

PD-ABD-462

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SENEGAL FAMILY HEALTH AND POPULATION PROJECT

(685-0249)

PROJECT PAPER SUPPLEMENT

USATD/Senegal
September 30, 1991.

LIST OF ACRONYMS

A.I.D.	Agency for International Development
AIDS	Acquired Immunodeficiency Syndrome
BNR	Bureau National de Recensement (Senegal's Bureau of the Census)
BUCEN	The U.S. Bureau of the Census
DHS	Demographic and Health Survey
EOPS	End of Project Status
FAR	Federal Acquisition Regulation
FCFA	Franc de la Communauté Financière de l'Afrique (Local currency of the member states of the West African Monetary Union)
FHI	Family Health International
FHP	Family Health and Population
FP	Family Planning
FY	Fiscal Year
GOS	Government of Senegal
HIV	Human Immunodeficiency Virus
HPNO	Health, Population, and Nutrition Office
IEC	Information, Education, and Communication
IEE	Initial Environmental Examination
ISTI	International Science and Technology Institute
KAP	Knowledge, Attitudes, and Practice (Survey)
LOP	Life of Project
MCH	Maternal and Child Health
MPHSA	Ministry of Public Health and Social Action

MWRA	Married Women of Reproductive Age
NFPF	National Family Planning Program
NGO	Non Governmental Organization
PACD	Project Assistance Completion Date
PIL	Project Implementation Letter
PIO/C	Project Implementation Order for Commodities
PIO/P	Project Implementation Order for Participant Training
PIO/T	Project Implementation Order for Technical Services
PMI	Centre de Protection Maternelle et Infantile (Maternal and child health center)
PP	Project Paper
PROAG	Project Grant Agreement
RLA	Regional Legal Advisor
SDP	Sahel Development Program
STD	Sexually Transmitted Disease
TA	Technical Assistance
UNFPA	United Nations Fund for Population Activities
U.S.	United States
USAID	U.S. Agency for International Development
WID	Women in Development

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procedures manual to correct the financial management and accountability problems, and the new MPHSA roles and responsibilities vis à vis the project's activities have been defined. As a result, project activities are currently behind schedule but the mechanisms have now been put in place for increasing the pace of implementation once the PP supplement is approved.

A recent evaluation of the project was conducted from March 28 through May 10, 1991. The evaluation concluded that the Project succeeded in increasing the awareness of the GOS policy makers and planners to the importance of demographic factors in development planning. However, the evaluation found three major weaknesses regarding: (1) the quality of services; (2) the Logistics supply system; and (3) the dissemination of research results. USAID, GOS project staff and senior ministry officials formed a working group to jointly review these findings. The working group endorsed the evaluation's findings, reviewed the project's budget and workplan, and recommended an increase of the overall project's funding level and a three-month extension of the PACD to address the weaknesses and allow for successful completion of priority activities.

The Mission is presently designing a new project which will build on both FHP project activities as well as the Rural Health Delivery II/Child Survival Project. Implementation under the new project will not get underway until mid to late 1992.

The Mission has prepared a Project Paper (PP) Supplement for the FHP project given results of the evaluation and implementation of current activities. The PP Supplement amends the FHP project budget to increase its LOP funding by \$1,470,000 and extends its PACD by three months in order to:

- avoid a gap between the end of the FHP Project and the implementation activities of the new project;
- upgrade the quality of services;
- upgrade the logistical supply system;
- implement an expansion program for Norplant;
- continue to support activities in the private sector component, including the development of a plan for sustainability of private sector activities;
- disseminate research results; and
- finalize the census analysis and disseminate the results.

B. Financial Summary

A financial summary of the budget by category as of June 30, 1991 is found in Table I of the Attached PP Supplement. The project fiscal data shows, as of June 30, 1991:

Obligation: \$20,600,000
 Earmarks: \$19,914,272
 Expenditures: \$16,886,649
 Pipeline: \$3,713,351

The Mission has obligated the total of \$20.6 million authorized to date. The ECPR recommends that the project authorization be increased from \$20.6 million to \$22.07 million using \$1.47 million from deobligated SDP funds.

REVISED PROJECT BUDGET
 (in U.S. Dollars)

Category	Earmarked 6/30/91	Programming Available Funds 7/1-/12/31/91	Deob/Reob 1/91-9/92	Totals to be Earmarked
1. Tech. Assistance Contractor	8,662,000	503,000	70,000	9,235,000
2. Local Operating Costs	6,181,633	0	1,178,367	7,360,000
3. BUCEN -- Data Base Improvements	879,695	0	305	880,000
4. Contraceptives, AID Procurement	878,993	10,500	60,507	950,000
5. Commodities, AID Procurement	2,693,916	147,000	9,084	2,850,000
6. Other AID Procurement/(TA, Training, Construction, Research/Social Marketing)	395,607	25,228	114,165	535,000
7. Audits and Evaluation	222,428	0	37,572	260,000
Grand Total	19,914,272	685,728	1,470,000	22,070,000

C. Socio-Economic, Technical and Environmental Considerations

The socio-economic and technical analyses and conclusions contained in the original Project Paper remain valid. Only the original IEE requires amendment because of the substantial changes in the existing project's LOP costs. The IEE Amendment was concurred in by the AFR Bureau Environmental Officer as per State _____. A copy of the approved Amendment cleared by the Regional Legal Advisor (RLA) at post is attached as Annex 6 of the PP Supplement.

D. Conditions Precedent and Covenants

All the Conditions Precedent to Disbursement have been met. This Project Paper Supplement retains all the remaining special covenants contained in the original Project Paper.

E. Procurement and Waivers

A procurement plan for additional commodities is attached as Annex 4 to the PP Supplement. A justification for other than full and open competition will be prepared in accordance with Federal Acquisition Regulation (FAR) Para. 6.302-1 to modify ISTI's contract to (1) extend the contract completion date and (2) add US \$573,000.

F. Responsibilities

USAID's Office of Health, Population and Nutrition (HPNO), the Ministry of Public Health and Social Action (MPHSA), ISTI and BUCEN will continue to implement the project, providing the required level of effort and key staff and assuming the same roles and responsibilities.

G. Evaluation and Audit

This PP Supplement provides funds for one final local currency budget audit. A Project Assistance Completion Report will also be prepared at the end of the project, primarily to update the results of the recent evaluation report.

III. NOTIFICATION TO THE CONGRESS

A technical Notification was forwarded to Congress. The Mission was advised by telegrams (State 256631 and State 258600) that funds can be obligated.

IV. AUTHORITY

Africa Bureau Delegation of Authority No. 551, as revised, gives you the authority to approve authorization amendments up to \$30 million in project costs for a cumulative LOP not to exceed 10 years when the amendments: (a) do

not present significant policy issues; or (b) do not include waivers that can only be approved by the Assistant Administrator for Africa or the Administrator. The subject amendment falls within your delegated authority.

V. RECOMMENDATION:

That you sign the attached Project Authorization Amendment Number Two (Attachment A) and the PP Supplement Facesheet (Attachment B) thereby approving:

- (1) an additional \$1,470,000 for a new LOP funding of \$22,070,000; and
- (2) an extension of the PACD from June 30, 1992 to September 30, 1992.

Approved *Dary Nelson*
Disapproved _____
Date 9/30/91

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ACTION MEMORANDUM TO THE MISSION DIRECTION, USAID/SENEGAL

Drafted by: PRM:SCissé:nfs [Signature] Date 9/25/91

Clearance: PRM:RGilson [Signature] Date 9/23/91

PRM:RGreene [Signature] Date 7/27/91

HPNO:LLankenau [Signature] Date 9/27/91

HPNO:MAMicka [Signature] Date 9/27/91

PDO:MAKane [Signature] Date 9/27/91

PDO:DRobinson DR Date 9/27/91

EXO:MIreland [Signature] Date 9/27/91

CONT:WMcKeel [Signature] Date 9/27/91

RLA:AAdams [Signature] Date Sept 26, 1991

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PROJECT AUTHORIZATION

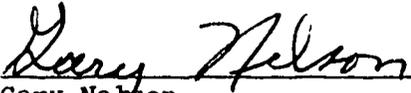
AMENDMENT NUMBER TWO

Country: Senegal
Project Title: Family Health and Population
Project Number: 05-0248

1. Pursuant to Section 121 of the Foreign Assistance Act of 1961, as amended, the Family Health and Population Project was authorized on July 30, 1985, and amended on May 7, 1987 (as so amended, the "Authorization"). The Authorization is further amended as follows:

Line 4 of paragraph one of the Authorization is amended by deleting the amount "\$20,600,000" and substituting in lieu thereof the amount "\$22,070,000".

2. Except as amended hereby, the Authorization remains in full force and effect.


Gary Nelson
Acting Director

04/30/91
Date

Drafted by: PRM: SCissé SCisse Date: 09/25/91
RLA: AAdams AAdams Date: 09/25/91

Clearances: as shown on Action Memorandum.

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AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE
A = Add
C = Change
D = Delete
A

Amendment Number
TWO

DOCUMENT CODE
3

COUNTRY/ENTITY
SENEGAL

3. PROJECT NUMBER
685-0248

4. BUREAU/OFFICE
USAID/Senegal

5. PROJECT TITLE (maximum 40 characters)
Family Health and Population

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
MM DD YY
019/310/92

7. ESTIMATED DATE OF OBLIGATION
(Under "3" below, enter 1, 2, 3, or 4)
A. Initial FY **85** B. Quarter **76** C. Final FY **91**

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)	4,092	5,358	9,450	11,492	10,578	22,070
(Loan)						
Other U.S.						
1. Host Country		1,057	1,057	-	7,400	7,400
2. Other Donor(s)						
TOTALS	4,092	6,415	10,507	11,492	17,978	29,470

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) SDP	440B	440		20,600	-	1,470	-	22,070	-
(2)									
(3)									
(4)									
TOTALS				20,600		1,470		22,070	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
410 | 460 | 420 | 450

11. SECONDARY PURPOSE CODE
410

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

A. Code	B. Amount
BWW	RPOP
TNG	

13. PROJECT PURPOSE (maximum 450 characters)

To achieve an effective nationwide family planning program offered through public and private sector institutions and to improve the demographic data base for more effective consideration of population factors on development planning.

14. SCHEDULED EVALUATIONS

Interim	MM	YY	MM	YY	Final	MM	YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify) **935**

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

This amendment (1) reappropriates the project budget and adds \$1,470,000 to finance technical assistance, training, limited commodities, local operating costs, studies and an audit, and (2) extends the PACD from June 30, 1992 to September 30, 1992 to realize project objectives.

17. APPROVED BY: **WMcKeel** Concurrence Date **9/30/91**

17. APPROVED BY: **Larry Nelson**
 Title: **Acting Director, USAID/Senegal**
 Date Signed: **019/310/91**

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

Clearances: PRM:SCisse
 PRM:RGilson
 PDO:DRobinson

HPNO:MAMicka
 RLA:AAdams

FAMILY HEALTH AND POPULATION PROJECT
(685-0248)
PROJECT PAPER (PP) SUPPLEMENT

I. EXECUTIVE SUMMARY

Purpose of PP Supplement: (1) To increase the Life of Project (LOP) funding, and (2) to extend the Project Assistance Completion Date (PACD) to enable attainment of expanded and priority objectives planned in the original Project Paper.

Problem: Action is requested:

- to increase the authorized Life of Project (LOP) funding by \$1,470,000 to bring the total level of A.I.D. funding from \$20,600,000 to \$22,070,000, and the total LOP funding including the GOS contribution from \$28,000,000 to \$29,470,000;
- to amend the budget line items and input and output indicators of the existing project; and
- to extend the PACD from June 30, 1992 to September 30, 1992.

The goal and purpose of the project remain unchanged.

Project Background: The Family Health and Population (FHP) Project (685-0248) is a seven-year bilateral project which was authorized by the USAID/Senegal Mission Director for an original A.I.D. LOP funding of \$20 million in 1985 with the funds obligated in FY 1985 and FY 1986. The Project Assistance Completion Date (PACD) is June 30, 1992. A Life of Project funding increase of \$600,000 was authorized by the Mission Director in FY 1987 to compensate for fluctuations in the FCFA to dollar exchange rate and its impact on the funding available for the 1988 census.

The goal of the Family Health and Population Project as stated in the Project Paper is "to improve the health of Senegalese women and their children and to help achieve population growth rates compatible with Senegal's capacity to provide basic health and social services for its people."

The purposes of the project are "(a) to improve the capacity of the governmental and non-governmental sectors to provide safe and effective contraception to 15 percent of married women of reproductive age (MWRA) approximately 200,000 couple years of protection; (b) to provide comprehensive support to Maternal and Child Health (MCH) services, for example the detection and treatment of sexually transmitted diseases and infertility; the provision of integrated family planning at the community level; (c) to improve the demographic data base so that more effective development planning can take place; and (d) to increase the awareness of policy makers, planners and the general community of the impact of rapid population growth on development."

The project's progress was satisfactory until mid 1989. Then, due to administrative difficulties and the discovery of serious financial management problems, the project came to a virtual standstill for several months while solutions were worked out, and key personnel changes were made. As a result, the achievement of project objectives is behind schedule. With the designation of a new GOS Project Director in September 1990 and approval of a new procedures manual in June 1991, the project is now moving forward.

An evaluation of the project was conducted March 28 through May 10, 1991 in order to determine overall project status and to develop recommendations for achieving project objectives in an effective manner. The evaluation concluded that the project was succeeding in increasing the awareness of Government of Senegal's policy makers and planners to the importance of demographic factors in development planning as well as achieving an impressive rate of increase in family planning acceptors. However, it also revealed three major problem areas: (1) low quality of health service delivery; (2) a contraceptive logistical supply system that is not working adequately; and (3) poor dissemination of research results. A joint USAID/GOS work group reviewed the evaluation findings and recommended an increase of the overall project's funding level and a three-month extension of the PACD to address the problem areas. This PP Supplement follows the implementation plan developed by the working group and approved by the Mission.

The PP Supplement amends the existing project budget to increase its LOP funding by \$1,470,000 and to extend its PACD by three months in order to avoid a gap between the end of the project and the start up of a new Child Survival/Family Planning Project which will have related and follow on health activities. It also provides additional funding to achieve the following priority project objectives which are critical to lay the foundation for the follow on project:

- upgrading the quality of health service delivery through specialized training;
- upgrading the contraceptive logistical supply system;
- implementation of an expansion program for Norplant;
- continued support for activities in the private sector component including development of a plan for the sustainability of private sector activities;
- better dissemination of research results; and
- finalization of the census analysis and dissemination of the results.

II. PROJECT BACKGROUND AND ACCOMPLISHMENTS

A. Project Background

The FHP project is a seven-year bilateral project which was authorized by the USAID/Senegal Mission Director for an A.I.D. LOP funding of \$20 million in 1985 with the funds obligated in 1985 and FY 1986. The PACD is June 30, 1992. A Life of Project funding increase of \$600,000 was authorized by the Mission Director in FY 1987 to compensate for fluctuations in the FCFA to dollar exchange rate and its impact on the funding available for the 1988 census. The Ministry of Social Development was the GOS implementing agency for the project (from August 1985 to April 1990) with primary assistance from (a) ISTI under an AID Direct Contract and (b) the U.S. Bureau of Census under a PASA. The Ministry of Public Health and Social Action (MPHSA) took over responsibility as the GOS implementing agency in April 1990.

The goal of the Project as stated in the Project Paper is "to improve the health of Senegalese women and their children and to help achieve population growth rates compatible with Senegal's capacity to provide basic health and social services for its people." The purposes of the project are "(a) to improve the capacity of the governmental and non-governmental sectors to provide safe and effective contraception to 15 percent of married women of reproductive age (MWRA) (approximately 200,000 couple years of protection); (b) to provide comprehensive support to maternal and child health (MCH) services, for example the detection and treatment of sexually transmitted diseases (STD) and infertility; and the provision of integrated family planning at the community level; (c) to improve the demographic data base so that more effective development planning can take place; and (d) to increase the awareness of policy makers, planners and the general community of the impact of rapid population growth on development."

The project is part of a nation-wide family planning program and has three distinct components. These are to provide support to:

The GOS National Family Planning Program;

Private and para-public organizations which provide health or population related services; and

The Senegal National Census Bureau.

Each of these three components incorporates activities in one or more of the following categories:

- clinical family planning and health delivery;

- Training;
- information, education, and communication;
- data base improvement;
- population policy development; and
- health systems and psycho-social research.

The inputs of the Project Paper include 1) long-term and short-term technical assistance, 2) construction, renovation, and equipping of health and population facilities, 3) overseas and in-country training, and local seminars/workshops in family planning service delivery, demographic data modeling, analysis and interpretation, and supply management and logistics, 4) overseas study tours for policy makers, 5) providing STD treatment to at least 30,000 patients, 6) publication, by end of 1990, of major findings of the GOS census, 7) fielding at least five surveys on family planning subjects, and 8) commodities. The project was to result in (a) safe and effective contraceptive services provided by the public and private sectors to 200,000 couples, (b) family planning services available in all 10 regions of Senegal, and (c) 1987 census fully processed and analyzed and results published in 1990. The project's financial situation through June 30, 1991 is:

Obligation	Earmarks	Expenditures	Pipeline
\$20,600,000	\$19,914,272	\$16,886,649	\$3,713,351

B. Project Accomplishments

The recent evaluation of the project, conducted over the period March 28 through May 10, 1991, concluded that the project was increasing the awareness of Government of Senegal policy makers and planners to the importance of demographic factors in development planning. Indeed, a National Population Policy was adopted in 1988 and an integrated National Family Planning Program was promulgated in 1990. Numerous other accomplishments have also been achieved: the project's goal of 30,000 family planning acceptors from the non-governmental sector by the end of the project was nearly achieved by the end of 1990. From the planned 200,000 couple-years of protection to be achieved by the end of the project, a level of 96,000 was achieved by the end of 1990. The total level of knowledge of modern contraception methods in urban areas for currently married women increased from 70 percent in 1978 to 95 percent in 1990. The national prevalence of modern contraceptive use among women aged 15-49 increased from 2.6 percent in 1986 to 4.1 percent in 1990 and in urban areas for married women of reproductive age from 6.7 percent to 10.4 percent. Sixty health and population facilities and eight cases-foyers have been renovated. Included in this number are the STD and infertility facility at the Dantec Hospital and five small regional warehouses. Two regional STD centers, seven other smaller laboratories and 138 health facilities have been

equipped. Family planning services have been made available to all of Senegal's health centers and in 20 percent of health posts in the six regions targeted by the project. Many personnel have been trained including 52 physicians, 325 midwives, and 52 nurses in family planning service delivery; 44 received specialized training in STDs; 1000 outreach personnel have been trained in family planning. Two persons have been trained in supply management and logistics. Over 30,000 people have been treated for STDs. Fifteen surveys/operations research on family planning subjects have been completed. Twenty study tours have taken place. The 1988 Census took place. Additionally, the preliminary findings of the GOS census (based on the 10% sample) were published at the end of 1990. In the demography area the project produced 18 demographic reports; seven papers were published and 13 papers are in process. Forty-three development planners and 39 statisticians and demographers have been trained in demographic data modeling, analysis and interpretation.

III. JUSTIFICATION

A. Justification for Extension of PACD

It is anticipated that a new USAID financed Child Survival/Family Planning Project will begin implementation in October 1992. Moreover, based on a GOS National Family Program which was officially launched in July 1990 and includes a coordinated plan for donor participation, USAID expected to take on the role as the major donor in the family planning field. In order to adequately support the implementation of this important program, inputs must be available on a consistent and long term basis. It is critical, therefore, that there not be a gap in support for family planning activities from the time the existing project ends until the new one begins. A gap would lead to a serious loss of momentum in service delivery and institutionalization of project activities. It is estimated that if the project were to end in June 1992, based on current contraceptive use, approximately 10,000 extra conceptions could occur during the period between the end of the FHP Project and the beginning of the new project. Such a gap would impede the implementation of the National Family Planning program and the use of GOS and other donor inputs.

In addition, the project was progressing more or less on schedule until mid 1989. The one exception was the Para public and Private Sector component which had an almost 18 month delay in start up activities. Following the findings of an investigation in August 1989, which verified that serious financial management accountability problems existed, the project came to a virtual standstill while the problems were worked out and personnel changes were made. Also during this period, the implementing Ministry was changed from Social Development to Public Health and Social Action (MPHSA) in April 1990. Since that time, USAID and MPHSA have negotiated the finalization of a new procedures manual to correct the financial management and accountability

problems, and the new MPHSA roles and responsibilities vis à vis the project's activities have been defined. As a result, project activities are behind schedule but the mechanisms are now in place and the pace of implementation is increasing. Once the PP supplement is approved, the project can move ahead to full capacity.

B. Justification for Additional Funds

The 1991 evaluation defined three areas which were weak in the project:

low quality of health service delivery;
 an inadequate contraceptive logistical supply system; and
 poor dissemination of research results.

Therefore, additional funds amounting to \$1,470,000 are required to achieve the following priority objectives which are critical to lay the foundation for the follow-on project:

upgrading the quality of health service delivery through specialized training;

upgrading the contraceptive logistical supply system;

implementation of an expansion program for Norplant;

continued support for activities in the private sector component including development of a plan for the sustainability of private sector activities;

better dissemination of research results; and

finalization of the census analysis and dissemination of the results.

IV. REVISED PROJECT DESCRIPTION

A. Goal and Purposes

The project's goal and purpose remain unchanged. The project will continue to provide comprehensive support to integrated maternal and child health services and family planning, improve the existing capacity of the country to provide safe and effective contraception, improve the demographic data base so that more effective planning can take place, and increase the awareness of policy makers and planners of the impact of rapid population growth on the economic development of the country. The end-of-project status (EOPS) of the original Project Paper will also remain unchanged.

14

B. Outputs and Inputs

The project's inputs and outputs have been modified to reflect the proposed changes as shown in Annex 1: Revised Logframe. These are two types of changes in the Logframe. Firstly are the changes that were agreed to in the Grant Agreement signed July 31, 1985. The detail of these changes is found in Annex 2. The major features are that the number of planned FP centers was reduced and training targets were more explicit. Several additional indicators were added for already existing outputs. Secondly, after the reprogramming exercise in July 1991, four outputs were revised. The number of centers to be renovated was revised downward to that number actually approved in the budget plan, i.e. from 106 to 68. HIV/AIDS IEC and renovation activities were added to the on-going STD program. The number of women in development projects was reduced to that number which is possible given the present exchange rate and the need for training and a management unit (from 50 to 30).

C. Activities under Reprogrammed and Additional Funding

Following the evaluation of the Family Health and Population Project and the start up of the National Family Planning Program, the MPHSA formed a working group to review and determine priority activity requirements for the period July 1, 1991 to September 30, 1992. This group, composed of MPHSA, FHP Project, Projet Bien Etre Familial, USAID, UNFPA and World Bank staff, met over a three week period, prioritized activities and identified those which the FHP project would best support.

The priority areas identified and a short discussion on each follow:

1. The quality of health service delivery is not up to the standards required. Even though, in general, the quantity of personnel trained has been adequate, update courses are needed to improve the quality of those staff already trained. Therefore, the FHP project will focus on retraining existing staff (primarily in contraceptive technology and STDs) rather than training new staff, though limited new staff will be trained as appropriate.
2. As a corollary, the FHP project will focus on supervision to improve quality of health service delivery. Supervision will strengthen the qualitative elements of service delivery such as interviewing, counseling, continuation rates, etc.
3. The existing contraceptive delivery system is not functioning adequately. Thus, the FHP project will assess the system and provide support to upgrade it to an acceptable level prior to the PACD in order to assure a smooth transition to the new project.

4. Since there was a slowdown of project activities during the period August 89 - March 91, achievement of para public and private sector objectives was delayed. However, in spite of this delay, the para public and private sector component made greater progress in achieving its goals than did the public sector. During the extension, the project will focus on the sustainability of the private sector activities, continue limited expansion into largely untouched private sector organizations, consolidate gains in existing organizations and focus on the transfer of management responsibility for on going project activities to the private sector.
5. Two private sector activities planned in the project have not yet begun: contraceptive social marketing and community based distribution. The project will support operations research in these two areas in order to ascertain if they are feasible in the Senegalese context.
6. To date, the project has supported considerable research. However, some analysis is not yet complete and little dissemination of results has taken place. Therefore, the project will focus on completing research activities and dissemination of results for programmatic use.
7. The preliminary results (based on the 10 percent sample) of the Population and Housing Census in Senegal were published at the end of 1990. The project will continue to support the final analysis and publication of the definitive results (regional and departmental), the organization of a seminar to present the census results and related analyses. The project will finance the preparation phase of the Demographic and Health Survey planned for 1993.
8. The broad consciousness raising information, education, and communication (IEC) activities have achieved their objectives in basic knowledge but specific behavior change is now needed. Following analysis of ethnographic research, IEC activities will target messages to specific audiences aiming to change behavior. In addition, focus will be on interpersonal counseling skills and changing attitudes of health professionals. Lastly, an increasing emphasis on AIDS will target IEC activities on AIDS prevention.
9. The project will pilot test a new approach to women in development activities. To date, no success has been realized in traditional activities. The new approach will include establishment of a management unit and training of leaders of

women's groups in management and financial accounting techniques. The approach will be reviewed at the extension mid-point to assess if it is warranted to continue the activity to project end.

9. A newly developed contraceptive technology, Norplant, is now available for programmatic use. The project has already supported a clinical trial of Norplant in Senegal. It will support a Norplant expansion phase to the urban Dakar area during the remainder of the project.

A more detailed description of the reprogrammed and new activities required to successfully complete implementation of the project is provided in Annex 5, Illustrative Activities.

Tables I, II, and III on pages 11, 12, and 13 compare the existing and the revised project's budgets. They also break out the reprogrammed funds as well as the additional \$1,470,000 being added to the project.

V. FINANCIAL ANALYSIS

Expenditures under the project stand at \$16,886,649 and the total commitment at \$19,771,355 as of June 30, 1991. The original authorized A.I.D. LOP amount was \$20.0 million. An increase of \$600,000 was authorized in FY 1987 bringing the LOP to \$20.6 million. The Mission has obligated the entire amount (See Table III.) The total A.I.D. LOP budget under this PP Supplement is \$22,070,000. The Mission plans, subject to availability of funds, to fully fund the project with an additional \$1,470,000 using deobligated no year SDP funds. Table IV on page 14 gives an illustrative summary of the Revised Estimated Expenditures Plan for the project components as presented in this Project Paper Supplement.

A. Methods of Implementation and Financing

<u>Category</u>	<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Total Amount</u>
1. Technical Assistance (including participant training)	AID Direct Contract	Direct Reimbursement	\$10,115,000
2. Commodities in U.S.	Contract	Bank L./Comm.*	\$ 1,750,000
3. Project Operations (includes all components of operating budget)	PII	Direct Reimbursement	\$ 7,360,000
4. AID Procurement (includes vehicles, contraceptives, local services, biomedical research, evaluations and audits)	AID Direct Contract	Direct Payment	\$ 2,845,000
<u>TOTAL</u>			<u>\$22,070,000</u>

* A Bank Letter of Commitment is being used as the means of commodity financing as the Mission anticipates a proliferation of invoices.

TABLE I.

Project No. 685-0248, FINANCIAL STATUS AS OF 6/30/91

Title: Family Health and Population
 Obligated to Date: \$20,600,000

CATEGORY	PROGRAMMING			TOTALS TO BE EARMARKED
	EARMARKED 6/30/91	AVAILABLE FUNDS: 7/1-12/31/91	DEOB/REOB 1/92-9/92	
1. TECH. ASSISTANCE CONTRACTOR	8,662,000	503,000	70,000	9,235,000
2. LOCAL OPERATING COSTS	6,181,633	0	1,178,367	7,360,000
3. DATA BASE IMPROVEMENT	879,695	0	305	880,000
4. CONTRACEPTIVES, AID PROCUREMENT	878,993	10,500	60,507	950,000
5. COMMODITIES, AID PROCUREMENT	2,693,916	147,000	9,084	2,850,000
6. OTHER AID PROCUREMENT	395,607	25,228	114,165	535,000
7. AUDITS & EVALUATION	222,428	0	37,572	260,000
GRAND TOTAL	19,914,272	685,728	1,470,000	22,070,000

A

TABLE II.

REVISED PROJECT BUDGET

PROJECT ELEMENTS	REPROGRAMMING		TOTALS TO BE EARMARKED
	EARMARKED 6/30/91	AVAILABLE FUNDS 7/1-12/31/91	
1. TECH. ASSISTANCE CONTRACTOR			
ISTI - Technical Assistance	6,202,028	153,228	6,510,256
VSPP Subcontract		155,000	
Training	1,272,508	0	1,272,508
Operations	1,187,464	194,772	1,452,236
1. SUBTOTAL	8,662,000	503,000	9,235,000
2. LOCAL OPERATING COSTS			
Training	994,132	0	1,340,703
Construction	928,837	0	960,616
W.I.D.	95,609	0	350,000
Data Base Improvement	349,743	0	507,743
Technical Assistance	14,531	0	14,531
Commodities	1,423,572	0	1,487,858
Fonctionment (Operations)	1,964,030	0	2,129,459
Research	178,179	0	214,965
IEC	233,000	0	354,125
2. SUBTOTAL	6,181,633	0	7,350,000
3. DATA BASE IMPROVEMENT			
Technical Assistance	835,213	0	835,518
Fonctionment (Operations)	44,482	0	44,482
3. SUBTOTAL	879,695	0	880,000
4. AID - Contraceptives	878,993	10,500	950,000
5. COMMODITIES, AID PROCUREMENT			
Commodities	683,791	147,000	839,875
Fonctionment (Gasoline)	260,125	0	260,125
Bank Letter of Credit	1,750,000	0	1,750,000
5. SUBTOTAL	2,693,916	147,000	2,650,000
6. OTHER AID PROCUREMENT			
Technical Assistance	74,096	0	81,096
Training	86,731	0	86,731
Construction	43,780	0	43,780
Research/Social Mkting	191,000	25,228	323,393
6. SUBTOTAL	395,607	25,228	535,000
7. AUDITS & EVALUATION	222,428	0	260,000
Total	19,914,272	685,728	22,070,000

TABLE III. Project No. 685-0248, FINANCIAL STATUS AS OF 6/30/91

Title: Family Health and Population
 Obligated to Date: \$20,600,000

CATEGORY	DEBITATIONS TO DATE	EARMARKED 6/30/91	COMMITMENTS 6/30/91	CUMULATIVE DIS: & ACCRLS-6/91	PIPELINE 6/30/91
1. TECH. ASSISTANCE CONTRACTOR	8,662,000	8,662,000	8,657,777	7,798,476	863,524
2. LOCAL OPERATING COSTS	6,243,489	6,181,633	6,181,633	4,853,917	1,389,572
3. BUCEN - DATA BASE IMPROVEMENTS	721,492	879,695	878,177	688,191	233,291
4. CONTRACEPTIVES, AID PROCUREMENT	878,993	878,993	878,993	741,954	137,039
5. COMMODITIES, AID PROCUREMENT	2,808,000	2,693,916	2,693,916	2,337,396	470,604
6. OTHER AID PROCUREMENT	395,607	395,607	307,607	293,464	102,143
7. AUDITS & EVALUATION	222,358	222,428	173,252	173,251	49,107
8. CONTINGENCY	468,071	0	0	0	468,071
GRAND TOTAL	20,600,000	19,914,272	19,771,355	16,886,649	3,713,351

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TABLE IV. Project No. 685-0248, ESTIMATED EXPENDITURES FROM 6/30/91-9/30/92

Title: Family Health and Population
 Obligated to Date: \$20,600,000

CATEGORY	THROUGH 6/30/91	7/1/91 TO 12/30/91	1/1/92 TO 9/30/92	TOTAL
1. TECH. ASSISTANCE CONTRACTOR	7,798,476	605,259	831,265	9,235,000
2. LOCAL OPERATING COSTS	4,853,917	955,000	1,551,083	7,360,000
3. DATA BASE IMPROVEMENTS	688,191	100,000	91,809	880,000
4. CONTRACEPTIVES, AID PROCUREMENT	741,954	147,040	61,006	950,000
5. COMMODITIES, AID PROCUREMENT	2,337,396	50,000	462,604	2,850,000
6. OTHER AID PROCUREMENT	293,464	122,143	119,393	535,000
7. AUDITS & EVALUATION	173,251	54,106	32,643	260,000
GRAND TOTAL	16,886,649	2,033,548	3,149,803	22,070,000

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VI. IMPLEMENTATION

A. Responsibilities

USAID's Office of Health, Population and Nutrition (HPNO), the Ministry of Public Health and Social Action (MPHSA), ISTI and the Bureau of Census (BUCEN) will continue to implement the project, providing the required level of effort and key staff and assuming the same roles and responsibilities.

B. Implementation Procedures

For the remaining life of the project, the Mission will continue to use Project Implementation Orders for Technical Services (PIO/Ts) and Project Implementation Orders for Commodities (PIO/Cs) as internal documents and contracts to earmark funds, contracts to commit funds, and Project Implementation Letters (PILs) to delineate specific implementation roles and responsibilities of various parties. Non-funded Project Implementation Orders for Participant Training (PIO/Ps) will be prepared by the Technical Assistance Contractor and approved by the Mission in accordance with Handbook 10 and the Mission's training policy to procure participant training services.

C. Implementation and Monitoring Plans

An abbreviated Implementation Plan is attached as Annex 3 of this PP Supplement. This Supplement does not change the substance of the monitoring plan in the original project paper, especially with regard to the monitoring responsibilities of the USAID Project Officer.

D. Socio-Economic, Technical and Environmental Considerations

The socio-economic and technical analyses and conclusions contained in the original Project Paper remain valid. Only the original IEE requires amendment because of the substantial changes in the existing project's LOP costs. The IEE Amendment was concurred in by the AFR Bureau Environmental Officer as per State 322083. A copy of the approved Amendment cleared by the Regional Legal Advisor (RLA) at post is attached as Annex 6 of the PP Supplement.

E. Procurement and Waivers

A Procurement Plan for additional commodities is attached as Annex 4 to this PP Supplement. A justification for other than full and open competition will be prepared in accordance with Federal Acquisition Regulation (FAR) Para. 6.302-1 to modify ISTI's contract to (1) extend the contract completion date and (2) add US \$573,000.

F. Conditions Precedent and Covenants

All the Conditions Precedent to Disbursement have been met. This Project Paper Supplement retains all the remaining special covenants contained in the original Project Paper.

G. Audits and Evaluations:

The project provides funds for one final local currency budget audit. A Project Assistance Completion Report will also be prepared at the end of the project, primarily to update the results of the recent evaluation report.

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AMILY HEALTH AND POPULATION (685-0248) PP SUPPLEMENT - ANNEX 1 : REVISED LOGFRAME

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
ACHIEVEMENTS	INDICATORS	VERIFICATION	ASSUMPTIONS
<p>I. <u>LONG TERM GOAL:</u> Achieve population growth rate which does not exceed projected increases in agricultural output & GOS ability to provide primary health care services.</p> <p>Project goal: Improve health of Senegalese women and their children through more effective birth spacing and to achieve population growth rates consistent with GOS ability to provide for basic health and social services.</p>	<p>Reduction in Senegal's Crude Birth rate (CBR) from 48 to 42 births over 1000 by the end of the project.</p> <p>Reductions of 10% in infant & maternal mortality and morbidity.</p> <p>- Improvement in children's nutritional status.</p> <p>- Reduction by 30% in high risk pregnancies.</p>	<p>Demographic surveys by ENR. Final project evaluation.</p> <p>Demographic surveys by BMR. Final project evaluation.</p>	<p>GOS continues support for family planning program.</p> <p>Basic preventive health programs for children succeed in lowering infant mortality rate.</p>
<p>II. <u>PURPOSE:</u></p> <p>1) Public and private sector carrying out an effective nationwide family planning program by 1992.</p> <p>2) Sufficient demographic survey and analytic capability exists to inform policy makers of the impacts of rapid population growth.</p>	<p>1a) Safe and effective contraceptive services provided by the public and private sector for 200,000 couple yr protection.</p> <p>1b) Family planning services available in all 10 regions.</p> <p>2) 1987 census will be fully processed & analyzed & published within three years.</p>	<p>Periodic surveys & statistics & collection of statistics. Project evaluations. Monitoring reports. Availability of documents- results.</p>	<p>GOS will provide staff & facilities necessary for family planning project.</p> <p>GOS will allow publication of census.</p>
<p>III. <u>OUTPUTS:</u></p> <p>A. Nationwide system of family health services delivery.</p> <p>1. Consolidation & expansion of service delivery to all health centers and to 70 dispensaries by the end of project.</p>	<p>1a) Consolidation & expansion of service delivery in the 22 original centers.</p> <p>1b) Expansion of number of MPHSA centers in original 6 regions by 10 per year to a total of at least 92 by 1992.</p> <p>1c) In years 1989-1992, addition of 2 MPHSA centers in each of last 4 regions (8 centers) in coordination with UNFPA.</p> <p>1d) Renovation & minor construction as needed for 68 facilities.</p> <p>1e) Equipment & commodities delivered up to a total of 106 facilities.</p> <p>1f) Establishment of commercial retail sales if feasibility study so justifies.</p>	<p>Periodic survey & statistics & collection of service statistics.</p> <p>Project monitoring/site visits. Annual project reviews.</p> <p>Project evaluation.</p> <p>Engineer inspections.</p> <p>Receiving reports submitted.</p> <p>Visits to retail outlets.</p>	<p>Private/public sector interested in & capable of involvement in family planning.</p> <p>MPHSA continue to collaborate.</p> <p>SMO can handle procurement of contraceptives; contractor, other procurement.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
ACHIEVEMENTS	INDICATORS	VERIFICATION	ASSUMPTIONS
<p><u>OUTPUTS:</u></p> <p>2) Training</p> <p>a) Physicians trained in family planning & treatment of sexually transmitted diseases and infertility and family planning management.</p> <p>b) Nurses and midwives trained in clinical skills program in management, and in pedagogical skills.</p> <p>c) Logistics, supply, & statistical staff in handling/storing commodities & in keeping records.</p> <p>c) IEC personnel in all aspects of developing and managing a complete IEC program.</p> <p>e) Pharmacists & other private groups in providing family planning materials and information.</p> <p>f) Health post & health hut personnel in family planning concepts.</p> <p>g) Demographers (BNR) in census methodology.</p> <p>h) GOS planners and policy makers in relating population growth to development objectives.</p> <p>i) Natural family planning (NFP).</p> <p>3. IEC materials & activities:</p> <p>a) Information, materials & programs made available through clinics, community education & special groups.</p>	<p><u>MAGNITUDE OF OUTPUTS</u></p> <p>a) 50 physicians trained.</p> <p>b) 140 nurses, 140 midwives, 140 auxiliary trained in clinical skills - 50 trained in FP management, record keeping & data collection or commodity management: - 20 nurses/midwives or auxiliaries/year trained as trainers.</p> <p>c) 50 logisticians & support staff trained & annual workshop on data system, FP management & logistics.</p> <p>d) 140 IEC agents trained in-country, including outreach workers and national level mass media specialists, & 35 IEC agents trained overseas.</p> <p>c) 2 workshops/year for pharmacists & other private & parastatal sector groups.</p> <p>f) 25% of health posts providing family planning services.</p> <p>g) - 7 seminars/workshops on computer/statistical methods in-country. - 35 statisticians/demographers trained of which 2 long-term trained overseas.</p> <p>h) 35 development planners trained of which 5 will be overseas.</p> <p>i) An annual workshop on NFP.</p> <p>3a) IEC training, preparat° and distribut° of IEC materials will be occurring by the 2nd year the 22 MPHSA clinics existing at the beginning of the project. By end year 7, full range of IEC activities will be occurring in 10 regions.</p>	<p>2. (all points) - Project monitoring reports and evaluations.</p> <p>Participation in workshops.</p> <p>Improved record keeping systems.</p> <p>National/regional family planning radio programs, product of IEC materials, knowledge of FP.</p> <p>Workshops held. NGO projects funded.</p> <p>FP availability in rural areas.</p> <p>Improved demographic data base.</p> <p>Workshops & presentations to high level GOS policy makers.</p> <p>3a 1) Project monitoring & visits. 2) Inspection of IEC materials. 3) Project evaluations.</p>	<p>Assumptions for achieving Outputs:</p> <p>2a. Sufficient number of physicians available and interested in family planning.</p> <p>2b. Sufficient number of midwives & related personnel interested in & available for FP trg.</p> <p>2c. Trainees will continue work in family planning.</p> <p>2d. MSD will allot a sufficient number of outreach-workers for family planning.</p> <p>2e. content of workshops relevant for Senegal.</p> <p>2f. GOS will approve nurses increased role in FP provision.</p> <p>2g. Sufficient personnel interested in & available for statistical training.</p> <p>2h. GOS political leaders interested in Pop/Development presentations.</p> <p>3a) MSD will allot a sufficient number of IEC personnel.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
ACHIEVEMENTS	INDICATORS	VERIFICATION	ASSUMPTIONS
b) Use of radio, TV, newspaper & magazines.	b) By year 3, regional radio broadcast; by the project mic-national level level radio broadcasts; & televised broadcasts. Implement IEC efforts through establishing televised broadcasts.	3b) TV & radio broadcasts.	
c) HIV/AIDS info & communicat° material & activities developed, distributed and implemented beginning in 1991.	c1) 3 seminars for journalists/year; 3 articles/month in the newspaper; 4 radio spots in French & local languages + 2 TV spots; 2 radio serials; 1 radio talk program every 6 months; 2 TV documentaries.		
c2) Educational materials: series of brochures in French & local languages 50 flipcharts/region; 1 video; 1 record/cassette.			
d) Family life education for youth.	d) Establishing family health educat° program for secondary school students.	3d) Monitoring reports Inspection of curriculum.	3d) GOS will permit family health education program.
e) In-service, pre-service training and study tours of project staff & political & religious leaders.	e) Up to 70 political & religious leaders & project staff sent on study tours.	3e) Monitoring reports Debriefing and reports of participants.	3e) Collaborating countries will permit visits.
4. Treatment of sexually transmitted diseases (STD) and infertility.	4a) Provide STD treatment to at least 30,000 patients.		
b) 5 physicians & medical faculty trained in STD and infertility 3.5. m. per year.		For all items under 4: Monitoring reports Project reviews and evaluations.	
c) two regional centers equipped and materials provided.			
d) Improved referrals from health centers & health posts to STD centers.			
e) Refurbish HIV/AIDS center at Le Dantec Hospital.			
f) Equip 27 health center for STD diagnosis.			
5. Support to women's groups for income-generating activities combined with family health educat°.	5a) 30 small projects over LOP.	Monitoring reports Project reviews.	IEC regional coordinators take responsibility to

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
ACHIEVEMENTS	INDICATORS	VERIFICATION	ASSUMPTIONS
<p>6. Undertake operations research.</p> <p>b. Non-governmental sector Family planning activities implemented by PVCs and a variety of other organizations.</p> <p>c. Enhanced demographic data base to improve development planning.</p>	<p>6a) OR study to assess the effectiveness of integrated community based program (in Pikine, Kaclack, Fatick).</p> <p>b) Feasibility study to assess a rational & adequate distribution of contraceptives.</p> <p>c) Bio/medical/psycho social research studies as needed.</p> <p>B. 30,000 acceptors by and of project. 500,000 persons informed about family planning.</p> <p>C. Assist 1987 Census by:</p> <p>1)- design & pretest question - produce updated census maps - install software packages & provide micro computers to assist in the editing, tabulating, presentation & analysis of the 1987 census.</p> <p>2) Publicat^o of results three years following the census.</p> <p>3) Workshops to disseminate census results including to press, opinion leaders & religious leaders.</p> <p>4) Support 5 surveys for project on family planning, MCH, & demographic trends plus a national demographic & health survey.</p> <p>5) Updated RAPID model/presentation for public & private sector audiences completed.</p> <p>6) Support seminars/research on impact of rapid population growth on development in Senegal and the effect of cultural factors on family planning acceptance.</p>	<p>N.B. Project monitoring reports evaluations, and project reviews.</p> <p>1) Project monitoring reports.</p> <p>2) Attendance at seminars; monitoring reports.</p> <p>3) Attendance at workshops.</p> <p>4) Examination of surveys reports.</p> <p>5) Attendance at presentat^o</p> <p>6) Attendance at seminars.</p>	<p>initiate projects.</p> <p>1) GOS will publish results of census & surveys</p> <p>2) Content of workshops relevant to GOS planners.</p> <p>3) Availability of computer hardware and software.</p> <p>4) GOS will allow free access to survey results.</p> <p>5 + 6 Models and seminars are relevant to Senegal &</p>

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PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Life of Project:
From FY 85 to FY 92
Total U.S. Funding 22,070,000
Date prepared: 9/27/91

Project Title & Number: Family Health and Population (685-0248)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
ACHIEVEMENTS	INDICATORS	VERIFICATION	ASSUMPTIONS
Inputs:	Implementation Target (Type & Quality)		Assumptions for achieving inputs
<u>I. USAID</u>		Financial and monitoring reports. Evaluation & project reviews.	
1. Technical Assistance Contractor	378 pm LTIA 108.6 pm STIA		
a) Participant Training	188 pm LT training 125 pm ST training		
2. Local Operating Costs			
a) Training	125 in-country seminars & workshops		
b) Construction	68 health facilities		
c) W.I.D.	\$350,000		
d) Data Base Improvements	\$508,000		
e) Other	\$4,201,000		
3. Data Base Improvements	62 pm STIA		
a) Other			
4. Contraceptives	\$950,000		
5. Commodities	\$2,850,000		
6. Other Procurement	\$535,000		
7. Evaluation Audits	\$260,000		
<u>II. GOS</u>			
1. Personnel	\$7,457,000 By 1992 550 personnel (professional and non professional) equivalent working on project activities.	Functioning centers and headquarters.	GOS will make time of personnel available.
2. Facilities	By 1992, family health services being provided in 92 facilities for which GOS is paying operating cost of \$633,000 and is borrowing an additional \$535,617 to support family planning. By 1992 private sector will be providing family planning services in 50 facilities for which in kind matching is \$100,000.	Monitoring reports. Site visits.	GOS will provide facilities & assure an increase proportion of basic operating expenses.

Family Health and Population (685-0248) PP Supplement

Annex 2

CHANGES IN OUTPUTS AGREED TO IN ORIGINAL PROAG

Indicator	! Logframe ! 5/13/85	! Agreement ! 7/31/85
1b) Expansion FP Centers - 6 regions	! 15/yr X 7yr = 105 + 22*	! 10/yr X 7 = 70 + 22*
1c) Expansion FP Centers - 4 regions	! 5/yr X 4yr = 20	! 2/yr X 4 = 8
1e) Commodities and equipment for centers	! Number unspecified	! 106
2. Training:	!	!
2a) Physicians - FP/STD + FP Management	! 50	! 50
2b) Nurses and Midwives Clinical FP skills	! 370	! 140 nurses ! 140 midwives ! 140 nursing aids
FP Management + data collection Trainers	! Not mentioned	! 50
2c) Logistic and support personnel	! 50	! 20/year ! 50 plus ! annual workshop
2d) IEC specialists	! 350	! 140 in-country ! 35 overseas
2e) Pharmacists & other private groups	! 400	! 2 workshops/yr
2f) Health post. and health hut. personnel	! 70	! 25% of health posts providing FP services
3d) Family life education for youth	! Develop and implement program for secondary schools	! Develop program only
4. Treatment of sexually transmitted diseases	! Not mentioned	! Treat 30,000 patients ! Equip 27 health centers for STD diagnosis
6. Operation research	! Not mentioned	! Study on community-based distribution; contraceptive distribution + biomedical.
7. Non-governmental sector	! Not mentioned	! 500,000 persons informed about FP

* Centers existing at beginning of project.

FAMILY HEALTH AND POPULATION (685-0248) PP SUPPLEMENT

IMPLEMENTATION PLAN
August 1991 - September 1992

ANNEXE 3 Page 1

ACTIVITIES	1991					1992								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<u>A. LOCAL ACCOUNT TRAINING</u>														
CLINICAL														
MCH/FP curricula revision														
Superv./Couns. Curricula revision														
Supervicion/IEC curricula revision														
Midwives/Student Midwives/ Medical Students Monitoring														
Field training improvement														
Physicians training														
Trainers' Retraining														
Midwives' Retraining														
Lab Assistant Retraining														
Midwives training														
Supervisors' training														
IEC Leader's training														
IEC Training														
IEC training, management														
IEC action plan														
IEC Assistants' retraining														

_____ continuous activity
 _____ intermittent activity during time frame

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ACTIVITES	1991					1992								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
OTHER														
HIS Seminar														
Logistics inventory control														
Computer training														
Women in Development Project														
Training and guidelines														

ACTIVITES	1991					1992								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
GOS Census Bureau (BNR)														
Pagemaker			—											
Statistical Analysis					—									
Census Analysis														
Census seminar (diffusion)	—				—								—	
CONSTRUCTION														
Windows - PNA	—													
PMI/Medina		—												
Dantec - Lab				—	—									
GOS Cens. Bureau/Computer room			—											
Regional warehouse						—	—							
RESEARCH														
IEC materials/Testing		—	—	—	—	—	—							
Village monograph					—									
House visit follow-up	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dissemination of research results								—	—	—	—	—	—	—
LOGISTICS														
Inventory trip	—													—
Equipement/Contraceptive deliveries		—	—					—			—			

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IMPLEMENTATION PLAN
August 1991 - September 1992

ACTIVITES	1991					1992								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
B. TECHNICAL ASSISTANCE														
Long-term TA														
34.2 pm short-term TA														
Commodity procurement														
Subcontract for VSPP activities														
1 Long-term U.S. participant														
2 Short-term participants (2 each)														
3 study tours														
Institutionalization plan														
Institutionalization implementation														
Amendment TA contract														
Contract close-out & turn-over														
C. COMMODITY & CONTRACEPTIVE PROCUREMENT														
Material ordered														
Receipt of materials														
D. AID PROCUREMENT														
Norplant clinical trial														
Norplant introductory expansion phase														
FHI PIO/T - Norplant continuation														
Norplant continuation														
Social marketing pilot														
CBD pilot														
E. AUDIT														
F. PROJECT CLOSE-OUT														

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FAMILY HEALTH AND POPULATION (685-0248) PP SUPPLEMENT

ANNEXE 4 page 1

COMMODITY PROCUREMENT PLAN FOR THE ADDITIONAL FUNDS

DESCRIPTION	QUANTITY	COSTS \$	SOURCE/ ORIGIN	DELIVERY DATE	RESPONSIBLE AGENT
1) FP forms for the information system	-	\$64,286	935	3/30/92	Contractor
2) Reproduction of films, video & slide shows. Development of HIV/AIDS IEC materials.	in 5 languages	121,125	935	2/29/92	Contractor
3) Contraceptives	-	60,507	000	4/30/92	USAID
4) Development of IEC.	-	9,084	935	3/30/92	Contractor
5) Construction: 2 regional warehouse.	2	31,779	935	3/30/92	Contractor
TOTAL		\$286,782			

Waivers: none is required.

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SERVICES PROCUREMENT PLAN FOR THE ADDITIONAL FUNDS

DESCRIPTION	QUANTITY	COST \$	SOURCE/ORIGIN
1) Long-term TA	9 p.m.	\$70,000	000
2) Short-term TA	0.05 p.m.	305	000
3) Short-term TA (Audit + Evaluation)	5 p.m.	37,572	935
4) Short-term TA (Health Communication)	1.5 pm	10,000	000
5) FAAS		7,000	000
6) Norplant Expansion Phase		75,000	000
7) Social Marketing studies		22,165	935
8) Training (10 supervisors, 35 physicians, 20 FP trainers, 200 midwives, 20 census agents, 10 laboratory technicians).	-	346,571	935
9) WID: funding of 20 projects and training of 27 women's groups.	-	254,391	935
10) Data Base Improvement: publication of six regional.departmental reports, analysis of data, information seminar. KAP survey. DHS questionnaire.	-	158,000	935
11) Research: AIDS research; pilot test of introducing FP/IEC in rural area.	-	36,786	935
12) Normal operation support to the MCH Unit and BNR.	-	165,429	935
TOTAL		\$1,183,219	

Waivers: one none competitive waiver for the extension of the ISTI Contract for the value of \$70,000.

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Family Health and Population Project (685-0248) PP Supplement

Annex 5

ILLUSTRATIVE ACTIVITIES

Given the priorities cited in Section C., the PP Supplement has reprogrammed key existing activities as well as programmed new activities, both of which will be financed from the total project budget. Following is a description of the reprogrammed and new activities required to successfully complete implementation of the project:

1. Reprogrammed Activities

- a. Training: In the National Family Planning Program, the project will support a retraining of trainers as the initial phase of revising the FP in-service curriculum and developing in-service supervision and counseling modules. Other training activities include computerized inventory management and training of laboratory technicians in STD's.

For the Bureau National de Recensement (BNR), the project will support training in using e.g. "Pagemaker" to produce high quality reports, and in statistical analysis.

For the private sector, the project will support training in computerized inventory control, FP and STDs, IEC, and communications. The National Family Planning Program will be introduced to private sector agencies in two seminars, and the project will contribute to a conference on FP and family life education.

- b. Commodities: For the Maternal and Child Health (MCH) Unit the project will purchase office equipment and supplies to furnish the remodeled offices that will house the staff of the NFPP. Other purchases will be equipment for FP examination rooms and the consultation and report forms for the project health information system..

For BNR the project will purchase office equipment.

For the private sector, the project will purchase clinic equipment for several clinics.

- c. Construction: The project will support the renovation of the HIV/AIDS laboratory at Hopital Le Dantec, complete construction at PNA, and renovate PMI of Medina.

For BNR the project will refurbish a computer room in the new office location.

- d. Operating Costs: The project will continue to support the normal operating costs of the MCH Unit and BNR, plus support costs for the services of an attaché de presse/media specialist for the Minister of Health.
- e. Research: The project will support the development of a research strategy, and the testing of supervision protocols, will continue on going AIDS research, and will complete the inter-personnel communication study. Another village monograph will be prepared from research in St. Louis and Louga. The private sector will pilot test the introduction of FP/IEC community-based distribution and income generating activities into a rural community.
- f. Women in Development (WID): The project will support the establishment of a MPHSA unit to approve and supervise WID projects, train women's group leaders, and undertake two pilot WID projects.
- g. Information, Education and Communication (IEC): The project will support development of HIV/AIDS IEC materials, the purchase of IEC FP demonstration kits, IEC material development for Norplant, and the purchase of FP panyas for community volunteers. For the private sector, the project will support development of FP posters.
- h. Data Base Improvement: For the BNR the project will support the printing of the urban Knowledge, Attitudes, and Practice (KAP) study and several Village Repertoires on regional census reports. The project will sponsor several seminars for the dissemination of the census data and research results and will contribute to the national health information system.
- i. Technical Assistance: In order to support the activities of the FHP project and the implementation of the National Program of Family Planning, funds will be provided to the contractor, International Science and Technology Institute (ISTI), to focus on the institutionalization of the technical assistant functions and transfer of skills and responsibilities. Continued long-term field and home office support will be provided plus approximately 35 person-months of specialized short-term technical assistance in demography, census, logistics, clinical quality control, FP management training, organizational management, social marketing, private and

para public activities and information training specialist. In addition, ISTI will enter into a sub-contract with a Senegalese Non-governmental Organization (NGO) for the transfer of management responsibility for the private and para public family planning activities. Overseas training for one long-term participant and three short-term participants will be provided plus costs for three study tours. ISTI will complete the U.S. commodity procurement plan previously scheduled.

- j. AID Procurement: The project will complete purchase of condoms, IUD insertion kits and contraceptives (Norplant) projected through the end of the project including the required additional three-month supply. The project will support, via a buy-in to FHI, the Norplant expansion phase to now urban clinics and complementary U.S. T.A. costs for the development of IEC materials for Norplant. Initial marketing research for social marketing of contraceptives will be completed and a pilot research activity in community-based distribution will be implemented.

2. New (Expanded) Activities

- a. Training: The project will complete the training of trainers for the regions in supervision and counseling, clinical training in FP and will train midwives in FP and retrain midwives in FP and a new health information system. Physicians will be trained in STD's and regional primary health care supervisors in key points of FP.

For BNR the project will support training in the production, distribution and promotion of the use of census data.

For the private sector the project will support management training for physicians, STD training for laboratory technicians, and seminars (program evaluation and introduction of FP to traditional practitioners).

- b. Commodities: The project will support the purchase of one year's supply of FP forms for the information system.
- c. Construction: The project will support the construction of two regional warehouses.
- d. Operating Costs: The project will continue to support the normal operating costs of the MCH Unit and BNR.

- e. Research: The project will support ongoing AIDS research and completion of ongoing research to pilot test introducing FP/IEC into a rural community. The project will support various information days, seminars, and publication of papers in order to disseminate results. One applied research activity will be supported if a significant gap is identified during the development of the research strategy in 1991.
- f. WID: The project will continue to support the MPHSA management unit to approve and supervise WID projects as well as fund projects.
- g. IEC: For the National Family Planning Program, the project will support reproduction of films, video and slide shows in five local languages, World Population Day activities, and development of HIV/AIDS IEC materials.
- h. Data Base Improvement: For BNR the project will support publication of regional departmental reports, further secondary analysis of data, a seminar on the new FP information system, a study to improve the FP management information system, a seminar to present the results of the census and related secondary analyses, a KAP survey and the initial costs for developing and pre-testing the Demographic and Health Survey (DHS) questionnaire for 1993 and selecting a sampling frame.
- i. Technical Assistance: The contractor will continue to provide support to para-public and private sector clinics through a sub-grant to a local NGO. Transfer of responsibilities to the private industries will take place. The contractor will provide nine person-months of long-term TA to close out the project and finalize institutionalization and turn-over of all contractor functions to the MPHSA.
- j. AID Procurement: The project will complete the Norplant Expansion Phase and support the development of a National Norplant Strategy. Two seminars will present social marketing and community based distribution pilot activity results.

Initial Environmental Examination (IEE) or Categorical Exclusion
Amendment One

Project Country: Senegal

Project Title: Family and Population Project (685-0248)

Funding: Dols. 22.07 million SDP monies

Environmental Analysis Prepared by: Linda Lankester, Deputy HPNO.

Environmental Action Recommended: Negative determination.

Project Description: The Family and Population project will continue to provide comprehensive support to integrated maternal and child health services and family planning, improve the existing capacity of Senegal to provide safe and effective contraception, improve demographic data base so that more effective planning can take place, and increase the awareness of Senegal's policy makers of the impact of rapid population growth on the economic development of the country. The project's goal and purposes remain unchanged. The project's goal as stated in the original project paper is "to improve the health of Senegalese women and their children and to help achieve population growth rates compatible with Senegal's capacity to provide basic health and social services for its people."

The purposes of the project are: (a) to improve the capacity of the governmental and non-governmental sector to provide safe and effective contraception to 15 percent of married women of reproductive age (MWRA) - approximately 200,000 couples; (b) to provide comprehensive support to Maternal and Child Health (MCH) services, (for example the detection and treatment of sexually transmitted diseases and infertility; the provision of integrated family planning at the community level); (c) to improve the demographic data base so that more effective development planning can take place; and (d) to increase the awareness of policy makers, planners and the general community of the impact of rapid population growth on development."

The Project Paper called for 1) long-term and short-term technical assistance, 2) construction, renovation, and equipping of health and population facilities, 3) overseas and in country training, and local seminars/workshops in family planning service delivery, in demographic data modeling, analysis and interpretation, and in supply management and logistics, 4) overseas study tours for policy makers, 5) providing STD treatment to at least 30,000 patients, 6) publishing by end of 1990 major findings of the GOS census, and 7) fielding at least five surveys on family planning subjects. The project was to result in (a) safe and effective contraceptive services provided by the public and private sector to 200,000 couples, (b) family planning services available in all 10 regions of Senegal, and (c) 1987 census fully processed and analyzed and results published in 1990.

An initial Environmental Examination was prepared on March 5, 1985 and approved on June 3, 1985 in connection with the approval of the original Project Paper (PP). The Mission is finalizing a PP Supplement of the project to increase LOP funding by dols. 1.47 million using SDP deobligated funds to continue and expand some of the activities authorized, and approved in the IEE. The PP Supplement also proposes to extend the current PACD from June 30, 1992 to September 30, 1992 to compensate for implementation delays. The additional Dols. 1.47 million will finance:

- Technical assistance	Dols.	70,000
- Local Operating costs	Dols.	1,178,367
- Data Base Improvements	Dols.	305
- Contraceptives, AID proc.	Dols.	60,000
- Commodities, AID proc.	Dols.	9,084
- Other AID procurements	Dols.	114,165
- Audits/Evaluations	Dols.	37,572

- Total Dols. 1,470,000

A Negative determination for these activities and this Amendment is recommended based on AID Environmental Procedures as per Regulation 16 of AID.

The effect and impact on the environment of the activities carried out under the project as amended are to be positive. There will be relatively more long-range beneficial effects on the environment of Senegal. A reduced population growth will reduce strains on both productive rural areas and on the urban infrastructure. Rational child spacing in the urban areas, especially among poor people, will result in improved family health, better education and greater opportunities with fewer children. It is anticipated that training of personnel in family planning, counseling and services will be implemented under the various agreements for the technical assistance. No new buildings will be constructed. However, funds will be used to finance the renovation of a few health facilities to make them adequate. Negative impacts have not been reported and are not anticipated and all impacts will be closely monitored.

Your immediate action is requested to enable the mission to REOB funds by September 30, 1991. Thank you for your cooperation.

Legal Concurrence

Pursuant to AID/W guidance in State 36543, para 11, this IEE Amendment has been reviewed for clearance by the Regional Legal Advisor. It has also been cleared by the Mission's Environmental Officer, Haycock.

Concurrence:

Bureau Environmental Officer
Ref: State 322083

Clearance: RLA *MA Adlan* Date: *September 13, 1991*
USAID/Senegal EO: GHaycock *Haycock*

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