

THE UNITED REPUBLIC OF TANZANIA

COMPREHENSIVE SUMMARY OF THE  
SECTORAL REVIEWS

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United Nations Population Fund (UNFPA)

## COMPREHENSIVE SUMMARY OF THE SECTORAL REVIEWS

### INTRODUCTION

This report is a review of UNFPA's third Country Programme of Assistance to Tanzania and the country's population programme. It highlights the following areas; an overview of the evolution of Tanzania's population policy; review of UNFPA support programme with regard to three sectors namely - Population and Development strategies, Reproductive Health including family planning and sexual health, and advocacy; proposed priority areas, broad objectives and strategies for the fourth UNFPA country programme (including availability of domestic and international resources).

### CHAPTER I - EVOLUTION OF POPULATION POLICY: AN OVERVIEW

#### Evolution of the Population Policy

Evolution of population policy in Tanzania went through three major phases which are briefly outlined below:

Phase I: (1961-68) A Hostile Environment: Lack of clarity and understanding of population issues.

From independence up to mid 1960s, Tanzania's development plans treated demographic factors as independent variables which were assimilated into the development plans. People were considered as a factor of production which needed investment to fully exploited. The relationship between poverty, ignorance and diseases which had been declared as national enemies and economic growth and development were not clearly linked to population issues. The country had full of resources which had not been exploited. It was believed that given capital, and the available human resource, economic growth could have been attained within a short period of time. Land was in abundance, population density was low, making population control measures politically indefensible. It is no wonder that some of the political leaders became quite hostile to family planning activities which were being initiated by some Non-Governmental Organisations (NGOs) including Family Planning Association of Tanzania (UMATI).

Phase II: The Arusha Declaration: Ujamaa, and social justice Strategies (Implicit Population Policies).

In 1967 the then ruling party issued a statement which defined the ideological guideline to guide the country's development strategies. Within the context of the Ujamaa philosophy, various initiatives were undertaken including: The launching of the Universal Primary Education (UPE), Universal Water Supply, Primary Health Care (PHC) services and Mass literacy programme. There were also some deliberate measures taken to reduce urban/rural migrations.

In 1969, the then President of the United Republic of Tanzania, Mwl. Julius Kambarage Nyerere, urged Tanzanians to match child bearing with their ability to take care of them. This in a way, legitimised the family planning Services and the Family Planning Association (UMATI). In 1971, the Marriage Act provided paid maternity leave after every two years, which was an indirect way of controlling child spacing for working mothers. A tax refund per child per month was also introduced but was limited to four children. Again a method of indirectly controlling the number of children per couple for the working couples. And paid annual leave was granted up to four children only. Such measures were implicit strategies of controlling number of children of the working couple to a maximum of four.

#### Phase III: Evolution of an explicit Population Policy:

An explicit population policy is closely related to the resource supply crisis, when the government was facing problems of sustaining the social gains of the socialist strategy.

In 1978, a UNFPA mission to Tanzania made a recommendation to the government to adopt an explicit population policy (UNFPA : 1979: 21). Thereafter, a number of population related projects were initiated and funded by various donors with UNFPA providing a lion's share. This included projects such as the Maternal and Child Health Care Services (MCH), Family Life Education (FLE), information and population awareness seminars for party and government officials as well as for the general public.

In 1984, the Second African Conference was organised in Arusha in Tanzania from Jan. 9th - 13th. The conference adopted a 93 point document, popularly known as the 'Kilimanjaro Programme of Action on Population. It urged governments to integrate population variables into the development plans and ensure availability and access to family planning services to the majority of users either freely or at a highly subsidized price.

It is in this context that the ruling party "Chama Cha Mapinduzi" (CCM), was to issue a directive to the government which instructed the government to issue a population policy. Government officials, and other Tanzanians drawn from various institutions including religious organisations were invited to provide their input into the population policy. By 1988, a draft policy document was ready for discussion by various sectors of the population. This process was finalised in 1992 when the final version of the current National Population Policy (NPP) was issued and adopted by the government.

## CHAPTER II - REVIEW OF THE UNFPA: SUPPORTED PROGRAMME

This section which follows is a summary review of the UNFPA's 3rd Country Programme which was implementing among other things the National Population Policy (NPP).

The 3rd Country Programme spells out seven broad goals which include: expansion of maternal and child health and family planning (MCH/FP) services in order to reduce maternal and mortality/morbidity, infant mortality rates, develop and implement comprehensive, multi media national IEC programme, strengthen the national capacity to integrate population concerns in development plans, expand and develop nation's human resource, enhance the status of women and promote awareness of the linkage between population, development and environment.

### THIRD COUNTRY PROGRAMME EXPENDITURE STATUS

SECTOR	BUDGET	SPENT/ ALLOCATED	BALANCE AVAILABLE
Data Collection	800,000	105,251	694,749
Pop. Dynamics	1,400,000	933,174	466,826
Pop. Policy formulation	1,800,000	1,665,133	134,867
MCH/FP	10,700,000	10,702,632	-2,632
IEC	4,500,000	4,835,121	-335,121
Special Programme	1,300,000	520,085	779,915
*Programme Reserve Multisector Activities	500,000	407,100	92,900
<b>TOTAL</b>	<b>21,000,000</b>	<b>19,168,496</b>	<b>1,831,504</b>

\*Multisector activities will be charged against the Reserve, in four projects amounting to \$407,100.

The table above shows the overall allocation of the CP funds by sector. It highlights that of the 21 million total third CP budget just over US \$ 19.2 million has been allocated, or committed as of 30 April 1996. The balance of US\$ 1.8 million remains to be allocated to specific projects.

In reviewing the sector specific allocation/expenditure, it is evident that some sectors have under-expended while others have over-expended. By April 1996, for instance, both the IEC and MCH/FP sectors which account for 3/4 of the total allocation, have over-expended. This trend is expected to persist to the end of the year as the field office will submit to New York a request for re-allocation of funds such that funds may be transferred from the non-performing sectors to the two sectors which are over-allocated, to accommodate all the planned activities for 1996.

### **1. Population and Development strategies**

This sector included institutional capacity building population policy and strategies, data collection and analysis. The main goal of the NPP is to improve the quality of life of all the people while its overriding objective was to integrate population concerns in development planning process. The 3rd Country Programme (CP) has to a larger extent implemented the NPP. The objectives of NPP and the 3rd CP are very similar.

Assessment of the extent to which the overall objectives have been achieved is difficult to make because of their complexity, compoundness and indefinite character. However, the overriding objective in this sector (Population Policies and Development Strategies) is population and development planning integration. Here we note that fully integration has not yet taken place. Even so, population issues are planned to be included in Chapter 10, which deals with cross-sectional issues, of the coming 1996/97 - 1998/99 Rolling Plan and Forward Budget for Tanzania.

Objectives on gender/women were not quite clear except in the area of recruitment and training where women are given more priority. The need to mainstream gender issues in the project program process needs to be clearly spelt out so that resources would be purposefully allocated for this exercise.

The objectives of Institutional building and human resource and development are being realised. The government cooperated in getting people to work in different projects and sometimes in training. The human resource capacity of both the Population Planning Unit (PPU) and the Family Planning Unit has been created through training. However, their staff lack experience because most of them are new and their prior experience not related to backstopping, report writing identification of key problems.

Institutional arrangements has not yet completed: Tanzania Council for Population and Development (TCPD) is not yet in place, PPU has not yet been elevated to a department and National Population Council (NPC) has not yet been accorded its due status and meeting of the same have become less frequent/regular as from 1993.

### Clarity of Policy Objectives and appropriateness of the Strategies employed

The overall objective of incorporating population concerns in the development plans and that of improving the quality of life are clearly spelt out. The strategies to achieve the stated objectives included: building and strengthening institutional and management capacity, increasing participation of Non-Governmental organisations, mobilisation of support and awareness raising, meeting information needs, developing human resources and strengthening sustainability as well as addressing Zanzibar's distinctive needs. Most of these strategies were appropriate but not effective in addressing the needs.

Strengthening institutional and management capacity. This was done through putting certain structures in place, training human resource and provision of equipment. Although PPU was created and equipment provided, its location in the President's office might be problematic particularly as it attempts to decentralise its functions through creation of district level similar structures. Although the President's office does give the PPU a high political profile, there is no chain of command with discernable structures which would reach the district through the president's office. Hence as a strategy, the location of PPU in the president's office might have been necessary during formative stages but as time goes on and demands for decentralisation increase, the location of the PPU becomes problematic. It is no wonder that to-date district PPU have not been established. Related to this is the need to establish a Population Council.

In terms of training and building managerial capacity, the strategy has been effective in some areas and less so in others. The managerial capacity of PPU staff leaves much to be desired. Their capacity to analyse, formulate policy options and policy guidelines in integration of population issues in development process is lacking.

Capacity building is a long term process, which requires investment in training of a multi disciplinary cadre of professionals and technicians. It will also take a longer time to build the required experience. The staff working with the PPU will for instance, require to build capacity to formulate, analyse and make strategic policy decisions and options on population and development. The staff moreover, will have to build their capacity to assess and articulate needs and create partnership with other actors in the field of population and development. In addition, the PPU unit will require capacity to analyse data and information in order to be able to generate policy options based on data from various sources.

The training programme of a skilled cadre to facilitate the integration of population issues in development planning was not properly planned, and did not meet the need of integrating population concerns in development plans in a holistic manner. The failure to make use of the highly trained demographers is a reflection of lack of capacity to manage the policy implementation process.

The need to have multiple actors including NGOs and the private sector cannot be underestimated. This is an appropriate strategy as it recognises the diversity of population issues and concerns which cannot be addressed by one single actor, that is the government. What is lacking is institutional mechanisms and policy guidelines to operationalise the networking with the multiple actors.

PPU is not sufficiently equipped to identify the needs of the various actors and establish institutional mechanisms of networking. Some NGOs for instance will be effective in advocacy activities, others will be effective in service delivery, and yet others might be effective in capacity building of other actors. Such potential need to be explored, and their capacities enhanced in the varied contributions they are going to make in the implementation of the policies and programmes of action.

The success of the implementation of the policy will be determined by the level of support it gets from the government and also the support it gets from men and women who are being targeted for the programmes. While the government seems to be supporting the policy, and the various activities pursued, this commitment is not concretised through financial commitments to the varied activities.

Furthermore, although there is coherence in the programme as a whole as well as linkage/complementarity of projects within and between sectors this implies that inadequate performance/execution of one or several projects effect(s) the performance of others. This implies that a programme approach would have been better than the project approach, precisely, because of maintaining smooth complementarity during implementation.

Most of the activities are funded by external resources, and the government commitment is only reflected in its committing human resource, office space and other non tangible aspects of the projects. External dependency seems to question governments genuine interests and creates problems of sustainability and ownership.

Participation of communities in policy formulation, implementation and monitoring has not been concretised in most of the projects in this sector of population policy and development. And yet, population issues will not be fully integrated in development plans without effective mobilisation of men and women in the various stages of the programmes.

#### **Administration and Management**

The administration of some of the programmes and projects has been somehow problematic. This is perhaps due to (a) low morale generally associated with very low wages and lack of job security within the public sector given the frequent workers retrenchment exercises; (b) lack of adequate project management skills/experience on the part of project managers especially during the initial phases of project implementation. In case of very poor administration/management by project managers, new managers have been appointed, e.g. the IDM Mzumbe Project.

Some managers/coordinators also point out that in the past UNFPA was mainly playing the role of advising the implementing agencies and of course that of releasing funds. But during the 3rd CP UNFPA became much more involved in the actual implementation sometimes by passing the implementing agencies. A factor which undermined their autonomy and jeopardizes ownership of the project by the government.

## **Delivery**

Delivery of necessary equipment and otherwise to different projects has been timely and per plans. The only problem experienced by some project coordinators/managers has been delays in release of funds. Lack of space also created some problems in that the necessary equipment were bought but not all were delivered due to this problem. A good example here is PPU: 10 computers were bought to be used by the Unit but only three were delivered to it because there was no space to accommodate all of them.

## **Monitoring and Evaluation**

Monitoring and evaluation have been achieved through the following: annual Tripartite Project (TPR) Review meeting of individual projects where Project Managers participated in each others TPR meetings; annual Country Programme Review Meetings; mid-term Programme evaluation by commissioned consultants; monitoring visits by PPU; occasional Project/Programme reviews/evaluations by UNFPA; and NPC meetings (normally 3 times a year).

All implementing Agencies are members of the NPC. However, the capacity of the government to do monitoring and evaluation is low due to, inter alia, lack of funds and inadequate resources.

## **2. Maternal and Child Health/Family Planning (MCH/FP)**

In this sector the 3rd CP aimed at assisting the Government in attaining the objective of expanding and improving the quality of MCH/FP services in order to reduce maternal morbidity and mortality.

This objective was later translated into nine MCH/FP sector objectives which were geared towards; (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 of family planning services; (c) extension of family planning services by equipping 1,500 dispensaries; (d) extension of services to undeserved population groups and the development of special programmes to meet the needs of youth, men, 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 Management Information System/Logistics system to ensure consistent availability of contraceptives; (i) expansion of the information and knowledge base on family planning through research and the establishment of a documentation and reference capacity.

These objectives were mainly implemented through Zanzibar Family Planning Programme (ZFPP) and Mainland National Family Planning Programme (NFPP). Other projects under this sector were integrated Safe Motherhood in Zanzibar, construction of the National Family Planning Centre, provision of MCH/Equipment.

These projects were implemented under the mandate of corresponding Ministries of Health.

The sector objectives were clearly stated, although some were not measurable. Strategies concerning reduction of maternal and infant mortality and services to underserved groups (youth and urban migrants) were not formulated and consequently narrowed down the sector design into mainly family planning activities. However, apart from the above mentioned weakness, many projects under this sector showed considerable high level of achievements of their objectives with varying degrees of success.

The major achievements included: capacity building through training for managers and implementors; establishment of an improved logistic management system; increased equipment to MCH/FP facilities; improved FP services accessibility through community based distribution services. The sector also implemented other IEC projects targeted to men, parents and community; NGO's and private sector were supported to implement FP activities and with extra support from Norwegian Agency for International Development (NORAD), the construction of the National Family Planning Centre (NFPC) was completed. The centre will serve as a training, research and documentation centre. Overall impact were increased knowledge in family planning by 79.5% for females and 85.7% for males and modern contraceptive acceptance prevalence which increased from 5.9% in 1992 to 13.5% in 1994 (TKAPS, 1994).

The main facilitating factors to sector's achievements were: existence of supportive policies such as the NPP; Health policy and PHC policy and guidelines, all of which legitimize FP as an important health intervention. Other factors were: extensive health infrastructure; national language (Kiswahili), high literacy rate and collaboration with other donors; and implementation agencies like GTZ, UMATI, USAID, ODA.

The major constraints beyond programme mandate were vast geographical size of the country coupled with poor infrastructure system, which posed enormous logistic and communication challenges. Other constraints were: high infant mortality rate; negative publicity from some religious leaders and media; lastly donor dependency attitude and social cultural factors.

The maternal and infant mortality rates have remained persistently high despite being the first objective the programme was aiming at reducing. This has been related to the narrow approach towards family planning. Therefore a comprehensive integrated system of RH/SH which offers the full range of services is recommended and this will best be achieved through an incremental approach that strengthens links between programmes, builds on system which is currently in place; identifies and fills existing gaps and inadequacies.

In assessing programmatic options for 4th CP the reproductive and sexual health (RH/SH) approach in line with International Conference on Population and Development (ICPD) definition, addresses a wide range of components or care needs of all ages. These components include: family planning counselling; information, education, communication and services; education and services for pre-natal care; safe delivery and post-natal care including breast feeding; infant and women's health care; prevention and appropriate treatment of infertility; prevention of abortion and management of unsafe abortion complications; treatment of reproductive health conditions and treatment of sexually transmitted diseases; information, education and counselling on human sexuality and responsible parenthood.

This means the current Family Planning programmes (NFPP & ZFPP) shall need adaptation and reorientation of their projects to fit the proposed National RH/SH programme.

### **3. Advocacy [Women population and development; and Information Education and Communication (IEC)]**

The third country report addressed advocacy under two sectors namely Information, Education and Communication (IEC) and Women Population and Development. The objectives related to advocacy compiled from the different components of the third country programme were 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 multi-media population IEC; (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; (f) continue to raise the level of national awareness regarding gender; (g) ensure the availability of gender-specific data and research findings to assist the government in implementing the women's charter and in mortality, advancements in the status of women, with particular emphasis on population issues.

Achievements for Women Population Development (WPD) sector include very successful implementation of the WPD workshops for strategic groups as planned in the proposal. A number of law reform activities addressing gender disparities are in progress. As for male motivation activities, research, training and IEC materials production were carried out. The political situation involving transformation of Organisation of Tanzania Trade Union (OTTU) to Tanzania Federation of Trade Unions (TFTU) makes the future of the project bleak despite its great potential to reach out to men in male dominated work places.

Population Family Life Education Project (POFLEP)'s achievements included formulation of a national IEC strategy which at the time of the review was in draft form. POFLEP managed to sensitise some regional and district staff on population IEC including community leaders and health workers in Magu district. They also managed to link up with cultural groups in some communities. It was reported that awareness on the small family norm rose to 80% as a result of the "Twende na Wakati" radio programme. It is, however, difficult to ascertain that the success was due to the radio programme alone because there are so many other actors in the field of family planning related issues. On the other hand the radio programme lacked IEC expertise and advocacy skills.

For Zanzibar religious resistance was overcome by compromising with Sheikhs on FLE contents and hence the birth of Moral Ethics and Environmental Studies. On the mainland, however the pilot phase introduced in 1991 is still in progress. The UNFPA further supported EMAU take off with its counselling project for youth. For continuation of collaboration further consultation with EMAU on how to offer comprehensive services to youth is continuing. UNFPA stopped funding to WAZAZI in 1993 as in the wake of pluralism the latter chose to be an affiliate of one of the political party's and hence jeopardizing its funding position.

The policy on women in Tanzania was introduced in 1994. The MCDWAC and WID units with the line Ministries had neither concrete plans nor prioritised activities for gender related activities and collaboration with donors.

Other advocacy activities supported by non-UNFPA funded programmes included reproductive health and sexual health IEC and services, advocacy for children rights, women centres for sexual health, IEC activities for fishing villages and barmaids and AIDS education through peer educators; production and dissemination of IEC materials, research and evaluation activities on teenage reproductive health aspects, counselling and income generation activities.

Although some success was registered, assessing the impact of UNFPA funded projects posed problems as there were no objective specific verifiable indicators formulated during project design. This is further compounded by many actors in the field of women population and development and youth. Further the third country programme did not give WPD objectives and activities the weight it deserves.

The current situation is that despite Government initiatives to improve maternal health and empower women economically and politically, there still exists militating social cultural factors to contend with. For example, there are glaring gender disparities in education employment access to health care services, inheritance of land and assets accumulated in matrimonial unions.

There is evidence indicating that pregnant women continue to suffer from heavy workload, denial of nutritious foods and that girls in some cultures are subjected to the harmful consequences of Female Genital Mutilation (FGM) and unwanted pregnancies.

In spite of high level of involvement in sexual intercourse, youth exhibit low levels of reproductive health, sexual health and Sexually Transmitted Infections (STI) knowledge. Since FP services are not accessible to youth because of opposition from parents, religious leaders, government officials etc., youth have very low contraceptive user rates and in consequence suffer from problems associated with early parenthood, abortion and STDs. Further they lack employment opportunities as well as credit for self employment. Some resort to urban migration in search for better life, and yet other youth do not get support from parents.

Population IEC activities have been carried out by various actors some independent of and others in partnership with UNFPA. There has been no coordination to link up IEC activities which often culminated into duplication and offering conflicting messages to same target groups.

Even though population IEC activities appear to have created higher levels of awareness, their impact on eliciting desired behaviours and practices is still a far cry and hardly sustainable. This is shown by, low Contraceptive Prevalence Rate (CPR), increasing incidences of unsafe coital experiences, unwanted teenage pregnancies, low political commitment, minimal and community participation, gender disparities, high risk cultural practices like FGM, however, just to mention a few.

Institutional capacity has been lacking. For example, project staff lack both technical and appropriate communication skills. Some institutional support has been weak in the area of equipment and other necessary facilities, transport and office equipment. Similarly, there has been minimal exploration of effective and efficient ways to facilitate the delivery of IEC messages to target population. Additionally project staff in some cases lacked working schemes and incentives.

Project management in some instances is not sensitized on IEC activities and are deficient in management skills that are necessary to enable them as recipients to be aware of what the donor UNFPA expects from one another. Research and evaluation component has received little attention in population IEC activities. Few evaluation efforts have concentrated on impact at the exclusion of process indicators. The latter is crucial for assessing factors that are for or against formative behaviour.

Facilitating factors are extensive on media network, political commitment from the Government, high Kiswahili literacy and the wish from parents to protect youth from Human Immunodeficiency Virus (HIV) infection.

Apart from UNFPA funded projects, there are other development partners who have also been supporting different components of population related activities.

These include: UNICEF supports the Child Survival Protection and Development Programme in collaboration with the Ministry of Community Development, Women Affairs and Children. •

This agency supports girl child related activities, safe motherhood initiatives and other community based programmes.

**USAID** funds family planning support projects (FPSSP), and Tanzania AIDS project (TAP). Through FPSSP USAID provided support to NFPP in FP commodities supply and distribution, logistic system management support, capacity building and technical assistance (training, programme management and Logistics Management Information System (LMIS). Tanzania AIDS Project (TAP) conducts STI education and condom promotion which seem to have captured the audience of most youth. Also supports HIV/AIDS prevention activities at work sites. TAP, operates through cluster site approach and aims at promoting HIV/AIDS prevention through networking with existing NGOs. Emphasis is put on building the NGO capacity.

**NORAD** has provided financial support to NFPP in establishing National Family Planning Centre.

In addition there are other agencies which have also been supporting population related activities in the country. IEC activities have been supported by the following donors: NORAD, SIDA, UNICEF, DANIDA, IPP, IPPF, ILO, World Bank WHO, Dutch Government, EEC Red Cross and GTZ. PATHFINDER International, ODA, UNESCO UNHCR to mention but few have been supporting various activities in reproductive and sexual health.

## **CHAPTER III - PROPOSED 4TH UNFPA COUNTRY PROGRAMME (PRIORITY AREAS, BROAD OBJECTIVES AND STRATEGIES)**

### **(A) POPULATION AND DEVELOPMENT STRATEGIES**

#### **Goals and Objectives**

The main goal/principle objective of the population policy is to reinforce national development through harmonizing population trends with development of other national resources, in order to improve the quality of life of Tanzanians. This will be done through making population issues the basis of national development planning. The long term objectives of the national population programme are the following:

- fully integration of population variables in the preparation and implementation of socio-economic development plans by the year 2000;
- increase life expectancy at birth of Tanzanians to over 60 years by the year 2010;
- reduce the country's natural rate of population growth to 2% per year by 2010; and, put in place policies to influence population distribution in Tanzania towards sustainable utilization of the nation's resources for rapid socio-economic development by the year 2000.

### **PRIORITY AREAS, BROAD OBJECTIVES AND STRATEGIES**

#### **Institutional Building/Arrangements**

The main objective in this area is to develop an institutional structure with the capacity to achieve fully integration of population concerns or variables in development plans as well as the capacity to coordinate, monitor and evaluate the national population policy programme of implementation. To this end we recommend the immediate establishment of the following organs: Tanzania Council for Population and Development (TCPD); Steering Committee; Population and Development Planning Policy Department (PPPD); and the National Population Committee.

The following are the roles and functions of these organs:

#### **TCPD**

This is a high level policy making body to be constituted by Ministers of relevant Ministries. TCPD will decide on all policy matters pertaining to population and development including the implementation of NPP. The Chairperson for the PC should also be TCPD's Chairperson. Alternatively the TCPD should be chaired by the Prime Minister since the two institutions have mandate to convene meeting involving cabinet Ministers. Meetings: TCPD to hold meetings at least once a year.

### **Steering Committee**

To be made up of Principal Secretaries whose Ministers are members of TCPD, heads of relevant NGO's and heads of appropriate private sector institutions. This is an overall co-ordinating and implementation body with the following specific functions.

- advise the TCPD on strategies for policy implementation;
- coordinate, monitor and evaluate the implementation of the NPP;
- approve long-term population and development programmes and bi-annual policy implementation reports;
- advise the council on policy revisions and recommended approval of the revised population policy.

The steering Committee to meet at least twice a year.

### **PPPD**

The current PPU should be elevated into a fully fledged department within the Planning Commission (PC) and renamed Population and Development Planning Policy Department (PPPD).

The main function is to provide technical support to the PC itself, TCPD and the Steering Committee on Population and Development issues. Specifically, the functions of PPPD will be:

- (i) to prepare guidelines for the integration of population concerns in development plans at national and local level;
- (ii) act as the secretariat of TCPD, Steering Committee and the NPC;
- (iii) collaborate with NPC to identify information/data gaps in population/development issues and in preparing a national research agenda;
- (iv) commission individuals and institutions to conduct research on population issues.
- (v) establish and manage a population and development data bank;
- (vi) establish direct links/communications with both Ministry's Planning Units/Departments and Local Government Planning Committees. This should include sharing of information through newsletters, summary of research reports, problems and prospects in this field;
- v) collaborate with all departments of the PC as well as the Central Bureau of Statistics in data analysis and identification of the relationships between population dynamics and developments dynamics in Tanzania.

### **The National Population Committee (NPC)**

This is a multi-sectoral and inter-disciplinary technical committee which has been in existence since 1983 the committee has advised the planning ministry on all issues pertaining to population and development and it has been instrumental in the formulation of the NPP and the national programme of implementation. This committee should be incorporated in the institutional structure for the implementation of the NPP and strengthened by giving it a statutory status.

NPC will have the following functions:

- (i) to provide technical support to the PC as needed by the organ in its population policy formulation and implementation functions; and
- (ii) to advise the PC on all issues pertaining to population and development. Among other things, the committee will give advice in the following areas:
  - compilation of all research work on population and development done in Tanzania, analysis of this research as to its usefulness, and its dissemination to planning offices in various sectors and districts;
  - preparing and undertaking research for development planning purposes;
  - population data bank;
  - inter-sectoral population and development planning models;
  - training programmes including workshops, on the integration of population in development plans; and
  - co-ordination of the implementation of population and development programmes.

NPC to hold its meetings quarterly - i.e 4 times a year.

### **Revision of the NPP**

Development and changes in the development paradigm resulting from the International Conference on Population and Development (ICPD) as well as the Fourth World Conference on Women makes it necessary for the revision of the current National Population Policy. The ICPD and the Beijing Declarations demand changes and policy orientation to include the following aspects:

- addressing population issues in a holistic manner in development plans;
- poverty to be considered as key problem which has to be addressed in its broad dimensions including addressing structural inequalities between men and women, between various social groups, as well as resource use, allocation and distribution;

- women and empowerment approach to be adopted in addressing structural gender inequalities in development plans and policies;
- special attention and programs should be directed at elimination of social-cultural and discriminatory practices against girl child;
- address women's reproductive health and rights in development plans;
- develop environmentally sustainable plans and policies that link environmental degradation and marginalisation of women and children;
- ensure main-streaming of gender issues in development plan and policies.

#### **Objective**

Review National Population Policy with a view to include issues mentioned above.

#### **Strategies**

- (i) Encourage and support policy debates which focus on the ICPD and Beijing Declarations.
- (ii) Commission experts to review the policy and have it discussed by various institutions, individuals different sectors, NGOs, private sector etc. before it is tabled to government for approval and adaptation.
- (iii) Support the revision of various sectoral policies, including those of health, education, agriculture, human resource development, water and housing, etc. to facilitate the incorporation of ICPD and Beijing Declarations in those policies and plans.

#### **Population and Development Planning Integration**

The overall objective of integrating population issues in development plans and policies has not been fully realised.

#### **Objective**

Build and enhance capacity to integrate population issues in development plans and policies by increasing the human resource in PC and PPY short courses on popular to planners at national and local levels at all level, and throughout the various stages of development planning and policy formulation processes.

#### **Strategies**

- (i) Train and build the capacity of planners at local and national levels in main-streaming population issues in development plans with a gender perspective.

- (ii) Budget for and allocate resources including human resource for population and development planning integration.

Intervention strategies should address two levels of the development planning processes. That is national level and the local levels which includes districts and community based organisations.

#### **National level**

- (iii) Elevate PPU into a Department and equip it with a multi-disciplinary staff: Sociologists, a gender expert, policy analysts, environmentalist, social statistician in addition to planners and demographers.
- (vi) At the Bureau of Statistics build the skills and to develop gender aggregated information; build the capacity and support data collection exercises such as surveys, household surveys, census, community based/level data collection; and enhance its capacity to make medium term population projections through training and provision of appropriate equipment(computers and software).

#### **Local level**

- (v) District Planning Committees/Councils should be facilitated to integrate population issues in their development plans by providing short courses on population planning integration to all members with the target of covering 20% per annum.
- (vi) Also equip actors at this level with skills to collect data, information dissemination monitoring and evaluation techniques. Make use of the Unicef Community based indicators to develop monitoring indicators which are contextually relevant to the locality and community based needs.

#### **Mechanisms for networking and coordination**

The mechanisms for networking and coordination of population activities and programmes are weak.

#### **Objective**

Build and strengthen mechanisms for networking and coordination by ensuring the establishment and working of the proposed coordinating/implementing institutions.

#### **Strategies**

- (i) Ensure completion of institutional building/arrangements as outlined in section as mentioned earlier by financing their establishment and providing them with necessary resources (human, financial, equipment and ample office space ) to enable them to carry out their mandate effectively and efficiently.

- (ii) Support multiple actors, including private sector and NGOs which are interested and have the capacity to work in population related activities. A budget line for this activity is necessary if the objective of widening the scope of activities through involvement of non traditional actor is to be realised.

#### **Population, Migration and Environment**

Environmental problems facing this country have not been prioritized in both the NPP and the PI. Yet the country cannot solve all of them at once.

#### **Objective**

Priorities environmental problems

#### **Strategies**

- (i) Give priority to environmental problem in human habitats: especially both lack of or inadequate sanitation and safe drinking water which have serious health implications. These are in turn connected with rapid/unplanned urbanisation and migration (refugees).
- (ii) Reconcile and/or incorporate the National Environment Policy with/to the NPP
- (iii) Support town planners in developing environmental sensitive plans for the urban areas through providing technical and financial support especially in the area of sanitation and safe water.
- (iv) Encourage, support and build capacity of communities and or community based organisations to participate in the identification, finding solutions and/or solving of environmental problems.
- (v) Provide resources to solve health and environmental problems in refugee camps.

#### **Programme Monitoring and Evaluation**

Mechanisms to monitor, evaluate and assess impact of population policies and plans are not clearly spelt out.

#### **Objective**

Develop procedures, indicators, and mechanisms to monitor, evaluate, and impact assessment of population policies and plans.

#### **Strategies**

- (i) Develop monitoring indicators which are contextually relevant to specific needs

- (ii) Define and set targets for measuring progress and evaluating project impact on population and development policies and plans.
- (iii) Support short term training programs in the field of monitoring, impact assessment and evaluation exercise to various actors, in government ministries, NGOs and private sector.

#### **Programme Technical Support Tools: Research and Data Collection**

Capacity to undertake research, data collection, analysis and dissemination is low.

#### **Objective**

Build the capacity to undertake research on population issues, data collection and analysis in this area by training personnel, providing necessary equipment such as computers and software.

#### **Strategies**

- (i) Support the training of researchers in research methods, data collection and analysis, programme/policy monitors and evaluation.
- (ii) Allocate funds to institutions of higher learning to build their capacities to disseminate population and development related information.
- (iii) Improving the capacity of personnel in the field of data collection analysis, research, monitoring and evaluation through sustained training.
- (iv) Establishing a system of management information network, including a data bank to support population research, monitoring and evaluation activities in the country.
- (v) Support data collection exercises such as censuses, surveys, baseline studies and regional and district level data collection exercises.
- (vi) Establish a monitoring and evaluation system, including indicators to measure programme performance in all sectors and at all levels.
- (vii) Equip PPPD with financial and human resource in order to build its capacity to identify research and information gaps in this area of population policy and development. Enhance further through similar support, PPPD capacity to coordinate research activities in this field.

**(B) REPRODUCTIVE HEALTH INCLUDING FAMILY PLANNING  
AND SEXUAL HEALTH**

**Priority areas for future UNFPA support**

In view of the findings of the review of the MCH/FP sector of the 3rd CP and in line with ICPD definition of RH including family planning and Sexual health, it is strongly recommended that within its mandate and in collaboration with other agencies, UNFPA focuses its support in the following main areas:

**1. Maternal care**

Currently maternal mortality ratio is high (200 - 400 per 100,000 live births). Major contributing factors include: poor quality of care especially emergency obstetric care, inadequate trained staff, inadequate equipment to cater for emergency and poor referral system.

**Objective**

To reduce maternal morbidity and mortality by 50% by the year 2001.

**Strategy**

- Assessing the magnitude of the problem and improve the quality of maternal care at all levels through;
- Conducting research on magnitude of maternal morbidity and mortality and their associated factors.
- Training of one Assistant Medical Officer (AMO) in management of obstetric emergencies and post abortal care in every district.
- Training Maternal Child Health Aides (MCHAs) and Rural Medical Aides (RMAs) in 50% of MCH/FP clinics on basic MCH/FP skills (risk detection, safe delivery and early referral).
- Equipping all district hospitals with emergency obstetric care equipment and 50% (1800) of MCH/FP clinics with basic MCH/FP equipment.
- Providing transport for referral system (at least 10 vehicles per year in geographically inaccessible areas of Mainland and one vehicle every two years for Zanzibar. In addition Zanzibar would need 2 engines and 2 boats in two islands of Unguja and Pemba whereby some clinics are better reached through sea transport.
- Addressing nutrition and economic status of women through collaboration with other international agencies (e.g UNIFEM) and local NGO's (e.g TAHEA).

### **Improvement of the Quality of Reproductive and Sexual Health Including FP Services**

The quality of RH/SH services is relatively poor due to inadequate trained staff (only 50% are trained in family planning skills); inadequate basic family planning equipment (only 50% of the clinics were equipped); inadequate space to cater for privacy and confidentiality. Currently only 20% of MCH/FP clinics have sufficient space.

#### **Objective**

To improve the quality of RH (including FP/SH) services in at least 50% of the existing clinics.

#### **Strategies**

Improving the quality of RH (including FP/SH) services through:

- Review curriculum of the pre service training institutions in-order to incorporate the RH/SH concepts.
- Training of at least 2 staff in 50% (1800) of the MCH/FP clinics in Mainland and 104 in Zanzibar in basic FP, counselling and IEC skills.
- Orienting all MCH/FP service providers (7,200) in the new approach of the reproductive health including family planning and sexual health.
- Renovating 80% of the MCH/FP clinics.
- To equip 50% of the MCH/FP clinics with basic MCH/FP equipment
- To revise the current policy and service guidelines or standards for provision of reproductive and sexual health services.

### **3. Expansion of Reproductive Health and Sexual Health to the Rural Communities**

Low acceptance of family planning for rural and peri-urban dwellers is due to limited accessibility and availability family planning IEC and services.

#### **Objective**

To expand the reproductive and sexual health services for both men and women in the rural and peri-urban areas.

#### **Strategies**

Establishing Community based distribution centres in one district in every region.

- Training traditional birth attendants on basic reproductive and sexual health services and counselling skills

#### 4. **Reproductive and Sexual Health IEC**

IEC has been shown to be a weak area in previous Country Programme due to limited capacity, lack of national IEC strategy and poor coordination.

##### **Objective**

To increase awareness, knowledge and practice of reproductive and sexual health issues through appropriate information ,Education and Communication.

##### **Strategies**

Strengthening Reproductive and sexual health IEC through:

- Training of one personnel on IEC in each region.
- Establishing RH/SH documentation centre in each region to increase accessibility to IEC materials.
- Building the regional capacities in local IEC materials production e.g. leaflets, pamphlets, posters etc.
- Sponsoring different messages in available mass media ( e.g Radio, TV, newspapers, local drama etc)

#### 5. **Reproductive and Sexual Health for Adolescents in and out-of-school**

Studies in Tanzania have shown that the youth have their first sexual experience at a tender age and are at greater risk for STI and HIV infection. Despite that situation there is a lack of reproductive and sexual health programmes for both youth in and out-of-school.

##### **Objective**

To improve utilisation of reproductive and sexual health services for adolescents in and out-of-school.

##### **Strategies**

- Carrying out research on magnitude of RH/SH problems for adolescents to identify information gaps and collect baseline data in each of the 25 Regions of Tanzania.
- Advocating and sensitising decision makers, health workers, community leaders, and parents on Adolescents rights to know and utilise RH/SH services by using different media (like TV, Radio, Newspapers etc)

- Assisting to incorporate RH/SH issues in school curriculum
- Extending RH/Sh services to adolescents in 50% of the MCH/FP clinics.
- Conducting special seminars on RH/SH for out of school adolescents in each district.
- Mobilising available financial and technical resources to develop and implement a national coordinated reproductive health and sexual health programme for the youth.

**6. Male involvement in reproductive/sexual health**

MCH/FP clinics are gender insensitive. Men play a key role in deciding the number of children the woman has to bear however these clinics provides services mainly for mothers and children. This limits men's participation in this area for improvement of RH/SH services.

**Objective**

To increase male utilisation of reproductive and sexual health services by 10%.

**Strategies**

Improving male friendly MCH/FP services through:

- Conducting seminars for RH/SH service providers on how to motivate male to participate in RH/SH services in these clinics.
- Organising demonstration/rally on male motivation in every district.

**7. Integration of MCH/FP STI Services Including HIV and AIDS**

The AIDS epidemic and STI infections affect mostly women in their reproductive age many of whom also attend the FP clinics. One of the ways to minimise this problem is to integrate MCH, FP and STI services.

**Objective**

To increase coverage and cost-effective MCH/FP services through integration of reproduction and sexual health related services (STI/HIV/AIDS).

**Strategies**

Building capacity for service providers at MCH/FP clinics to enable them to provide comprehensive and integrated MCH/STI/HIV services by;

- Training service providers both MCHA and RMA/MA on RH/SH issues (including management of STI using syndromic approach) all the MCH/FP clinics.
- Integrating logistic management information system for MCH/STI/HIV services

#### **8. Reproductive/sexual health operations research**

There is no proper coordination among different institutions conducting RH/SH research in Tanzania and hence many RH/SH problem are still unknown.

##### **Objective**

Increase the overall capacity of the country in conducting, promoting, documenting and coordinating scientific research in RH/SH issues at all levels.

##### **Strategies**

Strengthening the necessary infrastructure for promoting and coordinating research through:

- Conducting research on situation analysis of broad aspect of Reproductive and sexual with emphasis on harmful social cultural practices.
- Establishment of research coordinating committee.
- Training of one personnel in each region on research methodology.
- Conducting one national workshop per year in developing RH/SH research proposals according to the priority areas of research.
- Procuring and distributing reference materials, text books, manuals and journals on reproductive health and sexual health.

#### **9. Reproductive and sexual health for elderly**

The increasing old age population 60-80 years implies that old age problems and dependency ratio is increasing. The longevity of life calls for more attention to reproductive tract cancer, menopause and senility problems for this particular group of the population.

##### **Objective**

To establish the magnitude of the problem of the elderly and address them by the year 2001.

##### **Strategies**

- Carrying out Operations Research on RH/SH needs of the elderly, senility and old age problems.
- Setting up counselling services for penopausal and menopausal problems.
- Establishing screening services for Reproductive Tract (RT) cancer.

Establishing of family/community based RH/SH care programme for the elderly attached to the nearest health facilities through collaboration with existing NGOs e.g. Help Age int. SAWATA etc.

#### 10. Management of Infertility

Primary infertility usually affects young women. With the increasing rate of STD especially gonorrhoea, secondary infertility has become an important reproductive health problem. Addressing infertility problems is equally an important part of family planning.

##### Objective

To enable MCH/FP Service providers offer basic services and counselling to infertility clients in 50% of MCH/FP clinics by 2001.

##### Strategies

- Training of Service Providers at district hospital on management of infertility.
- Establishing infertility referral clinics in all MCH seven zones.

#### (C) ADVOCACY

In view of some of the observed ignorance and opposition towards availability of information and services on reproductive and sexual health (RSH) especially to women and youth, it is proposed that the Fourth UNFPA Country Programme put more emphasis on advocacy in the following priority problem areas:

##### 1. Priority problem area

There are social cultural factors and practices that are injurious to the health of women and girls that as well militate against gender equality, equity and women empowerment.

##### Objective

To introduce legislation which will eradicate all forms of gender disparities that negate women development and those which deny them equal access to generated resources.

##### Strategy

Research data on the social cultural factors and practices will be targeted to parliamentarians the legal judicial machinery and adversaries i.e. the practising communities etc. Potential partners to be mobilised to form coalitions include: Ministry of Community Development, Women and Children's Affairs (MCDWAC), CAT, Ministry of Education and Culture (MOEC), Ministry of Health (MOH), and Legal and Judicial Machinery. Media of all forms will be used. Target groups specific IEC will be put in place. Training in research methodology, advocacy, social mobilisation and production of IEC programmes and materials will be essential components.

## 2. Priority problem area

Girl enrolment and school performance decreases after primary school education.

### Objective

To ensure equal opportunities to education for boys and girls.

### Strategy

Research and documentation of the prevailing situation on continuation rates, enrolment and academic performance will be conducted. To introduce legislation for converting some boys schools into co-education schools, coalition of parents, teachers and women activist groups will be mobilised to put pressure on Ministry of Education to endorse reallocation of places for girls and boys schools. IEC will be targeted to teachers, students, parents communities, religious groups and political parties. To promote dialogue, target group-specific IEC will be required. Probable partners who can form coalitions are: UNICEF, UMATI, TGNP, KULEANA, TAHEA and TAMWA etc. Training in research methodology advocacy, social mobilisation and IEC will be essential components.

## 3. Priority problem area

There is apparent ignorance on reproductive rights for women and girls among both men and women.

### Objective

To sensitise and empower women and girls with appropriate knowledge and legal literacy so as to enable them to make rational choices about their reproductive behaviour.

### Strategy

Data on the prevailing situation will be collected. Bang media activities will be conducted to adversaries i.e. religious groups, evaders and irresponsible individuals. Other target groups include women, men, teachers, judiciary, health care service providers etc. Group specific IEC will be conducted. Partners include like minded NGOs i.e. NGOs promoting reproductive health and sexual health and legal literacy.

## 4. Priority problem area

Despite high level of involvement in sexual intercourse, youth do not have access to information and services.

### Objectives

- To introduce legislation that will ensure reproductive and sexual health education to all adolescents so that they can make informed choices about their sexual health.

- To implement existing guidelines that will access reproductive health and STI services to adolescents.

#### Strategy

Geographical area specific data will be collected through participatory methods so as to involve community members in finding solutions to RHS problems for their adolescents. National surveys will be conducted to generate data for sustaining national IEC that is sensitive to adverse propaganda on availability to youth of RHS information and services. Advocacy activities will target parents, religious leaders, government officials (MOE, MCDWAC, MYLD, MOH etc) including the judicial system and youth themselves. Demonstrations will be carried out on how to empower parents communicate effectively about sexual health, gender issues (unisex gender roles). Group specific IEC will be used to advocate for change as well as for social mobilisation. Training in research methodology especially on how to involve parents, advocacy, social mobilisation and IEC will be essential components.

#### 6. Priority problem area

There is high un-employment rate among youth.

#### Objective

- To advocate for job creation of programmes which will increase job opportunities for youth.

#### Strategy

Research and documentation of unemployment among youth will be conducted. The data which will be packaged differently for specific target groups will be used to advocate for job creation for youth. Advocacy activities will be targeted to parliamentarians, local Government officials, religious leaders, Party officials etc. Potential partners which can form coalition include: ILO, BAWATA, MCDWAC, MOEC etc. Group IEC specific will be conducted. Training in research methodology, advocacy social mobilisation and production of IEC materials will be necessary.

#### 7. Priority problem area

Poverty related factors continue affecting women's health negatively.

#### Objective

To campaign for poverty alleviation on factors that contribute to and compound the ill health of women.

### **Strategy**

Research and documentation of the prevailing situation. The target audience will be community members, men, women religious groups. Partners who can form coalition include World Vision International, HESAWA, Poverty Africa and REPOA. Others are financial institutions, sympathizing organisations etc.

#### **8. Priority problem area**

Advocacy initiatives are weak fragmented, piece meal and advocates lack skills which have lead to less than the anticipated impact.

### **Objective**

To advocate for the introduction of activities a coordinating mechanism for population, reproductive/sexual health activities.

### **Strategies**

Research and documentation of the current situation. Dissemination of existing data on the situation of some aspects of advocacy e.g. the IEC strategy etc. Other components include coordination, capacity building, ability to carry out both process and impact evaluation.

### **CROSS CUTTING ISSUES/SUPPORT TOOLS**

The following issues cut across all sectors:

#### **1. Research, data collection and dissemination**

The current status is that, many research studies done by different institutions/individuals are not adequately coordinated and disseminated to the relevant target population. There is a need to strengthen capacity of different research and higher learning institutions dealing with relevant sectors by training their personnel and providing necessary equipment for research and data collection. Information documentation and dissemination centres for each sector is also important for coordinating relevant information to the target populations.

#### **2. Monitoring and evaluation**

The system adopted by the 3rd Country Programme is still regarded to be relevant for monitoring and evaluation purposes, and therefore is recommended for the 4th Country Programme. The system involve, field visits by program staff, annual tripartite project reviews, annual country programme review meetings, mid-term review and programme evaluations. Independent evaluations may be carried out whenever appropriate. This system could be further improved by formulating appropriate indicators to measure process and impact of different projects which will be implemented under each sector. New developments will also be incorporated in the system through revisions from time to time.

### **3. IEC activities**

The IEC activities are reflected in each of the three sectors. However, the national IEC strategy is an important tool for advocacy. It is also a vital mechanism for coordinating the IEC activities being implemented by the three sectors.

### **4. Gender issues which have been mainstreamed in each sector**

Gender concept refers to the different roles, relations, experiences, perceptions, attitudes and expectations attributed to women and men in the society - These are shaped by cultural, social, religion, economic historical and ideological determinants rather than nature.

In this respect, gender issues will be mainstreamed in the proposed three sectors namely: Advocacy, Population and Development and Reproductive Health/Sexual Health. In the programmes/projects developed from the proposed sectors, gender needs will also be clearly spelt out in order to facilitate financial allocations for such activities.

### **5. Institutional capacity building**

The institutional framework for the three sectors are discussed in the respective sectoral reports. With regard to the institutional capacity building in the Mainland and Zanzibar, the three sectors will be involved.

There are plans to form an independent reproductive Health Network, which will comprise of a Task Force made up of representatives from relevant government sectors, NGO's and the private sector.

### **Cooperation with other agencies**

While concepts of population development reproductive health and advocacy issues are changing in line with international paradigms, already there are several international and national agencies dealing with the different components of sectors proposed for the 4th CP. This calls for necessity to cooperate with other agencies involved in order to share resources, experiences and to avoid conflicting messages on different aspects of the Programme. Cooperation will be stressed in building a network for coalition and partnership for advocacy which will be an important supportive tool for the Country Programme.

## **(D) AVAILABILITY OF DOMESTIC AND INTERNATIONAL RESOURCES**

### **Availability of Resources**

The implementation of the NPP will very much depend upon availability of sufficient resources from within and from external sources. Resources will include both human and financial, tangible and non tangible such as political will, commitment of staff, and so forth. The integration of population concerns in the planning process will need mobilisation of new and additional resources to implement some of the strategies recommended in this report.

The major sources include:

- (i) The Government of the United Republic of Tanzania. The government of Tanzania is currently facing a severe financial crisis and any attempt to impose new demands will meet resistance. However, successful implementation of the Structural Adjustment programmes will depend upon government ability to plan resource use and resource allocation with a "human face". This underscores the need to allocate resources to facilitate integration of population concerns in development process. The meagre resources of the government notwithstanding, the government needs to demonstrate political will to implement some of the activities which are being supported by external agencies. This will not only demand financial commitment but will also demand, provision of space, initiating follow up, building monitoring and evaluation of the projects, and mobilisation of resources from the private sector, rational use of government resources etc. It will also mean defining priorities and request support in line with its priorities. Project sustainability will be determined by government political commitment to the projects and programme of activities.
  
- (ii) **Development Partners**  
Most of the activities will have to rely on foreign financial and technical support for their sustainability. External sponsors should however, refrain from imposing their own priorities in the programme process. This tends to frustrate local initiatives and threats sustainability of projects.
  
- (iii) **Non Governmental Organisations:** These have a potential in supporting various aspects of the programmes. Some of the local NGOs have skills of social mobilisation of local communities, some have lobbying skills, and some have ability in communication and education programmes. But most of the NGOs do lack financial resources to carry out some of the activities. A need to build this capacity has to be acknowledged and supported.
  
- (iv) **The private sector.** This is the most under utilised sectors in resource mobilisation and yet this is a sector which benefits most from properly developed population policies and plans. Innovative methods of mobilising funds from this sector have to be initiated.