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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

Proposed UNFPA assistance: \$28.25 million, \$10.25 million from regular resources and \$18 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Fifth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.0	14.0	20.0
Population and development strategies	2.0	4.0	6.0
Gender and advocacy	1.75	--	1.75
Programme coordination and assistance	0.5	--	0.5
Total	10.25	18.0	28.25

UNITED REPUBLIC OF TANZANIA

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INDICATORS RELATED TO ICPD & ICPD+5 GOALS

		Thresholds*
Births with skilled attendants (%) ^{1/}	38	≥60
Contraceptive prevalence rate (%) ^{2/}	18	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%) ^{3/}	6.01	≤10
Adolescent fertility rate (per 1,000 women aged 15-19) ^{4/}	124.9	≤65
Infant mortality rate (per 1,000 live births) ^{5/}	82	≤50
Maternal mortality ratio (per 100,000 live births) ^{6/}	530	≤100
Adult female literacy rate (%) ^{7/}	59	≥50
Secondary net enrolment ratio (%) ^{8/}	--	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

^{1/} Electronic database, World Health Organization, December, 1999.

^{2/} United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).

^{3/} UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.

^{4/} United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.

^{5/} United Nations Population Division, *World Population Prospects: The 1998 Revision*.

^{6/} The World Bank, *World Development Indicators, 2000*.

^{7/} UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).

^{8/} UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	35,965	Annual population growth rate (%)	2.32
Population in year 2015 (000)	49,343	Total fertility rate (/woman)	5.03
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	50.1
Ages 0-14	45.0	Females	52.0
Youth (15-24)	20.6	Both sexes	51.1
Ages 60+	4.0	GNP per capita (U.S. dollars, 1998)	220

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of the United Republic of Tanzania in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$28.25 million, of which \$10.25 million would be programmed from UNFPA regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$18 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Out of the \$18 million being sought from other sources, \$11.3 million has been secured so far: \$7 million will be funded by the Bill and Melinda Gates Foundation in support of the African Youth Alliance (AYA), and \$4.3 million will be provided by the Department of International Development (DFID) of the United Kingdom in support of improving the quality of reproductive health services and for the 2002 census. This would be the Fund's fifth programme of assistance to the United Republic of Tanzania, which is a "Category A" country under the UNFPA resource allocation criteria.

2. The proposed programme is the outcome of the close collaborative efforts of a Government-led working group composed of governmental, non-governmental, United Nations and donor organizations. The process was greatly facilitated by the active involvement and contribution of the Country Technical Services Team (CST) in Addis Ababa and UNFPA headquarters. The programme is compatible with the Government's Development Vision 2025, the Zanzibar Vision 2020, the national poverty eradication strategy, the Tanzania assistance strategy, and the Poverty Reduction Strategy Paper (PRSP). The programme was conceived within the context of the United Nations Development Assistance Framework (UNDAF) and would be harmonized with the programming cycles of UNDP, UNICEF and WFP.

3. The national population policy was adopted in 1992 and has since been revised to incorporate such emerging issues as adolescent reproductive health, the environment, gender equity and equality and the empowerment of women, HIV/AIDS, and the plight of the aged and people with disabilities. The proposed programme will support the Government's efforts to implement the policy.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Rapid population growth and widespread poverty have negatively affected the fulfilment of basic needs in the United Republic of Tanzania. With an estimated 2001 population of 34 million (47 per cent of which is below age 15) and a 1999 per capita gross domestic product (GDP) of \$478, the United Republic of Tanzania is one of the poorest countries in the world. The total fertility rate has dropped

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slightly over the past decade, but there are significant geographic disparities: among rural women the rate is 6.5, while among urban women it is 3.2. Despite a doubling of the contraceptive prevalence rate from 1991 to 1999, more than 20 per cent of births in the three years prior to 1999 were reported to be unplanned.

6. The 1999 reproductive and child health survey showed that 39.5 per cent of all women were in need of reproductive health services. Two-thirds of the unmet need was comprised of women who wanted to space their next birth, while one-third was for women who did not want any more children. Currently, only 56 per cent of this “total demand” for family planning is being met. Life expectancy has dropped to 47 years, down 3 years from a decade earlier, which seems to reflect the impact of HIV/AIDS in the country. The proportion of births attended by trained personnel has dropped from 44 per cent at the beginning of the 1990s to 36 per cent at the end of the decade. There is also a high rate of maternal mortality, at 529 per 100,000 live births.

7. HIV/AIDS prevalence rates in the United Republic of Tanzania have steadily increased over the years, rising from an average of 5.5 per cent in 1992 to 9.4 per cent in 1999. Close to 15 per cent of persons aged 15-49 are already infected. Sixty per cent of new infections occur in the 15-24 age bracket, and the gender gap in HIV prevalence has widened. In 1992, the prevalence rate was 5.3 per cent among males and 5.9 per cent among females; by 1999, the rates were 8.7 per cent and 12.6 per cent, respectively. In the age group 15-19, girls are six times more likely to be infected than boys. The Government considers HIV/AIDS to be the single greatest threat to its citizens’ individual survival and well-being as well as to the country’s socio-economic development. The pandemic is characterized by continuing stigma and denial at all levels as well as the lack of access to critical information and means of protection for those who are at risk.

8. The ratio of girls to boys in primary education is almost 1:1 (1999), but only 85 girls are enrolled in secondary education for every 100 boys. Development partners are focusing attention on boosting enrolment at the primary and secondary levels and improving the performance of girls at all levels.

9. Awareness and dialogue on gender at the policy level have increased, resulting in a number of positive outcomes, including enshrining affirmative action in favour of women in the Constitution and adopting several recent statutes promoting gender equality. A 1999 constitutional amendment forbids discrimination on the basis of sex. However, in spite of these advances there remains a critical need to enhance women’s social status and improve their reproductive health.

10. The Government is undertaking public service and local government reforms aimed at enhancing efficiency in the delivery of public services. Concurrently, a sector-wide approach (SWAp) is being implemented in the health and other sectors as a means of harmonizing donor assistance and avoiding duplication. The main focus of these government initiatives is poverty reduction. The recently adopted PRSP underlines the national recognition of poverty as the major development challenge.

Previous UNFPA assistance

11. UNFPA's support to the Government of the United Republic of Tanzania dates back to 1971. The programme that ends in December 2001 represents the fourth cycle of assistance, which was budgeted at \$25 million, of which \$21 million was to come from UNFPA regular resources and \$4 million from multi-bilateral sources. The population and development strategies subprogramme contributed towards the revision of the 1992 national population policy and the development of the Zanzibar population policy to reflect new developments and emerging issues. The programme supported the preparations for the 2002 census and collaborated in carrying out the 1999 demographic and health survey (DHS). Progress was made towards establishing a population information network, including the launch of a website. With a view to strengthening integration of population into development planning, training manuals were produced and used to train planning officers from sectoral ministries and districts. The estimated total expenditure under the fourth programme is expected to be \$17.8 million, of which \$13.5 million was from regular resources and \$3.6 million from other sources. Major contributions came from DFID in the amount of \$4.3 million to strengthen reproductive health commodity supplies and from the Government of Norway for \$800,000 in support of improving the quality of reproductive health services.

12. The reproductive health subprogramme operated at both national and district levels. Interventions of national scope included distributing reproductive health commodities, carrying out mass media communication, and supporting population and family life education. In addition, a reproductive and child health strategy (1997-2001) and a first draft of the national adolescent health and development strategy were developed. Service delivery was strengthened in 26 districts on the mainland and in 10 districts in Zanzibar. Essential reproductive health equipment was provided to all the districts, including for emergency obstetric care and family planning including Norplant kits. At the district level, training of service providers in integrated reproductive and child health clinical skills was conducted. A referral system was instituted on a pilot basis in five districts, which were given ambulances and radio communication systems. Six health facilities in the Shinyanga region and 15 facilities in Zanzibar were renovated. The programme continued support for the community-based distribution programme in the public sector, operating in 10 districts on the mainland and two in Zanzibar.

13. The previous programme supported the integration of population, sexual and reproductive health and gender concepts into the curricula of secondary schools and teacher training colleges. Two knowledge, attitudes and practices (KAP) surveys were conducted nationwide to identify factors that would promote the teaching of family life education in teacher training colleges and in primary and secondary schools. Findings of the surveys were used to update family life education content in school syllabuses. The African Medical and Research Foundation implemented a life skills education activity for in- and out-of-school youth.

14. Under the advocacy subprogramme, a population advocacy unit was established in the Ministry of Community Development, Women's Affairs and Children to coordinate population advocacy

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activities. Caucuses were formed in Parliament and the Zanzibar House of Representatives in support of population issues. A media relationship was forged, resulting in the syndication of a popular radio soap opera dealing with population issues into a variety of electronic and print media channels.

15. The major constraints encountered during the implementation of the fourth country programme included UNFPA's financial restrictions, which caused a number of activities to be curtailed or cancelled; high attrition of key staff; and weak coordination and monitoring of activities. Other constraints were limited staff capacity at service delivery points, difficulties in collaborating with non-governmental organization (NGO) partners and lack of clarity, as the result of ongoing reforms, in the roles and responsibilities of different levels of administration.

16. Lessons learned. The major lessons learned during the previous programme include the need to take account of the ongoing reform processes in designing and implementing the country programme, especially the need to enhance technical and institutional capacities; the need to develop approaches and mechanisms for incorporating programme components into district-level plans; and the need to promote transparency and accountability at the district level. In order to be more effective, training interventions should be conceived as part of a holistic technical capacity development package.

17. There is a need to institute and support clear mechanisms for coordination of the overall country programme. In order to enable demonstration of results, a programme monitoring and evaluation plan must be developed at the onset of the country programme. Also important is a supportive environment for NGO participation in the implementation of the programme. Finally, programme design must be flexible to accommodate fluctuations in funding levels and other unforeseen events.

Other external assistance

18. In the area of reproductive health, UNICEF provides support to the United Republic of Tanzania for early childhood and adolescent development programmes and an emergency programme for refugees and refugee-affected areas. The Governments of Denmark, Germany, Ireland, Sweden and the United Kingdom and the World Bank contribute to the health sector basket fund, which finances health sector activities at the district level. The United States Agency for International Development (USAID) supports procurement of contraceptives, social marketing, capacity building and quality improvement. The Governments of Germany and the United Kingdom support reproductive health in areas of adolescent reproductive health, capacity building in the prevention of sexually transmitted infections (STIs), safe motherhood and family planning.

19. The United Republic of Tanzania benefits from the Bill and Melinda Gates Foundation through its participation in the African Youth Alliance (AYA) programme. The AYA programme is five-year initiative to upscale and institutionalize the prevention of HIV/AIDS and STIs among adolescents and youth. Six strategies are used to implement the programme: creating a supporting environment through policy and advocacy interventions; forging behaviour change through communication and education

programmes; promoting livelihood skills to increase employment opportunities; providing youth-friendly services in multiple settings; building institutional capacity to plan, implement, evaluate and sustain the programmes; and fostering coordination and information sharing so others can benefit from lessons learned. Four countries are currently participating the AYA programme: the United Republic of Tanzania, Botswana, Ghana and Uganda.

20. A consortium of governmental and non-governmental organizations are implementing the AYA programme in partnership with UNFPA and two international NGOs, the Programme for Appropriate Technology in Health (PATH) and Pathfinder International. UNFPA is responsible for policy and advocacy, scaling up youth-friendly services, institutional capacity building, coordination and dissemination. The UNFPA interventions are being funded in the amount of \$7.38 million for a period of five years. PATH is responsible for behaviour change communication, institutional capacity building, livelihood skills development and income-generating activities. The areas of responsibility for Pathfinder International include scaling up youth-friendly services, income capacity building and livelihood skills development, and income-generating activities. The amounts of \$4.26 million and \$4.86 million have been allocated to PATH and Pathfinder International, respectively, to implement their interventions.

Proposed programme

21. The goal of the fifth country programme is to contribute to national efforts to improve the quality of life of the Tanzanian people, with an emphasis on reproductive health, gender equality, women's empowerment and sustainable development. The fifth country programme has the following purposes: (a) to contribute to increased utilization of quality sexual and reproductive health services and information by men, women and adolescents; (b) to contribute to effective implementation of population and development policies and programmes; and (c) to contribute to the enhancement of gender equity and equality and the empowerment of women. In line with the UNDAF, the proposed country programme focuses on building national capacity and increasing access to basic services.

22. The reproductive health subprogramme would reinforce the skills of service providers, programme managers, teachers, peer educators and counsellors in reproductive health service delivery, data and logistics management, monitoring and evaluation, and life skills education. The programme would help to increase the availability of reproductive health services and commodities. It is likely that UNFPA would remain the largest supplier of condoms to the public sector. The in-school population and family life education project, operating under the reproductive health subprogramme, would increase adolescents' access to sexual and reproductive health information, counselling and services. The population and development strategies subprogramme would strengthen the capacity of the President's Office of Planning and Privatisation to coordinate national population and development policies and programmes. Sectoral and district planners would acquire knowledge and skills in integration of population into development planning, programme monitoring and evaluation, and gender analysis.

23. The advocacy and gender subprogramme would develop skills in gender analysis, planning and the mainstreaming of gender issues into development programmes. Gender focal points would be instituted for programme districts. The subprogramme would also foster the formation of coalitions and networks, which are essential structures for advocacy implementation. Lobbying and other advocacy skills would be enhanced among women's groups and other advocates. Guidelines, tools and manuals would be developed to guide implementers in all programme components.

24. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to increased utilization of quality sexual and reproductive health services and information by men, women and adolescents. This purpose addresses the issues of high maternal mortality and morbidity; high prevalence of STIs and HIV/AIDS; low contraceptive use; insufficient reproductive health information and services, especially for young people; and low capacity of the health system to provide quality sexual and reproductive health services. To achieve this purpose, two outputs have been developed: The first is improved quality of sexual and reproductive health information, service and care; the second is increased availability and use of such information and services by men, women and adolescents.

25. Five strategies are proposed for realizing the first output. The first is aimed at improving the skills and knowledge of health service providers; teachers, counsellors and peer educators; community-based resource persons; and programme managers at all levels. Other strategies include improving the referral system for emergency obstetric care from the family level up to district hospitals; improving availability of commodities and essential supplies; strengthening management capacity through the deployment of national professional project personnel (NPPPs) while continuing the use of the services of United Nations Volunteers and CST advisers; and reviewing and/or developing procedure guidelines and service protocols for use in training and service provision.

26. Under the second output, the following strategies will be employed: strengthening and establishing user-friendly outlets providing sexual and reproductive health information and services; establishing outreach programmes for out-of-school youth; promoting community-based services and information; promoting reproductive health rights for men, women and adolescents; encouraging community participation; implementing information, education and communication (IEC) activities to promote behavioural change, with emphasis on reducing high-risk behaviours among adolescents and promoting positive health-seeking behaviours. Additional strategies include integrating management of STIs into service delivery at all service delivery points and promoting male involvement and participation in sexual and reproductive health programmes. In particular, male cooperation would be sought for referral of emergency obstetric cases, family planning, and prevention of STIs and HIV.

27. Reproductive health commodity security. Due to inadequate financial resources and deficiencies in procurement practices, depletions of reproductive health supplies occasionally occur on both the mainland and Zanzibar, especially of injectables and condoms. On the plus side, the established logistics management information system allows for monitoring the stock of reproductive health

commodities and supplies at all levels. Using information made available through the annual contraceptive forecasting exercise, the Government continues to negotiate with partners to anticipate and meet demands.

28. The mainland Ministry of Health and the Zanzibar Ministry of Health and Social Welfare will coordinate reproductive health interventions. These interventions will be carried out in 26 districts in mainland Tanzania and 10 in Zanzibar. The ministries will also have major responsibility for policy development, advocacy, behaviour change communication, gender mainstreaming, research, monitoring and evaluation. For implementation, the two ministries would collaborate with a number of governmental, non-governmental and donor partners.

29. The Ministry of Education and Culture and the Ministry of Education and Sports in Zanzibar will coordinate the family life education programmes in schools and colleges. They will collaborate with a range of government departments and non-governmental institutions dealing with youth. These would be active partners in orienting programmes in advocacy and gender mainstreaming towards the district level. To make NGOs and community-based organizations more effective partners, their participation in planning, monitoring and evaluation would be encouraged.

30. In designing sexual and reproductive health interventions, the subprogramme would take into account the work of the AYA, which focuses on advocacy, behaviour change communication and the provision of youth-friendly services. Prevention of HIV/AIDS is treated as a cross-cutting issue in all reproductive health interventions. It is addressed mainly through training in IEC and behaviour change communication, condom promotion, and syndromic management of STIs. Subprogramme implementers would also support advocacy efforts initiated under the UNAIDS-driven drug access initiative to make life-saving drugs available to people living with AIDS.

31. Population and development strategies. The critical issues identified in the area of population and development strategies are weak coordination of population and development policies and programmes; the shortage of timely and reliable disaggregated data for programme management and poverty monitoring, particularly at the district level; and inadequate capacity in data management, population programme management and gender mainstreaming. To address these issues, the population and development strategies subprogrammes would have four outputs: (a) increased availability and accessibility of disaggregated data for planning, monitoring and evaluation of population-related programmes; (b) action plans developed and operationalized for the national population policy and the Zanzibar population policy; (c) strengthened mechanisms for coordination, monitoring and evaluation of population programmes at national, regional and district levels; and (d) increased commitment and support for population-related policies and programmes by policy makers, legislators, programme managers and leaders.

32. The first output would be achieved by: (a) supporting the conduct of the 2002 census, including assisting the Government to mobilize financial, technical and material resources; (b) developing the

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population information network and linking it to other databases, such as the Tanzania socio-economic database and national STI and HIV/AIDS surveillance data; (c) supporting capacity building in data collection, processing, analysis and dissemination; and (d) enhancing the knowledge base for integrating population variables into development planning in relevant sectors and programme districts.

33. The second output would be achieved by adopting bottom-up processes for developing action plans to incorporate population issues into district plans; fostering proactive involvement of partners and other stakeholders in the implementation of the action plans; and conducting research on rural-urban migration, the socio-economic impact of HIV/AIDS, gender, and other population-related issues to provide a solid information base for the implementation of population policies.

34. The third output would be achieved by promoting experience and information sharing among implementing partners; developing tools and guidelines for coordination, monitoring and evaluation; establishing population focal points in the programme districts; and lobbying for the establishment of a national population steering committee as provided for in the revised national population policy.

35. The fourth output would be achieved by collaborating with the gender and advocacy subprogramme to strengthen pro-population groups in the national Parliament and the Zanzibar House of Representatives; lobbying for specific budgetary allocations and timely disbursement of funds for the 2002 census as well as other important population and development programmes; and lobbying district councils to allocate funds for community-focused population and development priorities.

36. Gender and advocacy. The gender and advocacy subprogramme addresses the relative neglect of sociocultural and gender dimensions in sexual and reproductive health programmes; inadequate institutional structures and skills for gender mainstreaming; the poor resource base and insufficient political support for reproductive health, gender and population and development policies and programmes; and the weak networks and partnerships among governmental and non-governmental institutions. The purpose of the subprogramme is to contribute to the enhancement of gender equity and equality and the empowerment of women. This purpose will be addressed through two outputs, namely, enhancement of gender mainstreaming into policies and programmes; and implementation and enforcement of gender-sensitive policies, programmes and laws related to female genital cutting (FGC) and other harmful traditional practices, sexual offences, land ownership, education and sexual and reproductive rights.

37. Various strategies will be employed to deliver these outputs. For enhancing gender mainstreaming into policies and programmes at the national level, the first approach would be to strengthen the capacity of the gender development sections of the Ministry of Community Development, Women's Affairs and Children and the Zanzibar Ministry of Youth, Employment, Women and Children Development, providing the two ministries with an essential core of expertise necessary for gender mainstreaming. Gender sensitization of key decision makers in all collaborating ministries would also be undertaken. To address gender issues in sectoral policies and programmes, the subprogramme would

collaborate with the population and development strategies subprogramme in including gender aspects in action plans for the implementation of the national population policies. Handbooks, guidelines and other tools for mainstreaming would be developed. In addition, training would be conducted regarding concepts and strategies of gender mainstreaming, gender analysis, gender planning and gender budgeting. Gender-related topics would be included in the curricula of community development training institutes. Specific strategies for the district level would include sensitization of district officials and the training of district community development officers as trainers and as gender focal points.

38. With regard to the subprogramme's second output, strategies would include coalition-building and networking at the national and district levels. A special partnership would continue to be developed with parliamentarians through the reactivation of the parliamentary caucus on population and development. Building on the media partnership project initiated under the previous programme, the subprogramme would seek to engage a broad range of electronic and print media in population and reproductive health issues. Another key strategy would be the sensitization of a wide variety of governmental personnel and community leaders on gender issues. Appropriate advocacy materials – print and audio-visual materials as well as computer-based projection and simulation models – would be developed or acquired. Male involvement is critical for achieving the results implied in this output; this would be achieved through sensitizing community-based men's or male-dominated groups, such as sports clubs and traditional associations, and mobilizing their members to serve as peer educators.

Programme implementation, coordination, monitoring and evaluation

39. National institutions would be responsible for coordinating and implementing proposed interventions. The President's Office of Planning and Privatization would be responsible for the execution and coordination of the country programme. In Zanzibar, the Ministry of Finance and Economic Affairs would exercise equivalent functions. Major responsibility for the implementation of the three subprogrammes would fall on government ministries and departments. Civil society institutions – including NGOs, religious organizations, universities, the media, professional associations, the private sector, and training and research institutions – would be full partners in programme implementation. They would be involved based on their comparative advantages in relation to service provision, advocacy, gender mainstreaming, research and training. Emphasis would be placed on institutions with activities focused at the district and community levels. To make these institutions more effective partners, they would be encouraged to participate in the planning, monitoring and evaluation of key activities.

40. The adoption by UNFPA of results-based management makes it imperative that programme interventions be designed and implemented to achieve demonstrable results. To this end, a programme monitoring and evaluation plan would be established. The plan would use the country programme's logical framework indicators and means of verification as the basis for monitoring and evaluation while identifying tools and defining responsibilities for data collection and establishing a timetable for monitoring and evaluation activities. In addition to annual subprogramme reviews, a midterm review

would be held in the second half of 2004, and an end-of-programme evaluation would be undertaken in 2006. Where official data used for indicators are outdated, baseline studies and surveys would be undertaken.

41. The UNFPA country office currently has a Representative, one Deputy Representative (vacant), one Assistant Representative, one national programme officer and one junior professional officer. The present staffing level of the country office may be considered too low for implementation of the programme as proposed. If staff strength cannot be boosted, management of the proposed programme would primarily utilize national expertise. However, experience from the fourth country programme indicates that the ongoing public service and local government reforms present new challenges in terms of staffing patterns in counterpart government departments. To this end, the proposed programme will continue to utilize the services of NPPPs, United Nations Volunteers, and CST advisers.

Recommendation

42. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the United Republic of Tanzania as presented above in the amount of \$28.25 million for the period 2002-2006, of which \$10.25 million would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of \$18 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.
