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CHILD SURVIVAL IMPLEMENTATION PLAN
FOR SENEGAL

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TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
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I. INTRODUCTION

This Child Survival Implementation Plan is a follow-on document for the Child Survival Strategy Paper which was prepared in January of this year. The Implementation Plan was written during the period 10-15 May, 1987 while the authors were in Senegal. This implementation plan is an internal USAID document and has been based on the Child Survival Strategy Paper after consultation with the mission staff. Because of the short time which was available for the preparation of this document and because many of the MOH officials who might normally have been contacted during the preparation were out of the country, this document has not been discussed with the GOS officials. As the design process evolves, the GOS MOH should, of course, be fully involved so that the resulting program is truly a collaborative effort between the GOS and the AID mission.

The purpose of this Implementation Plan is to take a document dealing with broad concepts and indicate how these concepts might be realized through the mechanisms and within the time frame needed for AID project implementation. This document, therefore, takes the broad concepts discussed more fully in the Strategy Paper and puts them in a framework suitable for the next stages of implementation.

While the basic strategy presented in the Senegal Child Survival Strategy Paper has not been altered, there are a number of areas where the original document has been changed on the advice of the AID mission. Perhaps the most central of these changes regards the first section of recommendations entitled "National Direction and Coordination." Under this section our initial recommendations were to set up a Child Survival Task Force at the level of the Presidency and a Child Survival Working Group within the Ministry of Health. Following discussions with the AID mission in Senegal, we have recommended instead that the Task Force and Working Group not be established. Rather, the impetus at the Presidential level would be established by high-level discussions between the GOS and senior AID or Embassy officials, and the Working Group would be replaced with a Technical Assistance Team headed by a senior health planner and manager who would act as policy advisor to the MOH at the level of the director of the Health Cabinet. Finally, to accomplish the integration of the Child Survival programs of the various donors, we recommend a small inter-donor committee which would include the major donors (UNICEF, AID, French Assistance).

To a large extent, the child survival strategy which is envisioned for Senegal requires a reorientation of the management systems at the Ministry of Health in order to support the type of program requirements needed for a significant reduction in infant and child mortality. The initial analysis of the health infrastructure indicated that the key constraint to the delivery of health services in Senegal was the need for management systems which allow more efficient use of available manpower, funding, and supplies to achieve their goals. The need to focus the attention of the National Ministry of Health on how they can define and reach clearly stated objectives in the area of child survival, and on how they can develop the capacity to sustain these efforts over the long-term rather than the short term is the major goal of this program. In order to highlight how the development of management systems impact on the delivery and sustainability of health services, we have developed a matrix to indicate the relationship between each management system and each technical intervention proposed for the child survival program in Senegal. This matrix is on the following page.

SENEGAL CHILD SURVIVAL PROGRAM
MANAGEMENT SYSTEMS IMPACT

MANAGEMENT SYSTEM	MOH STRUCTURE	IMMUNIZATIONS	DIARRHEAL DISEASE	FAMILY PLANNING ANTENATAL CARE	NUTRITION	MALARIA & RESPIRATORY
PLANNING	Strategic plans	Strategic plans	Home mix vs. Pkt	Medic. policies	Strategic plan	Review strategy
	Clear objectives	Targeting <1	Case management	Plan strategy	Link: food, weigh	Targeting
	Targeting	Targeting women	Targeting	Access	Donor coordin.	Clin. training
	Decentralization	Follow-up/child	Distribution	Antenatal care	Targeting	Medic. policies
	Timing	Vaccine effic.	Feeding	Coord. MOH-MOSW		
			Target hi-risk			
LOGISTICS	Inventory mgmt.	Cold chain	Production	Access	Food distrib.	Commer. sales
	Transportation	Maintenance	Distribution	Contraceptives	Weighing prog.	Commun. distr.
	Procurement	Vaccines	Private sector	Supplies	? Vit. A	Pharmaceuticals
	Production (?)	Supplies		Tet. Toxoid		decentralized
	Storage			Iron, folate		
MANAGEMENT INFORMATION SYSTEMS	Surveillance	Target pop.	Surveillance	Scope of prob.	Scope of prob.	Scope of prob.
	Vital statistics	Vaccine effic.	Case management	Targeting	Targeting	Impact
	Prog. monitoring	Inventories	Logistics	Coverage	Coverage	Logistics
	Personnel	Coverage	Survey knowledg	Supplies	Impact	
	Financial mgmt.	Evaluation	Survey use	Identify probs.		
SUPERVISION	Organiz. struct.	Clin. techniques	Case management	Clinical	Growth monit.	Clinical
	Responsibility	Cold chain	Train new staff	Antenatal care	Food distrib.	Train staff
	Decision making	Maintenance	Train mothers	Train staff	Train mothers	Supplies
	Decentralization	Evaluation	Logistics	Supplies	Accountability	Std. Treatments
	Quality control	Accountability	Eval. training	Identify probs.		Accountability
			Accountability	Accountability		
FINANCIAL MANAGEMENT	Planning	Reccurent cost	ORS sales	Contrac. sales	Cost/benefit of	Cost/benefit of
	Policy changes	Maintenance	Comm. distrib.	Comm. distrib.	interventions	interventions
	Prioritization	Fee structure	Comm. production	Cost/benefit of	Food subsidies	Sales of drugs
	Fee structures	Vaccine supply		interventions	Global approach	
	Reccurent costs					
Donor coordinat.						
INFORMATION EDUCATION COMMUNICATION	Coordination of messages	Maintain demand	Knowledge	High-risk del.	Nutr. education	Home treatment
	Tech. production	Static sites =>	Correct use	Motivation	Link with other	When to seek
		no motivation	IEC evaluation	Birth spacing	interventions	help
		Measles	Feeding	Antenatal care	Breast feeding	Message testing
		Tetanus Tox.	Measles	Supply = Demand	Weaning foods	
	Message testing	Message testing	Message testing	Message testing		

II. SCHEDULE OF DESIGN & IMPLEMENTATION

The schedule of the design and implementation of the child survival program is presented on the following 2 pages as a Gantt chart of activities. There are a number of items on this chart which should be highlighted:

- o The first 10 tasks specified on the Gantt Chart relate to AID project and document preparation for a Child Survival Project. It is intended as a guide for their planning, and will be subject to their internal needs and resources available for this type of work.
- o The formal preparation of the Child Survival Project documents will begin with the project design study, scheduled for early 1988. Prior to this design, we recommend that two studies be undertaken, and that the mission discuss a number of policy issues with the GOS. These studies, and the policy issues to be discussed are presented in some detail in sections III and IV.
- o Senegal has been offered the opportunity to have a Child Survival advisor made available through the CDC in Atlanta. Our recommendations for a timetable include the placement of such an advisor as early as possible to assist the mission in its design efforts and document preparation.
- o The timetable presented calls for a FY 1989 beginning of the project. While some of the mission staff felt an earlier start might be feasible and appropriate, the Deputy Mission Director advised us to plan for a FY 1989 start as a most likely scenario, and because of internal budget considerations. This start corresponds with our judgement about the time needed for proper preparation of a complex project such as this one.
- o There are many activities that will need to take place prior to the commencement of the Child Survival Project. Most of these will be included under the existing Rural Health Services Project, and will, in fact, include the transition between these two AID-funded projects. Accordingly, the staff currently working on the Rural Health Services project will need to be made aware of the timetable and goals and objectives of the new child survival project and how their activities will relate to it.

USAID CHILD SURVIVAL PROGRAM FOR SENEGAL

TASK	1987		1988				1989				1990				1991				1992				1993				1994				
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1)Approach President	XX																														
2)Counterpart letter	XXX																														
3)CDC advisor	XXX		XXXXXXXXXXXX				XXX																								
4)Pre-design studies	XXXXXX																														
5)Project design			XXX																												
6)PID				XXX																											
7)PP					XXX																										
8)Pro-Ag						XX																									
9)RFP							XX																								
10)Contract Award								X																							

A: Nat. Dir/Coord.																															
1)Policy negotiations	XXXXXX		XXXXXXXXXXXX				XXXXXXXXXXXX			XXXXXXXXXXXX				XXXXXXXXXXXX																	
2)CS Resident Advisor										XXXXXXXXXXXX				XXXXXXXXXXXX							XXXXXXXXXXXX					XXXXXXXXXXXX					
3)Monitoring TA										XXXXXXXXXXXX				XXXXXXXXXXXX							XXXXXXXXXXXX					XXXXXXXXXXXX					
1)perf.-based.CS \$										XXXXXXXXXXXX				XXXXXXXXXXXX																	
2)block grants										XXX				XXXXXXXXXXXX							XXXXXXXXXXXX					XXXXXXXXXXXX					
3)CS Monitoring										XXXXXXXXXXXX				XXXXXXXXXXXX							XXXXXXXXXXXX					XXXXXXXXXXXX					

B: R Hlth Svc project																															
1)review strengths	XXXXXX																														
2)negotiate withdrwl		XXX	XXX																												
3)expand to CRS/WVRO			XXXXXX																												
4)publicize/video			XXXXXX																												
1)MOH FHC model					XXXXXX																										
2)transfer to MOH			XXXXXXXXXXXX			XXXXXX																									
3)trng. ctr. strategy			XXXXXXXXXXXX			XXXXXX																									
4)review self-finance	XXXXXX																														

C: Self-Financing																															
1)review GOS programs	XXXXXX																														
2)study paying capaci	XXXXXX																														
3)develop fee sched.	XXXXXX																														
1)L.T.Fin.Strategy					XXXXXX		XXXXXXXXXXXX																								

USAID CHILD SURVIVAL PROGRAM FOR SENEGAL

TASK	1987		1988				1989				1990				1991				1992				1993				1994														
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4											
D: Immunization																																									
1)target <1 year	XXXXXX		XXXXXXXXXXXXXX																																						
2)T.T. for women	XXXXXX		XXXXXXXXXXXXXX																																						
3)Reg. work plans	XXXXXX																																								
4)test fees			XXXXXX																																						
5)Cold chain maint.			XXXXXX																																						
1)L.T. strategy							XXX			XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
2)monitoring system										XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
E: Diarrheal Disease																																									
1)evaluate training	XXX																																								
2)case mgmt training	XXXXXXXX		XXXXXX																																						
3)test ORS fee		XXX	XXX																																						
4)use matrons, others				XXXXXXXXXX		XXXXXX																																			
5)test home mix solns		XXX	XXXXXXXXXX																																						
6)review production	XXX																																								
1)production dialogue	XXX																																							
2)L.T IEC strategy				XXXXXX		XXXXXX																																			
F: Malaria																																									
1)review options	XXXXXX																																								
2)make chlor. avail.		XXX	XXX																																						
3)IEC campaign				XXXXXXXXXX		XXXXXX																																			
1) L.T. strategy										XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
G: Nutrition																																									
1)targeted approach	XXXXXX																																								
2)seasonal distrib.			XXXXXXXXXXXXXX																																						
1)food strategy								XXXXXX		XXXXXXXXXXXXXX																															
H: FP/Antenatal Care																																									
1)document problem	XXX	XXXXXX																																							
2)develop strategies			XXXXXXXXXXXXXX																																						
3)maternal mortality			XXXXXXXXXXXXXX							XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
1)antenatal care										XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
2)Tetanus Tox.	XXXXXX		XXXXXXXXXXXXXX		XXXXXX					XXXXXXXXXXXXXX		XXXXXXXXXXXXXX		XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																									
I: Respiratory Disease																																									
1)document problem				XXXXXX		XXXXXX																																			
2)review strategies										XXXXXXXXXXXXXX		XXXXXXXXXXXXXX																													
J: Pub. Hlth. Trng.																																									
1)epidem.,eval.,plng.				XXXXXX																																					
2)devel. instit. cap.				XXXXXX																																					
1)review med.sch.cur.																	XXXXXX																								
2)improve p.g.courses																																									

III. GOS HEALTH CARE POLICIES; THE NEED FOR POLICY DIALOGUE

Senegal offers a unique opportunity to undertake a comprehensive child survival program because of its willingness to confront those policies which currently inhibit effective health care delivery and for its initiative in developing health care structures which allow for delivery of these services at the peripheral level. On the other hand, some current health policies remain in place which block the implementation of an effective health care structure at the peripheral level. The relationship between these policies and their effect on the system is not always obvious, and a policy dialogue between AID and the GOS may lead to a better understanding of these issues and modification of some health policies in order to facilitate the implementation of this program and improve the health of Senegalese families.

A. PHARMACEUTICALS

In order to deliver effective health care services to Senegal, whether to infants, children, or adults, there must be in place an efficient and workable drug distribution system. The current situation in Senegal is that the MOH central pharmacy buys all pharmaceuticals distributed through the public health system. There is, however, no effective management system in place to ensure sufficient supplies at regional and local health facilities. The result is that stockouts of essential drugs, ORS and contraceptive supplies are frequent, and people have lost faith in the ability of the public health system to supply needed pharmaceuticals. Regional and local pharmacies are prohibited from purchasing drugs locally, even when funds for this purpose are available. Furthermore, even private sector distribution may be limited since anything classified as a pharmaceutical (including aspirin, chloroquin, ORS and condoms) may be sold only in a registered pharmacy, which are located predominantly in the main urban centers. Local "boutiques," located in most villages are prohibited from sales of these items. For the majority of the population, therefore, these items are not available when they are needed. While the GOS may feel that allowing a profit margin for the distribution of essential pharmaceuticals is contrary to the humanistic principles of a socialist society, the current system effectively precludes the availability of these items at all. A compromise could be effected through the following policy changes:

- o Reorientation of GOS pharmaceutical purchase and distribution policies to facilitate a more effective regional pharmaceutical system, and provision to allow local communities and health facilities to use available resources to buy a limited number of needed drugs and supplies locally when they are not available through the normal mechanism.
- o Reclassification of selected pharmaceuticals to enable commercial distribution of such items as ORS, condoms, and chloroquin.

B. PRIVATE SECTOR: COLLABORATOR NOT COMPETITOR

The GOS has been reluctant to include the private sector in its planning for the public health care system. There is a common mistrust by many Senegalese of the private sector, due in part to past experiences of exploitation and unethical practices. However, many officials within the MOH are coming to realise that the private sector offers a more effective and efficient mechanism for the delivery of some services and products to the Senegalese people. For example, despite extreme reluctance to accept the private sector component of the Family Health project, the GOS has now seen that this sector can offer family planning services in a safe and effective manner which compliments the efforts of the Government.

In the area of child survival, there are a number of areas where the private sector may be better equipped to produce and distribute goods and services and may offer a complementarity to the Government programs which are available or planned. One example already cited is the sale of chloroquin at local "boutiques" to widen the availability of this drug for use by mothers whenever their children have a fever, particularly during the rainy season. A second area where the private sector apparently offers promise is in the repair and maintenance of cold chain equipment. Yet another is in the widened distribution of ORS packets through non-health personnel such as traditional "matrons," schoolteachers and religious leaders. With regard to production, dialogue is already underway with regard to production of ORS, with discussion focusing of whether a public or private producer will, in the long run, reliably produce the salts more efficiently. Needed policy changes include:

- o A policy to consider all options available when developing strategies for the production and distribution of goods and services. Among the options considered should be both the public and private sectors with the main determinants being efficiency and effectiveness.
- o A more open policy with regard to tendering for Government supplies. With regard to pharmaceuticals and vaccines, this would mean reviewing the regulations and specifications which currently preclude all but a few manufacturers from responding to these tenders.
- o The GOS should encourage local firms to participate in the provision of needed maintenance and repair services for equipment such as refrigerators, hospital supplies and automobiles.

C. COMMUNITY PARTICIPATION

The Senegalese have proven themselves willing and able to contribute to the provision of health care services at the community level. They have demonstrated their ability and willingness to pay for services which are seen as valuable including family planning, and medicines. However, the MOH has shown considerable reluctance to allow the communities to manage the fees collected for health care services and has instead insisted that all fees collected be returned to the national treasury rather than remain

available for local use in the purchase of medicines or for other needed goods or services. The result is that most often, needed pharmaceuticals are not available, cold-chain equipment is non-functional, and other needed services are not available. Policy changes needed in this area are:

- o The GOS should allow user fees to stay in the local community to offset the recurring costs of the health care services which are provided.
- o Mechanisms should be developed to facilitate the collection of fees at the local level to instill a sense of ownership of the health services and facilities among the local communities and to maintain a continuing stream of funds available for health services.

D. FINANCING AND PRICING

The GOS recognizes its inability to sustain the recurrent costs of the health infra-structure through the public budget, but has been hesitant to implement a pricing strategy consistent with the support needed for the maintenance of the current infra-structure. For example, the reluctance to charge user fees for in-patient care in health facilities or for preventive services has led to a lack of supplies and materials and contributed to the problem of underpaid, poorly motivated staff. Therefore, the policy issue is:

- o The GOS must develop a pricing system consistent with its desire to provide quality services and in consideration of the economic realities of Senegal which limit total public support of these services.

IV. PRE-PROJECT DESIGN STUDIES NEEDED

A. REVIEW AND DOCUMENTATION OF RURAL HEALTH SERVICES PROJECT

USAID/Senegal has made a considerable commitment to the development of a model for primary health care delivery in its Rural Health Services Project in Fatick and Kaolack Regions. Prior to the design of a new project which will build on the lessons learned from the current Rural Health Services Project, a thorough review of which systems have worked successfully and may be replicable either in other regions or on a national scale is required. Part of this work will be done through the PRICOR study of the supervisory systems being negotiated currently. However, a more comprehensive review is envisioned which would identify those aspects of the Rural Health Services Project model which could most successfully be used for the development of management systems in the Child Survival program. We would expect this study to take a 3 person team (Health Planner, Health Systems Analyst, and Evaluation Specialist) approximately 3 weeks for completion.

B. SELF-FINANCING STUDY

A major question which must be answered prior to the project design is the ability of the various payers to finance a comprehensive health infrastructure to support the child survival program. This study would include an evaluation of the costs of the various components of child survival currently being implemented, the ability of both consumers and the Government to pay for these services, and guidelines on appropriate fee structures and efficiency improvements for these services. In addition, a review of the financial systems which have been developed within the Rural Health Services Project area, and the appropriateness for the expansion of these models on a national scale would be required. Such a study has already been proposed by the AID mission, and a request for assistance for it from the centrally-funded REACH project has already been initiated. Since it is proposed that this study be completed prior to the design of the child survival program, there is some urgency to ensure that this study is carried out without delay. We would envision a 3-4 person team for 6-8 weeks for this type of cost study.

V. DESIGN PROCESS

A. DESIGN TEAM

It is proposed that the design team consist of the following specialists:

- o Health Management
- o Child Survival
- o Management Information Systems
- o Health Finance
- o Private Sector (Senegalese)

It is suggested that the GOS/MOH nominate a counterpart for each of the first four positions listed. While it is unusually early in the design process to work with counterparts, we believe that the policy implications and attitudinal/cultural factors are so important in the child survival program that more time will be saved in the long run with a good GOS counterpart involved as early as possible.

B. DESIGN PROGRAM

After the pre-project studies have taken place, the project design team should arrive in Senegal. It is estimated that one month in-country will suffice for this effort. A five person team consisting of a health manager, public health physician, MIS expert, health finance specialist and a Senegalese private sector health specialist are proposed along with their GOS counterparts. The design responsibilities of each of these individuals and an estimate of the design budget are attached as an appendix.

After the design has been reviewed and approved by USAID, the next step would be preparation of PID. It is perhaps at this stage that the CDC advisor could assist USAID and subsequently work with HPNO staff to select the PP design team and coordinate PP preparation. The PID and PP stages are necessarily time consuming and probably cannot be completed in under one year.

The preparation of the ProAg, and RFP, and subsequent selection of a contractor could be facilitated with assistance from the resident CDC advisor. During the design and negotiations of the project, the CDC advisor could play a valuable role in the policy process with the GOS.

VI. CONTRACT PROCUREMENT RECOMMENDATION

The goal of the Child Survival Program is to effect major structural changes in the Ministry of Health in order to lay the foundation for an effective health strategy which will reduce the large number of Senegalese children who die each year. The impact of these changes will be profound and can be expected to impact on every sector of AID's program in Senegal for many years. On the other hand, in many instances, the changes which are envisioned will be initially unsettling for some in the MOH who have not been exposed to these types of management systems and who may be reluctant to change the way they have become accustomed to working. These types of organizational changes will require skillful and often subtle leadership from the project team to minimize the resistance to these changes which might initially be expected. It will also require the full support of the AID mission and the GOS to help convince those who are reticent of the need for change. Because of the critical need for the resident advisors to be both technically competent and politically sophisticated, it is our recommendation that the contract for resident advisors and a supporting institution be made as widely open as possible to ensure that the most qualified team available is put in place. Despite the time and effort that USAID must go through for a full and open competitive procurement, it is probable that this initial investment in time and energy will result in greater choice in the selection of a contractor, and that for a project as complex as this one, will result in advisors who will better serve the technical needs of the program and be more acceptable to the GOS.

DESIGN TEAM

Health Management Expert

RESPONSIBILITIES:

1. Work with GOS counterparts and other team members to assess:
 - (a) structure and responsibilities of MOH directorates;
 - (b) methods of planning, coordination, monitoring and evaluation within and among directorates;
 - (c) staffing patterns, job descriptions and personnel management practices of Directorates whose mandates particularly affect child survival;
 - (d) the communication, logistical and technical support among national, regional and local level MOH staff.
2. Review study of replicability of SRH project and identify those elements which should become part of the child survival program.
3. Prepare recommendations on management changes at national, regional and local levels necessary to run an effective child survival program and prepare a preliminary workplan on how these recommendations can be implemented.

QUALIFICATIONS:

- o extensive experience in the management of health care programs in developing countries;
- o knowledge of AID project design needs;
- o fluent French.

Child Survival Specialist

RESPONSIBILITIES:

Work with the GOS counterparts and other team members to:

1. Identify health systems strengths and weaknesses as they impinge upon the major program areas of child survival (CDD, EPI, malaria, etc.)
2. Develop a training and TA plan necessary to address the weaknesses and reinforce the strengths for each of these program areas.
3. Identify the factors which need to be monitored to assess progress in each of the program areas and propose a monitoring/evaluation plan.

QUALIFICATIONS:

- o physician with extensive developing country experience, preferably in Africa.
- o knowledge of management systems and evaluation methodologies
- o fluent French.

Management Information Specialist

RESPONSIBILITIES: Work with GOS counterparts and other team members to

1. Compare child survival program information needs with the information currently available under the MOH system.
2. Review the MIS changes which need to take place to meet with child survival program needs (i.e. data collection, monitoring and evaluation, and targeting).
3. Prepare a preliminary workplan outlining the training, TA requirements, and equipment needed to set up an effective child survival management information system.

QUALIFICATIONS:

- o extensive experience in the design and evaluation of MIS especially for health ministries in developing countries;
- o familiarity with microcomputers and available software;
- o familiarity with MIS training needs;
- o fluent French.

Health Economist/Finance Specialist

RESPONSIBILITIES:

Work with GOS counterpart and other team members to:

1. Identify opportunities for community financing of health services based on the experience of the Rural health project and elsewhere.
2. Review implications of expanding these community financing possibilities to a nationwide CSP.
3. Identify structural and policy changes which would need to take place to implement self-financing of CSS.

QUALIFICATIONS:

- o extensive experience with financing issues impinging on health care services in developing countries;
- o experience in the design of practical community financing projects;
- o fluent French.

Private Sector Health Specialist (Senegalese)

RESPONSIBILITIES:

Working with GOS and American team members to:

1. Propose specific child survival interventions which could be helped by private sector participation.
2. Develop a preliminary workplan to increase the role of the private sector.
3. Suggest mechanisms by which GOS and private sector could improve their collaboration for the child survival effort.

QUALIFICATIONS:

- o extensive senior level experience with private and public health care delivery in Senegal;
- o familiarity with GOS health care policies;
- o familiarity with USAID project design procedures.

APPENDIX II

DRAFT BUDGET

Personnel - Professional:		U.S. \$
Health Management Expert	28 days	20,000
Child Survival Specialist	28 days	20,000
MIS specialist	28 days	20,000
Health Economist/Finance	28 days	20,000
Private Sector Specialist	28 days	10,000
Personnel - Support:		
Administrative Assistant	42 days	3,000
Secretary	42 days	2,500
Translator	21 days	3,000
Messenger/Chauffeur	42 days	1,500
Other:		
vehicle rental (2 cars/4 weeks		3,500
Gasoline		1,000
In-country travel/per diems		4,500
Supplies/photocopies		2,000
TOTAL		<u>\$110,000</u>