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USAID FAMILY PLANNING/POPULATION ACTIVITIES

IN THE SUDAN

March, 1983

A Report Submitted To
The Administrator, Mr. McPherson
In Response To State 65735,
"Family Planning Activities in Africa"

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LIST OF ACRONYMS

CF	Centrally Funded
ESRC	Economic and Social Research Council
FP	Family Planning
FPIA	Family Planning International Assistance
GOS	Government of Sudan
IE&C	Information, Education and Communication
IFRP	International Fertility Research Program
IPDP	Integrated Population and Development Planning
IPPF	International Planned Parenthood Federation
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MFPP	Model Family Planning Programmes
MOH	Ministry of Health
NPC	National Population Committee
RAPID	Resources for the Awareness of Population Impacts on Development
RHSP	Rural Health Support Project
RTI	Research Triangle Institute
SFS	Sudan Fertility Survey
UNFPA	United Nations Fund for Population Activities
VSC	Voluntary Surgical Contraceptive
WFS	World Fertility Survey

I. Summary

Sudan is a country of apparent demographic contradictions with one of the lowest population densities in the world, scarcity of seasonal agricultural labor, a population growth rate of 3% . Yet, the rapid urbanization and the concomitant surging demand for public services and jobs are outstripping the economic growth .

Although the Government of the Sudan (GOS) has no explicit population policy, family planning (FP) services are allowed in both the public and private sectors. The knowledge of FP methods is not widespread and use of contraception is low, particularly in rural areas of the Sudan. Nevertheless, there are indications that approximately 15 percent of women of reproductive age will use contraceptives if available. This is particularly true of women who are better educated and who live in urban areas. The findings of the Sudan Fertility Survey suggest that efforts to increase the awareness and acceptability of family planning in the Sudan should first focus on urban areas and among women who want no more children .

Two bilateral initiatives are currently under way to increase the availability of FP . services in the Sudan. Centrally funded population projects have initiated numerous activities in the areas of FP services, population policy development, research and training .

USAID considers the present population growth rate to be a serious long-term issue for Sudan's economy. Despite the apparent public and private acceptance of family planning , neither the GOS, nor the private sector is able to respond effectively to the increasing demand for services. Our strategy over the period FY 1984-86 will be to work closely with public and private interests to strengthen and expand the availability of FP services through our two bilateral projects, augmented by the centrally funded population projects. The level of support for population activities will necessarily increase through this period .

II. Demographic Environment

Sudan is a country of apparent demographic contradictions: it has one of the lowest persons-per-square mile ratios in the world; its agricultural sector is reported to suffer from a shortage of seasonal labor; an unknown number of Sudanese emigrate to the Gulf often living abroad five or ten years. Yet at the same time the estimated annual population growth rate approaches 3 percent and is increasing. Roughly half the population is under 15 years of age (Table 1). The high birth rates, combined with rural-urban migration, will double the size of many urban areas within a decade.

The crux of the demographic issue is the growing urbanization of Sudan's population and the concomitant surging demand for public services and jobs which the economy is unable to meet. If the present economic crisis is reversed and the economy regains its vitality, some of the immediate pressure for employment and public services will be eased. Yet unless the explosive growth of the urban population can be stabilized, resources needed to increase productivity will have to be allocated to basic public services to accommodate new urban dwellers. GOS planners, economists and policymakers are becoming increasingly concerned that the demands of the burgeoning urban population will continue to outstrip the ability of the economy to generate resources well into the next century .

Technicians are joined in their concern about unlimited population increase by members of the medical profession who see the health consequences of unregulated fertility for mothers and dependent children. Many physicians are among the leading exponents for family planning services .

While the GOS has no explicit population policy, it recognizes tacitly the principle of a family's freedom of choice concerning family planning. The GOS permits the importation of FP commodities, the provision of services and the dissemination of FP information in public

Table 1.

<u>DEMOGRAPHIC INDICATORS</u>	
Population (1981)	19.6 million ^f
Urban	18.1% ^b
Rural	71.0% ^b
Nomadic	10.9% ^b
Population by Year 2000	38,977,000 ^b
Annual rate of growth (1975-80)	3.18% ^a
Annual rate of growth (1955/56-73)	2.2% ^f
Annual rate of urban growth	7.4% ^c
North	7.1% ^c
South	10.9% ^c
Annual rate of rural growth	1.5% ^c
North	2.0% ^c
South	0.03% ^c
Crude birth rate (per 1000)	48 ^f
Crude death rate (per 1000)	18 ^f
Infant mortality (per 1000)	141 ^f
North	67-82 ^d
South	100-140 ^d
Life expectancy (years) at birth	46.0 ^f
Males	49.7 ^b
Females	52.6 ^b
Total fertility rate (completed family size)	6.79 ^b
Average household size	5.06 ^c
Population under 15 years	44.0% ^f
Population over 64 years	3.0% ^f
Dependency ratio	88% ^f
Women 15-49 years	44.9% ^b
Median age (years)	17.9 ^e

SOURCES:

- a. IBRD, 1979. Memorandum on the Economy of Sudan.
- b. United Nations Fund for Population Activities, 1979. Sudan: Report of Mission on Needs Assessment for Population Assistance.
- c. International Labour Office, 1976. Growth, Employment and Equity: A Comprehensive Strategy for the Sudan.
- d. Berry, L., et al., 1979. East Africa Country Profiles: The Republic of Sudan.
- e. IBRD, 1979. Social and Economic Data Base (Sudan).
- f. Population Reference Bureau, 1981. World Population Data Sheet, April 1981.

health care facilities. Representatives of orthodox Islamic interests within the Government take the position that "child spacing" is an aspect of maternal and child health, and that use of contraceptives is a matter of individual choice .

III. Prevalance of Use of Contraceptives

The Sudan Fertility Survey was conducted during the period December 1978- April 1979 as part of the World Fertility Survey. The survey was originally designed in two-phases covering the North, then the South of the Sudan. But, for operational reasons, the survey was conducted only in the North, which represents about 80% of the total population.

The results of the survey show that prevalence of contraceptive use in Sudan is low. Only 6.4% of exposed women (married, non-pregnant women age 15 to 49 who have not entered menopause) were practicing contraception at the time of the survey (Table 2). Current use is associated with age. The pattern is an inverted U-shaped curve, increasing from 5% among women under 25 years of age to 8% among women age 25-34, and then decreasing with advancing age .

Of the 6.4% who are current users, 84% are using "efficient" methods . The pill was the most frequently used method (67%) . Rhythm was used by 9% of the users; sterilization by 8%; IUD's by 3% (Table 3).

Contraceptive use varied by residence. Urban women had relatively high levels of current use, 16.4%, compared to the rural women 2.7% . Women living in Khartoum Province , which is largely urban, had current levels of use of 19.4% compared to 2.5 and 2.3% , respectively for women living in the more rural Kordofan and Darfur Regions of Western Sudan .

The results of the survey also show that women with some education were more likely to have been using contraception than women who had no schooling. Of women who completed primary school or beyond , 41.6% were using a method compared to 2.5% of women who never attended school. The

Table 2.

Sudan: Percent of Exposed Women Currently Using
Contraception, by Residence, Region, and Education.

<u>Characteristics</u>	<u>Percent Currently Using Any Method</u>
TOTAL	6.4
<u>Residence</u>	
Urban	16.4
Rural	2.7
<u>Region</u>	
Khartoum	19.6
Northern	3.3
Eastern	3.2
Central	8.2
Kordofan	2.5
Darfur	2.3
<u>Education</u>	
No Schooling	2.5
Incomplete Primary	14.9
Primary and Over	41.6

Source: Sudan First Country Report, World Fertility Survey.

Table 3.

Northern Sudan*: Percent of Exposed Women Currently Using
Contraception, by Method and Age, 1979.

<u>Current Use and Method</u>	<u>Total</u>	<u>Percent of Women by Age Group</u>			
		<u><25</u>	<u>25-34</u>	<u>35-44</u>	<u>45-49</u>
<u>Currently Using</u>	<u>6.4</u>	<u>5.0</u>	<u>8.1</u>	<u>5.7</u>	<u>2.6</u>
Oral	4.3	2.8	6.4	3.3	0.0
Rhythm	0.6	1.4	0.4	0.2	0.0
Female sterilization	0.4	0.0	0.3	0.9	1.3
Injection	0.2	0.3	0.1	0.2	0.0
IUD	0.2	0.0	0.3	0.1	0.0
Condom	0.2	0.2	0.1	0.2	0.0
Withdrawal	0.2	0.1	0.2	0.0	0.6
Abstinence	0.2	0.1	0.1	0.2	0.0
Male sterilization	0.1	0.0	0.1	0.0	0.6
Other female	0.1	0.0	0.0	0.5	0.0
<u>Not Currently Using</u>	<u>93.6</u>	<u>95.0</u>	<u>91.9</u>	<u>94.3</u>	<u>97.4</u>
Total	100.0	100.0	100.0	100.0	100.0

SOURCE: Based on tabulations from the Sudan First Country Report, World
Fertility Survey.

*Includes the following regions: Khartoum, Northern, Eastern, Central,
Kordofan, and Darfur; see Figure 1.

survey results also show that 81.6% of the surveyed women never attended school, so that women with primary education or above are in the minority .

Current use and intentions to use contraception may be associated with lack of knowledge of methods to avoid pregnancy . Only 9% of exposed women who had never used a method of contraception indicated their intention of using contraceptive in the future. Among all ever married women, only 51% had heard of some method of FP. The pill was the most widely known method (48%) followed by injection (25%), female sterilization (24%) and IUD's(6%). Awareness of contraception varied by residence. The proportion of women who had heard of FP methods was 76% in urban areas compared to only 41% in rural areas. Similarly, residents of Khartoum Province (predominantly urban) had the highest level of knowledge (82%) while women living in Darfur Region (predominantly rural) had the lowest (23%). Over 80% of the women who want to cease childbearing were not using contraception .

Evidence is growing that there is strong latent demand for FP services in urban areas. A recent survey in the Khartoum metropolitan area revealed that the "ideal" number of children is now four rather than seven as previously reported. Approximately one-third of the women interviewed indicated a desire to use contraceptives. Survey results also indicate that there is a growing acceptance by men of family planning .

In summary, knowledge of family planning methods is not widespread, and use of contraception is low in the Sudan, particularly in rural areas. Nevertheless, there are indication that approximately 15% of women reproductive age will elect to use contraceptives if they are made available. This is particularly true of women who are better educated and who live in urban areas. The findings of the Sudan Fertility Survey suggest that efforts to increase the awareness and acceptability of FP in the Sudan should first focus on urban areas and among married women who want no more children.

IV. Current Family Planning Services and Population Initiatives (Table 4)

A. Family Planning Services

Two AID bilateral initiatives are currently under way to increase the availability of FP services in the Sudan. One is the Rural Health Support Project (RHSP), 650-0030, and the other the Model Family Planning Programmes,

650-0063, which is an Operational Program Grant (OPG) to the Sudan Fertility Control Association (SFCA). In addition, five separate projects are being implemented with central population funds.

1. Rural Health Support Project (RHSP) 650-0030.

The RHSP was authorized "to provide support to the Sudan Primary Health Care Program in rural areas, with special emphasis on maternal and child health and family planning" (MCH/FP). Over the life of project, FY 1980-1987, \$ 1.881 million of population funds will be expended to introduce FP services into the primary health care system. Population funds account for 10% of the foreign currency funding of the RHSP, AID's assistance will focus on two other areas besides MCH/FP:

1. Improve delivery of primary health care (PHC) services.
2. Strengthening of planning, management and logistics support of the PHC program .

USAID has contracted with the African Medical and Research Foundation (AMREF) to implement the objectives of the RHSP in the Southern Region and with One America for the Western Regions of the Sudan.

The integration of FP in PHC will be slow because Ministry of Health (MOH) places a relatively low priority on this service. Some MOH officials believe that because of cultural norms and high mortality, FP will not be acceptable to many couples in the RHSP regions. However, the Minister of Health is an advocate of the provision of FP services through the PHC system .

Eight provinces are included under the RHSP, four in Southern and four Western Sudan. However, realizing the MOH's resistance to FP USAID's efforts to increase FP awareness under the project will focus initially on policy and decision makers and FP providers. During FY 82-83 several observation tours were organized to familiarize these leaders with family planning activities in other countries. Beginning in FY 84 emphasis will first be placed on developing FP services in the urban areas of the RHSP provinces before addressing the isolated rural areas. In addition, the project will provide contraceptives to organizations and individuals that are interested in providing services through its campus clinic, and the director of Juba hospital would like to establish a private clinic, also to be located in Juba .

TABLE 4

SUMMARY OF POPULATION PROJECTS, SUDAN
MARCH, 1983

A. CENTRALLY FUNDED PROJECTS

<u>Project Title</u>	<u>Intermediary</u>	<u>Project Number</u>
GOAL I- DEMOGRAPHY		
No current projects		
GOAL II - POPULATION POLICY DEVELOPMENT		
1. Consequences of International and Internal Migration in the Sudan, A Selected Study: Emigration and Public Sector Activities	RTI	932-0655
2. Household Characteristics Monograph	RTI	932-0655
3. Resources for the Awareness of Population Impacts on Development (RAPID)	Futures Group	932-0637
4. Publication of the Proceedings of a National Population Conference, April 1982	Battelle	932-0635
5. Assistance to the Population Studies Center at the University of Gezira	Battelle	932-0635
6. Infant Mortality Study by Dr. Osman Nur	Battelle	932-0635

GOAL III - RESEARCH

7. Regional Research and Training Program by the Sudan Fertility Control Association (SFCA)

IFRP 932-0537

8. Community Based Family Health Project

Columbia University 932-0632

GOAL IV - FAMILY PLANNING SERVICES

9. Hag Yousif FP Clinic

FPIA 932-0955

10. Inservice Training Project in Fertility/Infertility at Soba University Hospital

IPAVS 932-0968

11. Female Service and Training Program Khartoum North Hospital

IPAVS 932-0968

12. Soba Butri FP/Nutrition Project

FPIA 932-0955

GOAL V- INFORMATION, EDUCATION AND INFORMATION

13. Assistance to the Sudan Fertility Control Association (SFCA)

IPAVS 932-0968

GOAL VI - TRAINING

14. Continuing Education in Reproductive Health for Medical Officers

JHPIEGO 932-0604

15. Laproscope Maintenance Center and Equipment Workshop

JHPIEGO 932-0604

B. BILATERAL PROJECTS

1. Model Family Planning Programmes OPG

SFCA 650-0063

2. Rural Health Support Project (population component)

MOH 650-0030

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In the meantime, USAID will continue efforts to promote FP efforts as an integral service of the PHC program by such means as training, observational trips, RAPID presentations, dissemination of research results, information, education and communication (IE&C) activities.

2. Model Family Planning Programmes (MFPP), 650-0063

The proposed model FP clinic which is the core program of the MFPP project will be operated by the SFCA. It will be the first clinic specializing in only FP services in the Sudan. In some respects the clinic is an experiment to demonstrate the feasibility of a single services-oriented clinic. The clinic will offer reversible as well as non-reversible methods of contraception. The staffing pattern of the clinic will reflect an emphasis on the use of paramedicals, e.g. nurses with back up support from physicians.

The clinic will be designed to serve up to 25,000 active users in its first year of operation. Although the clinic will primarily serve women who live in Khartoum Province, it is expected that some clients will travel as much as 4 hours or more from other provinces to utilize the services of the clinic .

With the assistance of centrally funded (CF) population projects the model clinic will serve as a site for the clinical training of FP providers. There will be an active IE&C program as well as an applied research/evaluation program.

The model clinic provides a unique base from which to increase the availability of FP services in Sudan. Upon availability of funds the SFCA could establish community-based distribution of contraceptives and provide contraceptive logistics support to the MOH and to the University of Khartoum's Community Based Family Health Project. Community-based distribution is a possibility, particularly for resupply of oral, condom and vaginal methods. However, all new users would be required to present themselves at the clinic to obtain their initial supply.

3. Centrally Funded Population Projects

a) Community Based Family Health Project (CBFH) 932-0632

This integrated MCH/FP project is fully funded at \$755,000 from April 1, 1980- April 30, 1983, through Columbia University. The purpose of this operations research project is to train village midwives to provide a variety of maternal and child health services to village women living in 90 villages located along the Nile River. Project interventions include preventive care of diarrhea in children through the use of the oral rehydration therapy, nutrition education, use and distribution of contraceptives for family planning and motivation of villagers for immunization campaigns.

This project is important in the development of VP services in the Sudan because it has demonstrated that illiterate midwives can be used to distribute contraceptives at the community level. A two year extension is currently being reviewed with the goal to reduce cost per acceptor to improve project replicability and to incorporate the management and operations of the project into the MOH system.

b) Hag Yousif MCH/FP Clinic Project, 932-0955

Family Planning International Association (FPIA) is funding this MCH/FP clinic. Total funding from February 1982 to March 1984 equals \$76,748. This project provides services for an urban slum area near Khartoum (Hag Yousif) which previously had no MCH/FP services.

c) Inservice Training Project in Fertility/Infertility at Soba University Hospital, 932-0968

This project has been funded by the International Project of the Association for Voluntary Sterilization (IPAVS) from March 1980 to October 1983 at a level of \$46,135. The project objectives are to develop a fertility/infertility unit at Soba University Hospital, to incorporate curriculum on fertility and infertility into the overall curriculum of the School of Medicine, University of Khartoum, to train physicians in voluntary surgical contraception (VSC) and to diagnose and treat infertility problems.

d) Female Service and Training Program at Khartoum North Hospital, 932-0968

This project is also funded by IPAVS and is in the first year of funding at \$54,410. This project provides training for physicians in VSC and provides fertility/infertility services to women .

The Programs funded by IPA VS strictly adhere to the concept of voluntary surgical contraception. Both the husband and wife must consent prior to treatment.

e) Soba/Butri MCH/FP Nutrition Project, 932-0955

FPIA funded this project to deliver integrated MCH/FP services in four villages near Khartoum. The project began in January, 1977 and terminated March 13, 1983. Total funding over this period equaled approximately \$66,390. The project provided FP, nutrition and health services to women and children in the project area.

f) A project that is related to FP services is Assistance to the Sudan Fertility Control Association, 932-0968

This project has been providing administrative support to the SFCA since 1977. Under this project a total of \$194,248 has been allocated. It is funded by IPA VS. This project is to strengthen SFCA's ability to serve as a resource center for information in the field of VSC and to develop an educational strategy concerning VSC. In addition the SFCA serves as the secretariat for the Regional Arab Federation of Fertility Control Associations .

B. Population Initiatives

AID CF population projects are making significant progress in fields other than the provision of FP services . The three main areas are in population policy development, research and training .

1. Population Policy Development.

a. The Sudanese National Population Committee (NPC) sponsored the second conference on "Aspects of Population Changes and Development" in Khartoum from April 26-28, The CF project, Population Policy Analysis, 932-0635, a contract implemented by Battelle, was instrumental in providing the impetus for the

revitalization of the NPC, the ideas for the second population conference, and the funds for the publication of the conference proceedings in English and Arabic . Wide distribution of the final report of the conference to key GOS policy makers will be made.

As a result of this conference, the final recommendations advocated official GOS action covering seven major topics:

1. Reactivation of the higher council for statistics,
 2. support for demographic data collection, analysis and utilization,
 3. government support for nationwide delivery of FP services integrated with rural and urban delivery of preventive health care services, primarily maternal and child health,
 4. support for study and planning of population distribution, including refugees
 5. increased efforts in population and FP education,
 6. specific population and development research and analysis,
 7. formulation of a National Population Council with official government status.
- Future USAID population/FP initiatives will be designed with priority consideration given to these topics.

b. The project Resources for the Awareness of Population Impacts on Development (RAPID), 932-0637, is a project implemented by the Futures Group. RAPID completed the mid-level showing in Khartoum during March, 1983. The final showing is currently planned for April, 1983. The purpose of this project is to inform and educate GOS policy makers on the direct and indirect relationships between population dynamics and socioeconomic development. The National Population Committee will host the final series of presentations. The Minister of Health plans to propose a presentation to the Council of Ministers. The RAPID presentation will be used to increase awareness of population dynamics through the NPC and the Economic and Social Research Council (ESRC), and to develop population based planning in the Ministry of Finance and Economic Planning, the MOH and the University of Khartoum.

2. Research

Various research projects are being carried out in the Sudan related to the field of population. The results of the research will have an impact on policy makers to make them more conscious of the interrelationships between population and development and to highlight important population dynamics influencing Sudanese society .

a. "The Impact of Emigration on Public Sector Productivity". This study will be conducted over two years by the Sudanese ESRC in collaboration with Johns Hopkins University. Funding is provided by the Integrated Population and Development Planning Project , 932-0655, implemented by Research Triangle Institute (RTI). The main objective of the study is to estimate the extent of public sector personnel losses to emigration, to assess the potential effect of this emigration on public sector output and to investigate appropriated policies to deal with such problems.

b. "Infant and Child Mortality in the Sudan and its influence on Reproductive Behaviour." This study is being conducted under the auspices of the Center for Population Studies, University of Gezira. Funding is provided by the Population Policy Analysis Project, 932-0635. The purpose of the study is to utilize data derived largely from the Sudan Fertility Survey to examine trends, levels and differentials of infant and child mortality and to investigate the influences of infant and child mortality on fertility behaviour. The results of this study will be used to promote FP services through the MOH.

c. "Assistance to the Population Studies Center, University of Gezira". This project is being conducted under the Population Policy Analysis Project, 932-0635, to document and map the 1973 census data and subsequent research in this field in a usable format relevant to the needs of policy and decision makers at the regional level in the Sudan. The results of this project will further population based planning at the regional level .

d. The "Regional Research and Training Project" which is a subgrant from the international Fertility Research Program (IFRP), 932-0537, provides funds to SFCA to build family planning related research capability in the Sudan. The results of studies such as the "Male Attitudes toward Family Planning Study, "Maternity Care Monitoring", "Pregnancy Wastage", "Comparison of IUD's ", have been finalized and will be disseminated to policy makers in the Sudan.

e. A "Household Characteristics Monograph" was written in connection with the World Fertility Survey . This will provide background socio-economic data for other research in population .

3. Training

Short-term training is an important aspect of the population program in the Sudan. Approximately thirty Sudanese have been trained per year using population funds from a wide variety of sources including bilateral project funds, central funds through intermediaries and World Wide Training Funds.

a. Columbia University conducted the first in-country program under the Cooperative Agreement AFR-C662-A-00-2068-00. It was entitled "Workshop in Planning, Implementing and Evaluating Community Based Primary Health Care, Birth Spacing and Nutrition Programs." Thirty participants representing the MOH, University of Gezira and Khartoum faculty and front-line medical officers and specialists participated in the workshop from December 2-14, 1982.

b. The project "Continuing Education in Reproductive Health for Medical Officers" is funded for the second year at a level of \$110,632 by Johns Hopkins Program of International Education of Gynecologists and Obstetricians (JHPIEGO) . This project will train 120 physicians working predominantly in rural areas in Sudan. They will receive training in major issues relating to delivery of primary reproductive health care services. In conjunction with this training project JHPIEGO also provides funds for a maintenance center for the repair of endoscopic equipment in Sudan (\$17,540):

V. Continuing Family Planning/Population Initiatives, 1984-1986. USAID considers the present population growth rate to be a serious long-term issue for Sudan's economy.

Despite this apparent public and private acceptance of family planning shown by the foregoing description of the numerous AID projects in the Sudan, neither the GOS nor the private sector is able to respond effectively to the increasing demand for services. Commodities are not available because of a lack of foreign currency to import them; there are insufficient providers clustered in urban areas. Logistical problems, particularly in rural areas , curtail the distribution of commodities. Policy makers lack demographic data and are not fully informed about the ramifications of demographic factors on national and sectoral development.

Because of the large portfolio of CF population projects, the problem of coordination is enormous. S&T/POP must make every effort to coordinate among

the backstop officers with activities in the Sudan. Without this assistance USAID/S will be unsuccessful in unifying the diverse intermediaries into one population strategy.

Our strategy over the period FY 1984-1986 will be to work closely with public and private interests to strengthen and expand the availability of FP services. We will help the GOS increase its capacity to collect, analyze and utilize demographic data in policy-making. We will help the MOH develop its PHC program as a means for low-cost community-based distribution of FP commodities services and information through the increased use of paramedical personnel. We will expand support for FP training. We will ensure that to the extent possible, other USAID projects involving extension activities include FP IE & C information in these activities. We will explore the possibility of providing FP services to refugees. The level of support for population activities will necessarily increase through this period .