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

Recommendation by the Executive Director
Assistance to the Government of the United Republic of Tanzania
Support for a comprehensive population programme

Proposed UNFPA assistance: \$21 million, of which \$13 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1992

Executing agencies: Government of the United Republic of Tanzania
United Nations and United Nations organizations and agencies
National and international non-governmental organizations (NGOs)

Government coordinating agency: National Planning Commission,
Office of the President

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UNITED REPUBLIC OF TANZANIA

Demographic facts

Population Total (000)		Population density (/sq. km.)	2
Total	27,318	Average annual change (000)	
Males	13,507	Population increase	1.1
Females	13,811	Births	1.5
Sex ratio (/100 females)	97.8	Deaths	3
Urban	8,967	Net migration	
Rural	18,351	Annual population total (% growth)	3.
Per cent urban	32.8	Urban	7.5
Population in year 2000 (000)	39,639	Rural	1.3
Functional age groups (%)		Crude birth rate (/1000)	50
Young child: 0-4	20.4	Crude death rate (/1000)	12
Child: 5-14	28.7	Net migration rate (/1000)	0
Youth: 15-24	18.8	Total fertility rate (/woman)	7.
Elderly: 60+	3.8	Gross reproduction rate (/woman)	3.5
65+	2.3	Net reproduction rate (/woman)	2.7
Women: 15-49	21.7	Infant mortality rate (/1000)	9
Median age (years)	15.4	Life expectancy at birth (years)	
Dependency ratios: total	105.9	Males	53
(/100) Aged 0-14	101.1	Females	56
Aged 65+	4.8	Both sexes	55
Agricultural population density		GNP per capita	
(/hectare of arable land)	4.91	(U.S. dollars, 1989)	1

Sources: Population density on arable land is derived from two publications issued by the Food and Agricultural Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projection Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$21 million, of which \$13 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of the United Republic of Tanzania in achieving its population and development objectives. UNFPA would seek to provide the balance of \$8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
2. The proposed third country programme (1992-1996) aims to assist the Government in attaining its development and population goals as stated in its national development plans and draft population policy. It is based on the Economic and Social Action Programme, which provides the framework for the Government's socio-economic policies and priorities; the objectives of the National Family Planning Plan of Operations; the recommendations of UNFPA's 1991 Programme Review and Strategy Development (PRSD) exercise; a review of the population activities of major multilateral and bilateral donors; and in-depth consultations with government officials. The proposed programme also reflects the principles of the Kilimanjaro Programme of Action on Population (1984), the Amsterdam Declaration (1989) and the UNFPA strategy of assistance to Sub-Saharan Africa and is intended to complement and supplement national population activities.
3. The objectives of the proposed programme are to assist the Government: (a) expand and improve the quality of maternal and child health and family planning (MCH/FP) services in order to reduce maternal mortality and morbidity and infant mortality; (b) develop and implement a comprehensive, multimedia national population information, education and communication (IEC) programme; (c) implement the population policy after its adoption and integrate population into development planning processes; (d) strengthen the national capacity for conducting population research and collecting, processing, disseminating and integrating population information into development planning; (e) expand the development of the nation's human resources so as to increase national self-reliance in the design, management and evaluation of population programmes; (f) enhance the status of women and their participation in population and development activities; and (g) promote awareness of the linkages between population, development, and the environment.
4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Since Independence, the population of the United Republic of Tanzania has more than doubled -- from approximately 10.2 million in 1961 to 27.3 million in 1990 -- making it the fourth most populous country in sub-Saharan Africa. Population density ranges from 25.5 per square kilometre on the mainland to 260 per square kilometre in Zanzibar. Preliminary results of the 1988 national census indicate that the annual rate of population growth is 2.88 per cent. (For United Nations estimate, see the data sheet

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on page 2.) The total fertility rate has remained above 6.9 since Independence, and the crude birth rate has changed only slightly, from 51.2 to 50.2 per 1,000, over the past 20 years. If the fertility rate remains constant, the population is projected to reach 40 million by the year 2000, 59.7 million by 2010 and 90.9 million by 2020. The national maternal mortality rate averages 340 deaths per 100,000 live births, with regional variations between 250 and over 400 deaths per 100,000 live births. Since 1983, human immunodeficiency virus (HIV) infection and AIDS have become a serious public health problem with potentially far-reaching demographic implications. Population growth pressures are a major problem, and population programmes, especially for family planning, remain an urgent and high priority.

6. If total fertility and birth rates remain at the current high levels, the projected population increases would have serious implications for government efforts to raise living standards and provide basic social services. Between 1988 and 2018, just to maintain present service levels in the health sector, 62,000 new hospital beds would have to be found and the current numbers of service personnel would have to double. To accommodate the projected increases in school enrolment from 3.2 million to 12.1 million (maintaining the current enrolment rate of 75 per cent of the eligible age group), the number of primary schools would have to increase from 10,300 in 1988 to 25,000 in 2008 and 39,000 in 2018. From 1988 to 2018, the size of the labour force would almost triple, from 10.4 million to 27.7 million, and 982,000 new jobs would have to be created each year.

7. Social and economic factors. The United Republic of Tanzania has an estimated 30 ethnic groups and more than 150 tribes. The common national language is Kiswahili. Ethnic, cultural, religious and traditional beliefs and practices are strikingly diverse on such issues as marriage practices, gender roles and land ownership.

8. The nation has been a pioneer in the strategy of primary health care (PHC) for the delivery of health services. In 1989, the network of health facilities consisted of 155 hospitals, 274 health centres and 2,851 dispensaries. There are more than 30,000 trained health care providers, including 930 physicians, 9,000 nurses and midwives, and 3,000 MCH aides. Private, voluntary and church-related organizations provide up to 30 per cent of health care, with government reimbursement of certain costs. Clinic attendance for MCH services is high -- 90 per cent of pregnant women attend prenatal clinics at least once during pregnancy, and 60 per cent of deliveries in rural areas occur in clinics attended by trained staff. Family planning information, education and services were introduced in 1959 by the Family Planning Association of Tanzania (UMATI), which is affiliated with the International Planned Parenthood Federation (IPPF). Starting in 1989, the Ministry of Health began playing a major role in promoting family planning. Family planning services are almost entirely clinic-based, and alternative outlets for contraceptives are limited. Although family planning has been part of MCH services since 1974, about 20 per cent of service delivery points do not regularly provide family planning services because they lack trained personnel or clinical equipment. As of the late 1980s, 10 per cent of women of reproductive age were using modern contraceptive methods. Preliminary data from the recent demographic and health survey indicate an increase in the contraceptive prevalence rate, to 13 per cent.

9. In spite of government efforts to improve their status, women in Tanzania lack equal opportunities to benefit from and help shape development. More needs to be done to raise their social status, to improve and protect their legal rights and provide them with equal access to quality health care, education and financial and economic resources. An estimated 97.8 per cent of economically active women are engaged in agriculture, contributing more than 75 per cent of the country's total export earnings and 40-50 per cent of gross national product (GNP).

10. About 87 per cent of the women and 67 per cent of all Tanzanians live in rural areas, engaged in a variety of agricultural pursuits that have serious environmental implications. Wood provides over 90 per cent of energy needs. Driven by population pressures and the impact of unsustainable farming technologies, deforestation and soil erosion are estimated to be advancing at an annual rate of 300,000 to 400,000 hectares. According to United Nations estimates, 33 to 45 per cent of the total land area is already degraded.

11. With a per capita gross national product (GNP) of \$130 in 1989, Tanzania is classified as a least developed country. It is a priority country for UNFPA assistance. In 1986, the Government started to implement structural adjustment and economic recovery programmes. Although the economy has begun to show signs of recovery -- an average of 4 per cent growth since 1987 -- deteriorating terms of trade and the debt burden, among other things, will ensure the nation's continued reliance, for the foreseeable future, on substantial external financial and technical assistance to implement its development and social programmes.

12. The Government's awareness of population and development interrelationships increased during the 1980s. In part, this reflected the impact of the economic crisis on the Government's capacity to meet basic needs for health, education, employment and housing for a rapidly increasing population. The Government established in 1987 a Population Policy and Planning Unit (PPU) within the National Planning Commission (of the Office of the President) charged with fostering the integration of population factors into development planning, and later adopted a national family planning strategy and Plan of Operations. It also drafted a comprehensive national population policy, which is awaiting adoption. The central goal of the draft population policy is the reduction of total fertility from the current 7.3 (government figure) to 5.0 by the year 2000, followed by a more gradual decline to 3.5 by the year 2018. Under this lower fertility variant, the projected size of the population by 2018 would reach 47.1 million, 25 per cent lower than under the constant high fertility variant. This reduction in population growth would translate into, among other things, a lower dependency ratio, a doubling of per capita income and a 50 per cent reduction in the number of new jobs required by 2018. The draft national population policy also highlights improvement in the role and status of women as a major goal and recommends raising the legal age of marriage from 15 to 20 years for women and 20 to 25 for men; by the year 2000, the target is to reduce the proportion of women marrying before age 20 by 50 per cent. The draft policy also sets out broad environmental protection objectives.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA has provided population assistance to the United Republic of Tanzania since 1971, with support for the publication of census results, the teaching of obstetrics/gynaecology, studies of maternal and child health and child spacing (MCH/CS), and a programme for better family living. In 1980, the Governing Council approved the first comprehensive country programme, in the amount of \$6 million for five years (1981-1985). The programme sought to address the following needs: (a) awareness creation; (b) health personnel development; (c) integration of child-spacing services into MCH clinics; (d) promotion of population policy formulation; and (e) the integration of demographic variables into socio-economic planning.

14. UNFPA carried out two reviews of the UNFPA-sponsored MCH/CS programme in 1986 and conducted an in-depth evaluation of the country programme in 1987. In June 1987, the Governing Council approved a second country programme in the amount of \$7 million for five years (1987-1991). The second country programme aimed at developing a coherent multisectoral national population programme, supported by an explicit population policy and an operating structure, and at helping the nation achieve self-reliance in its population programmes through planned development of human resources and management and administrative capacity, along with selective institution-building.

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15. Appreciable progress has been made towards achieving the objectives of the second country programme. UNFPA assistance contributed to the Government's adoption of the national family planning programme (NFPP), the formulation of a strategy to improve and expand family planning service delivery, and the drafting of a population policy. The Government has also begun to establish a framework for integrating population into development planning. Assistance helped strengthen population IEC activities by providing management and skills training to national project implementors and by increasing the use of technical advisory services. The Government successfully conducted a national census in 1988. UNFPA support also helped national academic institutions provide population and demographic training and research programmes and courses for government officials. Steps were initiated to promote the advancement of women and to increase awareness of the linkages between population, development, and the environment.

16. The economic environment, however, adversely affected implementation of the second country programme in several ways: the Government experienced difficulties in meeting counterpart obligations, there were delays in recruiting and releasing national experts on a full-time basis for project implementation, and programme implementors suffered low morale. There was also a scarcity of trained and experienced nationals to design and manage population programmes. Poor coordination of donor assistance led to the development of distinct programmes, each dependent on the availability of a small number of implementors. Other constraints on the programme included the poor road network and communications infrastructure, which made supervision and monitoring extremely difficult.

Maternal and child health and family planning

17. The main objectives of UNFPA assistance to the MCH/FP programme include: (a) qualitative improvement of the human and physical infrastructure through training of service providers and upgrading equipment in health facilities; (b) an increase in the contraceptive prevalence rate to at least 20 per cent by 1996; and (c) establishment of a viable management information system (MIS)/logistics system. Total expenditures for MCH/FP activities reached \$5.5 million. As the Governing Council was informed in 1991, additional resources were required because the MCH/FP programme evolved more rapidly than had been anticipated in 1987.

18. On the mainland, UNFPA assistance enabled the Government to lay a firm foundation for improved family planning service delivery. In 1989, the Government announced a new family planning policy with explicit performance-achievement targets. It also issued guidelines for service delivery and approved a five-year Plan of Operations to expand and improve the quality of services and to increase contraceptive prevalence.

19. To implement the Plan, the Government has undertaken: (a) strengthening management of family planning services at the central level; (b) equipping all hospitals and health centres and 1,000 dispensaries to provide family planning services; (c) developing training materials in family planning for all cadres of service providers; (d) providing in-service training in family planning for 25 per cent of all regional and district medical officers (in 17 of 20 regions, regional trainers have completed training); and (e) introducing a community-based distribution system to improve access to contraceptives.

20. In 1985, UNFPA funded the introduction of family planning services in Zanzibar, with objectives similar to those of the mainland programme. A total of 85 per cent of health clinics are now equipped and staffed to deliver family planning services. The Zanzibar programme has achieved great success in raising

contraceptive acceptance from virtually 0 to nearly 12 per cent by 1991. There is concern, however, that discontinuation rates are high.

21. Safe Motherhood has emerged as an issue of major national concern in the past three years, as a result of increasing awareness of the condition of women in general and public reaction to recent sharp increases in the incidence of maternal deaths in the country's main referral and teaching hospital. Along with UNICEF and Family Care International, UNFPA helped support the Government in organizing a series of national seminars on the topic and developing a National Safe Motherhood Action Plan.

Information, education and communication

22. The Fund's continued support for IEC activities has contributed to a major shift in both official attitudes and public awareness of the relationship between population growth and efforts to raise living standards as well as to a more open discussion of population issues, including family planning. Since 1978, UNFPA has supported the Population and Family Life Education Project (POFLEP), which has become the recognized national entity for non-formal population education, especially among the rural population, and is credited with having influenced the Government's stance on population issues.

23. The groundwork has been completed for institutionalizing family life education in schools nationwide. UNFPA support has enabled the Government to test the introduction of population/family life education in the formal education system; family life education is now being taught in 10 primary and 5 secondary schools and 5 teacher training colleges in three regions. Education for Responsible Parenthood is a national programme aimed at helping parents communicate with their children on population, health, sexuality and decision-making within a family context.

24. Together with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), UNFPA and UNICEF implemented an integrated multisectoral community development project in Shinyanga Region in the context of the Joint Consultative Group on Policy (JCGP). UNFPA-funded components include community mobilization through family life education, the training of TBAs and the provision of family planning services. In a separate activity, UNFPA funded population education efforts and family planning services at refugee settlements with the concurrence of the Government. In collaboration with other donors, the Fund also supported awareness-creation seminars for national decision makers on a wide range of population issues.

25. Although much has been achieved, population information of all kinds -- including national population statistics and research on health, the role of women, adolescent fertility and misconceptions about modern contraceptives -- is limited. No recognized national institution is responsible for the systematic collection, storage and distribution of population information and data, and few nationals have been professionally trained in the field of population IEC. If desired changes in attitude and behaviour are to materialize, IEC activities need a sharper focus and better coordination. Notwithstanding several initiatives undertaken jointly by the Government and UNFPA, a comprehensive and well-coordinated national IEC programme focusing on creating demand and acceptance of family planning has yet to emerge.

Data collection and analysis

26. Backed by a large government effort, with assistance from UNFPA and other donors, the third post-Independence national population and housing census was successfully conducted in 1988. Although post-

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enumeration activities are 18 months behind schedule, preliminary data are being used for training national experts in the integration of population data into development planning.

27. The PRSD mission identified three major weaknesses in the area of data collection and analysis: (a) limited access to population data among the public, planners, policy makers and researchers; (b) inadequate national capacity to process and analyse data in a timely fashion, due to the lack of critical skills and equipment plus poor collaboration and linkages between relevant institutions; and (c) the shortage of adequately trained personnel to undertake systematic data collection.

Population policy formulation

28. A draft national population policy has been prepared and is in the process of being adopted. The draft policy's goals include the integration of population variables into socio-economic planning; the raising of living standards through the provision of basic services and the protection of high-risk groups; reduction of population growth and fertility rates; improvement in the status of women; and protection of the environment.

29. The PPU, which was created within the National Planning Commission in 1987, served as the secretariat as well as the technical and coordinating base during the drafting of the national population policy. Government restructuring, rapid staff turnover and lack of capacity for policy-relevant research have hindered the PPU's ability to achieve integration of population into development planning. Once the population policy is officially adopted, the Unit is expected to be upgraded into the Population and Development and Policy Planning Division, to serve as the technical base for policy implementation.

Population dynamics

30. To develop a national human resource base for designing and implementing population programmes and to accelerate national self-reliance, UNFPA continued its support for strengthening the Demographic Training and Research Unit at the University of Dar es Salaam. Since 1985, 35 students, including 10 women, have been graduated from the M.A. Programme in Demography; all are employed by the Government in population-related work. The Unit has undertaken research at the request of other population programmes and donors and, in July 1991, conducted a special seminar on population and the environment. In 1988, UNFPA initiated assistance to the Institute of Development Management, which trains middle-level personnel in economic planning, local and public administration and health management. When fully operational, this support will help to improve the skills of 90 graduates a year in the integration of population variables into socio-economic planning. The project receives technical backstopping from the Institute of Social Sciences (The Hague), a participating institution in the UNFPA-funded Global Programme of Training in Population and Development. These two institutions also offer short courses for in-service training of both national and local government personnel. Since 1987, in addition to in-country training, 85 nationals have been trained abroad in population-related fields.

Women, population and development

31. The second country programme included support for training women in management and organizational and communications skills. The degree of activity in the field of women, population and development hoped for under the second country programme did not materialize. A national seminar on women, population and development, attended by 200 women leaders, the entire cabinet, senior government

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officials and members of the ruling party's National Executive Committee was held in May 1988. A research study and seminar on women, law and population was undertaken by the Faculty of Law, University of Dar es Salaam. Women's issues were dealt with in accordance with the Fund's overall strategy for promoting gender sensitivity in population programmes. Women head four major projects and are well represented in the implementation of all UNFPA-sponsored projects. An estimated 25 per cent of all local and international fellowships and study tours were awarded to women. Along with UNICEF, UNFPA helped finance a situation-analysis study of Safe Motherhood and assisted the Government in developing a comprehensive national strategy for improving women's reproductive health care. The strategy received endorsement at national seminars for parliamentarians, health and social workers, and representatives of NGOs. Greater participation of women in population programmes has been somewhat limited by the scarcity of professionally qualified women and the heavy responsibilities of women for meeting the combined demands of home and work.

Other external assistance

32. More than 60 bilateral and multilateral agencies and NGOs provide development and technical assistance to the nation. In addition to UNFPA, UNICEF, WHO, the World Bank, the British Overseas Development Administration (ODA) (which participated fully in the recent PRSD mission), the German development assistance agency GTZ, Swedish International Development Authority (SIDA), the United States Agency for International Development (USAID), Denmark, the Netherlands, IPPF, and several NGOs, including The Population Council and Pathfinder Fund, provide direct assistance to the health/population sector, chiefly in the fields of health, women in development, awareness creation and basic data collection. For example, GTZ provides family planning within an integrated primary health care programme in two districts. USAID in 1990 signed an agreement with the Government to provide \$20 million to the NFPP over a seven-year period and the British ODA has drawn up a proposal to strengthen family planning services in five districts. The World Bank has approved a \$47.6 million loan for a health and nutrition project (1990-1995), which will include family planning components and provide for the infrastructural rehabilitation and construction and maintenance of facilities.

IV. PROPOSED PROGRAMME 1992-1996

33. The Government has adopted a three-pronged national strategy for achieving its population goals: (a) social mobilization; (b) national capacity-building; and (c) provision of essential services. More concerted action will be taken to mobilize support for the adoption of a national population policy; promote public awareness of the need to match population growth and national economic performance; and increase the general demand for and acceptance of population programmes, especially family planning services. National self-reliance in implementing the population policy and related programmes will be strengthened through support to key institutions and provision of skills training for national experts. Implementation of the NFPP Plan of Operations will be stepped up to improve the coverage and quality of family planning services.

34. The aims of the proposed third country programme are detailed in paragraph 3 above. To achieve these objectives, the strategy would encompass the following elements: (a) the quality, coverage, outreach and management of family planning services would be improved to meet anticipated demand; (b) population IEC activities would be strengthened and supported by sociocultural research; (c) national training and research institutions would be assisted in upgrading their technical capabilities, and the operational skills of programme managers and service providers would be enhanced through local and international training; (d) the role of women and their participation in the development process would receive greater attention, and men would

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be encouraged to become more aware of the consequences of their reproductive behaviour and decision-making; and (e) the use of resources and the implementation of the programme would be improved by strengthening donor coordination, increasing the participation of NGOs and improving access to technical backstopping and advisory services.

Maternal and child health and family planning

35. The attainment of key population policy objectives depends upon the capacity of the MCH/FP services to meet existing and future demand. These objectives include lowering birth and fertility rates, with a target of reducing the total fertility rate from 7.3 to 5.0 by the year 2000; increasing the contraceptive prevalence rate from slightly over 10 per cent to 20 per cent by 1996 and 30 per cent by the year 2000; reducing maternal and infant mortality, and improving the health of the population. In meeting these challenges, the MCH/FP sector has the advantages of an extensive physical infrastructure, a large body of service providers educated in basic health concepts, a coherent and well-articulated strategy and a sympathetic donor community.

36. The critical issues confronting the programme at the end of the 1980s were: the low percentage (10 per cent) of the population using modern contraceptive methods; the high annual discontinuation rates (50 per cent); irregular provision of contraceptive supplies due to a poor MIS/logistics system; the absence of, or minimal, services to important segments of the population, such as men and youth; the poor quality of family planning services; and the inadequate skills in family planning among the majority of service providers.

37. To meet these critical issues, the following areas would be accorded priority within the UNFPA-funded components of the NFPP: (a) improvement in the quality of family planning services through ongoing training of family planning service providers in clinical, counselling and communication skills so as to increase acceptance and lower discontinuation rates; (b) completion of in-service training for service providers so that, by 1993, every service delivery point would have at least two trained staff capable of providing quality family planning services; (c) extension of family planning services by equipping 1,500 dispensaries; (d) extension of services to underserved population groups and the development of special programmes to meet the needs of youth, men, single women, and urban migrants and workers; (e) assistance to other institutions to provide family planning information and services to their personnel; (f) implementation of a community-based distribution programme to improve access to contraceptives; (g) the strengthening of the management and supervisory capacity of family planning personnel; (h) improvement of the MIS/logistics system to ensure consistent availability of contraceptives; and (i) expansion of the information and knowledge base on family planning through research and the establishment of a documentation and reference capacity.

38. In 1991, the cost of contraceptives supplied to the country from the three major donors (UNFPA, USAID and IPPF) amounted to \$1.2 million (excluding condoms for the National AIDS Control Programme). Preliminary calculations indicate that, to achieve a 20 per cent contraceptive prevalence rate by 1996, an annual average of \$2.8 million would have to be provided for contraceptives between 1992 and 1996. UNFPA would collaborate closely with other multilateral and bilateral organizations and NGOs in meeting these needs.

39. To reduce reproductive mortality and morbidity, the Government intends to implement its Safe Motherhood Action Plan, which calls for the coordination of the activities of several government ministries and NGOs, and the direct involvement of communities in a combined effort to reduce high-risk pregnancies, improve pregnancy monitoring, strengthen the referral system and increase the number of deliveries attended by trained personnel. The proposed programme would assist the Government in this effort, in cooperation with other donors, notably UNICEF.

40. Strategies and activities designed to prevent and control the spread of HIV infection would be incorporated into MCH/FP and IEC activities under the proposed programme, in close collaboration with the National AIDS Control Programme, including the training of health workers, provision of equipment and supplies, and promotion of condom use.

41. Compared to the second country programme, the proposed programme would provide larger total financial resources for MCH/FP activities, although they represent a smaller percentage of overall support. It is expected, however, that other donors will be providing financial assistance in this area. To ensure complementarity with assistance from other donors, UNFPA support would focus on activities aimed at strengthening management and operational capacity at the central and regional levels, training, and the procurement of contraceptives. It is anticipated that resources from other donors would support service delivery at the district and community level. Close collaboration among the principal donors already exists and would be strengthened. UNFPA would provide a total amount of \$10.7 million for this sector, of which \$4.2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

42. The population IEC programme to be supported by UNFPA would adopt a multisectoral approach, in which all IEC projects would try to address MCH/FP, AIDS, women, population and development and environmental concerns. The programme objectives are to: (a) assist the Government in promoting awareness of its population goals; (b) provide advocacy for the NFPP, especially to generate and sustain demand for family planning; (c) strengthen institutional capacity for carrying out a multimedia population IEC strategy; (d) promote responsible attitudes towards sexuality and fertility among youth; (e) foster responsible parenthood by helping parents communicate with their children on population-related matters in a family context.

43. With other donors, especially JCGP members, UNFPA would support the Government in establishing an inter-ministerial body to guide and coordinate the formulation and implementation of an integrated national population IEC programme. It would encompass support for training nationals in IEC programme management and professional skills, undertaking sociocultural research, using popular arts and mass media, establishing information and documentation networks to ensure widespread public access to information on population and development, and enhancing media capacity to report on population activities. In addition, UNFPA would provide assistance for strengthening the professional, technical and managerial capacity of POFLEP to become a more effective national entity for non-formal population education in the rural areas; produce a serial radio drama on general population and development issues, with the aim of increasing acceptance of family planning; and introducing population/family life education into the curricula of 50 per cent of the primary and secondary schools in 10 mainland regions and all primary and secondary schools in Zanzibar; expand the responsible parenthood education programme; provide for training of national IEC experts, including journalists; and conduct a feasibility study on meeting programme needs for audio-visual materials. UNFPA would provide a total amount of \$4.5 million for this sector, of which \$2.0 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

44. The proposed strategy for data collection and analysis would comprise two elements: (a) improved access of policy makers, planners, researchers and programme managers to population data in order to sustain population activities and enhance integration of population variables into the planning process; and (b) a

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strengthened database for programme design and evaluation. Short-term fellowships would be provided for training in the application of microcomputer technologies in data processing and analysis. Fellowships and technical support would be extended to the East African Statistical Training Centre to improve training and increase the number of nationals taking its courses. The Bureau of Statistics in Zanzibar would be assisted in strengthening its technical capacity for data collection and analysis. The major programme implementing agencies would be assisted in developing information gathering, reference and documentation capabilities as a basis for a national population information network. UNFPA would provide a total amount of \$800,000 for this sector, of which \$300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

45. The goal of UNFPA assistance in the population policy formulation sector is to build up national self-reliance for the implementation of the national population policy, once adopted, and the integration of population data into the planning process. It is anticipated that, with such assistance, the PPU itself and planning units at various governmental levels would be able to develop the needed technical and professional capabilities. The draft policy sets out a comprehensive institutional framework for managing, coordinating and reviewing the policy once it is adopted. The PPU would continue to be assisted in developing its capacity to identify information gaps and coordinate provision of policy-relevant population information; to establish guidelines for the implementation, evaluation and review of the national population policy; and to help establish and coordinate the activities of population units within the line ministries and regional administrations that implement the policy. The Government of Zanzibar would be assisted in establishing a PPU to complement UNDP's assistance to the Zanzibar Planning Commission. UNFPA would provide a total amount of \$1.8 million for this sector, of which \$800,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

46. The proposed programme would give high priority to increasing the pool of population experts; supporting research on population issues; providing short-term training for civil servants and NGO employees; and mounting workshops to create awareness of population issues. Thus, UNFPA proposes continued support to the Demographic Training and Research Unit (DTRU) of the University of Dar es Salaam to broaden its training programme and make it more relevant to national needs, strengthen its research capabilities and increase student intake, and to the Institute of Development Management so that it can include population and development planning in its Advanced Diploma programmes for planning and administrative officials and conduct short courses for planning officials. UNFPA would provide a total amount of \$1.4 million for this sector, of which \$400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

47. UNFPA's strategies under the proposed programme would be to: (a) continue to raise the level of national awareness regarding gender issues; and (b) ensure the availability of gender-specific data and research findings to assist the Government in implementing the Women's Charter and in monitoring advancements in the status of women, with particular emphasis on population issues. UNFPA therefore proposes to build on the results of the study of women, law and population by providing assistance, in collaboration with other donors, to the Government for codifying customary, religious and civil laws affecting women. UNFPA would also assist the Government in strengthening the institutional capacity of its women's affairs units through training and the development of a social statistics data bank on women. UNFPA would also collaborate on

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exploring the feasibility of helping an academic institution introduce a graduate diploma in Women in Development, with a strong research component and a focus on the impact of fertility-behaviour patterns on the status of women. UNFPA would provide a total amount of \$1.3 million for this sector, of which \$300,000 would be sought from other sources, including multi-bilateral sources.

Population and the environment

48. Under the proposed programme, research papers on population and the environment produced at the DTRU would be published and disseminated. UNFPA would also assess the feasibility of assisting the Sokoine University of Agriculture (SUA) in introducing population/family life education and environment into its training programme. SUA trains the trainers and supervisors of agricultural and veterinary extension workers, and its curriculum already includes elements of demography. Population and environment issues would be addressed in the implementation of the national population policy. Environmental concerns would also be included in population IEC activities; for example, as a component of population and family life education courses in the formal school curriculum. Such concerns would also be included in women, population and development activities.

Programme reserve

49. An amount of \$500,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

50. To sustain the present momentum in implementing population programmes, increasing multilateral and bilateral assistance will be required. The large number of donors in the country increasingly recognize, however, that improving the nation's capacity to absorb assistance and use resources effectively hinge upon the Government's ability and the donors' determination to coordinate assistance, collaborate in carrying out programmes and avoid competition and duplication. These facets need to be strengthened. The Government has recently established several formal and informal mechanisms for donor collaboration and is attempting to strengthen its capacity and machinery for coordination.

51. Donors in the health sector meet regularly to discuss issues of mutual concern and exchange information on their respective programmes. UNFPA's country programme review meetings have offered a forum for discussions between the Government and the main sources of support for its national population programme. Within the population sector, UNFPA, as the recognized lead agency, would continue to promote coordination among the Government's principal donors and would continue to work closely with its JCGP partner agencies. For example, the Government, UNFPA, USAID, ODA, and GTZ have agreed to meet annually to review all aspects of the NFPP, including management and operational issues as well as programme components financed by individual donors.

Programme management, monitoring and evaluation

52. The scarcity of trained nationals and the absence of competent national institutions to backstop projects have proved to be a major restraint on programme implementation, leading to the extensive use of international NGOs. It is expected that NGOs would continue to backstop several projects under the proposed third country programme while UNFPA, in collaboration with other agencies, especially UNDP,

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makes efforts to upgrade government capacity, train programme managers and implementors, and establish appropriate mechanisms for systematically monitoring and evaluating the programme. Established practices and requirements for the monitoring and evaluation of UNFPA-sponsored activities (e.g., tripartite review meetings, annual programme reviews and annual country reviews) would be consistently applied. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

53. As indicated in paragraph 1, UNFPA would provide assistance in the amount of \$21 million over the five-year period 1992-1996, of which \$13 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of \$8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular <u>resources</u> \$	Other <u>resources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	6,500,000	4,200,000	10,700,000
Information, education and communication	2,500,000	2,000,000	4,500,000
Data collection and analysis	500,000	300,000	800,000
Population policy formulation	1,000,000	800,000	1,800,000
Population dynamics	1,000,000	400,000	1,400,000
Women, population and development	1,000,000	300,000	1,300,000
Programme reserve	<u>500,000</u>	<u>--</u>	<u>500,000</u>
Total	13,000,000	8,000,000	21,000,000

V. RECOMMENDATION

54. The Executive Director recommends that the Governing Council:

(a) Approve the programme for the United Republic of Tanzania in the amount of \$21 million for the five-year period 1992-1996;

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(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of \$13 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of \$8 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

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