs). (Before the seminar, none of Mauritania’s MCH centres provided family planning services.) Recognizing the importance of reaching men as well as women in its efforts to increase the demand for family planning services, Mauritania has started an *école des maris* (school for husbands) to make men aware of the benefits of child spacing as a means of promoting family welfare.

31. To sustain the momentum gained in this sector, UNFPA has stepped up family planning information and communication efforts in all countries in the region. Two international and two regional conferences were conducted during the period to promote programmes to reduce maternal mortality. The integration of child spacing activities into MCH and the promotion of family life education at all levels were identified as components of such programmes. The impact of these efforts on national child spacing programmes are beginning to show. In Niger, the support of family planning by politicians gave a major thrust to the country’s MCH/FP programme. The National Centre for Family Planning became operational, a National Directorate of Family Planning was established in 1987, and a 1920 law banning all sale or promotion of contraceptives was abrogated in 1988. In Burkina Faso, the Government, cognizant of the need to remove all barriers hindering access to family planning services, abrogated a similar 1920 law and cancelled a mandatory medical examination that had been required for prescriptions for contraceptives. In Benin and Togo, women will no longer be required to have the authorization of their husbands or the presence of the latter to receive contraceptives. Restrictions prohibiting adolescents’ access to contraceptives were eased, provided they were accompanied by an adult. In the United Republic of Tanzania, a national five-year child-spacing strategy outlining the Government’s priorities, goals and activities was elaborated in 1988. Official adoption of this strategy was expected in early 1989. In Zambia, the Government is reviewing a law that prohibits nurses from providing family planning services.

32. Experience shows that the training of staff is critical to the success of MCH/FP programmes. UNFPA therefore redoubled its efforts to train MCH/FP medical and paramedical personnel in order to ensure that countries had well-trained personnel. The regional training centre in family health in Mauritius reoriented its training programme to focus on fertility management. A similar course was developed by the Université Libre de Bruxelles. A total of 244 doctors and midwives were trained in 1987-1988 compared to only 164 during 1982-1986. The potential impact of these trainees is magnified considerably since they themselves can serve as trainers, developing and conducting similar courses in their respective countries. In Angola, for instance, 30 trainers were trained locally. In Ghana and in Mauritania, national training in fertility management is planned for the near future. To identify further training needs in MCH/FP throughout the region, UNFPA commissioned the Margaret Sanger Center to assess specific types of training needed and to identify the personnel to be trained. In its efforts to develop institutional capabilities in the region, the Fund also commissioned an inventory of MCH/FP training institutions and the scope and content of their courses. UNFPA was instrumental in institutionalizing such training on a national scale. It encouraged the incorporation of family planning in the curricula of nurses and midwives, thereby offsetting, in the long term, the need for separate in-service training. In Cameroon and in Zimbabwe, family planning is now an integral part of the training curricula for medical and paramedical students.
33. Besides training medical and paramedical personnel, UNFPA assistance was used to train social and development workers in family planning to strengthen the link between potential acceptors and service delivery points. Thus, training of TBAs, community workers, and social workers in family planning communication was integrated into all UNFPA-assisted MCH/FP programmes. In Burkina Faso, 118 development workers received training in family planning, and in Sao Tome and Principe, 104 community health workers were trained in MCH/FP during 1987 and 1988. In the United Republic of Tanzania, population concepts were integrated into two training manuals used by home economics supervisors and field workers. The manuals show how family planning concepts can be intertwined with daily routines in ways that relate to the family planning and economic concerns of villagers. In Kenya, there are plans to train nearly 5,000 traditional birth attendants. In Cameroon, a community-based system of family planning service delivery was set up in two rural communities, and 76 motivators were trained in family planning communication. In Kenya, an outreach programme through 15 community-based health care units is being implemented, and a multi-donor programme aimed at instituting a community-based delivery system of family planning information, supplies and services and a national referral system has been formulated.

34. Sound management of service programmes is essential in the provision of effective MCH/FP services. Unfortunately, this is a major weakness in many countries in sub-Saharan Africa. The recent UNFPA review and assessment (see document DP/1989/37), together with other analyses of needs and deficiencies in MCH/FP, pointed to the improvement of management information systems (MIS) and logistics systems as the key to better programme management and hence to the extension of effective service coverage. UNFPA has thus initiated a diagnosis of the MCH/FP management information and logistics systems in 20 African countries as an initial step in efforts to strengthen management techniques and provide more family planning opportunities, equipment and supplies. In some countries (Cameroon, Congo, Mali, Zambia), the improvement of such systems is already under way.

35. In an effort to bring services as near as possible to the community, an expansion of service delivery points took place in several countries. In Benin, for example, five provincial referral MCH/child spacing centres were established and eight maternity wards renovated. In Senegal, 22 maternity and MCH centres are being renovated and equipped, and in Guinea-Bissau and Mauritania, new referral centres became operational. In the United Republic of Tanzania, 65 per cent of the health centres are now providing family planning services compared to only 35 per cent in 1982.

36. To secure a high degree of participation of the population in MCH/FP programmes, it is essential that programmes and projects take into account traditional religious beliefs, prevalent norms and behaviour of parenthood, marriage and kinship, and traditional practices of child spacing. Socio-cultural studies and research have therefore become an integral part of UNFPA-assisted MCH/FP programmes. In Mozambique, for instance, a study on the reproductive behaviour of Mozambican women provided information on cultural patterns and epidemiological data that have been used to improve the content of...
the MCH/FP programme and will help guide future MCH/FP policy and programme formulation there. In 1987, Zimbabwe initiated research into topics such as adolescent fertility and the role of men in family planning. In Kenya, an umbrella operational research project has been initiated; a study into male motivation and family planning acceptance has already been concluded. Studies on adolescent fertility and successful family planning programmes have been proposed.

37. In keeping with UNFPA's innovative efforts to promote family planning acceptance, the reporting period witnessed increased collaboration between UNFPA, the Japanese Organization for International Cooperation in Family Planning (JOICFP), and the International Planned Parenthood Federation (IPPF) on the integration of family planning into nutrition and parasite control programmes. In this connection, two regional conferences on "Integrated Family Planning, Nutrition and Parasite Control Projects" were held in Arusha, United Republic of Tanzania (1987), and in Lusaka, Zambia (1989), to discuss the concept, philosophy and operational strategies for such integrated projects. Complementary to this, UNFPA continued its support to ongoing integrated projects in Gambia, Ghana, the United Republic of Tanzania and Zambia, and provided assistance for the design of proposed projects in Ethiopia, Kenya and Uganda.

38. Progress in family planning in the region was slow owing primarily to deep-rooted traditional values and attitudes, as well as to policies and priorities of Governments. Other constraints included ineffective family planning IEC, inadequate service delivery, the inadequacy of government health systems, the non-availability of reliable data on needs and weaknesses of ongoing MCH/FP programmes and the lack of clear policy directions. To help overcome these shortcomings, UNFPA plans to step up its support for the development of both institutional capacity and human resources in this sector, as well as for IEC-related activities. Upon request, the Fund will also assist countries in elaborating and adopting official health policies that call for the promotion of family welfare through the free choice of couples and individuals to have the number and spacing of children they desire.

Contributing to the improvement of the status of women

39. UNFPA, in concert with development agencies, continued to support programmes intended to improve the status of women. These programmes, besides promoting economic self-sufficiency, usually provided opportunities for instruction in MCH/FP and basic population issues. Furthermore, most of the projects were designed to strengthen institutions through support to women's organizations and to promote policy formulation in order to increase the involvement of women in decision-making and planning. In financial terms, the Fund programmed and allocated $3.6 million for 1987-1991; this was more than three times the amount expended from 1969 to 1986. During the period under review, UNFPA initiated about 20 projects in the region.

40. UNFPA placed special emphasis on the strengthening of institutions that are responsible for enhancing the status of women in society. Most projects therefore provided for the training of women as managers as well as for
research into the socio-cultural and legal constraints impeding the full
integration of women into development activities. Specifically, most projects
sought to strengthen countries' institutional capacity to deal with the issues
of women, population and development through support of women's organizations
and training in population IEC and in the management, co-ordination and
evaluation of family planning programmes. UNFPA assistance also focused on the
formulation of policies designed to enhance the involvement of women in
decision-making and in the planning process. Some UNFPA projects directly
addressed women's economic conditions, making credit facilities available to
them and providing them with income-generating opportunities.

41. Efforts to strengthen institutional capacity were undertaken in a number
of countries, including Ghana, Guinea-Bissau, Mali, Mozambique and Senegal.
The formulation of projects specifically designed to benefit women and
encourage their participation was started in Angola, Benin, Botswana, the
Comoros, Mauritania, Mauritius and Rwanda. In Angola, for example, the Women's
Organization was strengthened by improving its research, management and
organizational capability; in Botswana, the Women's Affairs Unit formulated
projects designed to improve the ability of women to develop income-generating
skills and manage funds. In Ghana, the National Council on Women and
Development assumed responsibility for co-ordinating and promoting population
and development programmes for women. In the Central African Republic, a
National Consultative Committee on Women and Development was established, while
in Mauritania a Ministry for the Promotion of Women was created. Ministries of
Women's Affairs were instituted in Botswana, Uganda, Zimbabwe and Zambia; and
in Malawi, a Women's Development Unit was established in the Office of the
President. A similar unit was established in Ethiopia within the Ministry of
Planning.

42. The following examples illustrate the variety of projects that have been
initiated in the region. In Benin, Gabon, Ghana, Guinea-Bissau, Liberia,
Senegal and Zaire, the focus has tended to be on women in their rural
surroundings. In Benin, funds were made available to establish three village
credit clubs. This was a pilot exercise to promote capital formation while
stimulating interest in population matters. The project drew upon the learning
experiences of other countries in the region. In Ghana and, to a degree, in
Gabon, credit was made available to women's organizations at the grass-roots
level. The Ghana project was also a pilot undertaking designed to train over
400 village-based women leaders in credit management, family planning, basic
health and developmental issues. In Guinea-Bissau, UNDP, the United Nations
Development Fund for Women (UNIFEM) and UNFPA co-operated to promote integrated
rural development in a pilot area with women as the target group. In 1988, 22
women extension workers were trained under this project.

43. In Liberia, UNFPA co-operated with UNDP, UNICEF and UNIFEM to stimulate
the productivity of rural women and promote their self-reliance through the
establishment of a revolving fund and training in basic marketing techniques
and the concepts of saving and borrowing money. The project also provided
instruction in family health, child spacing, nutrition and the organization and
management of small businesses. This pilot exercise was expected to benefit
8,000 women in the marketplace and 2,000 women engaged in agricultural production. In Mozambique, methods were devised to reduce time spent in housework, thereby providing opportunities for village women to participate in educational seminars. In Senegal, UNFPA combined with UNDP to alleviate the burden of women in rural areas so as to provide them with the free time needed to participate in training and educational workshops.

44. In other countries, projects were designed to integrate population and family well-being education into women’s income-generating activities. In Burkina Faso, for example, UNFPA supported a national seminar that elaborated a plan of action recommending ways to enable women to benefit from credit facilities. In Mali, a UNFPA project provided support to female literacy centres. In Kenya, assistance was given to the National Council of Churches to strengthen its community programme, particularly in the areas of nutrition and family planning and in employment promotion for women and youth in the Mathare Valley.

45. UNFPA also promoted research and studies on a wide variety of topics. In the Congo, the Fund collaborated with UNIFEM on a study of the socio-economic status of women there. In the Central African Republic, UNFPA assistance supported two socio-economic studies, as well as the establishment of a documentation centre for women in development. In Ethiopia, a study was commissioned on "Female Labour Force Participation and Fertility".

46. Botswana, Uganda, Zambia and Zimbabwe also initiated field surveys to analyze the situation of women, the results being used both to formulate pilot projects and to set up data banks of relevant information. UNFPA stepped up its assistance to the Inter-African Committee on Traditional Practices Harmful to the Health of Women and Children. Population IEC is now being incorporated into the training activities that are undertaken by the national committees of that organization.

47. UNFPA also supported numerous national seminars specifically dealing with women’s issues. A UNFPA-supported seminar in the Comoros, for example, led, in time, to the formation of a National Federation of Women there. In the United Republic of Tanzania, a major national seminar looked specifically at issues directly affecting women, including women and development, health, law, parenthood and family welfare, national policy on children and youth, and management of resources. In Ethiopia, an inter-agency group on women in development (WIDAGE) was established to provide a forum for the exchange of project ideas and for the co-ordination of activities on women.

48. As part of its efforts to ensure that women are systematically and routinely included in population and development programmes, UNFPA drafted a Plan of Action of UNFPA’s strategy for women in development. It includes activities designed not only to improve the physical, socio-economic and cultural condition of women in the region, but also to provide instruction for men and women on population matters and especially on responsible parenthood. Under the plan, the Fund proposes to initiate the preparation of a Compendium on Technical Assistance on Women, Population and Development, a status report on women in sub-Saharan Africa as well as a directory of work done so far on women and development.
49. Based on an internal review of programmes formulated during the reporting period to determine if they had in fact provided for the participation of women, the Fund found several major impediments to its efforts to accelerate the advancement of women. These included: (a) restrictive socio-cultural, legal and religious beliefs; (b) the absence of clearly-defined policies at the national level; (c) poor educational standards; and (d) inadequate access to resources, health facilities and most opportunities likely to improve their condition. UNFPA intends to address these constraints in the years ahead.

C. Programme reviews, monitoring and evaluation

50. Over the past two years, UNFPA field personnel, backstopped by headquarters, undertook a series of reviews, evaluations and programming exercises in sub-Saharan Africa to ensure that UNFPA-financed activities were being carried out effectively and were relevant to the approved strategy. Thirty-one country programmes were reviewed in depth. Most of these programme reviews were preparatory to the formulation of country programmes for submission to the Governing Council. They involved consultations with senior government officials, usually from the ministries of planning and other relevant sectoral ministries. The reviews confirmed that the priorities defined in the UNFPA strategy had been accepted and endorsed by Governments. In several cases, the Fund used the findings of the reviews to recommend ways to improve programmes or projects and, as appropriate, to make changes to reflect the strategy's priorities. The reviews also helped UNFPA to adjust programmes and projects in accordance with new government population policies or new official attitudes towards population issues and development. The programmes in the Comoros, Cape Verde, Togo, Uganda and Zambia in particular benefited from such re-adjustments.

51. In some instances, consultative reviews took place with the participation of other donors, for example the World Bank, who had been significantly involved in the development of a key sector such as population policy (Senegal) or family planning (Kenya). Tripartite reviews, major project evaluations and technical evaluations were also initiated in several countries. Evaluation of country programmes took place, for instance, in Burkina Faso, the United Republic of Tanzania and Zimbabwe. Other evaluations include, inter alia, MCH/FP training in the Congo, Kenya, Mauritania, Nigeria, Senegal and the United Republic of Tanzania; population planning units in Cameroon, Mali, Nigeria, Rwanda, Senegal, Sierra Leone, Zimbabwe; and the non-formal education and communication sector in Mali.

D. Co-ordination of aid

52. As a complementary goal, UNFPA paid particular attention to the strengthening of the co-ordination of aid in the region. The Fund therefore helped Governments to plan and manage their population assistance programmes and projects more efficiently, and encouraged greater self-reliance when dealing with UNFPA-assisted programmes. This strengthened the resolve of Governments to take measures to improve existing arrangements for co-ordinating population activities. In Kenya, for example, UNFPA in 1987 assisted the
Government in organizing a meeting at which donors and national officials exchanged information on programme needs and funding prospects. Senegal requested that UNFPA assist in organizing a meeting of donors to finance its Priority Investment and Action Programme in order to implement its population policy. In Zambia, the Government, recognizing UNFPA as the lead agency in population activities, continued to collaborate with the Fund to co-ordinate the inputs of international agencies.

53. Recently, an increasing number of African Governments decided, or were taking concrete steps, to establish, with UNFPA support, a central co-ordinating mechanism for population assistance within their administrative structures. In addition to Kenya, Nigeria, Rwanda and Zambia (amongst others), which have already established a co-ordinating unit, Senegal and Zimbabwe have undertaken such initiatives in the past two years. These national responses fit well with UNFPA’s strategy, which calls for measures to enhance the effectiveness of country programmes through strengthened co-ordination of population assistance. They also reflect the spirit of the recommendations of the United Nations Programme of Action for African Economic Recovery and Development (UNPAAERD) 1986-1990 concerning co-ordination, as well as those of the Governing Council.

54. The past two years have also seen much closer linkages between UNFPA resources and core UNDP/Indicative Planning Figures (IPF) funds at the country level. In order to maximize the impact of some projects of high priority for Governments, UNDP/IPF funds have been utilized in conjunction with UNFPA resources. This co-operation took the form of straight cost-sharing in specific projects, or of complementary activities in separate projects with specific interactions between the two. Such collaborative effort has been made in Senegal, Mali (census), Guinea-Bissau (promotion of women).

II. SPECIAL INITIATIVES

55. UNFPA has promoted a number of initiatives to facilitate consultations among interested parties at all levels concerning the implementation of the strategy. The co-ordination of effort as it relates to the strategy has thus been strengthened, both within the United Nations system and between the United Nations system and Governments, donors, regional and sub-regional groups, and NGOs.

56. UNFPA has made a concerted effort to inform and guide its field personnel on the specific ways and means of supporting Governments in their efforts to implement the strategy. In this connection, the Fund organized an ad hoc meeting of UNFPA country directors in the Congo in November 1987 to review the progress and obstacles to ongoing activities and to discuss the planning of future activities.

57. In its support of a strong and coherent response by the United Nations system to UNPAAERD, UNFPA participated actively in the Steering Committee established by the Secretary-General and provided special financial support to
population information activities. Also, as a member of the Inter-Agency Task Force to the Steering Committee, the Fund has been able to provide inputs to the preparation of the Secretary-General's report regarding the mid-term review of the implementation of the United Nations Programme of Action for Africa Economic Recovery and Development. Other consultative processes supported under the UNFPA strategy include the International Conference on the Human Dimension of Africa's Economic Recovery and Development held in Khartoum (Sudan) in March 1988, at which UNFPA contributed a substantive paper in collaboration with ILO; and the Safe Motherhood Regional Conference for French-speaking African countries held in Niamey (Niger) in January 1989, which was attended by African health ministers and which resulted in the Niamey Declaration recognizing the benefits of family planning in sub-Saharan Africa.

58. At the regional level, UNFPA has worked closely with each of the relevant United Nations agencies and organizations, providing funding for a number of projects in a variety of areas in support of the strategy. Recognizing the role of executing agencies in the implementation of the strategy, the Fund outlined its thoughts on a co-ordinated and inter-agency approach that is responsive to the needs of the UNFPA African programme in document DP/1988/37/Add.2. Other initiatives within the United Nations system include periodic meetings between the UNFPA Africa Division and the UNDP regional bureau to explore avenues for further co-operation; the involvement, within the framework of the Joint Consultative Group on Policy (JCGP) collaboration, of UNFPA with UNDP, UNICEF and the World Food Programme (WFP) in a project in the Shinyanga region of the United Republic of Tanzania; with the United Nations Environment Programme (UNEP) in Kenya on a project for the integration of population and environment; and with UNIFEM, the Food and Agriculture Organization of the United Nations (FAO) and others to formulate a women-in-development project in Mauritania.

59. Under a series of initiatives undertaken by UNFPA, collaboration between UNFPA, the World Bank and various multi-bilateral donors was consolidated during 1987-1988. Two regional seminars were organized jointly with the World Bank in 1987 and 1988 to train high-level officials responsible for translating population policy into actual programmes. Burkina Faso, Malawi, Rwanda, Senegal, Sierra Leone, Uganda, United Republic of Tanzania and Zaire were among the participants. In December 1988, a meeting between UNFPA and the World Bank took place in Washington, D.C., which provided an effective and viable framework for the exchange of information and improved co-ordination on population programmes of both institutions in sub-Saharan Africa. UNFPA has contributed to the funding of a regional project, "Agenda for Action to Improve the Implementation of Population Programmes in sub-Saharan Africa in the 1990s", to be executed by the World Bank in collaboration with the World Health Organization (WHO). The objective of the project is to generate a consensus among African officials and other leaders to translate population policies into effective programmes of action. Similarly, UNFPA also consulted with the African Development Bank on several occasions. This has resulted in a mutual co-operation agreement which is expected to be adopted in 1989.
60. There has recently been a marked increase in interest among donors in providing extra-budgetary assistance for population programmes in sub-Saharan Africa through multi-bilateral trust-fund arrangements. Meetings at UNFPA headquarters and in the field have been held in the past two years, for example, with representatives of numerous Governments, including Canada, the Netherlands, Norway and Sweden, to discuss added support for some specific programmes. The outcome of these meetings has been highly successful. The Canadian International Development Agency (CIDA) has agreed to provide support for four projects in Kenya in the areas of census; MCH/FP and employment; population/family life education for men, women and youth; and integration of population into the agricultural extension service. The Netherlands has been supporting the renovation of a MCH/FP clinic in Zanzibar (United Republic of Tanzania) and is considering providing assistance for the community-based distribution programme in Kenya. The Norwegian Agency for International Development (NORAD) has provided assistance for the strengthening of population and family life education in the rural and organized sectors in the United Republic of Tanzania, and communication support to the health/MCH programme through the national literacy campaign in Ethiopia. NORAD has also recently agreed to provide support for projects in Kenya in MCH/FP, IEC, and population and development training and research, and has joined with Sweden in providing major funding for a project for population planning and implementation at the district level. Canada and Finland have provided assistance in support of census activities in countries of sub-Saharan Africa. Under UNFPA's leading role, the Inter-agency Committee on Census Co-ordination in sub-Saharan Africa met regularly to discuss the progress of census activities in and the related funding needs of the concerned countries.

61. At the regional level, UNFPA is also collaborating closely with the Organization of African Unity (OAU) to sensitize high-level political officials and also to co-ordinate and monitor the implementation of population policies among Member States. As a result, at present an intercountry project is being formulated in close collaboration with OAU and ECA. The collaborative process between UNFPA and OAU was given further impetus in 1988 when the Executive Director visited OAU headquarters. The two organizations took the opportunity to discuss current developments in population activities in the region, the status of implementation of UNFPA strategy in sub-Saharan Africa and the role of OAU in that process. Also within the context of the intercountry programme, UNFPA has funded a number of projects to strengthen African regional and sub-regional institutions. This has helped to strengthen co-operation with the Permanent Inter-State Committee on Drought Control in the Sahel (CILSS) and the Economic Community of Central African States (ECCAS) at the programme and project levels. UNFPA is now exploring the possibility of extending population support to other African sub-regional organizations, especially to the Economic Community of West African States (ECOWAS) and the Eastern and Southern Africa Preferential Trade Area (PTA). Furthermore, UNFPA, in collaboration with other agencies, is establishing an inventory of international and national NGOs that may assist in the execution of population programmes to reach out to a broader audience and to have an impact at the grass-roots level.
III. FIELD OFFICES

62. UNFPA’s Africa programme is constantly expanding, diversifying and becoming more complex. As a result of the Governing Council’s strong endorsement in 1987 of UNFPA’s strategy, the Fund’s programme is now well established in the region and is expected to continue into the 1990s and beyond. The success of UNFPA’s efforts in sub-Saharan Africa depends, critically, on the number and efficiency of its field offices. Throughout 1987 and 1988, UNFPA has therefore striven to strengthen its field offices in sub-Saharan Africa.

63. Several important measures have been undertaken. First, through the deployment and redeployment of international staff (from headquarters and from other regions) the Fund has increased the number of its field offices in the region from 20 in 1986 to 29 by the end of 1988. At present, 29 UNFPA country directors, 3 international programme officers and 200 local staff are assisting Governments in the region in the administration of UNFPA-financed programmes. The number of UNFPA field offices has been increased to reduce considerably each office’s geographic coverage, thereby lightening the workload of the field office staff in the region and thus making them far more effective in assisting Governments in implementing their population policies and programmes. This has also enabled the Fund to extend the scope and depth of the coverage of its country programmes and to concentrate its resources on priority countries. Finally, the increased field presence will help strengthen UNFPA’s operational capacity in the region in order to effectively and expeditiously implement the Fund’s strategy.

64. Second, as part of the Fund’s efforts to strengthen field operations, UNFPA has delegated additional authority to its field offices. As a result, UNFPA country directors now have greater flexibility in administering their programmes. They now have the authority to approve programme activities up to $250,000 to expedite the implementation of the Fund’s strategy.

65. Third, through the Fund’s field office computerization project, which has been under way for over a year, UNFPA is establishing a Central Data Base of data accumulated from multiple sources and managed through a network of microcomputers. During the past two years, microcomputers have been installed in 17 field offices in the region for monitoring projects and programmes. By the end of 1990, all field offices will be equipped with microcomputers. This will enhance and streamline the collection, use and sharing of programming and operational information between field offices and headquarters, thereby improving the management of information and increasing productivity in such areas as the preparation and processing of project budget revisions.
IV. CONCLUSION

66. The adoption of the strategy two years ago represented a benchmark in the UNFPA programme for sub-Saharan Africa. As demonstrated in this report, during the past two years, UNFPA has made significant strides towards achieving the objectives set forth in the strategy. In the years ahead, the Fund will continue to intensify its efforts both at the country and regional levels to improve implementation of approved country programmes in sub-Saharan Africa. To facilitate this and to enhance the Fund’s leading role in co-ordinating population programmes, the Fund’s field offices will be appropriately strengthened. Increasing support will be directed at addressing existing and evolving needs in such areas as improvements in management information systems and socio-cultural data to assist programme design and monitoring; implementation and monitoring of population policies and programmes; formulation and implementation of policies and programmes to enhance women’s role and status in society; and promotion of integrated population, environment and urbanization planning. UNFPA will also support, among other things, the establishment of a regional Population IEC Clearing-house and regional training centres on population IEC, population and development, and MCH/FP.