

UNCLASSIFIED

PROJECT PAPER

SAHEL POPULATION INITIATIVES PROJECT

625-0969

Agency for International Development

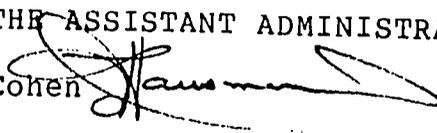
Washington, D. C. 20523

APPROVED: July 16, 1985
LOP AMOUNT: \$2,500,000

UNCLASSIFIED

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D C 20523

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR FOR AFRICA

FROM: AFR/PD, for Norman Cohen 

Subject: Sahel Population Initiatives Project (625-0969)

I. Problem: Your approval is requested for a grant of \$2,500,000 from the Sahel Development Program (SDP) Appropriation, for the regional Sahel Population Initiatives Project (625-0969). It is planned that \$881,000 will be obligated in FY 1985.

II. Discussion:

A. Project Description

The project purpose is to assist the Sahel countries individually and collectively, to develop, implement and evaluate population programs in ways compatible with their cultures, resources and development objectives as first steps to enable up to five of the Sahelian countries to determine appropriate bilateral or regional follow-on activities in the population sector and to supplement on-going activities in up to three Sahelian countries. Financing will be provided to accomplish the following tasks:

- (1) to promote policy dialogue on population issues;
- (2) to train cooperating country health personnel in family planning;
- (3) to improve management of population and family planning activities;
- (4) to increase the availability of family planning services; and
- (5) to collect more accurate demographic and health data.

The receptivity to family planning as well as the availability of both health infrastructure and trained technical/managerial personnel to carry out project activities varies from country to country. Therefore, individually tailored efforts, based on yearly plans developed by those Sahelian Missions which choose to take advantage of the SPI Project, will be developed to respond to country priorities and needs.

This project conforms to the strategy for health and population outlined in the FY86 Sahel Development Strategy Statement, and AID population and development policy. The primary beneficiaries of the project will be the women who receive family planning services; secondary beneficiaries will be government workers who receive training in the fields of family health and

family planning and demography and development planners who have more accurate data on which to base their plans. In the medium term, all the citizens of the eight Sahelian countries will benefit from greater access to health services and more efficient national and regional planning.

B. Financial Summary

Life-of-Project (LOP) funding for the Sahel Population Initiatives Project will be \$2,500,000 over the next three years (FY1985-FY1987) and the FY1985 obligation is to be \$881,000. The SPI Project will be made up of a series of small sub-projects, either taking advantage of add-ons to worldwide programs managed by the Population Office of the Science and Technology Bureau or through country-specific Limited Scope Grant Agreements and contracts. Because of the flexible design of the Project and its regional nature, it is difficult to quantify, in advance, host country contributions. However since all sub-projects will be conceived of and carried out with host country cooperation, there will be contributions in the form of time and facilities of host country institutions and personnel. The LOP breakdown of funds from the Sahel Development Account is shown below:

1. Long-term Technical Assistance	\$600,000
2. Short-term Technical Assistance	\$770,000
3. Regional Workshops	\$ 65,000
4. In-country Training	\$600,000
5. Out-country Training	\$ 75,000
6. Small Grants (LSGAs)	\$150,000
7. Equipment/supplies (including medical supplies and computer hard- and software)	\$130,000
8. Contraceptive Commodities	\$ 40,000
9. Contingency	\$ 40,000
10. Evaluation	\$ 30,000

C. Socio-Economic, Technical and Environmental Description

The project paper includes appropriate technical, financial, economic, administrative, social and implementation materials prepared by AID and the United Nations Fund for Population Activities to ensure the acceptability and feasibility of the project. There are no human rights implications to the project. All governments and institutions conform strictly to AID's policies regarding abortion and informed consent in adopting family planning

methods. The project was judged to be technically sound with regard to the general activities which will then be adapted to local circumstances. Sufficient training and technical assistance are provided to enhance viability. The Bureau's Environmental Office has approved a "Categorical Exclusion" determination for the Initial Environmental Examination.

D. Implementation Plan, Conditions and Covenants

The implementation plan contained in the PP sets a realistic timeframe for carrying out project activities and for achieving the project purpose. Implementation is based on a yearly planning cycle starting in FY86 with provision made for initiating high priority activities in FY85.

Project funds will be obligated through several different mechanisms, including "add on's" to centrally procured contracts, Limited Scope Grant Agreements (LSGAs) and mission procurements. No overall conditions precedent to disbursements and covenants are necessary. After specific activities are identified, appropriate contracting modes will be identified, and conditions precedent and covenants will be specified as appropriate to each case.

The statutory checklists have been satisfactorily completed and are included as Annex F to the Project Paper.

The guidance cable following the PID ECPR recommended that the design team consider whether the proposed funding level of \$1.5 million was sufficient to accomplish the project purpose. The team determined that there was sufficient demand to warrant increase LOP funds to \$2.5 million.

The Bureau ECPR which met on July 1, 1985, under the chairmanship of Laurence Hausman AFR/PD, recommended approval of the project.

The project will be carried out in accordance with standard agency policies on family planning.

E. Responsible Of

The project design team recommends that the project be managed by the two REDSO/WCA Population Officers. Project funds will be allocated to REDSO or to the relevant missions as appropriate. The REDSO/WCA Population Officers will be assisted by the Controller and Contract Officers in REDSO. In those Mission which choose to design bilateral activities under the SPI Project, Health Officer or other officials as appropriate will be responsible for managing those sub-activities.

III. Waivers

No waivers have been requested.

IV. Justification to the Congress

A Congressional Notification (CN) was forwarded to the Congress on June 14, 1985, and the waiting period expired June 28, 1985. On June 11, 1985, the Deputy Assistant Administrator for Africa made a finding that the Determination set out in FAA Section 121(d) is not required since Sahel Development Program funds will not be made available to any of the Sahelian governments for the subject project.

VII. Recommendation

That you sign the attached Project Authorization thereby approving life-of-project funding at \$2,500,000 and a Project Assistance Completion Date of December 31, 1988.

Attachments:

- 1. Project Authorization
- 2. Project Paper

Clearances:

AFR/PD/SWAP, Satish Shah [Signature]
 AFR/DP, Hariadene Johnson [Signature]
 AFR/TR/HP, Jake van der Vlugt [Signature] 7/8/85
 AFR/TR, William Trayfors [Signature]
 S&T/POP, Steven Sinding Draft
 AFR/SWA, Dennis Chandler [Signature]
 GC/AFR, Bunyan Bryant [Signature] 7/7/85
 AFR/CONT, D. Ford Brown [Signature]
 DAA/AFR/WCA:LRichards [Signature]

Drafted by: AFT/TR/POP:NYinger:ama:06/07/87 ext:23224 1256S

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

PROJECT AUTHORIZATION

Entity: Sahel Regional
Project Name: Sahel Population Initiatives
Project Number: 625-0960

1. Pursuant to Section 121 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Sahel Population Initiatives Project for the Sahel Region, involving planned obligations of not to exceed \$2,500,000 in grant funds over a two-year period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project. Except as A.I.D. may otherwise agree in writing, the planned life of the project is three years and six months from the date of initial obligation.
2. The project will assist Sahelian countries, individually and collectively, to develop, implement and evaluate population programs in a way compatible with their cultures, resources and development objectives. The project will finance, inter alia, long and short-term technical assistance, training in policy analysis and formulation, information and education programs, commodities and small grants.
3. The project agreements which may be negotiated and executed by the officers to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate:
 - a. Source and Origin of Commodities, Nationality of Services.
 - (1) For project activities in relatively least developed countries and except as A.I.D. may otherwise agree in writing:
 - (a) Commodities financed by A.I.D. under the project shall have their source and, except for motor vehicles, their origin in the Cooperating Country or in countries included in A.I.D. Geographic Code 941.
 - (b) Motor vehicles financed by A.I.D. under the project shall have their origin in the United States.
 - (c) The suppliers of commodities or services financed by A.I.D. under the project shall have the Cooperating Country or countries included in A.I.D. Geographic Code 941 as their place of nationality.

(2) For project activities in other than relatively least developed countries and except as A.I.D. may otherwise agree in writing:

(a) Commodities financed by A.I.D. under the project shall have their source and, except for motor vehicles, their origin in the Cooperating Country or in the United States.

(b) Motor vehicles financed by A.I.D. under the project shall have their origin in the United States.

(c) Except for ocean shipping, the suppliers of commodities or services financed by A.I.D. under the project shall have the Cooperating Country or in the United States.

(d) Ocean shipping financed by A.I.D. under the project shall be financed only on flag vessels of the United States.

(3) As used herein, except as A.I.D. may otherwise agree in writing,

(a) "Cooperating Country" shall mean the cooperating country in which an A.I.D.-financed activity under the project takes place; and

(b) The "relatively least developed countries" are those cooperating countries denominated as such in A.I.D. Handbook 1, Supplement B.

b. Condition Precedent to Disbursement. Prior to any disbursement, or the issuance of any commitment documents under the project to finance local costs in a cooperating country, the responsible A.I.D. officer for that country shall have made the programming determinations required under chapter 18A1c of A.I.D. Handbook 1, Supplement B.

Date: 7-16-85

Mark S Edelman
Assistant Administrator
Bureau for Africa

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PROJECT DATA SHEET

A = Add
 C = Change
 D = Delete

Amendment Number

CODE

3

COUNTRY/ENTITY
 Sahel Regional

3. PROJECT NUMBER

325-0069

BUREAU/OFFICE
 Bureau for Africa

06

5. PROJECT TITLE (maximum 40 characters)

Sahel Population Initiatives

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 1 | 2 | 3 | 1 | 8 | 8

7. ESTIMATED DATE OF OBLIGATION
 (Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 8 | 5

B. Quarter

C. Final FY 8 | 6

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(88)	()	(1619)	(2500)	()	(2500)
(Loan)	()	()	()	()	()	()
Other U.S. 1.						
Other U.S. 2.						
Host Country						
Other Donor(s)						
TOTALS						

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) SD	440	400		0	0				
(2)									
(3)									
(4)									
TOTALS									

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

410 | 420 | 430 | 440 | 450 | 460

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code
 B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To assist the Sahel countries individually and collectively, to develop, implement and evaluate population programs in ways compatible with their cultures, resources and development objectives, as first steps to enable up to five Sahelian countries to determine appropriate longer-term bilateral or regional follow-on activities in the population sector and to supplement on-going activities in up to three Sahelian countries.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
 0 | 8 | 87 | | | 0 | 98 | 8

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

A. F. Brown

17. APPROVED BY

Signature: *Thomas P. Condon*

Title: Director, AFR/SA

Date Signed: MM DD YY
 6 | 7 | 10 | 85

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

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EXECUTIVE SUMMARY

Sahel Population Initiatives Project (625-0969)

The Sahel Population Initiatives Project (SPI) is a three-year, \$2.5 million, regional project designed to provide funds for a variety of population sector activities in the eight Sahelian countries, as follows:

- 1) promotion of policy dialogue on population issues;
- 2) training of cooperating country health personnel in family planning;
- 3) improvement in the management of population and family planning activities;
- 4) increase in the availability of family planning services; and
- 5) collection of more accurate demographic and health data.

The project purpose is to assist the Sahel countries, individually and collectively, to develop, implement and evaluate population programs in ways compatible with their cultures, resources and development objectives as first steps to enable up to five of the Sahelian countries to determine appropriate longer-term bilateral or regional follow-on activities in the population sector and to supplement on-going activities in up to three Sahelian countries. The beneficiaries of the project will be the couples who receive family planning services, government workers who receive training in the fields of family health and demography and development planners who have more accurate data on which to base their plans.

The Sahel Development Strategy Statement for FY86 stressed the need for population sector activities to help address the demand side of the food self-sufficiency equation. The project, designed to provide funds for small, short-term sub-projects, has been initiated at this time because interest in population activities is just beginning to develop in the Sahelian countries. Consequently the primary activities sponsored under the SPI Project will be long- and short-term technical assistance and in-country training. Project funds will also be used for out-of-country training, small grants, computer and medical equipment and supplies and contraceptive commodities as follows:

1. Long-term Technical Assistance	\$600,000
2. Short-term Technical Assistance	\$770,000
3. Regional Workshops	\$ 65,000
4. In-country Training	\$600,000
5. Out-of-country Training	\$ 75,000
6. Small Grants (LSGAs)	\$150,000
7. Equipment and supplies	\$130,000
8. Contraceptive Commodities	\$ 40,000
9. Contingency	\$ 40,000
10. Evaluation	\$ 30,000

Despite many similarities among the Sahelian countries, there are also differences in their levels of receptivity to family planning and in the health infrastructure base available through which to initiate family planning activities. Consequently, the SPI has been designed in a flexible way to take into account 1) these country differences and 2) the preliminary nature of most population activities in the Sahel. The project will be implemented based on yearly workplans prepared by the Missions and sub-projects will be funded either through add-ons to S&T/POP centrally-funded, world-wide projects; Limited Scope Grant Agreements (LSGAs); or individually negotiated contracts. The design team for the SPI project visited most of the Sahelian countries and prepared, in consultation with USAID staffs and host country public and private officials, illustrative workplans to serve as models for future years of the project.

Project management will be handled out of REDSO/WCA. The two regional Population Officers will, among other things, advise Missions on their yearly plans, prepare PIO/Ts as needed for the S&T/POP buy-ins, provide technical assistance to the Mission, and arrange for regional activities and project evaluations. Individual Missions will be able to choose between having SPI funds allocated directly to them for sub-projects they wish to monitor closely and having REDSO/WCA allocate funds on their behalf for sub-projects they want to have in their countries. This is an important choice for the Missions because some have and some do not have in-house technical expertise in population sector activities.

In general terms the Sahelian countries can be grouped into four categories with respect to their need for funds from the SPI Project: 1) countries just beginning population sector work but which have little or no health infrastructure, relatively large populations and the need to lay the foundation for future bilateral activities; 2) countries which have conducted some modest population sector work in the past and which have the foundations of a health network but which also have small populations and main program foci outside health and population; 3) countries with focused population bilateral projects which may identify valuable SPI sub-projects outside the scope of those bilaterals; and 4) countries which at this time are not prepared to undertake any sub-projects under the SPI Project. By the end of the project it is hoped that countries in the first category will have laid the groundwork for bilateral population projects by creating a broader base of support for family planning both among officials and the public and by having tested and evaluated different approaches to family planning service delivery. The countries in this category include Niger and Chad. For countries in the second category, the Gambia and Mauritania, the SPI project should have contributed to improved management of existing

services and an enhanced access to family planning services for the couples living in those countries. For the third category of countries, in particular Mali and Burkina Faso, SPI activities will not be as extensive as in countries in the previous categories, but it is hoped that project activities will address needs that fall outside the purviews of the bilateral projects. Two countries fall in the fourth category but for different reasons: Cape Verde and Senegal. The Mission in Cape Verde does not want to initiate any population activities at this time--their AID program is very small and focused on agriculture. Senegal, on the other hand, has just developed an extensive bilateral population project which the Mission feels covers their needs in the population sector during the life of the SPI project.

The Project design team consisted of Dr. Sarah Clark, Population Officer, REDSO/WCA; Mr. John Burdick, Population Advisor, S&T/POP/OCS; Dr. Nancy Yinger, Economist/Demographer, AFR/TR/POP; and Ms. Leslie Curtin, Population Officer, USAID/Ouagadougou.

List of Acronyms

ABBEF	Asociation de Burkina pour Bien-etre Familiale
BUCEN	U.S. Bureau of the Census
CBR	Crude Birth Rate
CDC	Center for Disease Control
CDR	Crude Death Rate
CILSS	Comite Intreetat pour la Lutte Contre La Secheresse du Sahel
FHI	Family Health Initiatives Project
FPIA	Family Planning International Assistance Program
FPSD	Family Health Development Surveys Project
GFPA	Gambia Family Planning Association
GIRM	Government of the Islamic Republic of Mauritania
GNP/PC	Per Capita Gross National Product
GOB	Government of Burkina Faso
GOM	Government of Mali
GOTG	Government of the Gambia
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
INPLAN	Integrated Population and Development Planning Project
INTRAH	International Training in Health Project
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAP	(Contraceptive) Knowledge, Attitude, and Practice Survey
LSGA	Limited Scope Grant Agreement
MCH/FP	Maternal and Child Health/Family Planning
MOH	Ministry of Health
MOSW	Ministry of Social Works
NERP	Near East Regional Population Project
PCS	Population Communication Services Program
PRB	Population Reference Bureau
RAPID	Resources for Awareness of Population Impact on Development
REDSO/WCA	Regional Economic Development Services Office/ West and Central Africa
SDP	Sahel Development Program
SDSS	Sahel Development Strategy Statement
SPI	Sahel Population Initiatives Project
S&T/POP	Bureau of Science and Technology, Office of Population
TBD	To be Determined
TFR	Total Fertility Rate
UNFPA	United Nations Fund for Population Activity

I. PROJECT RATIONALE

A. Project Rationale

Although awareness of the implications of rapid population growth on socio-economic development increased worldwide over the past two decades, the 8 countries of the Sahel had, until recently, demonstrated little interest in adopting policies and implementing activities to reduce fertility and slow their rates of natural population growth. Population issues, particularly family planning or any hint of "population control," had been regarded as highly sensitive and beyond the purview of governments or foreign donor agencies. On the surface, the Sahelian reluctance to address population issues sprang from perceptions about the mortality effects of a cyclically harsh climate, the overall low population density, the cultural preference for large families, and the need for relatively larger populations to serve as political bases.

Within the past few years, however, the reluctance to deal with population issues has begun to erode for several reasons. Sahelian governments are now beginning to realize that some of these perceptions were misinterpretations about the relationship between population growth and development problems, particularly high infant and child mortality and food shortages. Over the past few years there has been increasing evidence from the Sahel that those countries--all of which are in serious economic straits--are beginning to recognize that the population/ development equation is becoming badly skewed and/or that birth spacing is beneficial for the welfare of mothers and children. For example, in February 1985, President Kountche of Niger delivered, for the first time, a strong pro-family planning speech at an AID-funded population and development seminar.

In addition USAIDs, in the past disinclined to discuss population issues with Sahelian governments or to entertain more than the most modest of population-related activities, have now highlighted the continuing need for greater emphasis on family planning in the Sahel. Senegal, for example, has an on-going bilateral family planning project which is about to enter its second phase, and both Mali and Burkina Faso have bilateral population projects under development. AID is in a strong technical position to begin addressing the population sector in the Sahel because of the variety of projects available from the Science and Technology Bureau's Office of Population. The Sahel Population Initiatives (SPI) Project can buy into already existing S&T projects and thus provide well-designed and yet rapid assistance.

Finally, the design team for this project, which visited most of the countries in the Sahel, found that the socio-cultural sensitivity issue, formerly considered to be overriding, has now dissipated to the point where it no longer presents an impediment. Even in those one or two countries where officials still refer to such sensitivity, they are quick to acknowledge that it is of little consequence as compared to the enormity of the overall population issue. This view was perhaps best expressed by a Mauritanian official who, when mentioning that population issues were still sensitive in his country, immediately added that the important thing was to move ahead while paying close attention to both the packaging and the contents of any population/family planning activities to be designed.

Because the Sahel officials with whom the team talked did express a need to move ahead on the population front and because the Sahelian USAIDs expressed a willingness to begin addressing that need, the Sahel Population Initiatives (SPI) project described in this Project Paper has been designed as a quick, flexible mechanism to make available to the countries of the Sahel, through USAIDs and REDSO/WCA, resources for small-scale, innovative population activities. It has been designed to be responsive to Mission and country needs and priorities while at the same time adding minimum management burdens to USAIDs.

B. Relationship to AID Policy

The SPI project addresses the four priority emphases of the Agency: policy dialogue, institutional development, technology transfer and the use of the private sector. The SPI Project encourages achievement of these policy objectives through a balanced mix of activities. First, the project intends to assist Sahelian countries to formulate or strengthen population policies and to assist them in reviewing legislation affecting family planning service delivery. Second, the project will build or strengthen host countries' public and private institutions by providing short- and long-term training for development planners and service delivery personnel. Technology transfers, such as the supply of basic medical equipment and contraceptive commodities will also reinforce the host countries' infrastructure. Finally, the project will investigate ways to encourage the use of the private sector as a channel to increase the delivery of safe, effective and voluntary contraceptives in the Sahel. Increased access to contraceptive services and education will enhance the freedom of individuals in the Sahelian countries to choose voluntarily the number and spacing of their children--one of the basic objectives of the Agency Population Assistance Policy.

A second objective of the Agency Population Assistance Policy is to encourage rates of population growth consistent with the growth

of economic progress and productivity. The SPI Project will increase development planners' understanding of the impact of population growth on economic development, and will assist Sahelian countries to develop appropriate programs to reduce their population growth rates.

C. Consistency with SDSS Objectives

The FY86 Sahel Development Strategy Statement (SDSS) highlighted the necessity of reducing population growth in order to achieve the objectives stated in the Sahel Development Program (SDP). The goal of the SDP is to achieve food self-reliance under conditions of sustained economic growth in a restored and stabilized environment. The SDP recognizes the importance of population and family planning programs in addressing the demand side of that food sufficiency objective. The SDSS emphasizes the need to work in close collaboration with selected governments and private organizations to develop country-specific strategies to develop, implement and evaluate population programs in the Sahel. The SPI project responds to this need.

Regional efforts in the Sahel such as the SPI Project are appropriate when they respond to the common needs and shared elements of member states. The countries of the Sahel do share characteristics which shape their approaches to family planning:

- cultural support for large family size; and large desired family size;

- traditional support for and traditional methods of childspacing;

- low female literacy and low status of women;

- low levels of knowledge about reproductive processes;

- low levels of contraceptive practice;

- weak health infrastructure.

The region is further woven together by economic links, by heavy dependency on donor support, by similar demographic profiles of the population, and by migratory movements. Countries have limited opportunities for increasing resources and are therefore facing the same dire economic prospects under continued drought conditions. All of these elements taken together with AID's own experience with regional projects in the Sahel, the existing links among the countries, and the flexibility of the project mechanism to accommodate to local variations provide the flexibility to proceed.

D. Previous AID sponsored activities in the Sahel

Given the relatively new-found interest in population activities in the Sahel, it is not surprising that to date few AID resources have been expended for either family planning service delivery or for basic population data collection. In the past Sahel missions participated in several S&T/POP centrally-funded projects. However, the one Sahelian country with an on-going bilateral population project--Senegal--has made the most use of S&T/POP resources (some 13 sub-projects in the past 6 years covering the range of possible activities from RAPID presentations, training, operations research and contraceptive supply) and the two countries with bilateral projects under development, Mali and Burkina Faso, have made moderate use of S&T/POP funds again covering a wide range of population activities (11 and 5 sub-projects respectively). Of the others Chad has had only one S&T/POP funded activity, a RAPID presentation; the Gambia has had three including training and contraceptive supply, Mauritania has had one, a training project; Niger has had only a RAPID presentation; and no population activities have been carried out in Cape Verde. Thus there is a crucial need to direct more resources for population activities to the Sahel, and hopefully SPI will begin that process.

E. AID Experience with Similar Projects in Other Regions

The scope of the SPI project is similar to that of the existing Africa Bureau Regional Affairs Family Health International (FHI) project (698-0662) which has, since 1980, supported sub-projects in 22 African countries, 5 of which are in the Sahel. While the majority of the sub-projects have been for training, they have also included contraceptive prevalence surveys and procurement of commodities. Although similar in scope, the FHI and SPI projects will differ in their implementation. The FHI project requires a great deal of management time both in those USAIDs which choose to take advantage of it and in AID/W because each sub-project must be approved on the basis of a PID-like document. In order to alleviate some of that management burden, the SPI project has been designed along somewhat similar lines to the Near East Regional Population (NERP) project ((298-0048). Rather than require a PID-like document for each sub-project, the Near East Regional Population Project has three mechanisms for obligating funds: 1) through PIOs, 2) through S&T/POP buy-ins (PIO/Ts) and 3) through provision of financial data to Missions for obligation. FY85 is the third year of operation of the NERP Project which has so far proved to be a flexible, relatively simple way of directing funds to much needed population activities.

F. Relationship to Other Donor Activities

The United Nations Fund for Population Activities (UNFPA) is the only other donor active in the field of population in the Sahelian countries. For many years, population activities funded by UNFPA were limited to the collection and analysis of demographic data. Recently, however, activities have been more focused on family planning. Country backstopping for UNFPA is provided out of regional offices in Ouagadougou (Burkina Faso, Chad, Mali, Mauritania, Niger) and Dakar (Cape Verde, Gambia, Senegal). Program levels and areas for 1983 are shown in Table 1. Any sub-projects carried out through SPI need to take UNFPA activities into account to maximize efficient use of resources.

In the early 1970's in Burkina Faso, the UNFPA provided assistance to the GOB for its first national population census (1975) and has recently approved a \$1 million project to assist the GOB with the 1985 National Population Census. The UNFPA has reinforced the capability of the Ministry of Health (MOH) to deliver MCH/FP services through programs to train midwives, traditional birth attendants, and other health personnel, and has refurbished MCH centers throughout the country. Finally, UNFPA has assisted the Ministry of Education in implementing formal and non-formal sex education programs to improve family and community life.

In Cape Verde, the UNFPA contributed substantially to the conduct of the 1978 census. Through UNICEF, UNFPA has provided contraceptives to a Swedish-funded MCH/FP program. In addition, funds are programmed for the improvement of family life education.

In Chad, no specific UNFPA activities have been undertaken to date. However, a long-postponed needs assessment mission took place in February 1985 with the result that a project for \$700,000 in the field of MCH/FP was drawn up and submitted to the Governing Council for approval. There have been no demographic data collection activities, UNFPA-funded or otherwise, since the mid-sixties.

In the Gambia, the UNFPA undertook a needs assessment in 1978. Following the recommendations of the needs assessment mission, a \$2,500,000 comprehensive program for population was approved. This included support for MCH/FP for approximately \$1,500,000 and other activities including family life education and support for the Census.

Also in 1978, a population needs assessment was held in Mali. As a result, a comprehensive program was developed in population. Activities included: continued support and assistance in the collection and analysis of the 1976 census data, followed up by

the establishment of a population and planning unit in the Ministry of Plan (now functional); support to the GOM MCH/FP program to expand family planning services; support to a national conference on population and development; a UNESCO project on population information, and some women's projects.

Again in 1978, The UNFPA carried out a population needs assessment in Mauritania, on the basis of which a four-year, \$5,000,000 project was developed. Included in the project were support for a survey under the World Fertility Survey program which was successfully carried out in 1982 and from which preliminary data are now available. Support was also directed to the establishment of a demographic data center which is now functional and will support the MCH/FP program in a project implemented by WHO.

As a result of a comprehensive needs assessment carried out in Niger in 1979, the UNFPA has contributed substantially to the most recent census and the analysis of other demographic data. Through UNFPA funding the Government of Niger constructed a national Family Health Center located in Niamey which was opened in December 1984. The UNFPA will continue to provide support for the Center's program in the upcoming years. The UNFPA is also expecting implementation to begin soon on an awareness raising project within collectively organized communities.

As is shown in Table 1, Senegal has received large-scale UNFPA funding. That funding has gone primarily into an integrated family health service delivery project. In addition, the UNFPA has provided substantial support for the census of Senegal and a major study implemented by the ILO of land use (through the Amenagement du Territoire) to establish a population distribution policy. United Nations funding has created a population and development unit which has served as the secretariat to the National Commission of Population (CONAPOP). This structure has promoted the articulation of a population policy. There is also a UNESCO-implemented project for population communications.

Regional Activities: There are no UNFPA-funded Sahel regional activities per se. However, the UNFPA has participated in the funding of the Demographic Data project for the Sahel, based at the Institute of the Sahel in Bamako. This project has received the bulk of its funding from USAID and its goal is to make demographic data more widely available for planners. Major activities have included the further analysis of available census data, training, collection and analysis of infant mortality data, and regional seminars. The UNFPA has also contributed to activities which benefit all of francophone Africa such as the support to the IFORD demographic training center in Yaounde.

Table 1:
Other Donor Activities

<u>Country</u>	<u>UNFPA</u>			
	<u>World Bank*</u>	<u>IPPF**</u>	<u>Program Dollar Level 1983***</u>	<u>Program Emphasis****</u>
Burkina Faso	2	Yes	Medium	All
Cape Verde	4		Low	a,b,e
Chad	5		None	None
Gambia	4	Yes	Low	a,b,d
Mali	1	Yes	Medium	a,b,c,d
Mauritania	5		Medium	a,b
Niger	3		Medium	a,d,e
Senegal	1	Yes	High	a,b,c,d

- * 1 - Projects Under Implementation
 2 - Projects Under Development (after appraisal)
 3 - Projects Under Appraisal
 4 - Sector Work (pre-appraisal)
 5 - No World Bank projects (sector appraisal scheduled for 1985)
 5 - Status Unknown

** Affiliates as of 1980 (most recent date available).

*** High - More than \$1,000,000
 Medium - \$500,000 to \$1,000,000
 Low - Less than \$500,000

**** Programs in the following subject matter:

- a - MCH/FP Service Delivery
- b - Demography
- c - Policy Development
- d - Training, IEC
- e - Comprehensive

II. PROJECT DESCRIPTION

A. Project Goal

The goal of this project is to improve the well-being of individuals living in the Sahel region by helping them to bring their rates of population growth into balance with their resources and rates of economic growth.

B. Project Purpose

The purpose of the project is to assist the Sahel countries, individually and collectively, to develop, implement, and evaluate population programs in ways compatible with their cultures, resources and development objectives as first steps to enable up to five of the Sahelian countries to determine appropriate longer-term bilateral or regional follow-on activities in the population sector and to supplement ongoing activities in up to three Sahelian countries.

C. Project Activities

The SPI Project has been designed to initiate population and family planning activities in those Sahelian countries which do not currently have bilateral programs in the population sector and to provide funds for complementary activities in those countries which do have such bilateral programs either on-going or under design. The project will consider financing a wide range of activities relating to population and family health including technical assistance, policy analysis and formulation, short-term training, information and education programs, delivery of contraceptive services, provision of family planning supplies or equipment, assistance in developing or upgrading indigenous management capabilities on a cost-effective basis, assistance to or through the private sector and support for the collection and analysis of census and other data collection activities.

Within the scope of the activities listed above, the highest priority should be placed on those which enhance the delivery of family planning services. The exact definition of those activities in any given country will depend on the extent to which a health service network already exists, the official and sociological climate toward family planning activities, and any previous population sector activities which have taken place. In general terms the Sahelian countries can be grouped into four categories with respect to their need for funds from the SPI Project: 1) countries just beginning population sector work but which have little or no health infrastructure, relatively large populations and the need to lay the foundation for future bilateral activities; 2) countries which have conducted some

modest population sector work in the past and which have the foundations of a health network but which also have small populations and main program foci outside health and population; 3) countries with focused population bilateral projects which may identify valuable SPI sub-projects outside the scope of those bilaterals; and 4) countries which at this time are not prepared to undertake any population sector work through the SPI Project. Individual USAIDs and their host country counterparts will need to assess the situations in their countries and map out a series of connected sub-projects. The goal is to use SPI funds for a coherent pattern of activities aimed at identified targets rather than for piecemeal and unrelated population projects. (As outlined in Section III.A. below, USAIDs will prepare yearly plans, with REDSO/WCA technical input, to fit within that goal of the SPI Project.)

The project design team prepared hypothetical plans for six of the eight Sahelian countries according to needs expressed in each country. Senegal and Cape Verde are not included for reasons described below. (See Annex A for summary tables of these activities.) However, it should be noted that the activities described in this section are illustrative and that by the end of the project, the profile of these activities will have changed considerably depending on the availability of funding from other sources, other specific activities which are identified in the annual work plans, and the pace at which population activities take off.

For Chad and Niger, SPI activities in total will constitute "quasi" bilateral projects and the activities proposed for them under SPI are relatively large. (See Section IV.B. below for additional details on the illustrative plan budgets.) For the Gambia and Mauritania, two small countries where population activities are outside the main focus of the USAIDs' programs, SPI activities will be complementary to on-going strategies and will be available to the extent the Missions want to take advantage of them. The proposed plans for these two countries are composed mainly of smaller sub-activities and buy-ins. SPI activities will be supplementary to bilateral activities in Mali and Burkina Faso. There are no illustrative sub-projects outlined at this time for Cape Verde or Senegal, but for different reasons: In Senegal, the bilateral project is inclusive, and Cape Verde is not yet ready to begin population activities. Following are detailed outlines of the illustrative country plans.

Burkina Faso. As stated previously, USAID/Burkina plans to develop a three year bilateral population project in early FY1986. The activities described below fall outside the purview of the bilateral project. As the bilateral project gets underway, activities supported under the SPI Project will supplement

on-going activities and prepare the groundwork for a possible Phase II bilateral project.

The GOB has identified the need to educate youth in reproductive health care and family welfare. Under the SPI project, a series of seminars, addressed to adolescent males and females, are proposed to discuss such issues as premarital sex, family planning, and sexually transmitted diseases.

At the present time, population and family planning activities are being developed and implemented by several different ministries, by two branches of an IPPF Family Planning Association, and by two natural family planning organizations. Keeping abreast of program developments is already difficult, and will become more difficult as program activities expand during the next several years. An SPI-funded family planning information clearinghouse (which might be managed by the Ministry of Social Welfare, the FPA, a local women's association, or the National Population Council) could serve as a useful reference center to GOB planning officials, health personnel, and program acceptors. The clearinghouse could also publish a monthly newsletter to summarize information from implementing agencies and donors regarding planned activities, program accomplishments, technological developments, and special interest topics, etc. Such a publication would stimulate a useful communication exchange among the GOB, NGOs, the donor community, and interested program beneficiaries.

Several in-country training workshops could be sponsored to sensitize provincial health directors on family planning issues. In addition, two workshops on Sexually Transmitted Diseases are proposed for the faculty of the National School of Public Health.

In the early stages of the bilateral project, service delivery will be concentrated in government-operated urban MCH clinics and will expand into certain rural areas gradually. As the GOB becomes more experienced and confident in delivering family planning services, it may wish to expand service delivery through private sector channels, such as Private Voluntary Organizations and village pharmacies. The SPI project could support this effort by supplying contraceptive commodities to the PVOs and by evaluating service delivery effectiveness.

Due to personnel constraints in USAID/Burkina, a population liaison officer or project manager would be needed to monitor the development and implementation of SPI project activities. This person could be hired locally to minimize administrative overhead.

Cape Verde. There are no SPI project activities proposed for Cape Verde. At the present time, the very limited mission staff is focused on agricultural activities. However, there are serious

imbalances between resource development and population growth in Cape Verde, and if the Mission wants to work on the demand side of that imbalance in future years, then their ideas for population sector work could be included.

Chad. Almost everything is needed in Chad. SPI will hopefully fund activities which, taken with centrally-funded projects, will form a quasi-bilateral activity. Proposed as a primary activity is the establishment of a population liaison officer to reinforce the management capabilities of the host country and to assume appropriate mission involvement and control. The population contractor can then assist the Mission to draw upon centrally-funded contractors to provide contraceptives to meet existing but unknown demand. Under the SPI project, pilot studies can be initiated to test alternatives to the government MCH clinics and hospitals for the delivery of contraceptives. The project will also sponsor the training of auxiliary health workers (following up on initial efforts by the INTRAH project).

The needs for data on every subject are enormous and overwhelming. Chad is one of the few countries which has not yet carried out a population census. If a census can actually be carried out, the SPI project could fund some preliminary planning activities. In addition, SPI could fund the collection of demographic data through surveys, not nationwide in scope, but of N'Djamena and other representative areas. The SPI could fund activities to elicit current knowledge and practice of contraception.

Chad has not yet reformed its contraceptive distribution code. It is therefore a likely candidate to participate in a regional activity to review the law concerning contraception.

The Gambia. Although USAID/Banjul is a small Mission whose priorities lie in the area of agricultural production, several population activities were identified for potential support under SPI. The Mission has in-house project management capability, but expressed the need for active technical support from REDSO, particularly to identify feasible SPI sub-projects in future years.

The Government of the Gambia (GOTG) adopted an official population policy in 1981 which calls for reducing the rate of population growth to be consistent with the rate of economic growth. The 1980-81 five-year plan recommended that family planning be integrated into the MCH program, but to date there has been little family planning service delivery through the MOH. The GOTG is eager to launch such activities through Village Development Committees. There are several areas within the service delivery framework where SPI could participate.

a) Contraceptive logistics and supply. A lack of long-term planning and lack of coordination among donors were identified as problem areas. SPI could provide training in planning, supply, and management.

b) Evaluation of training materials. Paramedical and auxiliary health personnel have been trained through the INTRAH project. An evaluation of the existing training modules, rather than additional training of trainers, would be most useful for the program at this point.

c) Assistance to the Gambia Family Planning Association. The Gambia Family Planning Association is the major source of family planning services, and it is interested in expanding services to the rural areas. Given the difficulties in getting support for recurrent costs, one priority is resource development to insure the self-sufficiency of the program. Other needs for GFPA include management training and assistance in the collection and evaluation of service statistics.

In addition to the service delivery activities, the GOTG has requested assistance in its population/development planning: training for statisticians at the US Bureau of the Census; funding for special studies from the 1983 census; and micro-computer software and supplies.

Mali. In Mali, the SPI project will provide support only for activities not included in its bilateral MCH/FP project currently under design. Very appropriately, Ministry of Health and Mission health personnel are focussing their efforts on the design and early stages of implementation of this project. There are not, therefore, specific project ideas at this point in the family planning field. It is possible, however, to imagine that, as the bilateral project progresses, certain sub-projects, particularly ones with organizations outside the government sector, may be identified--pilot studies of community based distribution for example. If, in future years, such activities are identified and included in the annual work plan, the project is flexible enough to incorporate them.

The mission has, however, identified a complementary activity in the data field: the collection of KAP and family planning baseline data. If a satisfactory proposal is developed, this activity could be funded under the project.

Mauritania. The Government of the Islamic Republic of Mauritania (GIRM) has produced a draft health sector plan which includes child spacing within the context of the MCH program. The Ministry of Health (MOH) is interested in implementing such a program, and support could be provided under SPI to complement UNFPA service

delivery activities. (See Section I.F. above for a description of UNFPA assistance). MOH is particularly eager to renovate and equip a center in Nouakchott to deal with reproductive health: sexually transmitted diseases, infertility, high risk pregnancies, and birth spacing. The SPI project could provide equipment, medical and para-medical training and funds for renovation.

The GIRM also identified a need for support to pursue analyses of World Fertility Survey data. The SPI assistance could include technical assistance in the design of such analyses, micro-computer software, supplies, and training. A RAPID presentation could also be designed to assist GIRM in population and development planning.

Niger. The design of the SPI project is well suited to provide speedy follow-up to the recent expression of interest in family planning at the highest levels of government in Niger. SPI could well provide a needed funding boost to centrally-funded activities and lay the foundation for a bilateral project, hopefully as soon as 1988. As such the proposed SPI activities together form a composite quasi-bilateral project in which project ideas can be initiated and assessed on a small scale. Among the possible activities are the provision of a population liaison contractor to serve as an advisor working with the government of Niger and the USAID mission to provide a strong technical and management overview and other activities discussed herein.

Additional funding for Columbia University to continue its long- and short-term technical assistance to the Family Health Center for operations research projects, funding for training of paramedical health personnel and technical assistance (along with other donors) to the 1987 census are other possible project activities.

Senegal. There are no proposed SPI activities in Senegal. At the present time, Senegal is the farthest advanced in family planning of the countries in the Sahel region. A second phase project, including MCH/FP, and demographic data is currently being developed. It is a seven year, \$27 million project and taken with other donor investments, should cover Senegal's needs in the population field. Nonetheless, should additional priority activities develop in future years, the project will consider them.

Regional Projects. Three activities have been identified which will address needs in more than one of the Sahel countries and which could benefit from sharing experiences between countries at different levels. These activities have been identified as follows:

Population Law Review: The SPI Project will provide

additional funding to Columbia Law and Population project to conduct a seminar on the status of laws affecting access to contraception among the six countries which still operate under the old French colonial law banning the sale of contraceptives. (Senegal and Burkina Faso have already taken steps to repeal these earlier laws.) In addition, some technical assistance will be provided through Columbia University to help countries prepare their statements and to follow-up on the implementation of their proposed changes. Both Chad and Niger have explicitly requested such assistance. A related topic is that of medical practices and requirements for dispensing contraception, which could be the focus of another regional seminar if funding were available.

Contraceptive Logistics: Each of the countries except Senegal could profit from a short-term contraceptive logistics workshop with participation by FPIA or CDC. Each country could provide one or two persons from the public sector and one person from a private association. Since none of the programs are big, this would be a cost-effective means of addressing logistics issues.

Study tour: Following the recent highly successful study-tour to Morocco and Egypt by Islamic leaders from Senegal, it was thought that such leaders from the other countries might become more favorably inclined to family planning programs when they realized that successful family planning programs are consistent with the tenets of Islam.

III. IMPLEMENTATION PLAN

A. Mission Preparation of Yearly Workplans

The kinds of sub-projects to be funded under the SPI, as outlined above, are for the most part small, short-term activities. Because population sector work is just beginning in the Sahel, such a series of small interventions is, technically, the most appropriate way to proceed. Within the flexible framework of SPI, however, USAIDs and host country governments are expected to make use of the funds in a targeted fashion, taking into account the particular stage of each country as described in Section II.C. above. Accordingly each Mission will prepare a yearly plan outlining how they propose to take advantage of the SPI Project. This yearly plan should include not just specific sub-project ideas but also a general operating framework and goals. For example in those countries where population activities are just being initiated, USAIDs should justify the steps chosen to be carried out first. In those countries which are ready to move forward more actively on the service delivery front, the yearly plans should outline broad service targets. And finally in countries with bilateral population projects, the role of any

proposed SPI sub-projects in enhancing overall progress in the population sector will need to be justified.

Because preparing such a yearly plan may be beyond the technical capacity of some of the Sahelian USAIDs, the SPI Project includes a major technical and managerial role for REDSO/WCA (described in more detail in Section III.B. below). Accordingly, both the Sahel Population Officer and the Regional Population Officer (with back-up as needed by AFR/TR/POP and S&T/POP) will be available to assist Missions in preparing their yearly plans. To insure adequate time for preparation and review of the plans, SPI planning cycle will follow the timeframe outlined on the following chart:

<u>Deadline</u>	<u>Action</u>
Aug 1	Cable Requesting Preparation of Annual Workplan
Mid-Sept	Estimate of REDSO needs to develop workplan presented at Scheduling conference
<u>OR</u>	Draft workplan available for review with Population officers at scheduling conference
Nov 15	Submission of workplans
Nov	REDSO review of workplans; request AFR/SWA to make budgetary allowances accordingly
Dec-July	Obligation of project funds by either REDSO or USAID Missions

The planning cycle for FY86 will begin in August 1985. Two or three days before the September scheduling conference in REDSO/WCA, the population officers will meet with officers from those Sahelian USAID offices who are interested in taking advantage of SPI to explain how to best make use of the project's various obligation modes (described in Section C below), to outline in more detail what kinds of sub-projects can be supported under the various S&T/POP programs, and to review or help Missions prepare their FY1986 yearly plans.

The planning cycle for FY87 will focus not only on the yearly plans but also serve as a management review of the project. The management review will examine both whether the project is being fully utilized and whether the inevitable increase in management time created by SPI sub-project activities is acceptable to Sahelian USAIDs. The management review will also set the stage for a project evaluation toward the middle of FY87, discussed in more detail in Section V. below.

B. Management and Allocation by REDSO

In addition to technical assistance in the preparation of the yearly plans, most of the technical and financial management of the SPI Project will take place in REDSO/WCA. The REDSO input will include, but not necessarily be limited to, carrying out needed project actions, for example drafting PIOs on behalf of the USAIDs, carrying out management reviews and arranging outside evaluations, monitoring regional activities and reviewing commodity procurement plans and determining most appropriate procurement procedures for specific items.

C. Obligation Modes

Although the SPI Project will be managed out of REDSO/WCA, Missions will be able to choose the extent to which REDSO will be involved in their individual country activities. This flexibility is built into the project not only via the availability of REDSO technical assistance, but also by providing several different obligation modes, as indicated below:

A--Mission or REDSO add-ons ("buy-ins") to on going S&T/POP centrally-funded activities. These will be accomplished through PIO/Ts which outline Mission or REDSO requirements from the centrally-funded projects but do not change the scopes of work from those originally competed in the already approved activity. (Most S&T/POP activities have been designed with ceilings high enough to accommodate the add-ons planned under this project.)

B--Mission or REDSO direct procurements. Missions will prepare and sign Limited Scope Grant Agreements (LSGAs), and REDSO and/or USAIDs will prepare and sign Cooperative Agreements or Contracts, as appropriate, for sub-activities under this project and depending on Missions' preferences as to the extent of REDSO involvement in project management.

C--Regional activities funded and managed by REDSO. Three regional activities have been identified in the SPI project design for which REDSO management is appropriate and necessary. These are (1) a regional logistics training seminar and follow-up technical assistance in selected countries; (2) a regional population law and development seminar and follow-up with technical assistance in selected countries; and (3) a study tour for selected Sahelian leaders to countries outside the region which have successful population/family planning programs. REDSO will manage these activities and will obligate funds for them on an individual basis either through an S&T/POP centrally-funded "buy-in" or through direct negotiations.

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IV. FINANCIAL MANAGEMENT

A. Financial Plan

This three year project will be funded through the Sahel Development account with a total of \$2.5 million and with partition of funds for regional and country specific activities based on the submission of annual workplans as described above. These work plans will be reviewed by REDSO population officers and based upon their technical recommendations, the funds will be earmarked by country for project activities. Project funds will then be allocated in two ways. Most of the funds will be allocated directly to REDSO. These funds will cover regional activities, funding for central project add-ons and activities in Sahelian countries which do not have controllers or which prefer to have REDSO obligate funds for specific population activities in their countries. All contracting and financial management functions will be exercised by REDSO in this case. For missions which prefer to obligate their own funds, with REDSO concurrence, an allotment will be made directly to the mission for obligation. In that case, all contracting, compliance and controller functions will be retained by the mission itself.

The Project will be authorized in FY1985. The first yearly cycle will begin in August 1985 to describe activities to be undertaken in FY86. However, \$881,000 will be obligated in FY85 to several high priority areas identified during the design team visits. These will include a \$450,000 buy-in to the INTRAH project for the training needs identified in several of the Sahelian counties, a \$120,000 buy-in to the JHPIEGO project or the Pathfinder Fund to address medical technical assistance and equipment needs in countries setting up family planning clinics and \$312,000, obligated through an LSGA in Niger, to provide a long-term population liaison officer who will help design and organize Niger's new population strategy.

It is not anticipated that any funds for SPI sub-projects will be dispersed directly by host country government institutions. If any sub-projects are so designed, then the financial accountability and reporting requirements as spelled out in section 121D of the Foreign Assistance Act will have to be fulfilled.

For all the Sahelian countries, the issue of recurrent costs is critical. After paying personnel and other basic costs, Ministries of Health have little left in their budgets for new programs like family planning. Since SPI has been designed to be a series of small, short-term interventions, no major additional recurrent cost burdens are anticipated because of this project. Host country contributions will derive from the public and private

staff time devoted to SPI activities in each country.

B. Project Budget

Tables 2 through 4 present a budgetary breakdown of the illustrative projects described in Section II.A. above and listed in Annex A. The numbers presented here are not derived from specific proposals but are instead estimates derived from the design team's past experience with similar projects. The hypothetical budgetary breakdown by country closely follows the discussion of the role SPI can play in each of the eight Sahelian countries as outlined in the project description section: The illustrative country plan budgets for Chad and Niger are relatively large; for the Gambia and Mauritania the proposed budgets are composed mainly of smaller sub-activities and buy-ins; since SPI activities will be supplementary to bilateral activities in Mali and Burkina Faso their budgets are smaller; and finally, as mentioned earlier, there are no proposed project activities at this time for Cape Verde and Senegal.

All the proposed sub-projects have been ranked according to priority. The high priority projects, as defined by the host countries and USAIDs, total \$2.4 million over the life of the project. These activities are composed of technical assistance, short-term training and LSGAs aimed at improving both understanding of population issues and the flow of family planning services. The low priority items which together total \$.8 million mainly consist of data collection projects which though important for the overall development of the Sahelian population sector are of a lower priority in terms of meeting SPI's main goal of getting services to the people. The low priority items are included as examples of areas into which the project could expand if more funding is made available in the future.

Table 2 shows the functional breakdown of SPI project funds. The \$600,000 for Long-term Technical Assistance is, as described in the illustrative country activities above, to provide three population liaison officers to Chad, Niger and Burkina Faso to help initiate and coordinate population sector activities including LSGA-funded projects, S&T/POP buy-ins and other donor activities. The funds for Short-term Technical Assistance along with those for In-country and Out-of-country Training, will be used, for the most part, for S&T/POP buy-ins. All training sponsored under SPI will follow the guidelines spelled out in AID Handbook 10. Small grants arranged through LSGAs provide USAIDs with the opportunity to fund small innovative research and service delivery activities individually tailored to country needs. The Equipment and Supplies category includes both medical equipment to help stock family health clinics, as needed, and computer hardware and software to improve the analysis of demographic data and

MCH/FP clinic user statistics. SPI does not include a large category for contraceptive commodities because the global procurement and distribution system managed by S&T/POP is well-established and available to the countries in the Sahel once their programs get under way.

Table 3 highlights the budget breakdown by function and proposed S&T/POP project for potential buy-ins. (See Annex B for a description of these S&T/POP projects.) Most of the activities are focused in training, management assistance and service delivery. (Data collection and studies is a large category but is dominated by the one sub-activity identified by Mali--a \$300,000 nationwide, determinants of fertility study.) Training and management assistance are essential bases to lay before designing service delivery systems and are emphasized in Niger and Chad. Officials in both Mauritania and the Gambia, while recognizing the importance of on-going training activities, felt that their training needs had been at least partially fulfilled and that it was more important to move ahead on service delivery. Consequently the proposed budgets for these two countries focus on service delivery. Neither the Sahelian officials nor USAID staffs stressed IEC or operations research at this point in their population programs. These areas will have to be developed in follow-on projects.

Table 2
Budget Breakdown by Function

1. Long-term Technical Assistance	\$600,000
2. Short-term Technical Assistance	\$770,000
3. Regional Workshops	\$ 65,000
4. In-country Training	\$600,000
5. Out-of-country Training	\$ 75,000
6. Small Grants (LSGAs)	\$150,000
7. Equipment and supplies	\$130,000
8. Contraceptive Commodities	\$ 40,000
9. Contingency	\$ 40,000
10. Evaluation	\$ 30,000

Table 3:
ILLUSTRATIVE PROJECT BUDGET BY COUNTRY AND PRIORITY

(In U.S.\$ '000)

	<u>Total</u>	<u>Priority</u>	
		<u>High</u>	<u>Low</u>
All	3209	2425	784
Burkina Faso	290	170	120
Cape Verde	-	-	-
Chad	1020	610	410
Gambia	356	206	150
Mali	300	300	-
Mauritania	395	325	70
Niger	748	748	0
Senegal	-	-	-
Regional	100	66	34

Table 4

SPI ILLUSTRATIVE PROJECTS BY FUNCTION AND CA

(In U.S.\$'000)

	All Countries		Burkina Faso		Chad		Columbia		Mali		Mauritania		Niger		Regional	
	H	L	H	L	H	L	H	L	H	L	H	L	H	L	H	L
Management Assistance																
FSC	612		50		250								312			
Policy	33	104														
TFG		70										70				
Columbia Law	33														33	
Study Tours		34														34
Data/Studies	626	530														
Westinghouse	300	300			300				300							
BUCEN	176	210			60		150						176			
INPLAN	130						100					30				
LSGA	20	20			20						20					
Operations Research		50														
Columbia		50		50												
Services Delivery & Commodities	409	70														
FPIA	116	20		20	60		56									
JHPIEGO	100										100					
Columbia	160												160			
CDC	33														33	
LSCG		50		50												
IE&C	70	30														
PCS		30					30									
LSGA	70		70													
Training	625															
JHPIEGO	20		20													
INTRAH	470				300		20		50		100					
BUCEN	109						30									
LSGA	30		30								75					
TOTAL	2445	784														

V. Evaluation Plan

Since this project is designed for only a three year period, it is important to review it reasonably early on in order to determine progress and fine tune or make adjustments as necessary. However, it would be counter-productive to attempt to field a full-scale project evaluation before the project has had an opportunity to demonstrate its ability to achieve its purpose. Therefore, as discussed above, a management review will be undertaken during the FY87 planning cycle by REDSO/WCA and the concerned Sahelian Missions to determine what, if any, mid-course changes are required. At the time of the management review, special attention will be paid to the question of management of project sub-activities to ascertain whether they are creating unacceptable management burdens for USAIDs. A final project evaluation will be made toward the middle of the second year of the project. The main foci of this evaluation will be to make recommendations for follow-on project activities, including, for example which Sahelian countries should initiate bilateral activities and which would be best served by a second regional population activity.

Additionally, because it is anticipated that a substantial amount of the SPI funds will be obligated through "buy-ins" to existing S&T/POP projects which already include evaluation plans, it is appropriate to rely on those efforts for evaluation of SPI as well.

VI. TECHNICAL ANALYSES SUMMARIES

A. Social Soundness and Technical Feasibility

As mentioned in Section I.F. above, the UNFPA has conducted population sector needs assessments in most of the Sahel countries. The design team as relied on the needs identified in those documents, other internal AID documentation and contractor trip reports as the basis for the technical feasibility of the SPI Project. The UNFPA documents also take into account sociological considerations vis-a-vis family planning in the Sahel and thus re an important backdrop to the SPI Project design. (See Annex C for summaries of the UNFPA needs assessments.)

Provided below are brief demographic and economic profiles of the Sahelian countries to highlight the imbalance between population and economic growth. The data discussed in these reviews is summarized in Tables 5 and 6. In addition to a basic demographic description, these sections identify the major actors with which SPI sub-projects may be interacting during the life of the project.

Burkina Faso: With an estimated 6.9 million people, Burkina Faso is the second most populous of the Sahelian countries. The population is growing at 2.6% annually, implying a doubling time

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of 27 years and, on average, a Burkinan women can be expected to have 6.5 children during her life time if fertility rates remain constant. Like all the other Sahalian countries, the high fertility rate produces a very young age structure in which only about half the population falls within the working ages of 15-64.

The mortality indicators for Burkina Faso show high crude death and infant mortality rates, 22/1000 and 149/1000 respectively. (The world averages are 11/1000 and 81/1000 and LDC averages are 11/1000 and 90/1000). Such a high infant mortality level produces a concomitantly low life expectancy, 44 years for Burkina Faso. The combination of high fertility and high mortality is an indication that Burkinan women and children are paying a high health price with the current high fertility regime.

The most recent World Bank economic data (1982 figures from the 1984 World Development Report) estimate a per capita GNP of \$210 for Burkina Faso and show a 1.1% annual increase for the period 1962-1980, indicating that economic growth slightly exceeded population growth in the years after Independence. However, since 1982, Burkina Faso, like the rest of the Sahel, has been suffering from a severe drought. 1985 PC/GNP estimates by the Population Reference Bureau (PRB) show a lower level of \$180, because of the combined impact of rapid population growth and adverse economic conditions.

The most recent (and only) census was in 1975 and a second one is planned for late 1985. The upcoming census will be conducted by the Ministry of Plan's National Institute for Statistics and Demography.

Other main actors in the population field in Burkina Faso include the National Population Council, created in 1983 to coordinate population research and education and to promote family welfare; the Ministry of Health which runs MCH/FP clinics throughout Burkina; and 3 private associations, the Federation of Burkinan Women, and the Burkinan Association for Family Well-Being. The planned USAID population bilateral project will be working with all the above organizations, but primarily with the MOH. Possible SPI sub-projects would also work through the same organizations, with more of a focus on the private groups.

Cape Verde: The smallest of Sahalian countries, Cape Verde has only an estimated 300,000 people. Compared to the rest of the Sahel, its health statistics are more favorable, with a life expectancy of 57 years and an IMR of 77 deaths per 1000 births. Per capita GNP is estimated at \$360. Cape Verde does have a high rate of population growth, 2.7% per year, and may find, in the next few years that food self-sufficiency will become increasingly difficult to achieve without addressing demand as well as supply issues.

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Chad: There has never been a census in Chad and the most recent population survey was conducted in the mid-1960s. All population figures are therefore extrapolations, estimates made even weaker by the recent internal tensions in the country and the severe drought conditions. The 1985 population estimate is 5.2 million. Despite the civil war and famine, population growth is estimated to be 2.1% annually and on average each Chadian woman will have 5.9 children. Infant mortality rates are high (143/1000) and life expectancy is in the range of 43 years.

In the World Bank's 1984 World Development Report, Chad is the poorest country in the world with a 1982 estimated PC/GNP of \$80. (The 1985 PRB estimate is also \$80). Since 1960, per capita income has gone down an average of 2.8% per year.

The conditions in Chad are drastic and the relatively young government is struggling to establish services, including MCH/FP clinics. Most SPI sub-projects or other AID initiatives will have to work through the MOH. There are few private sector options except for one or two urban clinics and dispensaries and there are no mid-wives' or women's associations at this point. Statistical analysis is done by the Planning Ministry's Department of Statistics and Demography. There is a tentative plan for a 1987 census but no concrete proposal has yet been developed.

The Gambia: With 800,000 people, the Gambia is the second smallest Sahelian country. The most recently published estimate of population growth from PRB is 2.0% per year; however, people in the country say that the 1983 census shows a 3.5% growth rate-- 2.5% natural increase and 1% in-migration. Although the TFR of 6.4 is high, like all the Sahelian countries, until recently the growth rate was not thought to be as high as some of the Gambia's Sahelian neighbors because of an extremely high infant mortality rate. It is the third highest in the world at 193 deaths per 1000 births, topped only by Afghanistan at 205 and Sierra Leone at 200. Two reasons have been proposed for the high IMR--one real and one statistical. First the disease conditions along the river, malaria for example, may be especially severe for infants, and second the Gambia has had better morbidity and mortality data than most of its neighbors because of a longitudinal health survey collected since the late 1940's in 3 Gambia villages by the British-based Medical Research Council. Infant mortality may be just as high, but unrecorded, in other parts of the Sahel.

Per capita income in the Gambia was estimated by the World Bank to be \$360 per year in 1982 and between 1960 and 1982 GNP/PC increased 2.5% annually. The PRB estimate for 1985 shows a decline in the per capita income level to \$290. The effect of the drought on the Gambia's peanut crop may be reflected in these

statistics. According to officials in Banjul, the fiscal situation of the GOTG is extremely tight and money for service projects, like MCH/FP, will become increasingly scarce.

Notwithstanding the fiscal picture, the Gambian Ministry of Health has launched a major push in family planning. Within MOH the major actors are the Medical Services Department's MCH and Health Education Units. The 1983 census was conducted by the Department of Statistics with the Ministry of Economic Planning and that department is currently preparing the census report. Data from the census will be used by the Ministry of Economic Planning's Human Resources Unit, among others, to develop the next 5-year plan (1986-91) for health, education and other services. In the private sector the Gambian Family Planning Association (GFPA) is a strong organization, which has until recently been providing the bulk of FP services in the country. GFPA wants to coordinate its activities with the MOH to avoid duplication of services and is also eager to explore ways of developing more financial self sufficiency.

Mali: Mali is the largest of the Sahelian Countries with a population of 7.7 million. With a crude birth rate of 49 births per 1000 population and a crude death rate of 21 deaths per 1000 population, the rate of natural increase is 2.8% per year. At that rate, the population doubling time is just under 25 years. As show on tables 5 and 6, Mali is similar to the other Sahelian countries with regard to mortality-- with an IMR of 137/1000 and a life expectancy of 43 years; fertility--with a TFR of 6.7; and age structure--with 49% of the population falling outside the working ages.

Per capita income increased an average of 1.6% per year between 1960 and 1982 to an estimated \$180. PRB 1985 estimates do, however, show a decline similar to the trend indicated throughout the Sahel.

The bilateral family health project currently being developed by USAID/Bamako will work through the Ministry of Health to develop 15 MCH clinics primarily in the urban areas to serve as models for an eventual country-wide expansion of services. To date most FP Services, concentrated in Bamako, have been provided by the Malian Association for the Protection and Promotion of the Family.

A Sahelian resource for the population sector is located in Bamako - the Sahel Institute - and particularly the Unit for Socio-economic and Demographic data (USED). USED can provide technical assistance to Mali and other Sahelian countries for regional or country-specific demographic surveys and analyses.

The Department of Statistics within the Ministry of Plan conducted

a census in 1976 for the first time and a second round is tentatively scheduled for 1986. The GOM statisticians, with USED, have submitted a plan to SPI to conduct a fertility survey in the near future.

Mauritania: The population of Mauritania is just shy of 2 million and will double in 24 years if the current 2.9% annual growth rate continues. The rapid growth derives from very high fertility--a TFR of 6.9--and relatively lower infant mortality. As discussed for other countries, the current fertility regime has led to a very young age structure with concomitant effects on the labor force and the pace at which the educational system must expand.

Mauritania has a per capita GNP second only to Senegal's in the region: \$470 per year in 1982. Again the 1985 figures indicate some decline due to the extremely adverse climatic conditions. (Although the GNP/PC is high for the Sahel, the global average for LDCs, excluding China, is \$880.)

A census was collected in 1976-77 with a second one planned for 1986. An additional source of population data for Mauritania is the World Fertility Survey collected in 1980. The Department of Statistics, assisted by the recently established Center for Demographic and Social Studies, is continuing to analyze both the 1976 census and the 1980 survey and will conduct the 1986 census.

To date there have been almost no developments in the MCH/FP service delivery area. However, the MCH division of the MOH would like to move forward and establish a reproductive health center to address needs in sterility, sexually transmitted diseases, high risk pregnancies and child spacing. There are no private sector organizations yet working in this area in Mauritania.

Niger: The demographic picture of Niger is very similar to that of Senegal in terms of population size--6.5 million-- and fertility levels--a TFR of 7.1. However Niger has slightly higher estimated mortality and thus a slightly slower rate of natural increase--2.8% per year. With just over half the population in the working ages, Niger has a very high dependency ratio.

The World Bank estimates that per capita GNP has decline 1.5% per year during the 1960-1982 period and was at \$310 in 1982. PRB estimates for 1985 indicate a continuing and perhaps accelerated decline.

Until very recently the government of Niger did not consider their rate of population growth to be of concern. However with the increasingly adverse economic situation, President Kountche has reversed that stand and now wants to move forward on the population front to try to get population growth into balance with

economic growth. USAID, along with other donors, is coordinating this new effort with GON. Among the major actors on the policy front will be the Ministry of Plan, including the Applied Demography Unit, and the private Association of Nigerien women. The new policy will include, among other things, a new legal code to replace the old 1920's French law banning the sale of contraceptives.

The newly established National Center for Family Planning, under MOH, is beginning to provide family planning services. AID, through an S&T/POP Project with Columbia University, is assisting the Center to develop and expand its program beyond the initial site in Niamey.

The last census, conducted in 1977, was plagued with problems and processing delays. A second round is planned for 1987 and its success will depend on obtaining funding assistance from UNFPA, the World Bank and AID; sufficient training for the Nigeriens who will be conducting the census; and management reform within the Statistics Division.

Senegal: The most developed of the Sahelian countries, Senegal's population is also growing the fastest at 3.1% per year. The growth rate is reflection of a slightly lower CDR than the other Sahelian countries at 19/1000, and a very high CBR of 50/1000. The age structure of the population is very young with 45% under age 15.

The 1982 per capita GNP was estimated to be \$490 and the World Bank tables indicate there has been on average no change in that level from 1960 to 1982. The drought and decline in peanut sales as well as rapid population growth may have lowered per capita incomes since 1982.

USAID/Dakar has recently developed a major family health project. The 7-year, \$27 million project will work through the Government MCH clinics to improve service delivery, use private sector organizations to develop community-based distribution networks for contraceptives, and work with the Statistics Department to access training and technical assistance for the 1986 census. The bilateral project is broad in its coverage and it is not anticipated that SPI will play much of a role in Senegal.

Table 5:
Basic Demographic Data
(1985 Estimates)

	Population 1985	CBR	CDR	Rate of Natural Increase(%)	TFR	IMR	Life Expectancy
Burkina Faso	6.9	48	22	2.6	6.5	14	44
Cape Verde	.3	36	.9	2.7	4.5	77	57
Chad	5.2	44	23	2.1	5.9	143	43
Gambia	.8	49	29	2.0 ¹	6.4	193	35
Mali	7.7	49	21	2.8	6.7	137	42
Mauritania	1.9	50	21	2.9	6.9	137	44
Niger	6.5	51	23	2.8	7.1	140	43
Senegal	6.7	50	19	3.1	7.1	141	43

Source: 1985 World Population Data Sheet, The Population Reference Bureau

¹Preliminary 1983 census results indicate a 2.5% rate of natural increase.

Table 6:
Basic Economic Data
(1982 Estimates)

	GNP PC	Average Annual GNP/PC growth rate 1960-82	% of Pop. in working ages 15-64	% under age 15	% over age 64
Burkina Faso	210	1.1	52	44	4
Cape Verde	360	N/A	N/A	N/A	N/A
Chad	80	-2.8	54	42	4
Gambia	360	2.5	53	43	4
Mali	180	1.6	51	46	3
Mauritania	470	1.4	51	46	3
Niger	310	-1.5	51	47	2
Senegal	490	.0	52	45	3

Sources:

1984 World Development Report, The World Bank. Toward Sustained
Development in Sub-Saharan Africa, The World Bank, 1984.

B. Economic Analysis

Because the SPI Project is to be made up of a series of small sub-projects, it is not feasible to provide economic analyses of each sub-part. In addition because population work is just beginning in the Sahel, there is little past experience upon which to draw in deciding the most cost-effective way to proceed. Therefore no economic analysis is included as part of this project paper. However, AID experience in other parts of the world has shown that the best way to proceed in countries, or regions, just beginning population activity is through a series of small, diverse projects. As such the SPI Project is based on AID's global experience with the most effective way to initiate family planning and population programs.

Annex A:
Illustrative Sub-projects
by Country

TABLE 7
 ILLUSTRATIVE ACTIVITIES
 BURKINA

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Population Liaison Officer (Local Hire)	USAID/Burkina	PSC through SPI	\$50,000	2 Years	High
2. IEC Activities	MOSW or ABBEF with TA from PCS MOSW or ABBEF	Buy-in, LSGA	\$40,000	1 Year	Medium
a) Seminars for Youth		Buy-in, LSGA	\$30,000	1 Year	Medium
b) Establish Information Clearinghouse Newsletter					
3. In-country Training					
- FP workshops for Prov. Chiefs (3@ 3 days ea)	MOH	LSGA/SPI	\$30,000	1 pm	Medium
- STD workshops	JHPIEGO	buy-in	\$20,000	2 pm	Medium
4. Operations research for FP service delivery through PVO & Pharmacies Villageoises	S&T/POP Pvt Enterprise Proj. or Columbia	buy-in	\$50,000	2 years	Low
5. Contraceptive Commodities for PVOs	FPIA	buy-in	\$20,000	2 years	Low
6. Materials - TBA kITS	UNICEF	LSGA	\$10,000	NA	Low
7. Misc. Other	TBD (USAID/B)	LSGA	\$40,000	3 years	Low

TABLE 2
ILLUSTRATIVE ACTIVITIES
CHAD

Activity Priority (1)	Implementing Agency (2)	Possible Means of Funding (3)	Amount (4)	Time \$ (5)	Frame (6)
1. Population Liaison Officer	Individual PSC	Mission written PSC, SPI funding	\$250,000	1-1/2 years	High
2. Training - Paramedical	INTRAH	Mix of central & SPI add-on	\$300,000	3 years from SPI	High
IEC	PCS-Johns Hopkins	Central & add-on	\$ 30,000	2 years	Low
Demographic Data: - Sample Survey	Westinghouse	SPI add-on	\$300,000	2 years	Low
- 1987 Census	BUCEN	PASA	\$ 60,000	2 years	Low
- Birth practicing studies	TBD	Small grants	\$ 20,000	1 year	Low
Pilot projects	FPIA Actual	Initial Visit-Central Project projects:	\$ 60,000 SPI	3 years	Medium

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TABLE 3
ILLUSTRATIVE ACTIVITIES
GAMBIA

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Family Planning Commodities Supply/Management	FPIA				
2. Training Evaluation	INTRAH	Central	36,000	3 years	High
3. Assistance to Statistics Department			20,000	1 follow-up Visit 2 months	Medium
a) U.S.-based training	PASA with BUCEN	SPI /SMDP	30,000	TBD	Medium
b) Special Studies)	INPLAN	SPI	100,000	6 months	High
c) Software & Supplies)					
4. Household Survey	FHDS-Westlinghouse	SPI	150,000	2 years	Low
5. Assistance to GFPA to improve management efficiency					
a) Resource development)	FPIA/New C.A.	SP	20,000	2 years	High
b) Staff development)					Medium
c) Service)					Medium
	statistics				

ILLUSTRATIVE ACTIVITIES

MALI

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Nationwide Survey	Sahel Institute/ Westinghouse	SPI & Westinghouse	300,000	18 months	Medium

TABLE 5
ILLUSTRATIVE ACTIVITIES
MAURITANIA

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Equipment and Renovation	JHPIEGO	buy-in	100,000	6 months	High
2. Assistance to Statistics Department					
a) Special Studies	USAID-REDSO	LSGA	20,000	1 Year	Medium
b) Software & Supplies	INPLAN	buy-in	30,000		
c) Training	BUCEN-PASA	SPI	75,000	18D	Medium
4. Training					
a) Medical	JHPIEGO	Central/SPI-SMD)	100,000 for	3 Years	Medium
Para -medical	INTRAH	Central/SPI-SMD)	SPI Share		
5. Policy Development	Futures/Rapid II	buy-in	70,000	-	Low

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TABLE 9
 ILLUSTRATIVE ACTIVITIES
 NIGER

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Population Liaison Officer	Individual PSC	Mission written PSC/SP1 funding	312,000	2 - 3 years	High
2. Training Paramedical	INTRAH	SP1	100,000	1 year	High
3. Family Planning Services/OR	Columbia University	SFHI	176,000	1 year	Medium

TABLE 2
 ILLUSTRATIVE ACTIVITIES
 REGIONAL

<u>Activity</u> (1)	<u>Implementing Agency</u> (2)	<u>Possible Means of Funding</u> (3)	<u>Amount</u> \$ (4)	<u>Time Frame</u> (5)	<u>Priority</u> (6)
1. Population Law Review	Columbia University	SPI Contract Columbia	33,000	6 months	Medium
2. Logistics Seminar	CDC	SPI PASA	33,000	6 months	High
3. Study Tours	REDSO	SPI	33,000	6 months	Low

Annex B:

S&T/POP CAs Cited in
Illustrative Projects Lists

Service Delivery:

Family Planning International Assistance (FPIA) Program (932-0955): The main thrust of the SPI is to give assistance in family planning services delivery through the existing S&T/POP Cooperative Agreement with FPIA. No expansion or revision in the FPIA scope of work will be required for this buy-in arrangement.

FPIA is designed to initiate family planning programs through existing social welfare, church, youth and women's organizations in developing countries. It primarily supports private family planning associations, stressing innovative, cost-effective, low technology programs which have a good chance of continuing after the end of FPIA funding. Worldwide, FPIA currently provides 1) financial support for projects in over 30 countries and 2) commodity assistance, including contraceptive procurements, to institutions in over 100 countries.

Policy Development

Resources for Awareness of Population Impact on Development (RAPID II) (936-3017): The purpose of the RAPID II Project is to raise the awareness of LDC leadership about the basic relationship between population growth and development and to examine population and family planning issues which affect or are affected by development objectives. The project, which emphasizes collaboration with host country officials, is based on computer simulation techniques to explain the impact of population growth on development. The project will operate in 20-24 countries with a major emphasis on sub-Saharan Africa from 1983-88. The Futures Group is the contractor.

Development Law and Policy (No. 932-0643.3): In this project the contractor, Columbia University, Center for Population and Family Health, provides assistance to policy-makers in the development of laws and policies related to population and development. The contractor provides services such as 1) support to private policy groups interested of women; 2) on-site technical assistance in reviewing draft legislation; 3) written information on law and policy in response to specific requests from developing country individuals; and 4) support for a limited number of observation tours and conferences for lawyers, policy-makers and public policy groups. The scope of the project is worldwide with a focus on the Near East and Africa.

Integrated Population and Development Planning II (932-3027): The project strengthens technical capabilities of planning institutions in developing countries to understand population-development links and to incorporate population considerations into development planning work. This is

accomplished through training, technical assistance, and research support activities. Technical assistance activities include the transfer of computer hardware and software and training includes use of the computers as well as more formal, semester-long programs in development planning. The contracting agency for this project is the Research Triangle Institute located in North Carolina.

Operations Research

Fertility Impact of Different Types of Family Planning Programs (932-0632): This project, also run by the Columbia University Center for Population and Family Health, provides short-and long-term technical assistance and/or funding for design, implementation and, with particular emphasis, evaluation of innovative service delivery systems in developing countries.

Data Collection

Family Health and Demographic Surveys (936-3023): This project is a follow-on to previously AID funded data collection efforts, including the World Fertility Survey and Contraceptive Prevalence Survey programs. The primary objectives of the project are to provide financial and technical support to developing countries in conducting family planning and/or demographic surveys; to disseminate survey results quickly to policy makers and family planning program administrators; and to strengthen institutional capabilities in host countries for undertaking future surveys of this type. The project is run by Westinghouse Public Applied Systems.

Training

Paramedical and Auxiliary Family Planning Training (932-0644): Run by the University of North Carolina, School of Medicine, Program for International Training in Health (INTRAH), this project includes training of nurses and midwives in clinical family planning techniques, introduction of FP materials into nursing curricula, training of LDC trainers to give instructions in the management of FP programs, and observation and training to senior level managers and policy makers.

The Johns Hopkins Program for International Training in Gynecology and Obstetrics (932-0604): JHPIEGO courses deal with maternal and infant care, high risk pregnancies, infertility, contraception, cancer screening, voluntary sterilization and the use and care of special instruments such as laproscopes. All JHPIEGO trainees who qualify are supplied with appropriate surgical equipment. An ongoing program of equipment maintenance is also provided. This program is run out of Johns Hopkins University in Baltimore.

Information, Education, and Communication (IEC)

Population Communication Services (932-3004): This project provides country-specific assistance in the following areas: 1) identification of information and education needs of FP programs; 2) marketing and audience surveys; and 3) design, implementation and assessment of IE activities including radio and television programming. This project, run by Johns Hopkins University, gives priority to projects in Africa.

Annex C:
Summaries of the UNFPA Population
Sector Needs Assessments

Below are the executive summaries for the UNFPA Needs Assessments for Burkina Faso, The Gambia, Mali, Mauritania, Niger, and Senegal to provide background information and to serve as a guide in assessing what contribution the SPI project may make in population activities in the future. The UNFPA Needs Assessment for Chad, conducted early in 1985 is not yet available and thus as background information the design team's complete trip report for Chad is included here. There has been no population sector assessment for Cape Verde.

Burkina Faso

Summary

The Republic of Burkina Faso, a land-locked sub-Saharan West African country, covers an area of 274,000 square kilometers. Its population, made up of 60 ethnic groups, numbered 6 million in 1975 of which a very substantial number--11.6%--were living out of the country. According to United Nations estimates, the population was 6.9 million in 1980. Agriculture represents more than 80% of the economic activity. Food processing and textile production are the principal industries. The per capita gross national product in 1979 was \$180.

2. The average population density is 25 per square kilometers (1980) but in certain regions this is higher, reaching more than 40 per square kilometer. According to United Nations projections, the population could reach nearly 12 million between now and the year 2000. For the period 1980-1985, the rate of natural increase was estimated to be 2.68, the crude birth rate at 48 per 1000, the crude death rate at 21 per 1000, the total fertility rate at 6.5 and life expectancy at birth at 43 years (United Nations, medium variant).
3. Rural and agricultural development constitute the fundamental economic objective of the country. Food self-sufficiency, reduced unemployment and improvement in living conditions of the rural populace are the principal targets sought after. The main obstacles to development are uneven population distribution, high rates of emigration, dearth of natural resources, poor soil, aridity and the lack of a coast line which makes Burkina Faso more and more vulnerable to repercussions of the rising costs of energy and transportation.
4. The government is resolved to reduce infant and child mortality and mortality linked to childbirth by means of a ten-year program and aimed at creating medical clinics throughout the whole country. This program will also endeavor to encourage a more equitable distribution of social services which are unduly concentrated in towns and semi-urban zones. The present rates of fertility and natural increase are judged satisfactory. However, the government is worried by the high rates of internal and external migration.
5. Although the government has undertaken a national population census and has access to various socio-demographic studies, it will be necessary to collect additional demographic and socio-economic data and to conduct research which will enable officials responsible for planning to carry out governmental directives. In order to obtain up-to-date information on a continuing basis about migrants the government intends particularly to improve the vital registration system.

5. (con't)

The capacity of the country in the area of statistics will be strengthened as well if a micro-computer is provided which will allow processing the demographic medical and agricultural data needed by the concerned ministries if a data bank is established. The mission recommends provision of study grants for training governmental staff so that the government may conduct on its own the next census planned for December 1985.

6. The mission recommends providing assistance for research projects on infant and child mortality in the rural regions, on spontaneous migration and on the socio-economic repercussions of migration on women remaining in the villages.

7. Because of the creation of the National Population Council and a technical committee for coordination of statistical studies, the mission also recommends that foreign assistance be made available for a project aimed at population and development planning.

8. In the area of maternal, infant and child health, the mission recommends giving priority to the establishment of a system of primary health care and maternal/child health centers, particularly in the regions where spontaneous migrations and the sudden influx of families have created serious health problems. Financial assistance should also be furnished to nutrition projects concerned with nutritional deficiency resulting from food shortages which pose a grave public health problem.

9. Assistance should likewise be made available for research projects in health and for training of medical and para-medical personnel including traditional birth attendants. The mission further recommends assistance to permit development of better training programs for all categories of personnel specializing in birth spacing and improvement of training material in this field. Finally the mission recommends providing assistance to the regional program for onchocerciasis, a disease which is raging throughout the Republic of Burkina Faso.

10. In the area of information, education and communication, the mission recommends that help be given for a project of population education which can be integrated rapidly into the educational reform which is currently taking place in Burkina Faso. In view of the important role played by radio in the diffusion of new ideas to rural areas, a donor agency should design a project to help the radio staff who produce programs in the vernacular to prepare programs in the national languages, transcribe and analyze which oral traditions can be accommodated to radio to make programming culturally acceptable, and to develop the journal Rural Scope (Essor Rural) in a way which includes information on the problems of nutrition and population.

11. Integration of women's activities in the socio-economic development of the Republic of Burkina Faso would be encouraged by strengthening the management of the Women's Organization which was founded in 1978 to improve living conditions for women and encourage their participation in development. Assisting this organization will allow it to provide better training to women in areas affecting family welfare, education and health as well as in activities which will allow the management to coordinate activities and projects which support women.

12. It is likewise recommended that assistance be given to strengthen the technical decision-making capacity to the management of the Women's Organization in a way that will enable the organization to be an influential representative to the National Population Commission which will be the principal decision-making body in the area of population.

CHAD - May 4-11, 1985

Introduction: The purpose of this trip was primarily to participate in the design of a regional population project for the Sahel (Sahel Population Initiatives (SPI). It was also the first visit by a REDSO population officer to Chad. As such, the team reviewed population sector both from the perspective of the project paper and assistance needs in general. In this report, general elements of a family planning program are discussed, followed by possibilities of how the mission might carry out such a program.

Findings: In the field of population as with many other things in Chad, there is everything to be done and very little infrastructure upon which to build. Taking into account the preference within the mission to closely manage activities in the health and population sectors, we have attempted to establish priorities. Accordingly, we recommend as the first step, both to relieve management burdens and to coordinate development of activities, the establishment of a population liaison officer position (personal services contract) working with the Ministry of Health and advising USAID. Such a position could be established for 12-18 months and could be funded under the Sahel Family Health Initiatives Project.

The mission is to be commended for having already taken the two most appropriate first steps in population planning:

- in policy development, the RAPID II team was in country doing the final high level presentations. Follow-up in this area is a possible visit by the Columbia University Development Law and Policy project to respond to an MOH request to carry out a review of existing population law in Chad.
- in training, the INTRAH team carried out an assessment in February, 1985 and proposes a program of training for paramedical and auxiliary health care (PAC) workers. The initial work is funded by the central project. Next steps in this area should be for INTRAH staff to draw up a three year in-country training proposal for health personnel which might be funded under SPI.

At the present time, there are no family planning commodities available in the public health programs, which are heavily supported by donor agencies. However, family planning services are available through public and private clinics. Pharmacies carry an extremely limited and quite expensive supply of pills, injectibles and IUDs. We did not explore this availability in depth, but according to all reports these methods are available with and without prescription. For example, a woman being treated at a Maternity Hospital could receive a prescription for an IUD, purchase the IUD at the pharmacy

and return to the Maternity to have it inserted. A woman desiring pills could receive them on the advice of a pharmacist or as a result of a prescription.

In the absence of any data, estimates of actual demand for family planning services vary considerably, but all health professionals indicated a very high incidence of illegal, induced abortions -- one indication of a desire to limit the number of births.

There was a receptivity and a need to begin a supply of AID-financed commodities through both the Maternities and MCH system and also to stock them at the pharmacies. This latter action could begin through AID channels already established. In addition, the AID health advisor could immediately be provided with a reserve supply of family planning commodities in the mission to use as demonstration materials and to provide for shortages.

The conventional wisdom was that condoms would not be a popular family planning method. Nonetheless, some AID-financed condoms should be made available through the channels indicated above and pilot studies of their use could begin. There is a complete lack of supplies in health and family planning and almost everyone we talked to mentioned the need for appropriate materials for family planning as well as health.

The Information, Education and Communications (IEC) area is probably of lower priority than training or logistics. Nonetheless, if a population liaison officer is recruited, French language materials could be provided through PCS, especially posters and points of service information. The IEC areas should not out-pace training and commodity supply, but should be developed alongside them.

Demography: Existing actual demographic data go back to the mid sixties. All currently dated population figures are projections from a demographic sample survey in 1964 and an administration census of 1968. Everyone reported that their work was hampered by the lack of the most fundamental information about population characteristics. The need for basic data is enormous. The Department of Statistics and Demography, Ministry of Plan, has participated in the Institute of the Sahel (Bamako) demographic project, and is scheduled to receive 2 IBM PCs and training in demographic analysis. In addition, Peter Johnson of the U.S. Bureau of Census has visited Chad. Current plans of the Department of Statistics are to carry out a census in 1987; no concrete proposal or project document yet exists. However, when it does, there are possibilities for U.S. assistance in the form of training and installation of computer software programs. (A letter requesting software was sent to BUCEN, but had not yet received a reply.)

Finally, there is a great need for data regarding health practices,

GAMBIA

SUMMARY

1. The Republic of The Gambia, on the West Coast of Africa, has a total population of 597,000 (1978 estimate). Density is high--47 persons per square kilometre. The population growth rate between 1963 and 1973 was an estimated 2.8 percent. Mortality and morbidity rates are high, and life expectancy at birth is 41 years (1980).
2. Fertility levels in The Gambia are also high. The crude birth rate is 49-50 per 1,000 and the total estimated fertility rate is an average of 6.4 live births per woman over her reproductive span. There was some evidence in the census data (1973) that fertility was lower in the urban areas and among women with more education. Family planning may now be producing differential fertility rates; by 1977 the Gambian Family Planning Association was providing contraceptive services to 3 to 4 percent of women (15-44 years), the majority of whom were probably urban women. Marriage and divorce are governed by Islamic law, and polygamy is widely practised.
3. Population density and urban growth are serious concerns. Both internal and international migrations are influencing the population distribution, although data on migration are limited. Rural-to-urban movements are considered a serious problem, as the Banjul/Kombo-St. Mary urban agglomeration appears to be growing rapidly, and it may be difficult for the urban areas to continue to absorb the surplus rural population. Migration from Senegal and other nearby countries is also significant, with an estimated 52,000 non-Gambians in the country in 1973. Although most of these migrants are concentrated in the urban areas, there is also cross-border migration linked to seasonal agricultural patterns.
4. The Government of The Gambia and the Gambian people have generally been most accommodating to international migrants, and international migration is a built-in feature of the agricultural system. Machinery for the control of immigration exists in the Immigration Act of 1965, the Registration of Aliens Act, 1977, and attendant regulations to provide, among other things, "proper statistics on aliens". The issues of migratory flows across international borders, and settlement and resettlement of people are immediate considerations in the undertaking of a major project, the development of the Gambia River Basin.
5. The economy is primarily agricultural with groundnuts as the principal cash crop. The Gambia lies within the drought-stricken Sahelian region, and drought has severely affected food production and consumption levels. In 1979/80 the economy suffered greatly reduced export earnings because of lowered production and falling prices for groundnuts. Per capita income in 1979/80 was \$US 259.
6. Until 1979 The Gambia had no formal population policy. The Five Year Plan (1975/76-1979/80) had, however, aimed at reductions in

especially birthing practices and traditional attitudes toward child spacing and family planning. Perhaps a small study by a medical anthropologist might be appropriate to help guide family planning program development.

In data needs, the following are suggested starting points:

- A sample survey of the demographic characteristics of Ndjamena and, if possible, two small towns or rural sites in the North and South. A nationwide sample survey is not yet feasible. Such a study would fit into the proposed workplan of the Department of Statistics and Demography of the Ministry of Plan.

- Provide technical assistance, training and hardware in the support of the 1987 census (described above) if it materializes.

Provide support for small-scale medical anthropological studies as described above.

In the field of family planning, we have already mentioned the possibility of providing contraceptives to meet immediate existing demand. However, given the general level of government health services countrywide and emphasis on developing the private sector (through such a project is the VITA project), it is probably wise to consider some pilot services delivery projects outside the health system. These might include activities with traditional birth attendants, the Army, mission hospitals, and the social marketing of contraceptives.

Role of the Sahel Population Initiatives Project: The SPI project design will include the possibility of funding each of the activities described above. However, in the meantime it is suggested that the activities begun with the INTRAH Project be continued and that the mission request commodities through FPIA.

The SPI project will be designed so that project activities in Chad will be initiated and controlled directly from the mission, either through PIO/Ts for small grants or as add-ons to existing contracts with AFR or S&T Bureaus. Each year, the mission would provide an estimate of the types of activities to be undertaken and their approximate cost. These would be reviewed in the Africa Bureau and a certain level would be approved. From there on, activities would be identified through a PIO/T to add funds to an existing project or to negotiate a contract or PASA for services, depending on the type of activity is being carried out.

As an example of how Sahel SPI Activities might be programmed in Chad, we have drawn up the following table. Given other mission activities and constraints, activities might be selected from among the following (see attached Table). The mission could call upon REDSO/WCA to develop any population subsector further and to assist in drawing up annual workplans or program documentation.

mortality rates that would affect population growth. The Plan's health section calls for immunization, health and nutrition education, regular care for children under five years, maternity services, and the promotion of planned parenthood, i.e., child spacing and birth avoidance for health reasons.

7. The current population policy is based on the guiding principles that population policy should be considered part of rural development and should pursue the goal of self-reliance (tesito). The policy advocates direct measures to reduce the high mortality rate. Child spacing will be supported and contraception made available through the MCH programme. There are, however, no policies specifically aimed at controlling, by incentive, disincentive, or force, the process of internal migration.
8. Policy making in The Gambia has been greatly hindered by the lack of reliable data. The Government recognizes the clear need for accurate, up-to-date information on vital statistics, especially births and deaths, migration, and key social indicators. The Mission recommends, therefore, the establishment of a Demographic Monitoring Unit, which could be integrated with existing Government entities involved in data gathering and could supplement current activities. External assistance over a few years would be needed for this undertaking.
9. There is also a need for data collection on a regional basis, for tracking migration trends and for census enumerations, and for regional analysis of phenomena affecting The Gambia and its neighbours, especially the proposed development of the Gambia River Basin. A consultancy for a competent specialist to investigate the detailed needs and appropriate mechanisms for regional co-operative activities--possibly associated with the Institut du Sahel--could be the first step in developing regional co-operation.
10. There is a severe shortage of trained personnel, not least in the fields of data collection and analysis and population policy formulation. The United Nations Fund for Population Activities (UNFPA) will be assisting in the undertaking of the 1983 census. In addition to the needs for personnel to implement censuses and sample registration, competent staff are needed for positions in such Gambian agencies and offices as the Ministry of Economic Planning and Industrial Development, and planning units of the Ministry of Health, Labour and Social Welfare, the Ministry of Agriculture and Natural Resources, and the President's office. It is suggested that Gambians currently studying outside the country and preparing for a B.A. or B.Sc. degree in such fields as sociology, statistics, economics, public health, public administration, and related disciplines be made eligible for fellowships leading to competency at the master's-degree level. Consideration might also be given to the establishment and maintenance of positions in the governmental units.
11. The Health Planning Unit within the Ministry of Health, Labour and Social Welfare could play a vital role in the ongoing

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effort of the Government of The Gambia to develop capabilities in the health services field. The Government has indicated a substantial commitment to achieving this goal and can be expected to contribute considerably to its attainment, especially through infrastructure. The World Bank, with the World Health Organization (WHO) as executing agency, is assisting this project.

12. Improved management, administration, logistics, transport, and supervision to support the existing and all future health care service systems of the country are critical needs. A good management and logistics system needs to be developed to permit the continuous supply of all types of medical stores at the central level and to replenish the supplies of peripheral health units. Moreover, all the peripheral health care service units (health centres, MCH centres, dispensaries, and subdispensaries) need new equipment and many of them also need furniture. The supply of equipment, drugs, medicine, and furniture deserves first priority. Transports are also a critical need. Many health centre, dispensary, and subdispensary buildings are dilapidated. A few need substantial repairs but most of them need to be demolished and replaced by new buildings. External assistance, which is already in effect for these purposes, will continue to be needed.

13. The lack of supervision at all levels of the health care service system is a serious problem. The proposal to employ two fully mobile Divisional Health Teams will probably improve the situation. Possibly the need is for more such teams to provide more frequent supervision and to solve logistical problems. Moreover, at present, no single individual manages and supervises a health centre. Individual staff members of the different functional units of the health centre report directly to headquarters at Banjul. Some qualified senior professional staff should be placed in charge of the centre, handling management, administration, logistics, and day-to-day supervision. The Mission suggests that a Medical Officer who could also provide professional expertise be placed in charge of each of the centres.

14. There is severe shortage of adequately trained personnel whose services are now and will continue to be needed at all levels of the health service system. Training in health planning, health economics, health statistics, health information, epidemiology, and health education, as well as in management, administration, and supervision of health units, is needed for various categories of health personnel. The Mission also recommends that a Nursing and Midwifery Council be established to regulate the training of nurses, midwives, enrolled nurses, and nursing auxiliaries,

and to control and supervise nursing and midwifery activities. The country will need assistance in continuing the training programmes for traditional birth attendants (TBAs) and village health workers (VHWs) and in evaluating performance after training.

15. A Health Education Unit needs to be established. A Public Health Officer and a Senior Health Inspector trained in health education should be able to undertake a health education training programme for all categories of health care service staff. In addition, promotional activities for comprehensive MCH and total health practices need to be developed at national, district, and village levels.

16. In the Ministry of Health information and statistical data related to all health needs are lacking. However, activities for the development of a health statistical section under the Medical Officer of Health are currently under way, and it is expected that a health information component will also be developed through that section.

17. The development of the Gambia River Basin will have far-reaching effects on mortality and migration, among other demographic factors. It also presents the immediate issue of resettlement of persons whose villages will be inundated. To explore the possible ramifications of such a project, the study of a similar scheme would be useful. Such a project might entail a fellowship or subsidy to enable a qualified Gambian to spend approximately six months studying first-hand the records, sites, and possible impact of the Volta River Dam construction and resettlement scheme in Ghana. This project is of interest to the Rural Development Programme, the Ministry of Local Government, and the High Commission for Gambia River Basin Development. The results of the study should be of help in formulating recommendations regarding demographic aspects of the Gambia project. A number of donor agencies may find this proposal of interest.

18. In formal education, a major revision of the school curriculum is now taking place to make education more relevant to Gambian needs. This undertaking presents an opportunity for strengthening the elements of population education already in the social studies and health curricula. External advisory services may benefit such an endeavour.

19. The Government of The Gambia has expressed interest in the establishment of a Gambian Women's Bureau. The aim of the Bureau would be to provide opportunities for women to participate in national programmes. The Bureau would be involved with programmes for the upgrading of basic skills and knowledge to enable Gambian women to reach their full potential to contribute to national development. The appropriate locus of this project is probably the National Commission for Women and Development in the President's office.

SUMMARY

1. Despite a fairly high rate of growth, the population of Mali is still too small and the country too large for overpopulation to be an immediately recognizable problem. Even if the population doubles by the end of the century (or soon after that), as present rates of growth suggest, Mali is still unlikely to be readily seen as an obviously overpopulated country. In addition, there is a pervasive feeling that the large size of the country and the sparseness of the population contribute to the vulnerability of Mali's frontiers with neighbouring countries. Consequently, rapid population growth has so far been seen as a positive or, at worst, a neutral factor in building the nation.
2. On the other hand, the population of Mali is among the world's poorest, least healthy and least educated; periodically, it is also subject to much suffering caused by drought and hunger. Further, an appreciable proportion of Mali's population are nomads whose mobility and general way of life pose their own difficulties. There is no doubt that if Mali is to tackle effectively all those problems, rapid demographic growth is a serious handicap. This is particularly so since the improvement of health conditions would lower mortality and push up further the rate of population growth.
3. For the reasons pointed out above and because of the shortage of relevant data, it is unlikely that a comprehensive population policy would be formulated in Mali for some time. But it is clear that Mali's most urgent needs - needs which should begin to be met immediately - are in two fields: research and data collection on the one hand, maternal and child health on the other. Underlying both, is the question of the rate and patterns of demographic growth. While it would be neither realistic nor necessary at present to specify any particular level or trend of growth as an objective, much more research is needed urgently on the factors affecting population change in Mali and the implications of the changes for development.
4. In the closely related field of basic population data collection, the situation in Mali is as follows. As far as human resources go, statisticians and demographers have either been trained or are now being trained. While they still lack experience, they could quickly build up the personnel of Malian data collection institutions if they agreed to serve despite the poor conditions that characterize the Malian civil service. On the other hand, middle and low level personnel (technical assistants, fieldworkers etc.) are in very short supply and this makes it very difficult to build permanent systems of demographic and statistical data collection.
5. National data collection institutions are many and dispersed, with no real coordination between them. Almost every ministry has one or more statistical cells of widely different levels of responsibility, efficiency

and usefulness. All those cells, and in particular those in charge of data collection, are characterized by a serious shortage of personnel, materials and funds, which limits their usefulness and handicaps their day to day activities.

6. As far as the major national projects are concerned, a population census has been carried out but the processing of the data has been blocked for more than a year and may continue to be blocked for months, despite the good will of those in charge of the National Bureau of the Census. Foreign donors need to understand well the Malian circumstances so that they can adapt their activities to the conditions of a country whose financial resources are particularly limited.

7. Family health is a sector which is given high priority by Malian authorities as well as by many foreign organizations (UNFPA, USAID, etc.). It is essential that family health projects (present or future) should have a 'collection, processing and analysis of health statistics' element, without which no serious evaluation is possible. The collection of such statistics, if carried out in close cooperation with the Population Division of the Direction Nationale de la Statistique et de l'Informatique could make an important contribution to the improvement of the statistical and demographic data of the country.

8. In any case, all current activities of demographic and statistical data collection should be improved and the relevant institutions should receive more help. These activities are: the administrative censuses, civil registration, the continuous agricultural survey, educational statistics, employment statistics, and, of course, health statistics. If foreign funds are made available, two major surveys that have already been proposed are likely to fill important gaps in the national statistical system and hence improve development planning (Survey on Population, Migration, Employment and Living Conditions; and Family Budget Survey).

9. Regarding the other priority field, family health, various government officials pointed to the forthcoming Second National Seminar of Public Health and Social Affairs planned for Spring 1978 as a prelude to the formulation of the second decennial health plan. Four committees were created in connexion with the seminar: Health delivery, Primary health care, Training of personnel, and Integration and coordination of activities.

10. Clearly, objectives and strategies will be known in some months and the suggestion is made here that the committees' background papers, deliberations and recommendations be functionally analyzed by local efforts or forwarded to UNFPA headquarters or both. It is these emerging objectives and strategies that may herald the beginning of a national process for community action in the field of family health.

11. A sign that augurs well for the development of family health services in Mali is that high authorities in the Ministry of Health seem determined to "go rural all the way" by self-help at the village, sector, 'arrondissement' and 'cercle' levels. No doubt, objectives and strategies will be influenced

by them. Equally important, their determination will be of practical importance, at the time of implementation. UNFPA should consider follow-up discussions with the Malian officials shortly after the national seminar to ensure that the findings and results be taken into consideration.

12. The Government of Mali is not in an enviable position. The needed development is staggering. The difficulties of distance, the yet rudimentary infrastructure, the lack of material and supply, the lack of technical management and supervisory manpower, are a few of the liabilities of formidable dimension: their combined effect makes it extremely difficult to organize structured progress.

13. Regarding the development of the health infrastructure, the number and distribution of the population is critical. As a first step it would seem useful and appropriate to concentrate on the enormous needs for securing widening attendance at delivery in order to safeguard the health of mothers and children; to know where the country stands today in this respect and where it might realistically aim to be in some years.

14. Some insight into the magnitude of the problem may be gained by considering the question of attended deliveries. In 1976, an estimated 21 per cent of all deliveries were attended in all rural and city maternities of the country; but coverage in the 6 regions ranged from 8 per cent in Gao to 36 per cent in Bamako. There were 263 rural and urban maternities. In order to push the coverage of attendance at delivery from 21 to 31 per cent by 1979, an additional 193 rural maternities would have to be built and duly staffed with trained 'matrones rurales'. The regional coverage would then vary from 50 per cent (Bamako and Sikasso) to 15 per cent (Kayes and Gao/Tombouctou). In other words, even with this great effort almost 70 per cent of Mali's 370,000 expected births in 1980 would be unattended.

15. It is then difficult to imagine that family planning programmes could precede or even parallel the programme of increasing coverage of attendance at delivery. Nevertheless, the coverage at delivery could serve as a useful index for introducing a spacing component to MCH activities.

16. In the situation outlined above, the following recommendations are made in the attempt to meet some of Mali's most urgent needs in the field of population:

- The problems of equipment and of funds that prevent the processing and analysis of the 1976 population census should be resolved. The difficulties could be smoothed out through additional UNFPA assistance, as necessary.
- A National Coordinating Committee in Demography and Statistics should be created. Its secretariat should be provided by the Direction Nationale de la Statistique et de l'Informatique and its role should be to ensure the coordination of surveys and

other statistical and population studies as well as to standardize the information and the indicators used by the government services and made public. All government organizations which are responsible for statistical and demographic data collection and studies should be represented on the Committee. The Coordinating Committee should not merely play a passive role of recording what is happening but it should also study carefully the various questions that arise within its field of competence and recommend appropriate action. It should monitor the progress of surveys, studies and other activities so that it can intervene, whenever necessary, to ensure that they are successfully completed and their results and conclusions are made available.

- A rational plan for the reorganization of the civil registration system should be defined and implemented with the help of interested international agencies.
- The two priority data collection operations determined by the Government should be carried out: The Survey on Population, Migration, Employment and Living Conditions; and The Family Budget Survey. Requests for assistance could be made to interested international organizations.
- The personnel and equipment of the various population data collection services should be expanded (Direction Nationale de la Statistique et de l'Informatique, Direction Nationale de la Planification, Direction Nationale de la Santé Publique, Direction Nationale de la Planification et de l'Equipeement Scolaire, Office National de la Main d'Oeuvre, etc.).
- Courses in demography or in the collection and processing of socio-demographic statistics should be introduced in the curricula of relevant colleges.
- A Population Unit should be created within the Direction Nationale de la Planification to define the needs for, and ensure the appropriate use of, population data in national planning and development efforts.
- From time to time, the Ministry of Planning with the help of the Coordinating Committee and the Population Unit should organize seminars on demographic data collection and planning. If possible, such seminars should be held once a year and should serve as a forum for discussions and exchanges of opinion between 'producers' and 'consumers' of demographic data, to define their needs and an appropriate strategy to satisfy them.

- The 'Student Education' project undertaken by the Massantola School of Medicine with the help of the University of Marseille on new ways to produce a new kind of committed rural physician is highly commendable. UNFPA should take an immediate interest in this effort.

17. The 'Bougouni/Sikasso Rural Maternity Care' experiment in progress since the mid-sixties appears to be the greatest hope because from it an idea evolved of where the problems really had to be faced. The project covers 20 arrondissements and its relatively small cost was provided by the Swiss Government. The Swiss Government should be asked to sustain the expansion and development of this purely "made in Mali" maternity care project. Given this happy combination of "domestic idea and foreign aid", UNFPA should study without delay a three to fourfold replication of the present expanded Bougouni/Sikasso project. There may be two or three "pays amis du Mali" who would wish to underwrite a similar contract, if they were told of what is at stake. Given that the formula has been worked out in much detail, the matter is now one of good will and not of technical problems. If this is done (say, by 1980), a substantial proportion of the population of Mali will have been covered and a critical mass for meaningful analysis will have been achieved that might be self-propelling. In other words, the stage is now set to put Mali's rural health services into functional order with very little capital investment.
18. The future 'Development of Health Services' project of USAID in Mopti has a true ring of feasibility, perhaps because it shows parental links with the successful Bougouni/Sikasso formula. One would hope that monitoring and continuous analysis will be a strong component during the execution of the project. It is to be noted that for the time being family planning services are of no import to the successful testing of rural health services. If the data-processing problems mentioned earlier are resolved, serious consideration should be given to analyzing the data in the country, rather than in the USA. While this may mean some delay, it is also one of the rare opportunities to get the Ministry of Health into the modern world of monitoring, data collection and analysis and feedback for steering the project.
19. It may be that the USAID project will later be remembered for this "additional domestic input" more than for demonstrating the feasibility and transfer of what originated in Bougouni/Sikasso. UNFPA might wish to study with USAID the "initial feasibility" of local project monitoring and analysis. The Ministry of Health has gigantic tasks to master, and to initiate now central management and monitoring of personnel and activities in the project areas seems to be essential if indeed the system is meant to become replicable for entire Mali.
20. It appears that a small computer centre stationed in Bamako's Ministry of Health might become an early prerequisite for multiplying the potential impact not only of the USAID project but also of the few other efforts, current or projected. Clearly, the planned Coordinating Committee can

function effectively only if it is linked with a national monitoring and evaluation centre. It appears that the World Bank may want to take an interest in this challenge. Here is the opportunity to plan at the highest level: the Government of Mali, UNDP/UNFPA, World Bank, USAID, WHO and some other agencies. Will this exceptional opportunity be cooperatively nurtured and exploited? UNFPA may want to secure early consultation on this attractive possibility.

21. In the view of the Mission, the UNFPA 'Population Activities' project is the most advanced in matters of combining family health services with services or information or both, on child spacing, and it appears a potential landmark in the centrifugal approach to diffusing the concept and basic services of family planning from the capital and other towns to the rural areas. It is an experiment, and close monitoring of progress will be needed if major setbacks are to be avoided. This is one more reason why the Ministry of Health needs its monitoring and evaluation centre. Obviously, operational research plans in "family planning introduction" will have to be drafted (perhaps on sub-contract on the expanded UNFPA project, but, as stated, only most vigilant monitoring of the UNFPA project will secure the propitious "burgeoning points in time and place" at which centrifugal operations research can be successfully inserted. A timely discussion on such an evolution may be carried between the Government, UNFPA and USAID.

22. Regarding the gradual introduction of family planning services, a first step could be to estimate the coverage of attendance at delivery for Bamako-ville, for the regional capitals, and for the 46 cercles. The findings may be charted according to a gradient of shading. In essence a national map of attendance at delivery should be established and updated from year to year. Such a map would enable both policy makers and administrators not only to set realistic targets of increase in coverage of birth attendance from year to year, but also realistically to measure out the centrifugal introduction of the information and service elements of the spacing component of the family health programmes.

23. Perhaps a complementary approach to looking at family planning service initiation is to study the population size of the national and regional capitals. Urban migration is in full swing and one might take the view that cities with 50,000 people may be in definite need of a model pilot centre of family planning information, advice and service. For all practical purposes, this would mean the need for a series of centres in the following priority sequence:

	Pop. in 1976	Model Centre
1. Bamako	404,000	in existence since 1973
2. Segou	65,000	opens in February 1978
3. Mopti	54,000	needed now
4. Sikasso	47,000	needed now
5. Kayes	45,000	by 1980?
6. Gao	31,000	by 1985?
7. Tombouctou	20,000	later

MAURITANIA

SUMMARY

1. The Islamic Republic of Mauritania is one of the nations of western Africa most severely affected by the drought of 1973-74 and, most recently, of 1977-78. Although Mauritania had made considerable economic progress in the decade following independence from France in 1960, it has not since regained the level of production achieved in 1969. Much of the population--once largely nomadic--has migrated to urban centres or settled in villages, in part because of scarce food supplies and the loss of animals during the drought. Grappling with problems of the immediate crisis, the Government is concentrating its efforts on basic improvements in agricultural production and, in the area of social services, on health care and the reduction of high rates of morbidity and mortality.
2. The total population of Mauritania is estimated at 1,385,000. Population density varies widely between the Saharan area of the country, where density is 0.1 per sq. km. and the southern, agricultural section bordering the Senegal River, where the average density is five inhabitants per sq. km. The bulk of the population is Moorish in origin; the remainder, mainly in the south, consists of various Sudanese ethnic groups. The national religion is Islam.
3. Most Mauritanians are engaged in agriculture, including raising stock, farming, and fishing. Women constitute almost half the labour force in agriculture, although female participation in the industrial sector is low. In the modern sector, about half the work force is self-employed in commerce. About 40 percent of the labour force is unemployed. In 1977, Gross National Product was US\$340 per capita.
4. In general, the Government does not perceive population growth as a problem. (In fact, many in the Government maintain that underpopulation is Mauritania's problem.) Although reliable statistics are unavailable on fertility and other measures, according to UN estimates the growth rate is 1.99 percent; the crude birth rate is about 45 per 1,000; and the crude death rate is 24 per 1,000. More than half the population is under 20 years old. Infant mortality is estimated at 187 per 1,000. Diseases such as measles, malaria, tuberculosis, and bilharziasis are widespread. In addition, many children have been affected by malnutrition. The average life expectancy at birth is 39 years.

In sum, it appears that there is ground to accelerate the establishment of pilot centres in five of the seven regional capitals while it may be wise to hold back for some years in Gao and Tombouctou. It is these regional Family Planning Model Centres that should radiate peripherally. Actually, their main function would be to serve as a reference centre for the region. A strong link should be established with the "model maternity ward" of that regional capital in order to initiate postpartum information/education programmes for infant care/nutrition and spacing. It would appear that at this stage of evolution, the meeting point of centripetal basic health care development and centrifugal family planning development is the regional capital, hence its greatest likelihood of success.

5. Data on population are extremely limited and there are several types of projects in the field of data collection and processing that need assistance. First, the data collected in the 1977 census should be processed as soon as possible, and the report should be ready by the end of 1980 as scheduled.
6. Because of the acute shortage of trained personnel, the Mission recommends that assistance also be given to training Mauritians, mainly in demography, statistics, and data processing and also in economics and sociology. For the most part, these trained personnel could be assigned to the Direction de la Statistique in the Ministry of Planning, which is the chief data-collecting and research unit. Other trained personnel could be used to strengthen the statistical cells of other ministries such as Education and Health. Equally important, assistance should be given to training technical officers for the Direction de la Statistique.
7. The Mission also recommends assistance for carrying out a fertility survey within the World Fertility Survey framework. Ideally, the survey should cover the nomads as well as the sedentary population. It should examine mortality and should study factors affecting fertility.
8. A migration survey, probably in two rounds, would be extremely useful. There has been a rapid change from nomadism to sedentary life, with considerable migration from rural areas to the larger towns. These changes constitute the most striking recent phenomenon in the field of population in Mauritania.
9. The basis for a system of birth registration should be set up. Initially, the existing birth registration system in Nouakchott, Rosso, and Akjoujt should be improved and then the system should be gradually expanded to cover all urban areas and, eventually, the whole country.
10. The "Fichier village" (Village register) prepared at the time of the census should be kept up-to-date on a continuous basis. At present, the list includes 3,000 villages showing economic activities, products, languages spoken, and other information on the infrastructure of the villages.
11. The Mission also recommends that the proposal to establish a Centre for Demographic and Social Studies be considered favourably. Such a centre could undertake the various projects listed above, as well as other projects to be decided upon later, and carry out major activities such as future population

censuses. Whether assistance should extend to the construction of a building to house the centre needs more careful examination.

12. At present, assistance within the health sector should concentrate on such areas as improvement in maternal and child health care and family well-being, rather than family planning, in part because of Government opposition to birth control and to limiting the population size. The Mission recommends, however, that simultaneously people should be sensitized to issues such as how child spacing affects maternal and child health and family well-being. Gradually, the child-spacing element could be strengthened within health sector programmes. Workshops for Government officials would aid in developing greater awareness of the importance of population issues.

13. Emphasis should be placed on supporting those health-related projects that have already been shown to be effective, if only on a pilot basis, and that demonstrate solid leadership and organization. Such projects include the Primary Health Care Programme and the Centres of Recuperation and Nutritional Education. The Primary Health Care Programme, aimed at protecting maternal and child health, provides training for nurses, birth attendants, and other auxiliary personnel serving at local levels in selected regions. The four existing Centres of Recuperation have provided emergency care occasioned by the drought, feeding and otherwise caring for malnourished children, along with their mothers, for a month-long stay and a three-month follow-up.

14. A consultant should be appointed for a short period to help develop a detailed proposal for a coordinated programme of essential projects in the area of health that might be supported over the long term.

15. The Government has proposed or planned a number of projects for the expansion of its communications and extension efforts through radio. The Mission recommends that the "Regions Sans Frontières" project be favourably considered. The project seems to have been effective in encouraging participation by rural audiences and in promoting the kind of rural-urban, village-capital dialogue considered so important for rational national development. The project's most pressing needs are for material and for training.

16. A proposal to create a Communications Training Centre for training programming, journalistic, and technical personnel of Radio Mauritania is interesting. The Mission recommends that UNFPA and possibly other external agencies consider the partial funding of such a centre, perhaps in the area of training journalists and programmers.

17. An extensive population education project proposed by the Government would be a significant innovation, although it is too early to judge its feasibility. Therefore, the Mission recommends, at the outset, that small pilot projects be undertaken to determine feasibility.

18. The Mission recommends that three experts be sent to Mauritania to work with the Government in the development of realistic, manageable projects in the field of information, education, and communication (IEC). The three persons needed should be specialists in population education, radio extension, and health education, respectively.

NIGER

SUMMARY

1. The Republic of Niger is a landlocked Sahelian country covering an area of 1,267,000 square kilometres and sharing common borders with seven countries: Algeria and Libyan Arab Jamahiriya to the north, Chad to the east, Nigeria and Benin to the south, and Upper Volta and Mali to the west. Niger's population was 5,098,000 according to the 1977/78 census, and was increasing at a rate of 2.8 percent annually, approximately doubling every 20 or 25 years. Population density varies widely, from 0.2 people per square kilometre in the South (Department of Agadez) to 24 people per square kilometre in the North (Department of Maradi) and 70 people per square kilometre in some areas near the Niger River.
2. Niger became independent in 1960, after having been a French colony since 1922. The country is divided into seven departments and subdivided into 39 districts. In addition to French, the official language, Niger has five main languages and many local idioms and dialects.
3. About 85 percent of the population are Muslims. The traditional law, inspired to a large extent by the Koran, regulates family and sexual life, and polygamy is widespread. Marriage can take place when girls reach age 13, and boys reach age 18. Throughout the country, marriage is based on the payment of the dowry. A husband may repudiate his wife; a wife is entitled to a divorce provided she reimburses the amount of the dowry.
4. Almost 90 percent of the population are engaged in agriculture. The agricultural campaign plan for 1978 gave priority to hydro-agricultural works and increased cultivation of arid land and also recommended concentration on four basic agricultural crops--millet, sorghum, rice, and groundnuts. This policy grew out of the lessons learned during the drought years from 1972 to 1974. The Three-Year Programme for 1976-1978 also aimed at fighting desertification. In recent years an element of stable growth has come from the exploitation of underground resources, particularly uranium, although uranium production today represents less than 4 percent of the gross domestic product (GDP). The Government allocates national funds, which constitute 21 percent of the total budget, as follows: 53 percent to rural production and infrastructure, 34 percent to human resources, and 13 percent to industry. An important part of the allocation to human resources is for the development of the health sector.

5. Niger has no explicit population policies, nor is the need for such policies perceived. The levels of population growth and fertility are considered satisfactory. The Government is concerned, however, about a variety of population-related issues, especially the very high rates of maternal and child mortality and the interaction between fertility, mortality, and socio-economic factors. Maternal and child health care is thus a priority issue, and child spacing for the sake of the health of mothers and children has been supported by authorities and by the recently created Islamic Association (Association islamique), which is examining Islamic principles in relation to Niger's political and development objectives.

6. The lack of population data and research is a hindrance to planning. The first objective in basic data collection, therefore, is to utilize exhaustively the results of the first population census, conducted in 1977/78. The authorities are also fully aware of the need to improve the civil registration system, the fundamental source for determining population changes. Finally, to facilitate planning, a demographic survey should be carried out. The development of these and other projects is closely linked with the possibility of using census maps; it is therefore important to recruit a permanent staff responsible for their maintenance and use. The Mission, noting that the lack of information about what data are available has resulted in underutilization of data, suggests that co-ordination be improved between the separate information and statistical systems in ministries and other government agencies.

7. Research on socio-demographic topics is just beginning in Niger, and its development will depend primarily on the expansion of the research capacity of the ministries themselves, implying the need for the training of personnel capable of undertaking the surveys the ministries require. At present, there is a severe shortage of middle-level staff with training in demography, statistics, manpower planning, and regional planning. To strengthen the technical capacity of the Ministry of Planning, the Mission recommends that an accelerated training programme be undertaken in conjunction with an easing of access to the civil service. The Mission also recommends increased use of training facilities in the region (at Abidjan and Yaoundé). It would be useful also to involve the University and the training institutes more fully in the national research effort.

8. The main fields requiring research are mortality and fertility, health and nutrition, the media, and women and family life. In health research the Mission recommends that a survey on the causes of maternal and child mortality, a regional survey on subfertility, and a national survey on nutrition be undertaken. The most immediate need for research on the media is for the financing of a quantitative survey that would provide the Radio and Television Office of Niger (l'Office de radio télévision du Niger, ORTN) with information

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directly relevant to developing its policy. Adequate utilization of the media depends upon a detailed understanding of each and of their potential in relation to different audiences. Research on women is needed, especially to explore such issues as the failure of women's literacy campaigns, how women of various ethnic groups allocate their time, and women's contribution to farm work and family economic life--topics that would be included in a research programme of the Women's Association of Niger (Association des femmes du Niger, AFN), for which assistance is needed.

9. One of the Government's priorities is the improvement of the health and nutrition of the population, especially in rural areas. The number of facilities and qualified health personnel is far from sufficient to handle the health needs of the population. Mortality and morbidity rates are very high, especially for infants.
10. To create an adequate base for a national family health programme, the Government is initiating the establishment of a Family Health Centre. The Family Health Centre would provide medical care, training, and research facilities. The implementation of this project requires the services of consultants to define the organization and the needs of such a centre.
11. The Family Health Centre project includes provision for a Family Health Committee to formulate and co-ordinate an action programme. Accelerated training will be needed to increase the efficacy of such a committee. The Mission recommends, therefore, that fellowship recipients be designated and training institutions identified by the Ministry of Public Health and Social Affairs.
12. To strengthen the collection of health statistics, the Mission recommends that a short-term consultant be provided to assist in the organization of a system for data collection and analysis, including reports on the activities of MCH centres. Periodic evaluation of health care activities should also be undertaken. In addition, the Mission recommends that seminars on the role of health statistics be held for all health personnel.
13. To aid in the development of research and extension in health and nutrition education, the Mission recommends support for a short-term consultant in communications to establish a unit for this purpose.
14. The Mission also recommends the development and financing of the Family Welfare Project proposed by the Women's Association of Niger to integrate training activities for women in the economic, health, and family areas.

15. The Mission recommends financial assistance for the development of a literacy programme suitable for rural women.

16. Some elements of population education are included in the school curricula. However, the curricula could be strengthened by making teachers more aware of the relation between population problems and Niger's overall development.

17. In general, Niger has a diversified educational and communications system into which elements of population information could be introduced. ORTN is capable of implementation and production, but it lacks sufficient materials and equipment. The introduction of population components by the media will first require the services of a consultant to define priorities, the provision of additional equipment, and the organization of a training seminar.

18. The Mission believes that extension efforts under the Ministry of Rural Development could be strengthened through the multidisciplinary training of field-workers. The information activities of the Credit and Co-operation Union of Niger (Union nigérienne de crédit et coopération UNCC) under the Ministry would also benefit from the provision of materials and equipment.

OK

SENEGAL

SUMMARY

1. The Mission's recommendations on needs for population assistance to the Republic of Senegal are designed to help the country build up continuing capacity to assess its demographic levels and trends, to examine the relationships between demographic, economic and social change and to consider whether any action is needed to harmonize those trends to secure desired objectives of national development.
2. Senegal's over-all planning objective has been to secure economic growth through industrialization and it has achieved some considerable success in diversifying into fields such as food-processing and phosphates. Nevertheless, over 75 per cent of the labour force is still engaged in agriculture, although only 12 per cent of the total land area is cultivated, and most of that is under groundnuts, which even now bring in 40 per cent of export earnings. The country is still highly vulnerable to fluctuations in rainfall, and the droughts since 1966 have brought great hardship and, in some years, have depressed the rate of economic growth below the rate of population growth.
3. The population enumerated at the 1976 census--the first of its kind in Senegal--was 5.1 millions, a figure which suggests a rate of population increase of 2.9 per cent per annum, instead of the estimated 2.2 per cent. Senegal's demographic data have not been satisfactory in scope or reliability up to now, but the crude birth rate is believed to be close to 50 per thousand and the crude death rate around 20 per thousand, while women bear an average of 0.44 children. Infant, childhood and maternal mortality are also known to be high, but there is little evidence on the actual levels. The average expectation of life at birth is not much above 40 years. The population is youthful, with about 45 per cent aged under 15 years. Both the age structure of the population and the social and cultural values of the Senegalese are conducive to high fertility, while the benefits of planned improvements in health, education and other services are favourable to a fall in mortality. In these conditions, the implications of the census results need serious consideration since the rate of population growth is likely to rise above its present level and, even at the 2.9 per cent annual rate of increase, the population would double by the turn of the century.
4. This is beginning to cause concern amongst policy-makers, as are problems associated with infant, child and maternal mortality and the differences between the regions in their share of the services available: while, for example, the country is 30 per cent urban, the residents of Dakar and other large towns obtain the great majority of the benefits of medical services. In educational facilities also the villages suffer by comparison.
5. The Mission feels strongly that Senegal's policy-makers need greatly increased knowledge of the size and structure of the population, its future trends and their implications. For this reason the Mission

recommends in the first instance that assistance be provided for completing the processing and analysis of the data of the population census. It further recommends that support be given to the Division des Enquêtes in the Direction de la Statistique for a Senegal Fertility Survey as part of the World Fertility Survey series. Because of the importance of manpower and employment and of migration, support is recommended also to the Ministry of Planning for surveys envisaged on these two topics. These would make available data for some of the studies essential for informed policy-decisions, while a study of factors affecting regional population change could contribute effectively to the UNDP project on regional planning. All of these needs and the continuous operation of demographic data collection and analysis require more trained statisticians, demographers and related professionals and supporting staff to undertake the necessary work in the Direction de la Statistique, the Ministry of Planning and elsewhere. Training facilities should eventually be made available within Senegal.

6. The Mission recommends also the establishment of a population unit to look at the implications of demographic change and to ensure that population variables are integrated in social and economic development planning. This unit should work closely with the Division des Enquêtes. In addition the Mission recommends the eventual establishment of a National Population Commission to examine population issues in detail and to formulate suggestions for policy decisions and measures. Questions which might be taken up by such a body include the study of laws relating to population and possible changes therein.

7. In the matter of maternal and child health and family planning, the Mission recommends that assistance be given for the extension to both urban and rural populations of educational and clinical services to meet the needs of sterile and sub-fecund couples, and those of couples wanting to regulate the timing or number of their children. Studies on sterility should be undertaken at Le Dantec Hospital in Dakar and it should build up capacity for training medical students in family planning services. The University of Dakar should also increase its capacity in matters related to fertility-regulation through various studies (such as attitudes of medical personnel regarding contraception), evaluation of clinical work in family planning, and other activities. The Ministry of Health should be assisted to establish clinical fertility-regulating services in at least one medical centre in each region, and to train midwives, if needed, to dispense the services.

8. All of the above activities related to family planning should be supported by assistance for (a) research in appropriate institutions on local aspects of the factors affecting fertility and the role of the child in Senegalese society, and (b) training in family planning for managers of programmes, doctors, midwives, paramedics, and others as necessary.

9. The Mission emphasizes the importance of assistance for carrying out the kind of information, education and communication activities that would encourage interest in and spread understanding of the implications of population change for development planning and for raising

the level of living. This is particularly important in Senegal where opinions differ on the need for any form of population policy. Assistance should be given for setting up a committee to plan the training of social and extension workers, including population-education aspects of their work. Health educators should also be trained in relevant aspects of population. Assistance should be given to the Association de Bien Etre Familial to help it work effectively in family planning and population.

Citations:

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Niger: Niger: Report of Mission on Needs Assessment for Population Assistance, United Nations Fund for Population Activity, Report Number 41, 1978, pp. 1-4.

Senegal: Senegal: Report of Mission on Needs Assessment for Population Assistance, United Nations Fund for Population Activity, Report Number 4, 1978, pp. 1-4.

Annex D:
Logical Framework

LOGICAL FRAMEWORK

Project Title and Number: Sahel Population Initiatives (625-0969)

<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means of Verification</u>	<u>Assumptions</u>
<p><u>I. Goal</u> To improve the well-being of people living in the Sahel region to bring these rates of population growth into balance with resources & economic development.</p>	<p>1. Reduced morbidity & mortality rates, especially infant and maternal. 2. Reduced fertility rates. 3. Improved understanding of population issues.</p>	<p>1. Vital and health statistics. 2. Survey data & indirect demographic measurements. 3. Media attention.</p>	<p>1. Political stability. 2. Other resources & programming will accompany project effort. 3. HC governments initiate efforts to reduce fertility.</p>
<p><u>II. Purpose</u> To assist the Sahel countries, individually and collectively to develop, implement & evaluate population programs in a way compatible with their culture, resources & development objectives.</p>	<p>1. Improved demographic data base. 2. Policy dialogue strengthened. 3. Public and private family planning service delivery institutions strengthened. 4. Increased pool of trained manpower. 5. Increased access to family planning services.</p>	<p>1. Up-to-date official statistics. 2. Policy statements and legislative actions. 3. Evaluation & annual reports, site visits. 4. List of trainees/participants. 5. Clinic point of service records.</p>	<p>Continuing receptive attitude to project activities.</p>
<p><u>III. Outputs</u></p> <p>1. Regional workshops</p>	<p>1. 3</p>	<p>1. Evaluation reports.</p>	<p>1.a. Participants available in country. b. Sponsoring org. available.</p>
<p>2. In-country Workshops</p>	<p>2. 24</p>	<p>2. Evaluation & trip reports.</p>	<p>2.a. Governmental requests. b. Trainees available.</p>
<p>3. Out-of-country Training</p>	<p>3. 7 trainees</p>	<p>3. Training institution reports.</p>	<p>3.a. Requests for training. b. Trainees available.</p>
<p>4. Small-scale, country-specific studies/activities</p>	<p>4. 20 activities</p>	<p>4. Study/activity reports.</p>	<p>4. Requests forthcoming.</p>
<p>5. Increased access to FP services.</p>	<p>5. An increase in contraceptive users</p>	<p>5. Service statistics.</p>	<p>5. Unmet demand for FP</p>

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Best Available Document

LOGICAL FRAMEWORK

Project Title and Number: Label Population Initiatives (625-0969)

Narrative Summary

Objectively Verifiable Indicators

Means of Verification

Assumptions

IV. Inputs

	<u>LOI-'000\$</u>	
	<u>Total - \$2.5</u>	
1. Long-term TA ^{1/}	(600)	1. 48 pm
2. Short-term IA ^{2/}	(770)	2. 77 pm
3. Regional activities	(65)	3. 2 workshops
4. In-country training	(600)	4. 40 workshops
5. Out-country training ^{3/}	(75)	5. 10 pm
6. Small grants	(150)	6. 15 projects
7. Equipment/supplies	(130)	7. Details TBD
- medical		
- computers		
- general		
8. Contraceptive ^{4/}	(40)	8. Details TBD
commodities		
9. Contingency	(40)	
10. Evaluation	(30)	

1-5. PIOs/cables

6. Limited Scope Grant Agreement
7-8. Purchase orders & shipping manifests

1. AID inputs available in a timely, flexible fashion.
2. Project management issues resolved.

- ^{1/} Assuming: 3 long-term IAs for 16 pm @ \$12,500.
^{2/} Includes OR and projects to initiate service delivery.
^{3/} \$7,500 pm.
^{4/} Most contraceptives assumed to come through S&T/POF centrally funded activities.

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Annex E
PID Approval

UNCLASSIFIED
Department of State

OUTGOING
TELEGRAM

PAGE 01 OF 02 STATE 189229
ORIGIN A D-00

4027 017046 AFDL345

STATE 189229

4027 017046

ORIGIN OFFICE: AFR/PA
INFO: AFR/PA, AFR/PP, AFR/PC, AFR/PO, AFR/PS, AFR/PT, AFR/ST, AFR/TT, AFR/AA, AFR/AD, AFR/AG, AFR/AM, AFR/AN, AFR/AR, AFR/AS, AFR/AT, AFR/AW, AFR/AX, AFR/AY, AFR/AZ, AFR/BA, AFR/BB, AFR/BC, AFR/BD, AFR/BE, AFR/BF, AFR/BG, AFR/BH, AFR/BI, AFR/BJ, AFR/BK, AFR/BL, AFR/BO, AFR/BS, AFR/BT, AFR/BU, AFR/BV, AFR/BW, AFR/BX, AFR/CA, AFR/CB, AFR/CC, AFR/CD, AFR/CE, AFR/CF, AFR/CG, AFR/CH, AFR/CI, AFR/CJ, AFR/CK, AFR/CL, AFR/CM, AFR/CN, AFR/CO, AFR/CR, AFR/CS, AFR/CT, AFR/CU, AFR/CV, AFR/CW, AFR/CX, AFR/CY, AFR/CZ, AFR/DA, AFR/DB, AFR/DC, AFR/DD, AFR/DE, AFR/DF, AFR/DG, AFR/DH, AFR/DI, AFR/DJ, AFR/DK, AFR/DM, AFR/DO, AFR/DP, AFR/DQ, AFR/DR, AFR/DS, AFR/DT, AFR/DU, AFR/DV, AFR/DW, AFR/DX, AFR/DY, AFR/DZ, AFR/EA, AFR/EB, AFR/EC, AFR/ED, AFR/EE, AFR/EF, AFR/EG, AFR/EH, AFR/EI, AFR/EJ, AFR/EK, AFR/EL, AFR/EM, AFR/EN, AFR/EO, AFR/EP, AFR/ER, AFR/ES, AFR/ET, AFR/EU, AFR/FA, AFR/FC, AFR/FD, AFR/FE, AFR/FF, AFR/FG, AFR/FH, AFR/FI, AFR/FJ, AFR/FK, AFR/FL, AFR/FO, AFR/FP, AFR/FQ, AFR/FR, AFR/FS, AFR/FT, AFR/FU, AFR/FV, AFR/FW, AFR/FX, AFR/FY, AFR/FZ, AFR/GA, AFR/GB, AFR/GC, AFR/GD, AFR/GE, AFR/GF, AFR/GG, AFR/GH, AFR/GI, AFR/GJ, AFR/GK, AFR/GL, AFR/GM, AFR/GN, AFR/GO, AFR/GP, AFR/GQ, AFR/GR, AFR/GS, AFR/GT, AFR/GU, AFR/GV, AFR/GW, AFR/GX, AFR/GY, AFR/GZ, AFR/HA, AFR/HB, AFR/HC, AFR/HD, AFR/HE, AFR/HF, AFR/HG, AFR/HH, AFR/HH, AFR/HI, AFR/HI, AFR/HJ, AFR/HK, AFR/HL, AFR/HL, AFR/HM, AFR/HM, AFR/HN, AFR/HN, AFR/HO, AFR/HP, AFR/HP, AFR/HQ, AFR/HQ, AFR/HR, AFR/HR, AFR/HS, AFR/HS, AFR/HT, AFR/HT, AFR/HU, AFR/HU, AFR/HV, AFR/HV, AFR/HW, AFR/HW, AFR/HX, AFR/HX, AFR/HY, AFR/HY, AFR/HZ, AFR/HZ, AFR/IA, AFR/IB, AFR/IC, AFR/ID, AFR/IE, AFR/IF, AFR/IG, AFR/IH, AFR/II, AFR/IJ, AFR/IK, AFR/IL, AFR/IL, AFR/IM, AFR/IM, AFR/IN, AFR/IN, AFR/IO, AFR/IO, AFR/IP, AFR/IP, AFR/IQ, AFR/IQ, AFR/IR, AFR/IR, AFR/IS, AFR/IS, AFR/IT, AFR/IT, AFR/IU, AFR/IU, AFR/IV, AFR/IV, AFR/IW, AFR/IW, AFR/IX, AFR/IX, AFR/IY, AFR/IY, AFR/IZ, AFR/IZ, AFR/JA, AFR/JA, AFR/JB, AFR/JB, AFR/JC, AFR/JC, AFR/JD, AFR/JD, AFR/JE, AFR/JE, AFR/JF, AFR/JF, AFR/JG, AFR/JG, AFR/JH, AFR/JH, AFR/JI, AFR/JI, AFR/JO, AFR/JO, AFR/JP, AFR/JP, AFR/JQ, AFR/JQ, AFR/JR, AFR/JR, AFR/JS, AFR/JS, AFR/JT, AFR/JT, AFR/JU, AFR/JU, AFR/JV, AFR/JV, AFR/JW, AFR/JW, AFR/JX, AFR/JX, AFR/JY, AFR/JY, AFR/JZ, AFR/JZ, AFR/KA, AFR/KB, AFR/KC, AFR/KD, AFR/KE, AFR/KF, AFR/KG, AFR/KH, AFR/KI, AFR/KJ, AFR/KK, AFR/KL, AFR/KL, AFR/KM, AFR/KM, AFR/KN, AFR/KN, AFR/KO, AFR/KO, AFR/KP, AFR/KP, AFR/KQ, AFR/KQ, AFR/KR, AFR/KR, AFR/KS, AFR/KS, AFR/KT, AFR/KT, AFR/KU, AFR/KU, AFR/KV, AFR/KV, AFR/KW, AFR/KW, AFR/KX, AFR/KX, AFR/KY, AFR/KY, AFR/KZ, AFR/KZ, AFR/LA, AFR/LA, AFR/LB, AFR/LB, AFR/LC, AFR/LC, AFR/LD, AFR/LD, AFR/LE, AFR/LE, AFR/LF, AFR/LF, AFR/LG, AFR/LG, AFR/LH, AFR/LH, AFR/LI, AFR/LI, AFR/LJ, AFR/LJ, AFR/LK, AFR/LK, AFR/LL, AFR/LL, AFR/LM, AFR/LM, AFR/LN, AFR/LN, AFR/LO, AFR/LO, AFR/LP, AFR/LP, AFR/LQ, AFR/LQ, AFR/LR, AFR/LR, AFR/LS, AFR/LS, AFR/LT, AFR/LT, AFR/LU, AFR/LU, AFR/LV, AFR/LV, AFR/LW, AFR/LW, AFR/LX, AFR/LX, AFR/LY, AFR/LY, AFR/LZ, AFR/LZ, AFR/MA, AFR/MA, AFR/MB, AFR/MB, AFR/MC, AFR/MC, AFR/MD, AFR/MD, AFR/ME, AFR/ME, AFR/MF, AFR/MF, AFR/MG, AFR/MG, AFR/MH, AFR/MH, AFR/MI, AFR/MI, AFR/MJ, AFR/MJ, AFR/MK, AFR/MK, AFR/ML, AFR/ML, AFR/MN, AFR/MN, AFR/MO, AFR/MO, AFR/MP, AFR/MP, AFR/MQ, AFR/MQ, AFR/MR, AFR/MR, AFR/MS, AFR/MS, AFR/MT, AFR/MT, AFR/MU, AFR/MU, AFR/MV, AFR/MV, AFR/MW, AFR/MW, AFR/MX, AFR/MX, AFR/MY, AFR/MY, AFR/MZ, AFR/MZ, AFR/NA, AFR/NA, AFR/NB, AFR/NB, AFR/NC, AFR/NC, AFR/ND, AFR/ND, AFR/NE, AFR/NE, AFR/NF, AFR/NF, AFR/NG, AFR/NG, AFR/NH, AFR/NH, AFR/NI, AFR/NI, AFR/NJ, AFR/NJ, AFR/NK, AFR/NK, AFR/NL, AFR/NL, AFR/NO, AFR/NO, AFR/NP, AFR/NP, AFR/NQ, AFR/NQ, AFR/NR, AFR/NR, AFR/NS, AFR/NS, AFR/NT, AFR/NT, AFR/NU, AFR/NU, AFR/NV, AFR/NV, AFR/NW, AFR/NW, AFR/NX, AFR/NX, AFR/NY, AFR/NY, AFR/NZ, AFR/NZ, AFR/OA, AFR/OA, AFR/OB, AFR/OB, AFR/OC, AFR/OC, AFR/OD, AFR/OD, AFR/OE, AFR/OE, AFR/OF, AFR/OF, AFR/OG, AFR/OG, AFR/OH, AFR/OH, AFR/OI, AFR/OI, AFR/OJ, AFR/OJ, AFR/OK, AFR/OK, AFR/OL, AFR/OL, AFR/OM, AFR/OM, AFR/ON, AFR/ON, AFR/OP, AFR/OP, AFR/OQ, AFR/OQ, AFR/OR, AFR/OR, AFR/OS, AFR/OS, AFR/OT, AFR/OT, AFR/OU, AFR/OU, AFR/OV, AFR/OV, AFR/OW, AFR/OW, AFR/OX, AFR/OX, AFR/OY, AFR/OY, AFR/OZ, AFR/OZ, AFR/PA, AFR/PA, AFR/PB, AFR/PB, AFR/PC, AFR/PC, AFR/PD, AFR/PD, AFR/PE, AFR/PE, AFR/PF, AFR/PF, AFR/PG, AFR/PG, AFR/PH, AFR/PH, AFR/PI, AFR/PI, AFR/PJ, AFR/PJ, AFR/PK, AFR/PK, AFR/PL, AFR/PL, AFR/PM, AFR/PM, AFR/PN, AFR/PN, AFR/PO, AFR/PO, AFR/PP, AFR/PP, AFR/PT, AFR/PT, AFR/PU, AFR/PU, AFR/PV, AFR/PV, AFR/PW, AFR/PW, AFR/PX, AFR/PX, AFR/PY, AFR/PY, AFR/PZ, AFR/PZ, AFR/QA, AFR/QA, AFR/QB, AFR/QB, AFR/QC, AFR/QC, AFR/QD, AFR/QD, AFR/QE, AFR/QE, AFR/QF, AFR/QF, AFR/QG, AFR/QG, AFR/QH, AFR/QH, AFR/QI, AFR/QI, AFR/QJ, AFR/QJ, AFR/QK, AFR/QK, AFR/QL, AFR/QL, AFR/QM, AFR/QM, AFR/QN, AFR/QN, AFR/QO, AFR/QO, AFR/QP, AFR/QP, AFR/QQ, AFR/QQ, AFR/QR, AFR/QR, AFR/QS, AFR/QS, AFR/QT, AFR/QT, AFR/QU, AFR/QU, AFR/QV, AFR/QV, AFR/QW, AFR/QW, AFR/QX, AFR/QX, AFR/QY, AFR/QY, AFR/QZ, AFR/QZ, AFR/RA, AFR/RA, AFR/RB, AFR/RB, 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AFR/VZ, AFR/VZ, AFR/WA, AFR/WA, AFR/WB, AFR/WB, AFR/WC, AFR/WC, AFR/WD, AFR/WD, AFR/WE, AFR/WE, AFR/WF, AFR/WF, AFR/WG, AFR/WG, AFR/WH, AFR/WH, AFR/WI, AFR/WI, AFR/WJ, AFR/WJ, AFR/WK, AFR/WK, AFR/WL, AFR/WL, AFR/WM, AFR/WM, AFR/WN, AFR/WN, AFR/WO, AFR/WO, AFR/WP, AFR/WP, AFR/WQ, AFR/WQ, AFR/WR, AFR/WR, AFR/WS, AFR/WS, AFR/WT, AFR/WT, AFR/WU, AFR/WU, AFR/WV, AFR/WV, AFR/WX, AFR/WX, AFR/WY, AFR/WY, AFR/WZ, AFR/WZ, AFR/XA, AFR/XA, AFR/XB, AFR/XB, AFR/XC, AFR/XC, AFR/XD, AFR/XD, AFR/XE, AFR/XE, AFR/XF, AFR/XF, AFR/XG, AFR/XG, AFR/XH, AFR/XH, AFR/XI, AFR/XI, AFR/XJ, AFR/XJ, AFR/XK, AFR/XK, AFR/XL, AFR/XL, AFR/XM, AFR/XM, AFR/XN, AFR/XN, AFR/XO, AFR/XO, AFR/XP, AFR/XP, AFR/XQ, AFR/XQ, AFR/XR, AFR/XR, AFR/XS, AFR/XS, AFR/XT, AFR/XT, AFR/XU, AFR/XU, AFR/XV, AFR/XV, AFR/XW, AFR/XW, AFR/XX, AFR/XX, AFR/XY, AFR/XY, AFR/XZ, AFR/XZ, AFR/YA, AFR/YA, AFR/YB, AFR/YB, AFR/YC, AFR/YC, AFR/YD, AFR/YD, AFR/YE, AFR/YE, AFR/YF, AFR/YF, AFR/YG, AFR/YG, AFR/YH, AFR/YH, AFR/YI, AFR/YI, AFR/YJ, AFR/YJ, AFR/YK, 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DRAFTED BY: AID/AFR/PO SVAP KICDONALD: KM
APPROVED BY: AID/AFR/DAA/PO SVAP: JJOHNSON
AID/AFR/PO NCOHIN (DRAFT) AID/AFR/OP: MHERRILL (DRAFT)
AID/AFR/IR/PCP: REICHER (DRAFT) AID/ST/POP: SINDING (DRAFT)
AID/AFR/PA: OCHANDLER (DRAFT) AID/OC/AFR: LRYANT (DRAFT)
AID/PPC/PE: HANHLER (DRAFT) AID/AFR/PO/SVAP: JSHAM (DRAFT)
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AMEMBASSY NOJAMEHA
AMEMBASSY PRAIA
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AMEMBASSY NOUAKHOTT
AMEMBASSY NIAMEY
AMEMBASSY BAHAMO
AMEMBASSY DAKAR
INFO AMEMBASSY ABIDJAN
AMEMBASSY PARIS

UNCLAS STATE 189229

AIDAC PARIS PASS OECD CLUB DU SAHEL

E.O. 12356: N/A

TAGS:

SUBJECT: SAHEL: FAMILY HEALTH INITIATIVES PROJECT (U25-0960)

REF: (A) OUAAGA 01427 (B) NOJAMEHA 0567 (C) PRAIA 2244
(D) BANJUL 0789 (E) NOUAKHOTT 00814 (F) NIAMEY 1115

1. PID APPROVAL: THE ISSUES MEETING FOR THE SUBJECT PROJECT WAS HELD ON APRIL 1, 1985. ITS COMMENTS AND RECOMMENDATIONS HAVE BEEN ACCEPTED BY THE EOPR. THE PID IS HEREBY APPROVED AND PP WILL BE APPROVED IN WASHINGTON.
2. PROJECT SUMMARY: THERE IS A CRITICAL NEED TO INCREASE POPULATION AND FAMILY PLANNING ACTIVITIES IN THE SAHEL. THIS NEED IS RECOGNIZED IN THE SAHEL REGIONAL STRATEGY STATEMENT AS WELL AS IN AID POPULATION POLICY DOCUMENTS WHICH TARGET AFRICA AS A PRIORITY REGION FOR FAMILY PLANNING INTERVENTIONS. THE SFHI PROJECT PROVIDES ADDED ASSISTANCE AND RESOURCES TO FACILITATE FP SERVICE DELIVERY AND INCREASE POPULATION ACTIVITIES THROUGHOUT THE SAHEL. THE PROJECT WILL WORK

PRIMARILY THROUGH BUY-INS TO EXISTING SBT/POP PROJECTS WHICH CARRY OUT FP ACTIVITIES WORLDWIDE, INCLUDING DIRECT SERVICE DELIVERY, COMMODITY SUPPORT, TECHNICAL ASSISTANCE, TRAINING, RESEARCH AND POLICY DEVELOPMENT. SFHI WILL ASSIST SAHEL MISSIONS DEVELOP CONSISTENT, COUNTRY-SPECIFIC STRATEGIES FOR USING THESE RESOURCES IN A SERIES OF PLANNED INTERVENTIONS, RATHER THAN ON AN AD HOC BASIS. IT WILL ALSO WORK TO MINIMIZE MISSION DESIGN AND MANAGEMENT REQUIREMENTS. THE BUY-IN MECHANISM MAY CONSIST OF A PIO/T ISSUED AT THE MISSION OR ON BEHALF OF THE MISSION IN AID/V.

3. PP DESIGN TEAM: A DESIGN TEAM FROM AID/V AND REDSO/WCA, INCLUDING JOHN BURDICK SBT/POP/OCS, DR. NANCY TIMBER AFR/IR/POP, AND DR. SARAH CLARK REDSO/WCA, WILL BE TRAVELING TO SEVERAL SAHEL COUNTRIES APRIL 28-MAY

17. THE TEAM WILL CONSULT WITH USAID STAFF, RELEVANT HOST COUNTRY GOVERNMENT OFFICIALS AND PRIVATE AID ON HEALTH PLANNING TRENDS TO DEVELOP AN ILLUSTRATIVE LIST AND BUDGET OF THE KINDS OF SUB-PROJECTS WHICH WILL HELP SAHELIAN COUNTRIES EXPAND THEIR POPULATION SECTOR EFFORTS. PARAS 4 BELOW OUTLINE THE DESIGN TEAM'S PLANS CONCERNING EACH SAHELIAN COUNTRY.

4. GUIDANCE TO DESIGN TEAM: IN ADDITION TO AN ILLUSTRATIVE SUB-PROJECTS LIST, THE DESIGN TEAM INTENDS TO CLARIFY TWO KEY POINTS. FIRST, SBT/POP WAS LONG-HELD WITH THE IRRADIATION OF THE DISCUSSION OF THE POSSIBLE FUNDING LEVEL. THE PID PROJECTED AN OBLIGATION OF DOLS 1.5 MILLION OVER THREE YEARS, WITH THE POSSIBILITY OF INCREASED LEVELS IF DEMAND FOR PROJECT FUNDS SO WARRANTED. PROJECT WILL BE FUNDED FROM THE SAHEL DEVELOPMENT PROGRAM ACCOUNT. SINCE THE SFHI PROJECT WILL BE BASED PRIMARILY ON SBT POP BUY-INS, IT IS PREFERABLE FROM THE SBT POP PLANNING PERSPECTIVE TO WORK WITHIN A CLEAR FUNDING DEFINITION. IT IS FELT THAT A DOLS 2.5 MILLION PROJECT MAY BE JUSTIFIED IF SAHEL DEVELOPMENT PROGRAM FUNDS ARE AVAILABLE AND IF THE DESIGN TEAM, WORKING WITH INDIVIDUAL USAIDS, DETERMINES THAT SUFFICIENT DEMAND EXISTS TO JUSTIFY AN INCREASED BUDGET. SECOND, THE PP WILL NEED TO BE VERY SPECIFIC ON THE MECHANISMS AVAILABLE FOR OBLIGATING FUNDS, WHETHER THROUGH PIO'S OR LIMITED SCOPE GRANT AGREEMENTS (LSCA'S). DIFFERENT TYPES OF SUB-PROJECTS MAY REQUIRE DIFFERENT OBLIGATING MECHANISMS AND THE DESIGN TEAM SHOULD EXAMINE ALL THE DIFFERENT POSSIBILITIES AND RECOMMEND APPROPRIATE MECHANISMS. EMPHASIS WILL BE PLACED ON EASE OF USE AND RESPONSIVENESS TO COUNTRY PROGRAM NEEDS.

5. REDSO/WCA PARTICIPATION IN PROJECT DESIGN: REDSO/WCA POPULATION OFFICER, SARAH CLARK, WILL BE RESPONSIBLE FOR (A) DISCUSSIONS WITH THE SAHELIAN DEMOGRAPHIC INSTITUTE (SDI) IN BAHAKO, WHICH WE UNDERSTAND HAS ALREADY DRAFTED A PROPOSAL FOR FUNDING UNDER THE PROJECT, (B) TALKS WITH USAID REGARDING STATUS AND RELATIONSHIP OF THIS POSSIBLE BILATERAL PROJECT, AND (C) INTEGRATING DISCUSSIONS CONCERNING SFHI INTO HER PROPOSED MID-APRIL TOY TO NIAMEY. SHE IS EXPECTED TO JOIN THE AID/V TEAM MEMBERS IN NOJAMEHA TO (A) PARTICIPATE IN DISCUSSION WITH USAID AND HOST COUNTRY OFFICIALS ON THE SUBJECT PROJECT AND (B) BEGIN DRAFTING THE PP, A TASK WHICH SHOULD BE COMPLETED IN ABIDJAN AT THE END OF THE TOY. AID/V MEMBER REDSO/WCA PROJECT OFFICER JULIE DEFLEUR WILL BE AVAILABLE IN ABIDJAN MAY 14-17 TO ASSIST IN DRAFTING THE PP.

6. SPECIFIC COUNTRY ROLES IN SUBJECT PROJECT DESIGN: WHILE OVER THE LIFE OF THE PROJECT NO SAHELIAN COUNTRY WILL BE EXCLUDED FROM DRAWING ON SFHI FUNDS, THE DESIGN TEAM WILL VISIT PARTICULAR SAHELIAN COUNTRIES, PENDING USAID CONCURRENCES, IN ITS PROPOSED TRAVEL AS OUTLINED BELOW:

- (A) MAURITANIA. THE TEAM HEREBY REQUESTS USAID/NOUAKHOTT CONCURRENCE FOR A TOY APRIL 28-MAY 2 TO OUTLINE HOW MAURITANIA'S NEEDS IN THE POPULATION SECTOR CAN BE ADDRESSED BY THE SFHI.
- (B) THE GAMBIA. TWO AID/V MEMBERS OF THE DESIGN TEAM (TIMBER AND BURDICK) PLAN TO VISIT BANJUL AS PER PREVIOUSLY EXPRESSED USAID INTEREST SET FORTH IN NETTEL 01. THE TEAM'S PROPOSED TOY DATES ARE MAY 2-4. USAID CONCURRENCE IS HEREBY REQUESTED.
- (C) CHAD. THE TEAM PLANS TO VISIT CHAD FROM MAY 6-14. FLIGHT SCHEDULE PRECLUDES A SHORTER STOP. GIVEN NETTEL 01 IN WHICH USAID/NOJAMEHA INDICATED WILLINGNESS

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OUTGOING
TELEGRAM

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TO PARTICIPATE IN SFHI. THE TEAM HEREBY REQUESTS CONCURRENCE WITH THE PROPOSED SCHEDULE FOR ITS VISIT. (D) BURKINA FASO. THE TEAM DOES NOT PLAN TO VISIT OHAGADOUGOU AT THIS TIME, BUT IT WELCOMES THE PARTICIPATION OF LESLIE CURTIN, AS PER REFTEL (A), DURING THE CRUCIAL PORTION OF THE TD (MAY 14-17). TO PROVIDE INPUT ON BURKINA FASO COMPLETED UNDER THE SUBJECT PROJECT (A MORE DETAILED SCOPE OF WORK WILL BE FORWARDED IN A SEPTTEL). SFHI MAY BE ABLE TO PROVIDE POPULATION SECTOR ASSISTANCE PENDING OUTCOME OF DISCUSSIONS/DECISIONS ON OVERALL PROGRAM AND CONSIDERATION OF INDIVIDUAL PROJECTS.

(E) CAPE VERDE. USAID/PRAIA INDICATED IN REFTEL (C) THAT IT DOES NOT PLAN TO PARTICIPATE IN SFHI AT THIS TIME. THE TEAM WILL NOT VISIT PRAIA. HOWEVER, THE PP WILL BE DRAFTED TO PERMIT FUTURE POPULATION SECTOR WORK IN CAPE VERDE IF THIS SHOULD PROVE APPROPRIATE AT A LATER DATE. IN ADDITION, IF AID REP PLANS TO BE IN DAKAR AT THE TIME THE TEAM IS PASSING THROUGH (MAY 5), THIS MAY PROVIDE OPPORTUNITY FOR DISCUSSION OF POSSIBLE ACTIVITIES.

(F) MALI. THE AID/W DESIGN TEAM DOES NOT PLAN TO VISIT MALI. AS PER PARA. 5 ABOVE, REDSO/VCA POPULATION OFFICER CLARK PLANS TO ENGAGE IN DISCUSSIONS WITH THE INSAH AND USAID.

(G) NIGER. IN REFTEL (F), USAID/NIAMEY REPORTED ON VERY POSITIVE CHANGES IN THE GON ATTITUDES ON POPULATION. HOPEFULLY, THE SFHI WILL ENABLE THE MISSION TO ASSIST THE GON TO ADDRESS NEEDS RESULTING FROM SUCH CHANGES. SUBJECT TO FINAL USAID/NIAMEY CONCURRENCE WITH THE DATES OF CLARK'S UPCOMING TDY FOR A GENERAL POPULATION REVIEW, SHE CAN ALSO DISCUSS THE SFHI WITH THE MISSION.

(H) SENEGAL. ALTHOUGH USAID/DAKAR IS DESIGNING A BILATERAL POPULATION PROJECT, SFHI PP WILL BE DRAFTED TO PERMIT FINANCING OF SUB-PROJECTS WHICH MAY FALL OUTSIDE THE PURVIEW OF THAT PROJECT. BURDICK AND YINGER WILL BE AVAILABLE FOR INFORMAL DISCUSSIONS WITH USAID/DAKAR POPULATION OFFICERS MAY 5 WHILE THEY ARE IN TRANSIT THROUGH DAKAR.

7. PLEASE ADVISE YOUR CONCURRENCE WITH AFOREMENTIONED SCHEDULE AS SOON AS POSSIBLE. REQUEST ABIDJAN CONFIRM AVAILABILITY OF DEFLER. SHULTZ

Annex F:
Statutory Checklist

5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only: B.1. applies to all projects funded with Development Assistance loans, and B.3. applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

N/A

Yes

A. GENERAL CRITERIA FOR PROJECT

1. FY 1985 Continuing Resolution Sec. 525; FAA Sec. 634A; Sec. 653(b).

(a) Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or nor more than \$1 million over that amount)?

(a) Congressional Notification dated June 14, 1985

(b) Yes

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) Yes

(b) Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

No further legislation is required.

4. FAA Sec. 611(b); FY 1985 Continuing Resolution Sec. 501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in the Principles and Standards for Planning Water and Related Land Resources, dated October 25, 1973, or the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See AID Handbook 3 for new guidelines.)

N/A

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?

N/A

6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

This is a regional project. It will, among other aspects, encourage discussion among countries with different levels of experience.

7. FAA Sec. 601(a). Information and conclusions whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. N/A
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise). N/A
9. FAA Sec. 612(b), 636(h); FY 1985 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars. N/A
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? No excess foreign currency exists in the region.

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11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? Yes

12. FY 1985 Continuing Resolution Sec. 522. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A

13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16. Does the project or program taken into consideration the problem of the destruction of tropical forests? Yes

14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)? Yes

15. FY 1985 Continuing Resolution Sec. 536. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution?

No

FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(b), 111, 113, 281(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote

(a) The project is designed to an overall macro-economic impact, benefitting the population as a whole, by helping countries get their rates of economic growth and population into balance. The project will also benefit the poor by encouraging the spread of MCH and family planning services throughout the Sahel countries.

(b) The project will encourage the involvement of community development committees and private practitioners in the delivery of family planning and MCH services.

(c) Help the Sahel countries to analyze the impact of population growth on development and find culturally acceptable ways to introduce voluntary family planning.

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the participation of women in the national economies of developing countries and the improvement of women's status, (e) utilize and encourage regional cooperation by developing countries?

(d) Women will be the main beneficiaries of this project.

(e) Encourage regional cooperation through regional seminars and workshops.

b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used?

Yes

c. FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed country)?

N/A.

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project for more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country

No

"relatively least developed"? (M.O. 1232.1 defined a capital project as "the construction, expansion, equipping or alteration of a physical facility or facilities financed by AID dollar assistance of not less than \$100,000, including related advisory, managerial and training services, and not undertaken as part of a project of a predominantly technical assistance character.

- f. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

Yes

- g. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

The project is designed as a collaborative effort of U.S. and host country specialists in analyzing principal policy issues and promoting needed reforms. also has technical assistance short-term training components increase host country capacities

2. Development Assistance Project
Criteria (Loans Only)

- a. FAA Sec. 122(b). Information an conclusion on capacity of the country to repay the loan, at a reasonable rate of interest. N/A
- b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan? N/A

3. Economic Support Fund Project
Criteria

- a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the extent possible, does it reflect the policy directions of FAA Section 102? N/A
- b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities? N/A
- c. FAA Sec. 534. Will FCF funds be used to finance the construction of, or the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified that such use of funds is indispensable to nonproliferation objectives? N/A

d. FAA Sec. 609. If
commodities are to be
granted so that sale
proceeds will accrue to the
recipient country, have
Special Account
(counterpart) arrangements
been made?

N/A

5C(3) - STANDARD ITEM CHECKLIST

Listed below are the statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Yes

2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him?? Yes

3. FAA Sec. 604(d). If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company? N/A

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4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) N/A
5. FAA Sec. 604(g). Will construction or engineering services be procured from firms of countries which are direct aid recipients and which are otherwise eligible under Code 941, but which have attained a competitive capability in international markets in one of these areas? Do these countries permit United States firms to compete for construction or engineering services financed from assistance programs of these countries? N/A
6. FAA Sec. 603. Is the shipping excluded from compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates? No

7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? If the facilities of other Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? Yes

8. International Air Transportation Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available? Yes

9. FY 1985 Continuing Resolution Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? Yes

B. Construction

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services be used? N/A

2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? N/A

3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the CP)? N/A

C. Other Restrictions

1. FAA Sec. 122(b). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? N/A
2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? N/A
3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries? Yes
4. Will arrangements preclude use of financing:
- a. FAA Sec. 104(f); FY 1985 Continuing Resolution Sec. 527. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice (1) Yes

- abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; (4) to lobby for abortion? (2) Yes
- (3) Yes
- (4) Yes
- b. FAA Sec. 620(g). To compensate owners for expropriated nationalized property? Yes
- c. FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? Yes
- d. FAA Sec. 662. For CIA activities? Yes
- e. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained? Yes
- f. FY 1985 Continuing Resolution, Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for military personnel? Yes

- g. FY 1985 Continuing Resolution, Sec. 505.
To pay U.N. assessments, arrearages or dues? Yes

- h. FY 1985 Continuing Resolution, Sec. 506.
To carry out provisions of FAA section 209(d) (Transfer of FAA funds to multilateral organizations for lending)? Yes

- i. FY 1985 Continuing Resolution, Sec. 510.
To finance the export of nuclear equipment, fuel, or technology or to train foreign nationals in nuclear fields? Yes

- j. FY 1985 Continuing Resolution, Sec. 511.
Will assistance be provided for the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights? No

- k. FY 1985 Continuing Resolution, Sec. 516.
To be used for publicity or propaganda purposes within U.S. not authorized by Congress? No

INITIAL ENVIRONMENTAL EXAMINATION

OR

CATEGORICAL EXCLUSION

Project Country: Sahel Regional

Project Title: Sahel Family Health Initiatives (No. 625-0969)

Funding: FY (s) 85 - 88 \$ 2,500,000

IEE Prepared by: ^{AMU} K. McDonald, AFR/PD/SWAP

Environmental Action Recommended:

Positive Determination _____
Negative Determination _____

Categorical Exclusion:

This activity meets the criteria for Categorical Exclusion in accordance with Section 216.2 (C) and is excluded from further review because:

This activity meets the criteria for a Categorical Exclusion in accordance with 22 CFR Section 216.2(c) and is excluded from further review because under Section 216.2(c) (2) (viii), programs involving nutrition, health care or population and family planning services except to the extent such programs include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.) are not subject to the provision of Section 216.3. Since this project only provides basic family planning services, related technical assistance and training, with limited commodity support, the Sahel Regional Development Office has determined that the proposed project meets the criteria as specified in Section 216.2(c) (2) (viii) for a categorical exclusion, and requests the concurrence of the Africa Bureau Environmental Officer with this determination.

Concurrence:
Bureau Environmental Officer
(ACTING)

APPROVED Walter Fisher

DISAPPROVED _____

DATE April 17, 1985

Clearance: GC/AFR (draft) Date 4/16/85
BBryant

Dennis M. Chandler

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR FOR AFRICA

FROM : AFR/SWA, Dennis M. Chandler

SUBJECT: FAA Section 121(a) Determination for the Sahel Population Initiatives Project (625-0969)

Issue: To make a finding that the determination set out in FAA Section 121 (a) is not required for the Sahel Population Initiatives project.

background: The SPI Project has been designed to initiate population and family planning activities in those Sahelian countries which do not currently have bilateral programs in the population sector and to provide funds for complementary activities in those countries which do have such bilateral programs either on-going or under design. The project will consider financing a wide range of activities relating to population and family health through (1) buy-ins to on-going S&T/Pop and AFR/RA centrally funded activities (2) regional activities managed by KEDSO, and (3) direct contract procurement by the Mission. The use of SDP funds will require a determination on the applicability of FAA Section 121 (a).

Section 121(a) of the Act states that SDP funds may not be made available to a foreign government for disbursement unless the Administrator has determined that the foreign government will maintain a system of accounts which will provide adequate identification of and control over those funds. The Administrator has delegated to you the authority to make the 121 (a) determination.

The Sahel Population Initiatives project will be implemented through the same contracting and funding mechanism used for the S&T and AFR/RA activities, which are by A.I.D direct contract with such institutions as John Hopkins Program for International Education in Gynaecology and Obstetrics (JHPIEGO) and U.S. Bureau of Census.

Recommendation: That you approve a finding that the determination set out in FAA Section 121 (a) is not required for the Sahel Population Initiatives Project (625-0969) inasmuch as no SDP funds will be made available to any foreign government for disbursement for this project.

Attachment:

121(a) Certification dated June 7, 1985

APPROVED: *[Signature]*

DISAPPROVED: _____

DATE: 6/7/85

Clearance:

AFK/Tk:N.Yinger (draft)

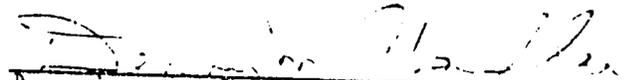
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Drafted:AFK/SWA:J.Procopis:aa:6/7/85:42500

CERTIFICATION

SUBJECT: Sahel Population Initiatives (625-0969) and Foreign Assistance Act Section 121 (d)

I, Dennis M. Chandler, certify that no Sahel Development Program funds will be made available to any foreign government for disbursement under the Sahel Population Initiatives project 625-0969.



Dennis M. Chandler
Director, Office of Sahel
and West Africa Affairs

5/1-25
Date