

PD-ABE-179  
77346

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT DATA SHEET**

1. TRANSACTION CODE:  A = Add,  C = Change,  D = Delete  
Amendment Number: \_\_\_\_\_ DOCUMENT CODE: 3

COUNTRY/ENTITY: Senegal  
3. PROJECT NUMBER: 6850206

4. BUREAU/OFFICE: AFR  
5. PROJECT TITLE (maximum 40 characters): AIDS Control and Prevention

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM DD YY 06 30 98  
7. ESTIMATED DATE OF OBLIGATION (Under "B" below, enter 1, 2, 3, or 4)  
A. Initial FY 93 B. Quarter 2 C. Final FY 97

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

A. FUNDING SOURCE	FIRST FY 92			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	2,000	-	2,000	9,900	-	9,900
(Grant)	2,000	-	2,000	9,900	-	9,900
(Loan)	-	-	-	-	-	-
Other U.S. 1. OYB Transfer (NonAdd)	-	-	-	(500)	-	(500)
2.	-	-	-	-	-	-
Host Country	-	-	-	-	2,000	2,000
Other Donor(s)	-	-	-	-	-	-
<b>TOTALS</b>	<b>2,000</b>	<b>-</b>	<b>2,000</b>	<b>9,000</b>	<b>2,000</b>	<b>11,900</b>

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) SS				-	-	9,900		9,900	
(2)									
(3)									
(4)									
<b>TOTALS</b>				<b>-</b>	<b>-</b>	<b>9,900</b>		<b>9,900</b>	

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

11. SECONDARY PURPOSE CODE: \_\_\_\_\_

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)  
A. Code: \_\_\_\_\_ B. Amount: \_\_\_\_\_

13. PROJECT PURPOSE (maximum 480 characters):

To decrease HIV high-risk behavior within the target groups and to strengthen delivery of services which reduce the spread of HIV and other sexually transmitted diseases in selected geographic regions.

14. SCHEDULED EVALUATIONS: Interim MM YY 07 95 Final MM YY 01 98  
15. SOURCE/ORIGIN OF GOODS AND SERVICES:  000  741  Local  Other (Specify) 935

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

Concurrence: Wayne McKeel, CONTROLLER  
USAID/SENEGAL

17. APPROVED BY: Julius E. Coles, Director, USAID/Senegal  
Date Signed: 06/11/98  
18. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

Action Memorandum for the Mission Director, USAID/ Senegal

Date: June 11, 1992

From: David M. Robinson, PDO 

Subject: Project Authorization for the Senegal AIDS Control and Prevention Project (685-0306)

I. Actions Requested:

You are requested to approve the project paper and authorize a grant of \$9.9 million from DFA appropriation account for the Senegal AIDS Control and Prevention Project (685-0306).

II. Discussion

A. Project Background and Description

The epidemic of HIV and subsequent AIDS is at an early but potentially explosive phase in Senegal. Not only is the country contending with a growing epidemic of HIV1, but there is also a considerable level of infection with the virus known as HIV2.

Research studies in the epidemiology and natural history of HIV that have been conducted in Senegal since 1986 show that the level of HIV infection in the general population is still quite low. They have also documented the similarities in the transmission of these strains, and this has led to the single prevention strategy that this project will apply.

The variable and relatively small sample sizes, as well as the lack of information regarding how representative these groups are of the entire population of Senegal, limit the conclusions that can be drawn regarding the burden of STD in all of Senegal. However, the levels of infection reflected here are serious, particularly among the prostitute population, who also carry the highest HIV infection rate. The rate of syphilis is of particular concern in women presenting for obstetrical and/or gynecological problems and for prenatal care, given the likelihood of congenital transmission to their infants.

The first case of AIDS was reported in Senegal in early 1986. The GOS recognized the potential threat of an AIDS epidemic in Senegal and responded by forming the Comité National lutte contre le SIDA in October, 1986. Towards the end of 1987, the World Health Organization's Global Program on AIDS (WHO/GPA) assisted the GOS in developing a Medium Term Plan (MTP) for AIDS which would cover the years 1988-1992. The GOS declared AIDS a public health priority in the MTP. The goal of the MPT was to halt the transmission of retroviruses, treat the ill and above all to prevent AIDS.

Since 1985, USAID/Senegal has provided over US \$2 million in support of AIDS prevention and control efforts in Senegal, primarily through its Family Health and Population Project (685-0242). AID central funds were

also used to support technical assistance, procurement of equipment and supplies and selected research projects. AID/W contributes regularly to the GPA and earmarks over \$300,000 each year for use specifically in the AIDS prevention program in Senegal.

AIDS-specific activities such as training of lab technicians and research assistants for both HIV and STD testing were integrated within the USAID/Senegal Family Health and Population Project. In addition, this project strengthened laboratories for diagnosis of STDs and HIV by providing equipment and reagents, rehabilitation of a central reference laboratory for HIV and STDs, and six regional labs. Approximately \$150,000 was also provided to the NACP to support IEC activities. STD/AIDS modules have been incorporated into family planning training activities, and these have trained over 800 medical personnel (midwives, doctors and nurses) in both the private and public sector. Over 5 million condoms have also been provided to the NACP for distribution in their STD clinics. In addition, there have been several centrally funded AIDS control activities in Senegal since 1986.

Other donor agencies are heavily involved in Senegal's health sector and specifically in AIDS control and prevention. Over 80% of the 1992-1993 AIDS program in Senegal is financed by donors. In addition to the specific funding and technical assistance being provided directly to Senegal, most of the donors also contribute to the Senegal AIDS prevention effort through contributions to the World Health Organization's Global Program on AIDS.

USAID/Senegal intends to assist the GOS by increasing support of the National AIDS control and prevention effort. A buy-in to the FHI AIDSCAP Cooperative Agreement will support the GOS National AIDS Control Program, other GOS institutions, the University of Dakar Laboratory Service and appropriate non-governmental organizations, in their efforts to strengthen and focus AIDS prevention activity in populations at high risk of sexually transmitted HIV infection. The project design is for six years (FY93-FY98) of project activity, at an LOP funding level of US \$9.9 million. An additional \$500,000 worth of condoms will be accessible for project activities and procured through an OYB transfer to the Contraceptive Procurement project in the Office of Population.

## B. Project Implementation and Strategy

The goal of this project is to reduce the rate of sexually transmitted HIV infection in Senegal. The project purpose is to decrease HIV high-risk behavior within the target groups and to strengthen delivery of services that reduce the spread of HIV and other sexually transmitted diseases in selected geographic regions.

This will be accomplished through four major strategic components, which are consistent with the GOS Medium Term Plan:

- communication for behavior change;
- prevention and control of sexually transmitted diseases;

- promotion and distribution of condoms; and
- policy dialogue.

### C. Conditions and Covenants

1. There are two standard conditions precedent in this project that require a GOS legal opinion on the validity of the Grant Agreement and specimen signatures of Grantee representatives.

#### Covenants:

(1) The grantee agrees to provide appropriate space for the housing of the AIDSCAP office staff in close proximity to the Central Coordinating Unit of the National AIDS Control Program.

(2) The grantee agrees to establish an advance account for local counterpart contributions and deposit at least the equivalent of \$500,000 in local currency to the account over the life of the project.

(3) The grantee agrees to obtain from the Ministry of Economy, Finance and Plan an Order that officially registers the project in Senegal.

### III. Financial Summary

The total cost of the project is estimated at \$12.4 million. USAID will contribute \$9.9 million and an additional \$500,00 of contraceptives will be provided through an OYB transfer. The Government of Senegal will contribute approximately \$1.5 million in-kind support and \$500,000 in budgetary counterpart funds.

### IV. Committee Action and Congressional Notification

The project review committee met on May 27, 1992 to review the project paper and to prepare issues for the Mission Executive Committee for Project Review (ECPR), which met on May 29, 1992. The issues discussed and decisions reached as a result of the ECPR are in Attachment A to this memorandum. The Congressional Notification was sent to Congress on June 2 and will expire on June 16, 1992.

### V. Gray Amendment

Under current guidelines, FHI is required to submit a sub-contracting plan that demonstrates how they will sub-contract with Gray Amendment entities for at least ten percent of the overall amount of their cooperative agreement, including funds to be added through our buy-in. Additionally, the Mission will work closely with FHI in the development of sub-agreements for project implementation to identify specific opportunities for Gray Amendment entities..

Finally, USAID/Senegal will make every effort to contract with Gray Amendment entities for the separate evaluations it will conduct of this project.

### VI. Recommendation:

That you sign the attached project authorization and project paper face-sheet for the Senegal AIDS Control and Prevention Project (685-0306).

Approved Jules E. Galva

Disapproved \_\_\_\_\_

Date June 11, 1992

MISSION ECPR

Issues Paper for Senegal AIDS Control and Prevention Project PP

USAID/Dakar Conference Room

May 29, 1992

Country	Senegal
Project Name and Number	Senegal AIDS Control and Prevention Project 685-0306
Total LOP Funding	\$12.4 million
LOP Bilateral Funding	\$10.4 million
Planned FY 92 Obligation	\$2 million
Authorization Venue	USAID/Dakar

Attending were the Mission Director, the Acting Deputy Director, and representatives from PDO, HPNO, and OFM.

I. Project Summary

The epidemic of HIV and subsequent AIDS is at an early but potentially explosive phase in Senegal. Not only is the country contending with a growing epidemic of HIV1, but there is also a considerable level of infection with the virus known as HIV2.

USAID/Senegal intends to assist the GOS by increasing support of the National AIDS control and prevention effort. A buy-in to the FHI AIDSCAP Cooperative Agreement will support the GOS National AIDS Control Program, other GOS institutions, the University of Dakar Laboratory Service and appropriate non-governmental organizations, in their efforts to strengthen and focus AIDS prevention activity in populations at high risk of sexually transmitted HIV infection. The project design is for six years (FY93-FY98) of project activity, at an LOP funding level of US \$9.9 million. An additional \$500,000 worth of condoms will be accessible for project activities and procured through an OYB transfer to the Contraceptive Procurement project in the Office of Population.

The goal of this project is to reduce the rate of sexually transmitted HIV infection in Senegal. The project purpose is to decrease HIV high-risk behavior within the target groups and to strengthen delivery of services that reduce the spread of HIV and other sexually transmitted diseases in selected geographic regions.

This will be accomplished through four major strategic components, which are consistent with the GOS Medium Term Plan:

- communication for behavior change;
- prevention and control of sexually transmitted diseases;
- promotion and distribution of condoms; and
- policy dialogue.

## II. Issues

### 1. What are the Mission's evaluation responsibilities under this project?

Discussion: There are two levels of evaluation in this project: evaluation of FHI's operations in Senegal and evaluation of sub-agreements. Regarding the former, FHI has advised the Mission that, under the central cooperative agreement, AID/W will conduct an outside evaluation of all of FHI's activities under the AIDSCAP project, possibly including mid-term and end-of-project evaluations of the Senegal project. The Mission will receive relevant results of this evaluation. Regarding the latter, FHI will manage evaluation of sub-agreements.

Is this adequate or should the Mission have the flexibility to program its own independent evaluations?

Recommendation: The Mission should review the terms of reference for and results of any AID/W-managed evaluation of AIDSCAP that includes Senegal, and should also retain the flexibility to evaluate FHI's performance independently.

The Mission should review and approve all scopes of work for FHI-managed evaluations of sub-agreements, review all evaluation reports and attend evaluation team briefings/debriefings. The Mission should use the results of FHI-managed evaluations as inputs to our mid-term and end-of-project evaluations.

#### Decision:

Agreed. The PP budget should be revised to provide for independent, Mission-managed evaluations.

### 2. The PP still leaves many questions unanswered in connection with the project's sustainability.

Discussion: The Project Committee has attempted to address the issue of financial sustainability, recognizing that project activities as defined will not depend heavily on GOS's financial contributions, per se. The issue is much broader than financial sustainability, however, and includes an array of institutional concerns. The focus on institutional sustainability is evident in the proposed purpose statement. The draft PP is, however, more hopeful than assuring when it describes what may happen after the PACD (see pp. 18-22). There is very little evidence that any of the activities will continue, without considerable additional, post-project resources.

There are several factors that provide some perspective on the institutional question, however, and reduce its salience for this project. First, if the project does what it's supposed to do, by the PACD, Senegal will have only one percent of its population with AIDS or the HIV infection instead of the estimated 10-16 percent without the project (based on experience in the Ivory Coast). This would be a significant accomplishment irrespective of the sustainability issue. Second, by the PACD the U.S. and other donors are likely to retain their special interest in fighting the spread of AIDS and will continue to provide appropriate technical and financial support to Senegal. Third, it is very difficult to predict the extent to which the project's Senegalese public and private sector cooperators will or will not adopt the activities as their own after the project ends. In all likelihood, some of the cooperators will continue with AIDS control activities and others will not.

The Committee also considered the option of examining how other donors are addressing the issue of encouraging sustainability of their AIDS interventions.

Recommendation: The Project Committee concluded that, given the nature of the problem the project is addressing, sustainability is not a major issue.

Decision: The ECPR agreed that the project needs to pay attention to institutionalizing AIDS control activities in Senegal, but also that project's direct accomplishments outweigh the institutional issue. To place more attention on the institutional issue, the ECPR requested more discussion in the PP on donor coordination.

3. Note: Although the GOS has agreed to provide project staff with office space on site, this may require converting a clinic to office space. The PC recommends that the Mission avoid involvement in construction. Should construction be required, it should be the GOS's responsibility entirely. The Mission should consider funding light renovation, however.

Decision: The ECPR decided that the Mission will not do any construction during this project.

4. Project Phasing: FHI's cooperative agreement will expire in year four of this five-year project. All FHI sub-agreements must respect the cooperative agreement's expiration date. This implies a significant gap in program activity as we wait for AID/W to negotiate a follow-on arrangement with FHI or another agency.

Discussion. Having a five-year project means having sub-agreements for only the first four years and none during the fifth until a follow-on agreement is reached with FHI or its successor. The selection/negotiation process, followed by world-wide buy-ins may take the better part of year 5 of our project, resulting in no field activity unless the Mission directly manages some minimum programs. An alternative is having an eight-year project with two four-year phases. Phase 1 would be described in detail, while Phase 2 would be only illustratively outlined, subject to greater specificity following detailed evaluation of Phase 1. This alternative would enable us to

commit with the GOS to support AIDS prevention for the longer term, yet retain the flexibility to program Phase 2 after an evaluation of Phase 1. This would also respect the fact that the epidemiological picture of AIDS is rapidly changing, with implications for changing project assistance strategies.

Recommendation: To avoid a significant hiatus in field activity, the Project Committee recommends an eight-year project. This would signal to the GOS and other donors our long-term commitment to supporting AIDS control in Senegal. Outlining Phase 2 now may take a bit more time and may postpone authorization somewhat.

Decision: The ECPR first considered the suggestion of geographic phasing, raised during AID/W's ECPR on the PID. The ECPR decided that geographic phasing did not make sense technically (i.e., given the epidemiological profile of the disease and how it is spread) and from an implementation point of view. Given FHI's experience in AIDS control projects and the sufficient quantity of short-term technical assistance in the project, there should be no major problem in working simultaneously in the four target regions.

The ECPR decided against a two-phased, eight-year project as such might over-commit future Mission management. In addition, given the newness of AIDS control, the ECPR decided it would be more prudent to have the flexibility associated with a shorter project duration. To deal with the possible hiatus in field activity that may result from an expiring central AIDS project, the ECPR decided to extend the implementation period of the Senegal AIDSCAP project by one additional year--to a total of six-years. This would give the Mission flexibility to identify selected FHI-initiated sub-activities for continuation via other implementation arrangements should such be necessary.

##### 5. Can the project fund the activity dealing with GOS military personnel?

Discussion. Current legislation and agency policy prohibits economic development funds to be used for the direct principal benefit of the military. The PP proposes assisting the Senegalese military in AIDS control.

Decision. AID is legally prohibited from furnishing assistance to the military and, therefore, the ECPR decided to delete the proposed activity from the project. The budgeted funds would be used to support independent Mission-managed evaluations. After project start-up, AID will review whether some of the activity can legally be carried out so that members of the military who fall in the target group can use project services, commodities, or project-financed clinics. Activities for which military personnel will be eligible will be carefully developed in consultation with the Regional Legal Advisor to insure compliance with applicable legislation and statutes.

The ECPR recorded the following concerns:

1. Audits: The Mission will rely on centrally funded audits of FHI and on FHI-sponsored audits of the sub-agreements. Concerning the audits of sub-agreements, the Mission will retain the right to review and approve all scopes of work for FHI-managed audits of sub-agreements, to receive drafts and final versions of all audit reports at the same time as FHI, and attend all audit

briefings provided by audit firms to FHI.

2. OYB Transfer: Since the Family Health and Population project has already procured enough condoms for both family planning and AIDS for FY 93, the AIDS project will not need an OYB transfer of \$500,000 during its first year. The PP Facesheet will be changed so that the entire \$2 million is allotted to the project.

3. Budget Detail: In its summary cable or fax to FHI, PDO will request budget breakdowns for "Research" and "Policy," plus more information on how laboratories are linked regionally, operationally, and financially.

4. Conflict of Interest: The Mission will confirm with the cognizant contracting officer in AID/W whether FHI was in fact permitted to design and implement this project under the terms of their cooperative agreement.

6. Mission Direction of FHI: As FHI operates under a cooperative agreement rather than a contract, the Mission will be limited to "substantial involvement" in FHI's activities and will not be able to give "technical directions" to FHI's field personnel as under a contract.

7. Procurement Plan: The ECPR recognized that specificity in the procurement plan is dependent upon selection during implementation of specific implementation institutions and designing specific sub-agreements. The Mission will request FHI to present a more detailed procurement plan as part of FHI's pre-implementation activities.

9. GOS Contribution: The ECPR requested more detailed description in the PP of the GOS contribution to this project.

10. Note: The Project Committee is working to strengthen the draft economic and social analyses.

DR [handwritten initials]

Drafted: DRobinson/JWooten, PDO

Clearances

ECPR

FM:	WMcKeel	6/11/92
HPNO:	LLankens	6/11/92
PRM:	JVan der Veer	6/11/92
PDO:	JWooten	6/11/92
RLA:	DAAadams	6/11/92
EXO:	CDailey	6/11/92
RCO:	SCromer	6/11/92

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 Paper PN 685-0306

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PROJECT AUTHORIZATION

Name of Country: Senegal

Name of Project: AIDS Control and Prevention

Number of Project: 685-0306

1. Pursuant to Section 496 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the AIDS Control and Prevention Project (the "Project") for Senegal (the "Cooperating Country") involving planned obligations not to exceed Nine Million, Nine Hundred Thousand United States Dollars (US \$9,900,000) in grant funds (the "Grant") over a seven year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of the project is six years from the date of initial obligation. In addition to the US \$9,900,000 Grant, USAID/Senegal will furnish to the Project US \$500,000 for contraceptives which will be procured through an OYB transfer to the Contraceptive Procurement Project.
2. The Project consists of assistance to decrease HIV high risk behavior among the target group and to strengthen delivery of services which reduce the spread of HIV and other STDs in selected geographic regions by (i) supporting communication for behavior change; (ii) preventing and controlling the spread of sexually transmitted diseases; (iii) promoting and distributing contraceptives; and (iv) encouraging policy dialogue.
3. The Project Grant Agreement, which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.
4. a. Source/Origin of Commodities, Nationality of Services
  - (1) Commodities financed by A.I.D. under the Project shall have their source and origin in countries included in A.I.D. Geographic Code 935, except as A.I.D. may otherwise agree in writing.
  - (2) The suppliers of commodities and services financed by A.I.D. under the Project shall have as their place of nationality countries included in A.I.D. Geographic Code 935, except as A.I.D. may otherwise agree in writing.

- (3) Ocean shipping under the Project, except as A.I.D. may otherwise agree in writing, shall be financed only on flag vessels of the United States or of countries included in A.I.D. Geographic Code 935.

b. Conditions Precedent to First Disbursement

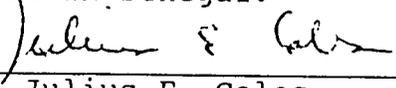
Prior to any disbursement, or to the issuance of any commitment documents under the Project Grant Agreement, the Cooperating Country shall, except as A.I.D. may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

- (1) An opinion of counsel acceptable to A.I.D. that the Project Grant Agreement has been duly authorized and/or ratified by, and executed on behalf of, the Grantee, and that it constitutes a valid and legally binding obligation of the Cooperating Country in accordance with all of its terms;
- (2) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 8.2 of the Project Grant Agreement, and of any additional representatives, together with a specimen signature of each person specified in such statement;

c. Covenants

The Cooperating Country shall covenant that, unless A.I.D. otherwise agrees in writing:

- (1) It will provide for the duration of the Project, appropriate office space for the Project Staff in close proximity to the Central Coordination Unit of the National AIDS Control Program;
- (2) It will establish an advance account for local counterpart contributions and deposit at least the equivalent of \$500,000 in local currency to the account over the life of the Project; and
- (3) It will obtain from the Ministry of Economy, Finance and Plan an Order that officially registers the Project in Senegal.

  
\_\_\_\_\_  
Julius E. Coles  
Director, USAID/Senegal

June 11, 1992  
Date

Clearances:

RLA: Annette Adams JAA  
A/C/HPNO: Linda Lankenau LL  
PDO: David Robinson JWR DR  
OFM: Wayne McKeel WMA  
RCO: Sharon Cromer \_\_\_\_\_  
A/D/DIR: Jan Van der Veen \_\_\_\_\_

Date: June 10/1992  
Date: 6/11/92  
Date: 6/11/92  
Date: 6/11/92  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Drafted: C/PDO: JW JDWooten, Jr.: 6/4/92

## LIST OF ACRONYMS AND ABBREVIATIONS

AID	Agency for international Development
AIDS	Acquired Immune Deficiency Syndrome
CFA	Communante Financiere Africaine (Senagalese franc)
CNLS	Comite National de Lutte contre le SIDA
CPSP	Country Program Strategic Plan
CRPS	Comité Regional de Prevention du SIDA
CS	Child survival
EEC	European Community
FHI	Family Health International
FP	Family Planning
FY	Fiscal year
GOS	Government of Senegal
GPA	Global Programme on AIDS
HPN	Health, population and nutrition
IEC	Information, education and communication
IPPF	International Planned Parenthood Federation
ISTI	International Science and Technology Institute
KAP	Knowledge, attitudes and practice
LOP	Life of project
MOH	Ministry of Health
MOPHSA	Ministry of Public health and social action
MTP	Medium Term Plan
NACP	National AIDS Control Program
NGO	Non governmental organization
ONG	Organization non-gouvernemental
PID	Project Implementation Document
PNLS	Programme Nationale Lutte contre le SIDA
PP	Project Paper
PVO	Private voluntary organization
SIDA	Syndrome d'immunodefience acquise
STD	Sexually Transmitted Disease
TA	Technical Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## I. BACKGROUND

### A. General Overview

Reports of cases of rare opportunistic infections, presumably due to some type of immunodeficiency, were first reported in the United States in 1981. No specific agent could be identified at the time and the resulting collection of opportunistic infections were called Acquired Immunodeficiency Syndrome (AIDS). Within a few years these were soon attributed to infection by what is now known as the Human Immunodeficiency virus (HIV). By this time cases were being reported in many other parts of the world. Ten years later, in 1991, the World Health Organization's Global Program on AIDS (WHO/GPA) estimated that 10 million people worldwide were infected.

GPA now estimates that by the year 2000 there will be between 30 and 40 million HIV-infected people worldwide, and 75% of these infections will occur in developing countries. Sub-Saharan Africa has been particularly hard hit by this fatal disease, whose principal mode of transmission is through sexual intercourse.

One of the most destructive aspects of AIDS is that the majority of those dying are in the most productive years of their lives. Affected countries experience an unprecedented number of deaths in a segment of the population normally relatively free of fatal illnesses. Adult deaths are not the only result of AIDS, however. There are a wide range of other medical, social and economic impacts possible. The number of orphans, the child mortality rate and the number of new tuberculosis infections can increase; the burden on already stressed health care systems will increase; and the pool of workers, skilled and unskilled, will decrease. All of these impacts result in sometimes unpredictable formal and informal adjustments to a society's way of life.

The AIDS pandemic challenges the best efforts of the biological, behavioral and social sciences. With effective vaccines and affordable treatments years away, prevention of HIV infection is the only viable strategy for slowing the progress of the pandemic.

Prevention and control of AIDS must be a well coordinated effort combining resources from both the private and the public sectors. The GPA began working with countries worldwide to develop national AIDS control programs in 1987. These programs, with the support of local governments and international donor agencies, are the focal point for coordination and management of national prevention and control programs.

The world community now has over ten years of experience in dealing with the AIDS pandemic. Many lessons have been learned and must be applied to strengthen AIDS prevention efforts, especially in countries where the epidemic is not yet widespread.

### B. The State of the Epidemic in Senegal

The epidemic of HIV and subsequent AIDS is at an early but potentially explosive phase in Senegal. Not only is the country contending with a growing

epidemic of HIV1, but there is also a considerable level of infection with the virus known as HIV2.

Research studies in the epidemiology and natural history of HIV have been conducted in Senegal since 1986 through collaborative efforts of scientists in the Ministry of Health of Senegal, the United States and Europe. These studies have defined the level and scope of infection with HIV1 and HIV2 in selected populations throughout Senegal and have helped the world in general understand the differences in disease progression of the two viral strains. They have also documented the similarities in the transmission of these strains, and this has led to the single prevention strategy described in this project paper.

The studies mentioned above have determined that the level of HIV infection in the general population is still quite low. The most recent testing of blood donors and women seeking prenatal care in urban areas show levels of HIV1 and HIV2 infection below 1% and 2%, respectively (see Table 1). Testing among hospitalized patients, persons seeking treatment for other sexually transmitted diseases (STDs) and tuberculosis (TB) has found higher infection levels in these groups, ranging from 0% to 15.1%. The group of persons with the highest rate of HIV are commercial sex workers, or prostitutes, with regional rates varying from 0-11.5% for HIV1, 4-29% for HIV2 and an average HIV1+HIV2 rate of 16% in 1991.

Table 1.--HIV1 and HIV2 Seroprevalence Ranges by year and population sub-group, in four regions of Senegal (Bulletin Epidemiologique HIV, MOPHSA, Dec 1991)(rounded percentages)

Population	1989		1990		1991		
	HIV1	HIV2	HIV1	HIV2	HIV1	HIV2	
Prostitutes	0-11	2-29	0-11	0-11	4-18	0-12	4-29
Male STD pts	0-1	0-4	0-2	0-2	0-2	0-2*	0-2*
Hospital pts	1-7	1-6	0-10	3-4	3-4	15*	2*
TB pts	0-1	0-8	0-4	2-9	2-9	4*	2*
ANC patients	0-.5	0-3	0-1	0-2	0-2	0-.3	0-2
Blood donors	0-.4	0-.5	0-1	0-1	0-1	0-.2	0-.5

\* One or more sites stopped surveying this category in 1991.

The range of seroprevalence rates given in Table 1 are from four different regions of the country (Dakar, Kaolack, St. Louis and Ziguinchor) and demonstrate the heterogeneity of the epidemic in Senegal. This heterogeneity is the rationale behind targeting specific sub-populations and geographic areas. If the situation in Dakar, for example, is separated from the other regions, we see HIV1 in hospitalized patients rising from 7.1% in 1989 to 15.1% in 1991; in TB patients from 1.2% to 3.7%, and in prostitutes from 2.7% to 4.5%. But neither blood donors nor pregnant women in Dakar have shown a change over this period of surveillance - 0.4%, 0.9%, 0.2% for donors in the three years and 0.0%, 1.1%, 0.3% for pregnant women; the shifts that are seen in the raw percentages are not significant when the relatively small and variable sample sizes are standardized.

The patterns for HIV2 are even more difficult to distinguish, and are not statistically significant. Following this description, and for the purposes of intervention activities, both viruses should be assumed to be included whenever the acronym HIV (without number) is utilized.

A relatively small number of cases of AIDS has been reported to date in Senegal. The first clinical case was identified in 1986, and the cumulative case total is 552 as of October 1991. The majority of these cases have been reported from Dakar and Kaolack, and the ratio of male to female cases is approximately 1:1. Over 50% of the reported AIDS cases have ended with the death of the individual.

Data on the prevalence of STDs in Senegal is scanty and generally associated with research studies which involve selective populations. This data is important to have because of the connections between AIDS and other STDs. The results of one series of STD sentinel surveillance studies are contained in Table 2.

Table 2.--STD Sentinel Surveillance results (1989-1991) by population sub-group, 5 sites in Senegal (Plan d'Action, 1992-1993, November 1991) A, Dec 1991)(results in percent)

Population	Neisseria	Syphilis	Chlamydia
	Gonorrhoea		Trachomatis
Prostitutes	5.0 - 24.3	0.0 - 63.1	11.7 - 34.8
Male STD pts	17.0 - 73.2	8.0 - 15.5	3.5 - 25.0
Ob/Gyn pts	0.7 - 3.0	3.0 - 20.1	5.1 - 15.4
ANC patients	1.2*	1.4 - 8.4	1.5 - 15.8

\* No data given for different sites.

The variable and relatively small sample sizes, as well as the lack of information regarding how representative these groups are of the entire population of Senegal, limits the conclusions that can be drawn regarding the burden of STD in all of Senegal. However, the levels of infection reflected here are serious, particularly among the prostitute population, who also carry the highest HIV infection rate. The rate of syphilis is of particular concern in women with obstetrical or gynecological problems or requiring prenatal care, given the likelihood of congenital transmission to their infants.

### C. Constraints to AIDS Control in Senegal

There are a number of constraints to AIDS prevention and control in Senegal, some of which are more difficult to resolve than others. The first constraint is also the reason it is so important to intervene now in Senegal -- AIDS is not a large and visible problem, as it is in some other African countries. The "invisible" nature of the AIDS problem can lead policy makers, populations at risk, and the general public to diminish the importance of AIDS in their ranking of priorities or concerns. This puts AIDS prevention and control at a disadvantage in the battle for scarce resources, both financial and human.

A second constraint is that the decentralization process in the Senegalese public sector is not yet complete. AIDS prevention and control efforts must

be implemented with support from the nearest and most directly affected public sector entity. Linked to the initiation phase of the decentralization process is the developing capacity of the public sector at all levels to deal with the new financial administration demands placed upon the system by this process.

A third constraint is that AIDS prevention and control efforts have been initiated, as in all countries facing the problem, primarily by medical personnel with backgrounds in clinical care, research, or training. They sometimes have difficulty developing and implementing the primary mechanisms available to stop AIDS, which are non-medical in nature. Basic research also has limited utility in the day-to-day fight to prevent HIV and AIDS.

#### D. Health Delivery System in Senegal

Over the last decade the Government of Senegal (GOS) has made efforts to streamline and decentralize government activities. As part of this effort, the two previously separate ministries, those of Health and of Social Development, were merged into one Ministry of Public Health and Social Action (MOPHSA) on April 1, 1990. The number of directorates in the new ministry was reduced to three, with former directorates becoming bureaus directly under the supervision and control of the Ministry's cabinet. Decision making is now theoretically concentrated in the three directorates. The intent is for the directorates to decentralize their authority and become the impetus for regional action. They are to focus on coordination, support, and evaluation of plans of action, resource use, and delivery of services in Senegal.

Senegal's ten regions vary tremendously in size, with Dakar having a far larger population than any of the others. The health program within each region is under the authority of a regional medical director. Each region is divided into three departments served by one or more health centers. Most of these centers are, in fact, small hospitals with 20-30 inpatient beds, a laboratory and, x-ray facilities. The centers are usually staffed by a physician, a nurse, and several nurse-midwives under the medical director. The provision of a full range of services depends on the availability of appropriately trained staff. Health centers serve an average population of 150,000 - 250,000. There are currently 47 public health centers throughout Senegal and 25 private polyclinics 13 of which are located in Dakar.

Each public health center supervises about twelve health posts, generally the point of first contact between a patient and the public health system. Five hundred fifteen health posts are operated by MOPHSA, 59 are municipally owned, and 85 are private non-profit. The 68 Catholic health posts constitute less than 10% of all health posts but receive approximately 40% of all visits made to health posts throughout Senegal. Little is known about the capacity or quality of care of health posts and infirmaries in the private for-profit sector. There are also 1,373 health huts at the community level. These function to some extent as an extension of the MOPHSA system but are not considered part of the formal MOPHSA system.

In addition to the public health facilities operated by MOPHSA and the municipalities, there are 2 hospitals, 13 garrison health centers, and 11 garrison health posts operated by the armed forces for military personnel and their families. These facilities also serve civilians in the area.

In 1988, there were 459 doctors in Senegal (1 per 17,000 persons), 2,487 nurses (1 per 3,000 persons), and 482 midwives (1 per 14,000). These numbers indicate a shortage of doctors (relative norm of 1 per 10,000) and of midwives (relative norm of 1 per 5,000). Nurses are present in satisfactory numbers (norm = 1 per 5,000). The majority of health personnel are employed in the public sector, primarily in the MOPHSA. A census of public health personnel determined that, as of December 31, 1989, a total of 5,027 agents were distributed in the following manner: 5% in administration; 31% in hospitals (19% in national hospitals in Dakar); 42% in health centers/health posts; and 22% in specialized services. These figures do not include community health agents and traditional midwives. At the health center level, there is a deficit of doctors and administrative personnel, and an excess of support personnel, both technical and non-technical.

In the area of health service delivery, the private sector consists of both individual private practitioners and their small clinics, providing both modern and traditional health services, and institutional, non-governmental providers of services, including private and voluntary organizations, employers, parastatals, insurance companies and private hospitals. With the exception of traditional healers and a few institutional providers, the private health care sector is neither large nor highly developed, and access to its services is limited. This is primarily due to high prices and poor distribution, with the vast majority of private for-profit clinics, physicians, midwives and pharmacies in Dakar. Most of the remainder are clustered in a few other large cities.

The nonprofit, private service providers include the previously mentioned Catholic health posts, several Red Cross and Senegalese Family Welfare Association (ASBEF) centers and clinics. Work place provision of health services is not uncommon in Senegal, especially among larger employers and parastatal companies. Many have on-site clinics or cover services through social insurance programs such as group funds to cover partial costs of members' medical care. Employers of 100 or more personnel are required to establish such funds through payroll deductions and contributions. The Senegalese population continues to seek the services of traditional practitioners in addition to modern medical services, even in urban areas with modern health facilities nearby.

Senegal developed its National Health Policy in June 1989 with the assistance of donor agencies including USAID. The major focus of this policy is systemic improvements to further the structural reform efforts of the GOS, the decentralization of planning and activity control and the implementation of a primary health care perspective in service delivery and professional preparation. The policy lists 13 objectives, which if implemented would constitute a major reorganization in how activities are carried out at the central and regional/departmental levels.

While AIDS is not mentioned as a distinct objective, it is covered under "development of educative and preventative actions." The policy calls for the reinforcement of decentralization and a dispersal of management authority governing the use of financial, human and material resources, a reinforcement of the capacity of the chief regional medical officer to assure the coordination, implementation and evaluation of health activities in the region, and elaboration of regional and departmental health plans.

The Directorate of Public Health contains the Maternal and Child Health/Family Planning Service, the Health Education Service and the Great Endemics Service, as well as six other services ranging from Dental Health to Physician Licensing.

The National AIDS Control Program (NACP/PNLS) and its Unit of Central Control (UCC) is situated within the Great Endemics Service. The program receives direction from the Comité National Pluridisciplinaire de Prévention du SIDA (CNPS) which is presided over by the Director of Public Health.

The management and execution of the National AIDS Control Program is divided among several entities:

- Decision making - Minister of Health
- Consultation - CNPS
- Administration and coordination - (UCC/NACP)
- Programmatic conceptualization and implementation - Working groups in Epidemiology, Blood Bank, IEC, Clinical care and Counseling and Ethics and Research.

The coordinator of the UCC/NACP is charged with coordinating the activities of the various working groups, liaising with other divisions and services within the MOPHSA, and coordinating with donor agencies and with non-governmental organizations involved in AIDS prevention and control. At the regional level, the AIDS prevention program is planned and executed by a Comité Régional de Prévention du SIDA (CRPS) which is led by the governor of the region. The regional medical director is the coordinator of the CRPS.

## E. The Response to the Epidemic in Senegal

### 1. The GOS Response

The first case of AIDS was reported in Senegal in early 1986. The GOS quickly recognized the potential threat of an AIDS epidemic in Senegal and responded by forming the Comité National lutte contre le SIDA in October, 1986. The GOS, WHO and USAID were instrumental in mounting an initial effort to control the spread of the disease by screening blood for transfusion, conducting a number of surveillance studies and beginning to inform the public regarding the existence and threat of AIDS. Towards the end of 1987, WHO/GPA assisted the GOS in developing a Medium Term Plan (MTP) for AIDS for 1988-1992.

The GOS declared AIDS a public health priority in the MTP. The goal of the MTP was to halt the transmission of retroviruses, treat the ill and above all to prevent AIDS. The MTP also outlines six major objectives for the program:

- survey the progression of the epidemic;
- reduce sexual transmission;
- reduce transmission from mother to child;
- eliminate the risk of transmission through blood transfusion;
- improve care of individuals who have AIDS or are seropositive; and
- develop and coordinate research.

Three major working groups were initially identified to execute the program: epidemiology, clinical care and IEC. A blood bank group was added later. The budget for the NACP in 1989 was US \$1,400,000 and \$3,019,861 in 1990. The 1991 budget dropped to \$1,999,499, in 1992 it is relatively stable at \$1,862,626 and for 1993 the proposed budget is \$1,417,892.

The program was reviewed in November of 1989, at the end of the first year. Recommendations were made based on this review and were incorporated into a re-planning document for the years 1990-1991. A formal review of the 1990-1991 program was completed in October 1991 and a re-planning document was developed for 1992-1993. The review at the end of 1991 listed the following accomplishments, constraints and recommendations.

The cumulative accomplishments of the program after four years include the following:

- Decentralization. 10 CRPs were created and 10 regional plans for AIDS prevention were developed.
- Improved Blood Safety. Almost all blood is screened for HIV before transfusion.
- Informed the public about HIV/AIDS. 34 radio/TV spots, 1 film and 35 press articles were produced.
- 648 health educators were trained to provide AIDS education to target groups.
- Improved STD education and care in 10 regions.
- Established and maintained a sentinel surveillance program for HIV and STDs.

After four years the program still faces the following constraints:

- Inadequate financial administration at the regional level.
- Sub-functional IEC working group.
- Lack of national strategy for the promotion, distribution and sale of condoms.
- Insufficient financing for activities in IEC, clinical care and counseling.
- Slowness in dissemination of information, research results, test results etc.

Recommendations from 1991 include:

- Facilitate mobilization of financial resources.
- Develop a protocol for collaboration among the intersectoral groups working in IEC.
- Conduct an annual forum to evaluate activities and revise plans.
- Improve logistics and laboratory personnel at the regional level.
- Develop quarterly evaluation reports to capture process and outcome indicator data.

Most of these recommendations have been addressed, at least in part, in the AIDS Program re-planning document for 1992-1993.

## 2. USAID/Senegal Response

Since 1985, USAID/Senegal has provided over US \$2 million in support of AIDS prevention and control in Senegal, primarily through its Family Health and Population Project (685-0248). AID central funds were also used to support technical assistance, procurement of equipment, supplies, and selected research projects. AID/W contributes regularly to the GPA and earmarks over \$300,000 each year for use specifically in the AIDS prevention program in Senegal.

AIDS-specific activities such as training of lab technicians and research assistants for both HIV and STD testing were integrated within the USAID/Senegal Family Health and Population Project. In addition, this project strengthened laboratories for diagnosis of STDs and HIV by providing equipment and reagents, rehabilitation of a central reference laboratory for HIV and STDs, and six regional labs. Approximately \$150,000 was provided to the NACP to support IEC activities. STD/AIDS modules have been incorporated into family planning training activities, with (over 800 medical personnel (midwives, doctors and nurses) in both the private and public sector trained. Over 5 million condoms have also been provided to the NACP for distribution in their STD clinics.

The centrally funded AIDSTECH Project has sponsored the attendance of Senegalese researchers at several international and regional conferences and workshops and provided regular mailings of pertinent AIDS information to researchers and interventionists in Senegal. In addition, USAID/Senegal contributed \$50,000 for support of the Sixth Annual African AIDS Conference, which was held in Dakar in December, 1991.

The AIDSTECH project provided equipment and supplies for HIV screening in two regional laboratories. The project also provided support to the University of Dakar to perform a field evaluation of appropriate rapid tests for HIV and their use in alternative, less expensive testing algorithms. Results of this study were published in *Lancet* and have had an impact throughout Africa by encouraging more appropriate and less expensive testing strategies.

An ethnographic study of prostitutes, the "Kaolak SIDA Study," is funded through the AIDSTECH Behavioral Research Fellows program. The centrally funded International Center for Research on Women (ICRW) is sponsoring a local anthropologist to study the socio-cultural factors which favor HIV infection and the means of integrating traditional women's associations into AIDS prevention efforts in Senegal. Central funds are also supporting a study on counseling and AIDS through the Population Council.

### 3. Other Donor Response

Other donor agencies are heavily involved in Senegal's health sector and specifically in AIDS control and prevention. Over 80% of the 1992-1993 AIDS program in Senegal is financed by donors. In addition to the specific funding and technical assistance being provided directly to Senegal, most of the donors also contribute to the Senegal AIDS prevention effort through the World Health Organization's Global Program on AIDS.

In December of 1991 the GOS invited organizations interested in providing financial or technical assistance to the National AIDS Control Program to a joint meeting to facilitate coordination of activity. Most donors were

present and declared their intentions for providing support in the following way:

Belgium: directly supports an urban primary health care program with integrated AIDS prevention in the Pikine district of Dakar, and declined the opportunity to pledge new monies.

Canada: has pledged over US \$800,000 to support IEC activities and training in a two year program. This program will begin in June of 1992, when a resident advisor will arrive to manage the program.

The European Economic Community: is currently strengthening STD clinics outside of Dakar, supporting equipment, technical assistance, research and operational costs. The EEC has also provided equipment to hospital blood banks for HIV screening. They did not define a contribution for the up-coming year.

France: has pledged approximately US \$500,000 for the 1992-93 program to strengthen the screening of blood transfusions, provide supplies for diagnosis and equipment sterilization, clinical care and counseling. They have also pledged technical assistance, including assistance in research.

Great Britain: did not commit a specific level of funding but is interested in providing assistance in IEC, training and laboratory equipment.

WHO/GPA: has pledged \$350,000 US for the next two years and will maintain the WHO Administrator posted with the PNLS. In the past GPA has supported training, laboratory equipment, supplies and administrative support to the program.

PNUD: has pledged \$300,000 US to support overall program coordination and administration and IEC for 1992-93.

UNESCO: is interested in supporting education efforts and incorporates AIDS prevention in its Family Life and Education project, but made no formal pledge at the meeting.

UNICEF: has not specified the amount of funds to be donated but is interested in supporting IEC activities, training and work with ONGs, specifically in evaluation, STDs and condom promotion.

As with any multiparty activity, the greatest challenge for the Senegal AIDS Program is the maintenance of a strategic program in the face of varying interests and resources.

## II. RATIONALE AND STRATEGIC APPROACH

### A. Rationale

While there have been few, if any, in-depth studies of risk factors for HIV infection conducted in Senegal, data from studies conducted elsewhere in Africa provide valuable insights and guidance in strategic planning. A number of studies have shown that certain risk behaviors are strongly associated with HIV infection including having a history of multiple partners, an above

average income, a history of STD, and engaging in unprotected sex in exchange for money.

Studies on the heterosexual transmission of HIV infection have estimated that the risk of becoming infected with HIV through a single sexual intercourse with an infected person are between 1/100 to 1/1000 for male to female transmission and 1/500 to 1/5,000 for female to male transmission. Studies from Nairobi and Kinshasa have suggested that HIV transmission is greatly accelerated by the presence of the classical STDs, particularly genital ulcer disease. STDs that lead to genital sores, such as syphilis, chancroid and herpes, provide physical portals of entry and exit for the AIDS virus. The presence of an STD multiplies the efficiency of transmission of HIV from 5 to 20 times.

One major conclusion from a study in Rwanda was that most of the infections found among pregnant women were more strongly related to the high-risk behaviors of their husbands than to their own behaviors. Wives of men who reported outside partners and especially men from higher socio-economic groups who drank alcohol, were at much higher risk than women whose husbands did not drink or did not have higher incomes.

Initial studies of AIDS documented that it was largely an urban problem, particularly in the early stages of the epidemic. In fact, WHO initially recommended that, in the absence of hard data, one could estimate rural infection levels to be about 10% of urban levels. As more data became available, this fraction was later increased to 20%. While truly rural villages record 20% of urban infection levels, recent data suggests that some villages should be considered "semi-urban" and at increased risk. The increased risk is thought to be due to a higher level of commercial activity and migration of workers in these "semi-urban" areas.

Many young men and women get infected at an early age, before marriage. While they may cease their high risk behaviors after marriage, this does not necessarily prevent them from infecting their partners and eventually their children. It is imperative to target youth and to prevent them from becoming infected at an early age by engaging in high risk sexual encounters, but

It is well known from work on classical STDs that preventing STD cases in the "core" group is much more effective and economical than preventing cases in the general population. This theory applies equally to preventing HIV infection. The core group includes individuals whose high rate of sexual activity is responsible for the persistence of an STD in the population. While many prostitutes, military personnel and truck drivers are considered core groups, anyone who is having multiple sexual partners can be so considered.

Patients with STDs are, by definition, engaging in high risk behavior. They constitute a logical target for specific HIV/AIDS IEC campaigns. They are also more accessible and are often more open to behavior modification, owing to the presence of uncomfortable symptoms. The combined positive impact of targeting STD patients with special HIV/AIDS prevention messages and decreasing the prevalence of STDs and thus their multiplying effect on HIV

transmission, make the improvement of STD services a powerful weapon in controlling the AIDS epidemic.

Condoms do effectively prevent HIV infection, according to evidence from the U.S., Europe, and Africa. These studies also show that the more consistently condoms are used, the more protection they provide. Programs for promotion and distribution of condoms to those who practice high risk sexual behavior have been very successful. In Africa, condom shipments by A.I.D. in response to demand have increased five-fold, from 33 million in 1987 to 174 million in 1990. Condoms are the only physical barrier available that can stop the sexual transmission of the virus from one person to another.

Modeling has shown that the savings of combining different intervention strategies can be quantified. For example, convincing people to decrease their casual sexual encounters will reduce the number of condoms and STD treatments consumed. In turn, increasing condom use will decrease the number of STD treatments needed. The three different intervention strategies modeled to generate these conclusions were: promotion and provision of condoms to increase their use; promoting and supporting decreased numbers of sexual partners; and early and complete STD treatment. These are generally recognized as the most important means of interrupting the chain of HIV transmission through sexual contact.

## B. AID/W and USAID/Senegal Strategic Approaches

### 1. AID/W Strategy

A 1990 review of the AIDS Technical Support Project by the AIDS Cluster recommended an extension of the LOP from FY95 to FY97, an increase in LOP ceiling from \$69 million to \$310 million and a technical redesign which would build upon the lessons learned in the first five years of activity. The lessons which the new AIDS Control and Prevention (AIDSCAP) Project (PN 698-0474) will draw upon are: 1) HIV can be prevented on a limited basis; 2) increased demand for and access to condoms has been a key element of success to date; 3) NGOs and PVOs are crucial collaborators in program implementation; 4) diagnosis and treatment of STDs plays a major role in HIV prevention; 5) measurable national-level impact can be prevented by a lack of concentration of resources; 6) more knowledge is needed regarding effecting changes in sexual behavior, especially in Africa; and 7) a multifaceted, multisectoral approach is needed to enact the needed change in individuals and in societies.

AID/W has prioritized the prevention of sexually transmitted HIV infection worldwide, as opposed to blood-borne HIV transmission through transfusions or non-sterilized needles or cutting implements. The prevention of sexually transmitted HIV is best accomplished through four major strategic approaches:

- communication for behavior change;
- prevention and treatment of other sexually transmitted diseases;
- promotion and distribution of condoms; and
- policy dialogue.

#### *a. Communication for Behavior Change*

Communication programming can influence social norms in order to reduce high risk sexual behavior. Particular emphasis is on increasing condom demand and use, increasing STD-related treatment-seeking and preventive behaviors, and decreasing numbers of sexual partners. Multiple communication channels such as interpersonal communication, social networks, small (pamphlets, brochures, videos, etc.) and mass media should be used and be mutually reinforcing. A critical aspect of these communication activities is the involvement of the target audience in the design of materials and messages.

Project activities should utilize both the governmental and non-governmental sectors to increase knowledge/awareness, explore attitudes and perceptions regarding AIDS and other STDs, improve communication skills and foster behavior change among the target populations appropriate to a given country. Research is critical to learn more about sexual behaviors and communications for changes in risky sexual behavior.

#### *b. Prevention and Treatment of STD*

Diagnosis and treatment of STD interrupts the chain of transmission of STD and reduces the chances of HIV infection during sexual contact. This pattern can be achieved by improving the quality of services that provide STD diagnosis and treatment, especially risk reduction counseling, condom promotion, treatment compliance and partner notification. Training for service providers and technical assistance in strengthening management and supervision of STD services, including logistics management, is often also needed. It is important to focus on services that specifically reach the identified groups at risk, and involve both governmental and non-governmental organizations.

In addition, it may be valuable to provide technical assistance to sentinel surveillance programs, which serve as important monitoring and evaluation tools. In selected countries, support may be provided to strengthen the capacity of existing STD reference centers, including equipment and diagnostic supplies. Research activities should be considered in areas directly relevant to interventions, such as the determination and monitoring of the etiology and antibiotic susceptibility of STDs and the evaluation of appropriate STD diagnostic tests or patient management algorithms. Behavioral research should be primarily directed at identifying health care seeking patterns and behaviors of individuals as well as identifying barriers and promoters of these patterns and behaviors.

#### *c. Condom Programming*

Interventions promoting the use of condoms for HIV and STD prevention will result in an increased demand for condoms. A project must assure that the demand will be met in an efficient manner by strengthening the capacity of participating countries to secure, manage and distribute an adequate supply of condoms. A variety of delivery mechanisms should be considered, including social marketing, public sector free distribution at clinics or care locations and community-based distribution. And at every level of program implementation, the issues of inventory, storage and re-supply must be addressed.

#### *d. Policy Dialogue*

Policy dialogue activities target policy makers in all sectors, seeking to provide them with information and motivation to support and develop efficient policies and mobilize the resources needed for major AIDS prevention and control efforts. An effort must be made to conduct policy assessments, identify and educate policy makers and create policy support and development programs which will facilitate the implementation of HIV control efforts.

*e. Additional Key Components*

In addition to the technical strategies described above, a number of key principles are also inherent elements of the AID/W AIDSCAP Program. They are: 1) collaboration with the local National AIDS Control Program (NACP) to ensure that the objectives of their Medium Term Plan (MTP) are met, and with implementing agencies and individuals from the broadest possible range of sectors; 2) targeting, to allow programs to focus innovative intervention efforts to maximize impact and cost effectiveness; 3) supporting basic and applied research, which is crucial to the design of appropriate interventions, provides the basis for measuring their outputs and impact, and, whenever possible, is structured to strengthen the capacity of host country institutions; and 4) monitoring and evaluation from multiple perspectives to assess, document, and communicate results, or their modify the project if necessary.

2. USAID/Senegal Strategy

Since 1985, USAID/Senegal has provided over \$2 million in support of AIDS prevention and control efforts in Senegal, primarily through its Family Health and Population Project (685-0248). The discrete activities funded in this manner, while much needed and all in accordance with the Senegal MTP for AIDS control, have not provided the opportunity for strategic planning and implementation. Nonetheless, they have provided direct support to AIDS control efforts, through improvement of the existing available resources, human and inanimate. USAID/Senegal therefore intends to act upon the CPSP designation of AIDS as a Mission "target of opportunity" to increase the level of support in this area and develop a project through which it can provide comprehensive yet focused assistance to the PNLs in Senegal.

The Senegal AIDSCAP Project will reflect the urban focus of the Family Planning/Child Survival Project (PN 685-0286) currently under Mission review, and will define geographic areas of emphasis to complement it. It will also emphasize coordination of activities by individuals and organizations in both the public and private (non-governmental) sectors, building on the momentum of existing activities in AIDS and other complementary subjects. It also reflects the AID/W prioritization of sexually transmitted HIV, the targeting of groups at highest risk (recommended for low prevalence situations), and the utilization and aggressive combination of the recommended technical strategies.

III. PROJECT DESCRIPTION

**A. Introduction**

USAID/Senegal intends to assist the GOS by increasing support of the National AIDS control and prevention effort. Through a buy-in to the FHI AIDSCAP

cooperative agreement, USAID/Senegal intends to support the GOS National AIDS Control Program, other GOS institutions, the University of Dakar Laboratory Service, and appropriate non-governmental organizations, to strengthen and focus AIDS prevention activity in populations at high risk of sexually transmitted HIV infection. The following project design is for six years (FY93-FY98) of project activity, at an LOP funding of US \$9.9 million. An additional \$500,000 in condoms will be accessible for project activities, and procured through an OYB transfer to the Contraceptive Procurement project in the Research and Development Bureau's Office of Population. The GOS contribution is estimated at US \$1.5 million in kind (GOS personnel, vehicles, etc.) and \$500,000 in counterpart funds.

### 1. Goal and Purpose

The *goal* of this project is to reduce the rate of sexually transmitted HIV infection in Senegal. The *project purpose* is to decrease HIV high-risk behavior within the target groups and to strengthen delivery of services that reduce the spread of HIV and other sexually transmitted diseases in selected geographic regions.

This will be accomplished through four major strategic components, which are consistent with the GOS Medium Term Plan:

- communication for behavior change;
- prevention and control of sexually transmitted diseases;
- promotion and distribution of condoms; and
- policy dialogue.

By FY98 the project will implement an improved array of targeted communication activities; strengthen non-traditional, public and private condom distribution to target groups; improve the provision of STD prevention services; and achieve and maintain a policy environment conducive to the effective implementation of AIDS prevention activities.

The project will target groups at highest risk for HIV infection and will be geographically focused in four regions with greatest potential for spread of the epidemic: Dakar, Kaolack, Ziguinchor, and Thies. Criteria for selecting these regions included: HIV/STD epidemiologic picture, possibility of liaisons with the Mission's proposed family planning project, rates of urbanization, and feasibility of implementation. The project will focus primarily on urban populations, with possible expansion of successful interventions to peri-urban settings or different geographic regions near the end of the project.

Project activities will be defined via sub-agreements executed between FHI and local organizations, including the NACP, the University of Dakar Laboratory Service and non-governmental organizations with interest and expertise in AIDS prevention. With close collaboration with the Mission's PVO/NGO Support Project, proposed local organizations will be assessed for fiscal and technical soundness prior to award of sub-agreements and this capacity will be monitored and augmented throughout sub-agreement implementation.

By using local agencies as the actual implementers of activities, their capacity is increased in a number of areas, e.g., development/design of

activities, technical expertise in implementation, monitoring and evaluation of their activities, and these skills will remain after the disappearance of the AIDSCAP project. It has already been demonstrated in a number of countries that the implementing agency, after experience in activities such as those described here, independently replicates the same or similar activities in other settings. This is particularly true with the public sector in the case of Senegal. While this project will not be funding intensive activities in all regions, as the four targeted regions begin to show success, it is likely that other regions will begin to replicate those successes.

## 2. Target Groups

The project will support the design and implementation of multi-channeled, multi-dimensional activities within three major target groups. These groups have been redefined during project design based upon established knowledge of their risk of HIV transmission and acquisition, potential prevention impact and accessibility.

- 1) Women at risk -- prostitutes, and women with multiple partners, and women receiving STD treatment.
- 2) Men at risk -- clients and regular partners of prostitutes, long-distance truckers, male employees of other industries which separate men from their families, and men with symptomatic STDs.
- 3) Youth at risk -- out of school youth, especially in urban areas where drug use and sexual behavior are common, and in-school youth, particularly university students.

## **B. Activities to Facilitate AIDS Prevention**

In order for the activities directly influencing the sexual transmission of HIV in the target groups to be successful and replicated, there are three national-level activities which will be instituted and maintained throughout the LOP. These are:

- policy dialogue with opinion leaders and decision makers in the public, non-governmental and private sectors;
- support of strategic program planning and supervision of national, regional and municipal activities within the National AIDS Control Program; and
- strengthening the capacity of the health care sector by training medical and para-medical service providers;

### 1. Support of Policy Dialogue

The project will launch policy activities in two areas:

1. Working with the NACP and other in-country institutions, the project will seek to increase opinion leader's awareness and understanding of the demographic and economic impact of the epidemic and relative efficacy of various prevention activities. The project will place special emphasis on increasing awareness and understanding in the private sector.

2. The project will address policy barriers to (a) the implementation of the core AIDSCAP behavior communications and (b) strategies for increasing condom use and improving STD control.

### Program Rationale and Outline

AIDS prevention interventions will need the greatest support, meet the least resistance, and have the best chance for sustainability when key leaders and resource holders are provided with a steady flow of correct, understandable, and useful information about the epidemic.

The Senegal AIDSCAP project will support a five-pronged process to identify policy makers and opinion leaders and to secure their support for effective, comprehensive AIDS prevention programming in Senegal. The five steps are: (1) identify policy makers, (2) assess policy makers, (3) educate policy makers, (4) analyze AIDS issues, and (5) develop strategic planning and implementation to support policies and procedures that support AIDS work. These steps are described in more detail below.

**Identify policy makers.** The project will identify key private and public sector individuals or institutions that shape policy makers' attitudes and beliefs concerning resource allocation, setting social agendas, and social norms.

**Policy maker assessment.** Project staff will assess policy makers' knowledge, attitudes, and behaviors regarding national HIV prevention activities. Specifically, approximately 50 qualitative research interviews will be conducted with officials and leaders in the public sector (e.g., health, planning, finance, local government, traditional authorities and district area representatives), private sector (e.g., agricultural and industrial business interests, private health service providers, professional associations), and others (e.g., donors). These interviews will attempt to discern not only the opinions of such leaders regarding AIDS prevention, but also whether they have personal experiences with AIDS (e.g., knowing members of families or social networks who have died from AIDS), and whether they consider themselves and their families at risk.

**Educating policy makers.** Based on the above, a strategy will be developed for educating policy makers on critical AIDS issues and their relevance for Senegal. Educational tools might include "partnership briefings" for disseminating the key findings from AIDS economic impact studies and other reports, additional sectoral studies of AIDS' impact in Senegal, and site visits to neighboring countries to learn firsthand about successful AIDS programming. Special tools could also be developed to support positive and informed media programming (e.g., providing grants to support "AIDS reporters" who would develop positive, human interest, non-technical AIDS education through print and radio). Presentations through other social organizations (e.g., Rotary Clubs, church groups, medical practitioners' associations, marketplace stalls) could provide other informal venues for improved AIDS reporting. Policy maker education may also include on-going modeling and forecasting efforts to update education and encourage development of a national capacity in this area.

**AIDS issues analysis.** A comprehensive analysis of current *de facto* and *de jure* policies that influence the effectiveness of AIDS prevention will be undertaken early in the project. This analysis will examine such critical issues as tariff rates on condoms, media restrictions, and restrictions on prescribing drugs. The assessment will examine the policies by impact on program effectiveness and potential for change.

**Strategic planning and implementation.** Based on the assessment, a strategy will be developed with the National AIDS Control Program and USAAD/Senegal to address removal of policy constraints or weaknesses and adoption of positive policies.

To be most effective, the overall policy strategy should be developed and implemented in collaboration with a number of national resources. These include the NACP, the University of Dakar, and non-governmental organizations and private associations. Part of the policy development strategy for the project will therefore be to identify, strengthen, and institutionalize in-country capability to conduct policy dialogue.

The project's resident advisor, in collaboration with the NACP and with technical assistance from AIDSCAP headquarters, will conduct a policy assessment as a first step. This assessment will identify and prioritize desired policies for condom distribution, STD prevention, and promotion of healthier life styles. It will also identify social and economic policies that contribute to or thwart the spread of HIV infection. Policy development efforts will be collaborative, in that the project will work with other donors and concerned institutions and organizations at all stages of the process.

This policy dialogue effort will most likely continue working with the leaders of the various religious establishments in Senegal, with decision makers in the Ministries of Health; Education; Women; and Youth and Sport, other governmental agencies, and a wide range of municipal and non-governmental organizations.

Some of the potential issues to be addressed by policy dialogue efforts might include:

- maintaining AIDS prevention and control as a priority at the regional planning level;
- continuing efforts to incorporate condoms into essential drug lists, support implementation of the Bamako initiative and remove existing restrictions on condoms sales; and
- gender issues relevant to AIDS prevention such as the formal and informal legal status of prostitutes.

These issues can be addressed through a variety of mechanisms, some of which include: a series of formal seminars for leaders addressing specific policy domains; computer modeling of generic or Senegal-specific ramifications of the AIDS epidemic (e.g., health care costs); or an on-going stream of information, research results, etc. targeting the relevant policy issues. The most appropriate mechanisms will be determined after the policy assessment.

## 2. Strategic Planning

In support of the National AIDS Control Program, the project resident advisor, with technical assistance from AIDSCAP regional or headquarters staff (if needed), will assist the NACP with its strategic planning activities. The focus of this assistance will be in defining specific goals and objectives for program areas, determining the best means of achieving those objectives, and monitoring progress toward them after program implementation. A key element of this last process will be encouraging and supporting the appropriate use of output and impact data collected from a variety of sources by the NACP. This approach will be encouraged and supported in the regional planning processes as well.

An important aspect of strategic programming is maintaining two-way communication with collaborating and subordinate institutions and agencies. To that end, the resident advisor, with technical assistance, if needed, will strengthen the supervisory systems through development of standardized protocols, objectives and tools for visits. Oversight of maintenance of existing equipment will be built into supervision visits, as well as follow-up on other programmatic needs such as condoms. This activity will also seek to assure that required reports from the field are utilized and responded to at the central level in a prompt and appropriate fashion. Support of strategic planning and the incorporation of basic supervisory skills will also be offered to other implementing agencies within the Senegal AIDSCAP project.

### 3. Strengthening Service Provision in the Four Target Regions

Service providers in the health sector have been chosen as a "target group" of sorts by the Senegal AIDSCAP project, not because of their personal risk of HIV transmission, but because of their involvement in and potential impact on the planned prevention efforts.

This group includes physicians, nurses, pharmacists, midwives, laboratory technicians, and social workers in both the public and the private sector. One frequently mentioned reason for the lack of prevention education or counseling is the lack of time or trained staff to perform such services. This project will assure that available staff are adequately trained to provide the full range of services required.

These service providers play an important role in AIDS prevention. It is up to them to take every opportunity with patients and clients to provide and reinforce AIDS prevention messages, diagnose and treat STD, and provide risk reduction counseling and condoms. Confidence in service providers is crucial and requires sensitivity and compassion in dealing with clients. Service must be of the highest quality to gain the respect and confidence of clients.

The specific objectives of this activity are to increase the skills of service providers:

- to provide risk reduction counseling
- to provide information on how HIV/STD are transmitted and prevented
- to promote condoms
- to teach condom negotiation and use skills
- to implement and encourage partner notification mechanisms
- to provide HIV test results and counseling

These objectives will be met by providing training to service providers in the GOS STD and other interested clinics and to service providers in industrial employee health clinics or other private health care facilities. Service providers will be trained in the proper application of the standard patient management guidelines already developed by the GOS, which include syndromic diagnosis and treatment algorithms for locally prevalent STDs.

Service providers will also receive training to engage in more compassionate interactions with people at risk for HIV, thus reducing the stigmatization often encountered when seeking treatment for STD. This activity will improve the skills of service providers in promoting and distributing condoms to target groups, increasing their ability to teach negotiating skills, and actual physical manipulation skills relevant to condom use.

In addition to the training of existing health staff, AIDS/STD prevention modules will be assessed, and modified or incorporated as needed in existing curricula at professional schools. The project will work closely with the Mission's proposed family planning project to avoid duplication of effort in these curricula reviews and modifications. Symposia to promote this training and continuing education effort will be held with Senegalese medical, pharmaceutical and other professional societies who could benefit or participate.

STD clinic staffing patterns, responsibilities, activities and patient workload will be evaluated in conjunction with the NACP, and reallocated, if possible, to achieve an effective balance within each service site after all staff have been trained. These patterns will also be reassessed at selected points later in the project to determine whether additional adjustments must be made. In addition, a quality assurance program will be implemented to monitor the diagnostic, clinical and preventive services. It is anticipated that the cycle of continuing education and quality assurance implemented by this activity will continue after the cessation of direct support by the AIDSCAP Project.

## C. Projects for Populations At Risk

### 1. Women at Risk

#### *a. Prostitutes*

The project will target two specific sub-groups of prostitutes: officially registered prostitutes, and the less well defined "clandestine" prostitutes (women with multiple partners). The strategy and the approach to preventing HIV transmission in these groups is similar, but there are several critical differences to consider in designing and implementing interventions.

In Senegal, prostitutes are encouraged to officially register their status with the government. Registered prostitutes must be at least twenty-one years of age, and they come from a wide variety of social and cultural backgrounds. Prostitutes register with the Ministry of Health and are given regular examinations and treatment for STD.

The second group of women with multiple partners, "clandestine" prostitutes, are equally at risk of acquiring HIV but are more difficult to reach with

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conventional prevention efforts. These women can be minors, or may be employed in low paying but "respectable" jobs (waitresses, cooks or maids), or be married with a family to support. Money from prostitution is used to subsidize insufficient incomes or absent husbands. A number of the "clandestine" prostitutes are wives of migrant workers who are absent from their homes for long periods of time. Still others are students subsidizing their school fees. These "clandestine" prostitutes are at increased risk because they are not reached by STD/AIDS prevention and control activities designed for registered prostitutes, and are likely to have lower rates of condom use.

The project will support activities tailored to and focused on these two groups of female prostitutes. As with efforts with similar groups in other African countries, the emphasis will be on developing a social environment to support behavior change which will result in reducing the risk of HIV transmission. The specific objectives include:

- to increase awareness of the importance of sexual transmission in acquiring HIV/AIDS/STDs
- to increase individual levels of perceived risks of acquiring HIV/AIDS/STDs
- to increase condom seeking behaviors and actual condom use
- to facilitate condom access
- to increase skills in negotiating condom use
- to increase social acceptance/social environment for negotiating condom use
- to increase STD treatment-seeking behavior
- to decrease the rate of STD in registered and "clandestine" prostitutes seeking care at STD clinics

Several approaches will be used to reach these target groups and to achieve the stated objectives. Registered prostitutes will be reached through the formal public health sector during their regular visits to the STD clinics. These visits provide excellent opportunities for risk-reduction counseling, distribution of condoms, promoting partner notification, diagnosis and treatment of STD as well as follow-up of treatment success or failure.

The project will also utilize peer education, linked either to a governmental or non-governmental agency, to reach "clandestine" prostitutes. The peer educator approach is already being employed by the MOPHSA personnel currently working with registered prostitutes in a few regions of Senegal. Self-defined groups of prostitutes select leaders using criteria established by the group and the professional health staff. The leaders are then responsible for transmitting the AIDS/STD information through their respective networks in order to promote and sustain behavior change. This type of activity will be expanded through the project.

There are a number of non-governmental organizations which focus exclusively on improving the economic situation of women in Senegal. These groups are likely candidates for implementing some of the activities with prostitutes outlined in the project.

Condoms will be promoted through the communications activities, which should result in an increased demand. The project will ensure that the demand is met at the regional level by facilitating communication and coordination between the delivery systems already in place for family planning contraceptives and

the condom distribution system used by the NACP. That, combined with more non-traditional NGO-linked delivery systems for clandestine prostitutes, should ensure that an adequate supply of condoms is accessible to the targeted prostitutes.

The project will work closely with the pilot condom social marketing activity to be supported through the Mission's family planning project to ensure that condoms are accessible at points near the prostitutes' places of work. For example, the project will encourage the condom social marketing activity to include bars and hotels as priority distribution points, and perhaps prostitutes themselves as salespersons. If necessary, and then in close collaboration with the pilot social marketing activity, the project will undertake more general promotion of condoms to facilitate the launch of the socially marketed product.

The approach to achieving the STD-related objectives will be to strengthen the existing system of STD services in each of the four emphasis regions to provide comprehensive STD prevention and case management service to prostitutes seeking care. As these services are improved and de-stigmatized, utilization by more prostitutes will result, and the STD clinics will become a more effective component of national AIDS prevention efforts.

The actual interventions will be designed and implemented using the approaches stated above and will include the following components:

1. Definition of target groups. Prostitutes are a very heterogeneous group. Strategies can differ according to worksite (streets, bars, from their homes); ethnicity, language and culture, and nationality; and most importantly legal status.
2. Formative and baseline research. In order to design appropriate interventions and measure impact, formative research will be conducted with prostitutes to determine their level of knowledge, attitudes, beliefs and practices regarding AIDS/STD. In addition, focus groups will be held to determine which messages and languages are most appropriate.
3. Develop IEC materials. Given that 75% of all women in Senegal are illiterate, any printed materials will be entirely graphic and developed with target audience participation. Additionally other innovative means will be developed to reach the target audience, relying heavily on interpersonal communication. Materials used in other projects in other countries (e.g., pictorial flashcards and comic books) will be adapted for local use as appropriate.
4. IEC and counseling training for staff. Many health professionals have not been trained to interact and provide meaningful education and counseling services to women who are prostitutes. In addition to coping with their own attitudes, prejudices and fears about HIV/AIDS, they must learn to treat these women with dignity if they are to gain their confidence and be able to help them make the necessary behavior changes to prevent HIV transmission.

5. Establish peer leader training and support systems. A system of support to actively recruit, motivate and retain the peer leaders will be developed to ensure that the project does not suffer from dropout, migration or lack of monitoring of peer leader activities.

*b. Women seeking STD treatment*

Women who have been exposed to an STD are at increased risk for contracting and transmitting HIV. STDs are often asymptomatic in women, and when symptoms are present they often go unrecognized or are ignored. STDs are often detected in women during routine visits to family planning clinics or in other care settings. Some STDs, if left untreated, may lead to infertility and other complications as well. In addition, presentation with an STD may be a sign that a woman is among the previously described group of "clandestine" prostitutes.

Women being treated for STDs need to realize that they are also at risk for HIV. It is essential to seize the opportunity to provide prevention education and counseling as well as accurate diagnosis and treatment at this encounter with the health sector.

The project will provide STD/HIV prevention education and counseling in order to support and sustain behavior change in female STD patients. The focus will be to urge these patients to more quickly suspect and recognize certain symptoms, seek treatment, and make behavioral changes in order to reduce exposure to HIV/STD infection.

This project will work closely with STD clinics, family planning clinics, and other providers to assure that their current programs are strengthened and expanded to include the full range of prevention services for STD/AIDS, if so desired. The project will coordinate with the NACP and with USAID's family planning project to avoid duplication of efforts and facilitate any referrals that might be needed.

Specific objectives include:

- to increase awareness of the importance of sexual transmission in acquiring AIDS/STDs
- to increase individual levels of perceived risks of acquiring AIDS/STDs
- to increase condom seeking behaviors and actual condom use
- to facilitate condom access
- to increase skills in negotiating condom use
- to increase partner notification to prevent re-infection
- to decrease the number of repeat visits for STD
- to decrease the overall rate of STD in women attending STD clinics and other care providers

Women attending STD clinics or receiving treatment for STDs through other sources must have adequate access to condoms. The project will work with the NACP and USAID's family planning project to ensure coordination of their respective condom management and delivery systems. Condoms will be provided to the regional clinics through these routine, but improved channels.

Other STD-related objectives will be achieved through the previously described improvements in STD case management and retraining of clinic staff.

Initial activities to bring about these more general improvements in STD case management include:

1. The development of basic informational materials on the most prevalent STDs in Senegal, their symptoms (in women), and how they are acquired and prevented. This material will be distributed during each consultation.
2. Individual counseling will be provided to STD patients on risk reduction and prevention. The correct use and storage of condoms will be demonstrated, and patients will be provided an opportunity to ask questions, discuss negotiating condom use, and practice correct condom use.
3. Patients will be encouraged to refer their partners for appropriate treatment and full prevention services.

## 2. Men at Risk

### *a. Transporters*

Men who have occupations which require periodic absences from home (and thus are away from wives and regular sexual partners) are also at increased risk for HIV infection. These men often spend long hours on the road, and pass their evenings at truck stops. Prostitutes also frequent these truck stops because of the large numbers of potential clients. In Kaolack, for example, the prostitutes have established permanent living quarters in the areas surrounding the central truck stop. As a highly mobile population, transporters play an important role in the spread of HIV throughout Senegal and as well as to other countries. These men depend, for the most part, on the public and the informal health sector (i.e. traditional healers) for treatment of STD and may be difficult to reach for proper diagnosis and treatment. Thus prevention becomes all the more important.

There are an estimated 6,000 members of the National Federation of Transporter Groups in Senegal with four major divisions (les cammioneurs, les cars-rapides, les taximen, et les mini-cars). These organizations will play a major role in reaching the men at risk with interventions in the four target regions. Discussions with the leaders of the groups regarding general attitudes and sexual practices of their members indicated a need for concentrated efforts at bars and hotels located close to truck stops that rely on transporters' business, and offer such conveniences as "rooms by the minute."

Other groups of transport workers who will be included in this group are those working in the private railway and shipping industries. These workers have access to the company's clinics for medical care. Clinic records indicate that companies such as Société de Transport en Commun (SOTRAC), Port Autonome de Dakar, and the Régie des Chemins de Fer have large STD caseloads. The project proposes to integrate information on STD/AIDS prevention and

counseling, as well as condom distribution, within existing health care and prevention activities.

The focus of the communication programs will be to reinforce men as responsible decision-makers about disease prevention. As the primary decision-makers in a relationship and the ones who would personally use the condom in the sexual act, efforts to gain their support for condom use will make significant strides in the prevention of AIDS and other STDs. This strategy will concentrate on redefining low-risk behaviors to make them acceptable to men.

The major objectives to be reached in preventing HIV/AIDS and STD in transport workers are:

- to increase awareness of AIDS/STDs
- to reduce exposure to HIV/STDs through casual sex
- to increase referral of sexual partners for STD treatment
- to increase condom use
- to increase early seeking of STD treatment services

This project will use two major approaches to meet these objectives. First it will enlist the help of workplace leaders to reach the workers through their organizations. In addition, the project will identify key locations where transport workers gather and focus interventions on these sites for opportunities to facilitate small group discussions such as truck stops, ports and hotels.

The project will cooperate with the condom social marketing program to ensure that distribution points will cover the needs of these men and organizations, as well as take advantage of the various private and NGO service delivery mechanisms in place to assure a steady supply of condoms.

Men will be informed about where to receive appropriate treatments for STDs and the importance of compliance with appropriate treatment regimens. They will be encouraged to use the public STD clinics. If employee health clinic services are available they and their service providers will be included in staff training and improved STD case management.

Some specific elements of this activity include:

1. Formative research. More information is needed regarding male sexual attitudes and practices including frequency of sexual acts diversity of sexual partners and practices, patterns of alcohol use and sex, clearer interpretations of casual sex, and particularly condom-specific attitudes and practices -- in general, with wives and with other sexual partners.
2. Identification and training of key leaders. First, company management will be targeted to ensure support for project activities by providing time and space for prevention education and counseling to occur, facilitating condom distribution on site, and encouraging healthy lifestyles (disease prevention) as important to the successful employed male and the success of the company, recognizing the savings from

decreased expenditures for STD treatments for employees and serving as role models to influence social norms.

Second, a cadre of men will be selected to act as peer educators and to help send information throughout the ranks. These men will receive intensive AIDS/STD prevention education and will act as sources of information through their various networks.

3. Small media materials. Appropriate materials (e.g., bumper stickers promoting condom use and other risk-reduction behaviors) will be specifically designed and pre-tested for this target audience. These materials will then be distributed where men congregate at worksites, medical clinics and popular meeting places such as hotels or truck stops.
4. Training of clinic staff in STD/AIDS prevention education and counseling will be provided to ensure that similar messages are provided to men when they are patients. Physicians, nurses, nurses aides and social workers in this system will act as sources of information and help to support behavior change.

*b. Migrant Workers*

The migration of men seeking job opportunities in urban areas or on sugar or peanut plantations is a growing factor in STD/AIDS transmission. Risk-associated behaviors often noted in this group include the tendency towards multiple sex partners when away from home, the preference for sex without condoms, the lack of knowledge concerning proper use and storage of condoms, and the association of condoms only with sexual partners who are known to be prostitutes. Abstinence while away from home appears to be an unrealistic goal.

Through the project, private companies employing migrant workers will be involved in comprehensive AIDS prevention programs. The focus of the efforts will be on initiating and supporting behavior change within this population through multiple channels and peer education. The project will seek to collaborate with employers to encourage and maintain healthy worker populations and will train key leaders from labor in order to transfer knowledge and skills that will permit them to serve as role models and channels of STD/AIDS prevention education to their peers.

The objectives are to:

- to increase awareness of AIDS/STDs
- to increase condom use
- to decrease numbers of different sexual partners
- to increase seeking STD treatment services

Some specific activities include:

1. Formative research on issues related to AIDS/STDs. The purpose is to develop a profile of male attitudes with regards to condoms and condom use, casual sex, alcohol use and sex, displacement from home and subsequent high risk behaviors in order to develop the most appropriate

channels and messages for risk reduction information dissemination. Efforts will be made to distinguish between sectoral and regional differences as well as preferences for migration (within Senegal vs. outside Senegal) in order to make the groups as homogeneous as possible for maximum effectiveness.

2. Discussions with company leaders and NGOs. Leaders in the company will be requested to provide support for AIDS/STD prevention education and counseling for workers on site. Non-governmental organizations providing support to migrant workers will be targeted to design ways to integrate information into current activities. Intensive skills development training for NGO implementers in small group and counseling will be conducted. A complete assessment of all activities and materials produced by organizations targeting migrant workers will be undertaken in order to identify areas which would benefit from further support.
3. Specific IEC materials will be developed with input from the men themselves. Small print media that rely on currently accepted self images will be used to integrate AIDS/STD prevention messages. This might include promoting the "lifestyle" image of the "successful" man who has decided to use condoms in much the same way that commercial advertising strategies attempt to link their products with "the good life."
4. Adapt training and training manuals for medical personnel to include STD/AIDS prevention information. Staff will be provided with materials to distribute during workplace programs and counseling sessions for workers and their families.

The project will work closely with the pilot condom social marketing activity to identify employers who could serve as condom distributors. Additional condom distribution will be achieved via coordination of current or emerging public and private distribution systems. In companies with established employee health clinics, services will be strengthened to provide full prevention services, and assistance will be provided to strengthen STD case management. Clinic staff will be trained to provide counseling, condom promotion, partner notification and guidance on compliance with treatment, as well as how to use and follow diagnosis and treatment guidelines provided by the government.

#### *c. Men Seeking STD Treatment*

Men who have been exposed to an STD are at an increased risk for contracting and transmitting HIV. This is due not only to the biologically and physically increased risk of HIV transmission in the presence of an STD, but also the parallelism in modes of transmission of STD and HIV.

Men often go to the formal health sector for treatment of STD as a "last resort," having already consulted friends or relatives, visited traditional healers, and purchased antibiotics in the market or a pharmacy. This tendency to self-diagnose and self-treat is problematic, as it often leads to incomplete treatment and can result in increased antibiotic resistance in STD pathogens.

Men being treated for STDs need to realize that they are also at risk for HIV. It is essential to seize the opportunity to provide prevention education and counseling as well as accurate diagnosis and treatment at this encounter with the formal health sector. Only rarely in the current clinic setting do health care providers spend the time with male STD clients to provide prevention counseling, encourage partner referral and promote and demonstrate condom use.

The goal of this activity is to provide STD/HIV prevention education and counseling in order to support and sustain behavior change in male STD patients. The focus will be to urge these patients to more quickly suspect and recognize certain symptoms, seek treatment, and make behavioral changes in order to reduce exposure to HIV/STD infection. Health care providers will be trained (as described previously) to capitalize on the opportunity to provide prevention education as a necessary component of the care encounter.

The project will work closely with public STD clinics and other providers to assure that their current programs are strengthened and expanded to include the full range of prevention services for STD/AIDS, if so desired. This activity will hopefully ensure that the point of first encounter provides a quality service, encouraging wider use of that service. The project will facilitate coordination of the NACP with other providers to avoid duplication of efforts, and facilitate any referrals that might be needed.

Specific objectives include:

- to increase awareness of the linkage between STDs and AIDS
- to increase individual levels of perceived risks of acquiring AIDS
- to increase condom seeking behaviors and actual condom use
- to facilitate condom access
- to increase partner notification to prevent reinfection
- to decrease the number of repeat visits for STD
- to decrease the overall rate of STD in men attending STD clinics and other care providers

As mentioned earlier, men are the primary decision makers in sexual encounters. This activity will encourage men to take care of themselves and their partners through appropriate treatment. As repeated treatments for STD can become very expensive, especially in the private sector, the financial benefits of remaining STD-free will also be highlighted.

One of the objectives relevant for men in this situation is to ensure that they have adequate access to condoms. The project will work with the NACP and the USAID family planning project to ensure coordination of their respective condom management and delivery systems. Condoms will be provided to the regional clinics through these routine but improved channels. Male STD clients will also be made aware of the pilot condom social marketing product, and its nearby distribution outlets.

Initial activities to be undertaken include:

1. Conduct formative and baseline research to determine attitudes and practices related to condom use, treatment-seeking behaviors, etc.

2. Develop relevant informational materials on the most prevalent STDs in Senegal, their symptoms in men, how they are acquired and prevented, etc. This material will be available in waiting areas and distributed during each consultation.
3. Provide individual counseling will be to STD patients on risk reduction and prevention. The correct use and storage of condoms will be demonstrated and patients will be provided an opportunity to ask questions, and practice correct condom use.
4. Small group sessions. Since large numbers of male clients are often waiting at clinics for considerable periods of time, specially selected and trained staff will facilitate small groups discussions around the issues of treatment-seeking behaviors, condom use and partner referral. The frequency and timing of such sessions will be piloted in Dakar, and client and staff reactions assessed before expanding to other sites.

### 3. Youth At Risk

#### *a. University and other in-school youth*

Youth in the 1990s are more liberated from parental control than previous generations and are becoming sexually active at a younger age. Studies have shown that young people are having multiple sexual partners, which places them at risk for HIV/STD.

Many AIDS prevention activities have already been initiated for in-school youth by the public and private sectors. The Ministry of Youth and Sports and the Ministry of National Education have been very active in their support of various AIDS prevention educational activities, such as: organizing seminars and conferences during the school year; developing educational brochures, booklets, posters, and calendars; and work is currently in progress on a drama to be filmed on AIDS prevention which targets students.

While many activities have been undertaken with elementary and secondary students, very little has occurred on the campus of the University of Dakar, with an enrollment of about 20,000 students. Given the situation described below, the project will implement a more intensive program with university students than other in-school youth.

Discussions with the medical staff at the University of Dakar indicated that 20-30 STD cases are diagnosed daily, indicating a high prevalence of STDs. The vast majority university students are single, under 35, sexually active, and ideal candidates for HIV transmission. Condoms are presently sold through the family planning clinic on campus, but single male students have shown a reluctance to avail themselves of these services. The STD caseload strongly suggests that they are not using condoms.

The specific objectives of this activity are:

- to increase awareness of behaviors that put youth at risk for HIV
- to delay onset of first sexual activity
- to reduce the number of sexual partners
- to encourage condom use in every sexual act

The activity directed at university students will include:

1. Research on prevalent attitudes, knowledge and beliefs about AIDS and condom use to identify barriers, etc.
2. Providing visual aids (such as films and videocassettes) and resource materials (books, manuals) to the Student Center.
3. Establishing peer leader training and support systems (as discussed in previous sections).
4. Programmatic support for activities such as conferences, marches, dances, skit presentations, and poster contests, based on a clear strategy and objectives to reach the student population as outlined by peer leaders and student representatives.

The project will work with the NACP and the family planning project to ensure that adequate numbers of condoms are available to the university's clinic for distribution to students. In addition the project will work closely with the pilot condom social marketing project to ensure that university students are targeted in their activities.

The project will provide assistance to the University Health Clinic to strengthen its STD services and to expand them to include a full range of preventive services for university students. It is hoped that the other campus of the University, as well as other institutions of higher learning, might be included in project activities later in the project.

In addition to the university activity, the project will support IEC training and counseling for leaders in the public and private sector working with youth. There is an expressed need for training in appropriate communication techniques and development of IEC materials and strategies. The project will identify these groups and organize several regional workshops to build on their experiences, designing IEC programs, improving their ability to reach their communities, and increasing their capacity to monitor and evaluate their efforts. These workshops will also help to support national and regional efforts by exchanging information within groups and improving their capacity to meet the needs of their diverse audiences.

The project will support the Division of Health Education Service and other public sector mass media communications activities targeting youth. A mass media campaign has already been launched, and the project will support efforts to evaluate the impact of the mass media campaign and materials within this target group. Once an evaluation of the present mass media campaign has been completed, support for additional mass media communication will be determined. The project will work closely with the Health Education Service to respond to needs assessed during the evaluation. The project may support the purchase of radio and TV spots if it is determined these are an effective means of communicating with youth. In addition, other channels, such as support of drama groups, bands, national and regional marches, and song, poem, poster contests will be explored.

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The project will also, on a case-by-case basis, provide support for small media print materials production (such as T-shirts, comic books, brochures, posters) for other activities or events undertaken by the private and public sectors on the condition that appropriate research has been undertaken to ensure that they are relevant for the target group. The project will provide technical assistance in designing research and evaluation methodologies for the development of these materials as needed.

*b. Out-of-school youth*

In 1987, approximately half of all eligible children were enrolled in primary education (70% of the 7-12 year old male population and 46% of the 7-12 year old female population); secondary school attendance was less than 15%.

Youth with low educational attainment and skill levels are ill prepared to win well-paying jobs in urban areas. Economic necessity sometimes dictates that young girls exchange sex for money. Young men peddle cheap commodities near the ports and on the streets for businessmen. Both groups are exposed to the realities of adulthood earlier than usual because of the need to survive.

The project will address and build on previous and continuing activities to increase knowledge and foster behavior change among youth. Activities will be supported at the national, regional and community levels in order to strengthen companion programming emerging from and centered at the community level.

The specific objectives for out-of-school youth are:

- to increase awareness of HIV/STD prevention
- to postpone early sexual activity
- to reduce the number of sexual partners
- to increase skills in condom use

The project will identify NGOs that are currently working with persons between the ages of 15 and 30 who are not in the school system. These institutions may include delinquent youth institutions, sports or cultural clubs, civic groups such as scouts/guides, religious movements, or professional sector associations in agriculture. These groups traditionally seek to provide young persons with handicraft, literacy or mechanical skills to enable them to become productive citizens. The project will work with the leaders of these groups to integrate AIDS/STD prevention strategies within the context of their own programs.

In order to reach the objectives listed above, the project proposes to provide IEC training, counseling, and technical assistance. Once a number of groups have been identified, (through criteria such as previous experience working on public health issues, or experience with out-of-school youth), leaders of those groups will be trained in areas such as program design, counseling, interpersonal communications, financial management, organizational development and management, evaluating messages and their impact, problem-solving, and motivation to conduct appropriate interventions in their diverse communities.

4. Summary

A multisectoral approach will be used in implementing the proposed activities and research projects. The National AIDS Control Program, other GOS ministries and agencies, the University of Dakar Laboratory Service, other departments of the University of Dakar, non-governmental and private sector institutions at both the central and regional levels will play key roles in interventions and research projects. The project will ensure coordination of public and non-governmental and private sector activity.

A sub-agreement (the document defining a particular set of activities) may consist of several different interventions and may address more than one target group. For example, a sub-agreement might be initiated with the NACP to target registered prostitutes and STD clinic attenders (male and female). This same activity would incorporate appropriate components from communications, condom programming and STD control as described earlier in detail.

The general criteria that will guide the matching of implementing agency with intervention activity include:

- a. previous or existing activity in the same target population;
- b. previous or existing activity in the selected geographic area; and
- c. a relationship to the selected target group which is supportive of AIDS prevention activity.

While the final matching of activity with implementing agency will be conducted at a later stage, the various activities described in the previous section might take the following forms:

- a. The NACP in conjunction with the Regional AIDS control programs could assist registered prostitutes and male and female STD patients;
- b. An NGO or group of NGOs, in collaboration with appropriate public sector agencies, could assist women with multiple partners or "clandestine" prostitutes;
- c. An NGO or group of NGOs, in collaboration with appropriate public sector agencies, could assist transporters and migrants.
- d. In-school-youth (university students) could be assisted via a sub-agreement with the University Health/Student center;
- e. Out-of-school youth could be assisted via a sub-agreement with an NGO or group of NGOs, in collaboration with appropriate public sector agencies; and
- f. The NACP, its regional counterparts, other GOS ministries, and private and non-governmental organizations could assist service providers.

Activities that are not directly implemented by the public sector or the NACP would, of course, have access to the technical expertise of that organization and its working groups, in addition to the formal approval process.

Other activities described above, e.g., strategic planning, policy dialogue and development, and IEC efforts outside of a specific activity will be

implemented or contracted through the resident advisor. Implementation will be based upon assessments of the epidemiologic, political or technical merit of the proposed activity.

#### D. Research

There is still much to be learned about the behaviors that favor the transmission of HIV and about effective and efficient interventions which are available to control the spread of infection. Biological and behavioral research activities within the Senegal AIDSCAP project will be conducted by the University of Dakar Laboratory Service, other university departments; the National AIDS Control Program and other local research organizations, as appropriate.

After the setting of research priorities, it is anticipated that one research sub-agreement would be awarded in the first year (nine months), two or three in each of the second and third years, and two or three over the last two years of project activity. Additional research activities of an innovative or finite nature will be supported through the Capacity Building rubric in the overall program budget. Formative and evaluative research is also built into most of the proposed interventions to identify appropriate approaches and messages, and to assess effectiveness and progress in reaching goals and objectives.

Research conducted under the project will be designed to meet the following objectives:

- Contribute to the basic knowledge of behaviors associated with the transmission of HIV, determinants of these behaviors, and methods for modifying them.
- Test and analyze new behavior change interventions related to sexual behavior, condom use, and reduction of sexually transmitted diseases.
- Support the development of the capacity of Senegalese scientists and institutions to conduct AIDS research.
- Improve the design, implementation and evaluation of STD intervention programs, including biomedical, behavioral and epidemiological research.
- Help identify the most effective methods for reaching the various sub-groups; and help them assess their risk of HIV infection and analyze acceptability and sustainability of behavior change interventions.

Much of the formative and evaluative research for this project will be part of the individual activities; however, a number of research activities stand alone and will be funded separately. Some potential, illustrative research topics which have already been identified during project development include:

- sentinel surveillance via laboratory testing for HIV and selected STDs in selected regions of project activity and in selected populations of interest, for overall evaluation purposes;
- the evaluation of STD patient management guidelines.
- the laboratory evaluation of rapid, appropriate STD diagnostic tests;

- the laboratory monitoring of antibiotic sensitivities of certain STD pathogens;
- evaluation of mass media activities to date, specifically activities related to youth and condoms;
- the relevance of "reconversion and reinsertion" efforts with prostitutes to AIDS prevention programs; and
- the role of polygamy in AIDS prevention.

The project will also establish a "rapid response fund" to allow investigators, in close collaboration with the resident advisor and USAID/Senegal, to pilot interesting research ideas quickly, to test innovative intervention approaches, and to respond to identified "targets of opportunity." It might also be used to assist investigators in the preparation of larger scale proposals.

All proposed research and pilot intervention approaches will be prioritized according to the following criteria:

- the potential contribution the results might make to program design, implementation and impact;
- feasibility; and
- cost.

The project will ensure that research results are disseminated to policy makers and program managers within Senegal and worldwide when applicable. The project will make every effort to see that investigators are able to present their findings at regional and international conferences.

#### IV. FINANCIAL MANAGEMENT

##### A. Cost Summary and Budget

The total cost of the project is estimated at \$11.9 million. USAID will contribute \$9.9 million and an additional \$500,00 of contraceptives will be provided through an OYB transfer. The Government of Senegal will contribute approximately \$1.5 million in-kind and \$500,000 in budgetary counterpart funds.

##### Footnotes to Budget

1. Although the FHI AIDSCAP COOPERATIVE AGREEMENT Project Assistance Completion Date (PACD) is August 26, 1996, the Budgets presented here reflect the following dates at the request of the USAID/SENEGAL mission:

Year 1	January 1, 1993 thru September 30, 1993
Year 2	October 1, 1993 thru September 30, 1994
Year 3	October 1, 1994 thru September 30, 1995
Year 4	October 1, 1995 thru September 30, 1996
Year 5	October 1, 1996 thru September 30, 1997

This is a six-year project with five years of funding. To deal with the possible hiatus in field activity that may result if the centrally funded AIDSCAP project is not renewed when it expires in Year 4 of the project, the Mission decided to extend the implementation period of the Senegal AIDSCAP project by one additional year--to a total of six-years. This would give the Mission flexibility to identify selected FHI-initiated sub-activities for continuation via other implementation arrangements should such be necessary.

Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>I- USAID Buy-In</b>						
<b>A - Country Office Expense</b>						
1. Salaries & Fringe	213,317	195,983	194,032	202,483	211,358	1,017,173
2. Allowances	86,553	83,724	98,091	88,959	97,031	454,358
3. Off. Furn., Equip., Supp.	242,700	28,200	34,700	30,700	18,200	354,500
4. Travel and Transp.	52,000	35,350	50,850	35,850	35,500	209,550
5. Audits of subgrants	0	35,000	35,000	35,000	35,000	140,000
<b>Subtotal</b>	<b>594,570</b>	<b>378,257</b>	<b>412,673</b>	<b>392,992</b>	<b>397,089</b>	<b>2,175,581</b>
<b>B - AIDS Prevention For Youth</b>						
1. Out-of-school youth	86,500	160,500	141,500	155,000	140,000	683,500
2. University students	66,800	108,000	145,000	95,000	98,000	512,800
<b>Subtotal</b>	<b>153,300</b>	<b>268,500</b>	<b>286,500</b>	<b>250,000</b>	<b>238,000</b>	<b>1,196,300</b>
<b>C - AIDS Prevention STD Clinics</b>						
1. Registered prost. & STD patients	157,000	139,500	123,000	77,000	77,000	573,500
2. Clandestine prostitutes	148,100	225,000	202,000	189,000	139,000	903,100
<b>Subtotal</b>	<b>305,100</b>	<b>364,500</b>	<b>325,000</b>	<b>266,000</b>	<b>216,000</b>	<b>1,476,600</b>
<b>D - AIDS Prevention in Workplace</b>	165,500	156,500	192,000	148,000	133,000	795,000
<b>E. Strengthening Health Serv. Prov.</b>	122,000	173,000	120,000	99,500	70,500	585,000
<b>F - Capacity Building</b>	130,000	160,000	160,000	160,000	100,000	710,000
<b>G - Research</b>	25,000	100,000	100,000	50,000	25,000	300,000
<b>H - Policy</b>	20,000	40,000	20,000	10,000	5,000	95,000
<b>I - Evaluation</b>	85,000	75,000	65,000	45,000	85,000	355,000
<b>J - General &amp; Adm. Expenses</b>	293,000	462,000	445,000	375,000	301,000	1,876,000
<b>TOTAL USAID</b>	<b>1,893,470</b>	<b>2,177,757</b>	<b>2,126,173</b>	<b>1,796,492</b>	<b>1,570,589</b>	<b>9,564,481</b>
<b>II - DIRECT USAID EVALUATION</b>	74,000	82,500	76,000	52,500	47,500	332,500
<b>III - OYB TRANSFER: CONDOM PROCUREMENT</b>						500,000
<b>TOTAL U.S. Financial Inputs (Rounded)</b>						<b>10,400,000</b>
<b>IV - GOS INPUTS</b>						
Vehicle Maintenance	15,000	15,000	15,000	15,000	15,000	75,000
STD Drugs	25,000	25,000	25,000	25,000	25,000	125,000
Medical Equip./Supplies	30,000	30,000	30,000	30,000	30,000	150,000
Salaries and Indemnities	20,000	20,000	20,000	20,000	20,000	100,000
Operating Costs/Supplies	10,000	10,000	10,000	10,000	10,000	50,000
<b>TOTAL GOS Financial Inputs</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>500,000</b>

2. All salaries reflect an annual increase of 5%; Nationals' salaries are based on the USAID/Senegal 'Local Compensation Plan' and additionally reflect a 10% increase for Tabaski and Seniority Bonuses where earned.
3. Exchange rate used is 272 CFA = 1 USD.
4. General and Administrative Expense (Indirect cost) is calculated at modified rate of 34.7% applied to total direct cost excluding equipment and sub-grant/sub-contract costs in excess of USD \$25,000.

## B. Narrative on Project Inputs

### 1. US-Financed Inputs

- a. *Technical Assistance Contract: Buy-in to the FHI AIDSCAP Cooperative Agreement - \$9.9 million*

Long- and short-term technical assistance for the five years of project activity is estimated at \$2.1 million. This includes 60 person-months long-term TA for the project resident advisor; a series of long TDYs for technical assistance in IEC; an estimated 25 person-months of short-term technical assistance over the life-of-project; office space refurbishing; and support of country office operations. FHI indirect costs are estimated at US \$1.9 million. Local activity implementation costs are estimated at US \$ 5.9 million.

- b. *OYB Transfer- Condom Procurement*

Condoms valued at US\$ 500,000 will be procured by USAID/Senegal and made available to the Senegal AIDSCAP project through an OYB transfer to the Office of Population Contraceptive Procurement Cooperative Agreement.

### 2. GOS Financial Inputs

The GOS contribution to the portion of their AIDS program addressed by this project is estimated at US \$1.5 million in kind (GOS personnel, vehicles, etc.) and \$500,000 in counterpart funds. The uses for these counterpart funds are described in the following illustrative table.

Category of Expenditures	Year:1	2	3	4	5	Total	
Vehicle maintenance		15	15	15	15	15	75
STD drugs		25	25	25	25	25	125
Medical Equipment/supplies	30	30	30	30	30	150	
Salaries and indemnities		20	20	20	20	20	100
Operating costs/supplies		10	10	10	10	10	50
Total		100	100	100	100	100	500

## C. Methods of Implementation and Financing

1. Project Element	Method of Implementation	Method of Financing (In \$000)	Approximate Amount
1. Technical Assist.	AID Direct	Letter of	\$9,900

Contract	Credit
2. Condom Procurement	OYB Transfer \$500

Payment under this grant to FHI shall be by means of a Letter of Credit (LOC) as outlined in the FHI AIDSCAP Cooperative Agreement # DPE-5972-A-00-1031-00, in accordance with the terms and conditions of the LOC and instructions issued by AID's Office of Financial Management, Program Accounting and Finance Division (M/FM/PAFD).

A "Financial Status Report" SF-269, shall be prepared by FHI on an accrual basis and submitted quarterly no later than 30 days after the end of the period, in an original and two copies to AID/M/FM/PAFD, Washington, D.C. 20523.

As the Senegal AIDSCAP project is Mission funded, FHI will forward an information copy to the USAID/Senegal Mission accounting station at the same time the original and two copies are mailed to M/FM/PAFD, AID/Washington, as per the provisions stated in the FHI AIDSCAP Cooperative Agreement. The final report will be submitted to M/FM/PAFD within ninety (90) days of the conclusion of the grant.

FHI maintains a cost center system which separates funding by source throughout the organization. Within the AIDSCAP Division this system allows the further separation of buy-in and core funding sources. The system allows for the tracking of both field and home office costs for specific projects and activities. All project recipients are subject to routine financial reporting requirements per AID regulations and to internal audits as deemed necessary by FHI.

Program budgeting will be guided by the FHI accounting office system which provides the databases for budgeting at the sub-project level and also facilitates financial reporting to AID as required. Fiscal accounting will be done at the corporate level, but accounting by program classification will be done at AIDSCAP headquarters through the Africa regional office.

Before entering into any subcontract or grant, FHI will perform or cause to be performed a financial review of the sub-recipients' accounting and internal control system and procedures to assure that standards of accountability and control are acceptable to A.I.D. In addition, the regional office will evaluate sub-grantees accounting systems to ensure the sub-grantee can provide appropriate accounting for sub-project funds. The Africa financial officer will provide training to establish the requisite systems. The results of such reviews will be made available to USAID/Senegal for review and comment.

Each sub-recipient agreement entered into by AIDSCAP with any organization, either public or private sector, must receive FHI headquarters or FHI Africa regional office and USAID/Senegal approval before implementation. This is in addition to the internal FHI review and approval process for technical and administrative soundness. Each approved project then receives a funding advance for project implementation. The recipient is required to submit monthly financial expenditure reports for continuing reimbursement for the remainder of the project. No line item in an approved project budget can be exceeded without prior approval and justification.

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#### D. Obligation Schedule

FY92	\$2.0 million
FY93	\$1.5 million
FY94	\$1.7 million
FY95	\$1.7 million
FY96	\$1.7 million
FY97	\$1.3 million

Total \$9.9 million

#### V. PROJECT IMPLEMENTATION

##### A. Project Management

The project will be implemented through a buy-in to Family Health International's AIDSCAP cooperative agreement, awarded by AID/W in August 1991. Family Health International (FHI) has over five years of experience in developing and managing AIDS prevention programs throughout the world and is supported by nine major subcontractors who are available to provide technical support to the project. The project will be managed locally by a resident advisor who will receive support, as needed, from an AIDSCAP African regional office as well as the AIDSCAP headquarters in Washington, DC.

The FHI Senegal resident advisor, physically located in an office adjacent to the Central Coordination Unit of the National AIDS Control Program, will be responsible for monitoring all project activities. S/he will be supported in this effort by a local staff consisting of an administrative assistant, an accountant/financial manager, expeditor, secretary and driver. The resident advisor will provide monthly financial reports and quarterly technical and administrative progress reports, as well as annual work plans, to the AIDSCAP regional office. The information in these reports will be entered into a state-of-the-art computerized management information system, which will connect the Senegal country office to the regional and headquarters offices, to facilitate interoffice communication and reporting.

USAID/Senegal and the NACP will formally approve annual workplans and each major sub-activity implemented by this project. Formal progress reports will be provided to the USAID/Senegal on a quarterly basis, in both French and English, with at least monthly bilingual updates of a more informal nature to supplement them. The AIDSCAP resident advisor and the larger AIDSCAP Project will also provide USAID/Senegal with information as needed for API reporting and other purposes. Semi-annual reports to AID/W will be provided by the AIDSCAP headquarters as required under the FHI/AID cooperative agreement.

Sub-agreements with local implementing agencies will include implementation plans for all project activities, as well as reporting obligations. The plans will be developed by selected implementing agencies in collaboration with the FHI resident advisor, with additional input and review by USAID/Senegal, the National AIDS Control Program, the AIDSCAP Africa regional office, and headquarters staff as needed. A.I.D.'s logical framework will be used to relate outputs to the AIDS strategic plan, summarize the strategy, activities,

workplan, key indicators, inputs, technical assistance, training and evaluation plans. The sub-agreements are contractual documents which incorporate the sub-project plan, commit funds and other inputs, and set performance standards. The project will take advantage of the knowledge of local NGOs and PVOs, procedures for analyzing their capacities, and procedures for designing and implementing grant agreements developed by the Mission's PVO/NGO Support project (685-0284).

Long and short term TA for the six years of project activity is estimated at: 60 person-months for the project resident advisor, an estimated 12 person-months of long TDY TA for IEC in project years 1 and 2, and an estimated 25 person-months of short-term TA (STTA) over the LOP. The AIDSCAP resident advisor will coordinate all aspects of TA provided to Senegal activities, and USAID/Senegal must provide concurrence with all travel associated with that technical assistance.

## B. Illustrative Implementation Plan

### Year 0 (4Q FY92 and 1Q FY93 - partial support by FHI/AIDSCAP core funds)

- Resident Advisor/IEC TA identified and approved
- Resident Advisor/IEC TA in Senegal
- Temporary office space identified
- Local staff hired/equipment procured
- Detailed first year (9 month) workplan devised and approved
- Implementing agencies (IAs) identified
- Initial sub-agreements drafted and approved
- Permanent office space rehabilitated
- Financial management systems established
- Condom logistics review/planning activity

### Year 1 (2,3,4 Q FY93)

- IEC strategy developed and approved
- Research agenda developed and approved
- Qualitative and KAP baseline information gathered
- STD services baseline information gathered
- Policy assessment completed and priorities identified
- Service providers training plan developed and training begun
- Intervention activities begun in selected sites
- Surveillance sites and populations defined for HIV and syphilis
- MIS linkage established
- Annual work plan developed
- Annual review meeting (FHI, NACP, USAID/Senegal, IAs)

### Year 2

- Expansion of intervention activities
- Internal FHI/AIDSCAP review of Senegal program
- Annual review meeting
- Biennial Senegal AIDS Program review

### Year 3

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Audiovisual Equipment	36	12	31	25	12	116
Total	299103	59	30	12	503	

All procurement will be (AID Geographic Code 000) US source where feasible to the project and the circumstances. The actual procurement, transportation, and payment for equipment shall be the responsibility of FHI.

#### Gray Amendment

Under current legislation, FHI is required to submit a sub-contracting plan that demonstrates how they will sub-contract with Gray Amendment entities for at least ten percent of the cooperative agreement amount.

USAID/Senegal will make every effort to contract with Gray Amendment entities for the separate evaluations it will conduct of this project.

#### VI. MONITORING AND EVALUATION

The monitoring and evaluation aspects of the project will encompass measurements of process, outcome and impact. These elements will be addressed at both the activity level and the project level. The approach to evaluation will be one of complementary qualitative and quantitative methods, utilizing local and expatriate expertise and will be consistent with the overall evaluation strategy of the AIDSCAP project. Of particular importance in this project is the prompt and effective utilization of evaluation data by implementing agencies, the NACP, the Senegal AIDSCAP project, USAID/Senegal and the FHI AIDSCAP Project.

The Senegal AIDSCAP project evaluation plan incorporates "core" measures consistent with those developed by the WHO/GPA/AID AIDS Prevention Program Indicators (PPI) process. These "core" PPIs were devised to allow for overall program assessment in the broadest terms, encourage standardized protocols for measurement and provide a method for multinational summaries of progress.

In addition to the evaluations planned by AIDSCAP, the Mission will schedule and fund two independent evaluations during the course of the project: one at approximately the project's mid-point and the second near the project's end. The mission will use the results of FHI-managed evaluations as inputs to the Mission's two evaluations.

The basic constructs which will be used to assess the effectiveness of the Senegal Project are:

1. HIV and/or syphilis seroprevalence shifts assessed over the medium term (5 years);
2. survey-based (as well as qualitatively measured) reported behavior change (e.g. partner-type specific condom use, number and types of partners) assessed over the short (2 year) and medium term;
3. survey-based knowledge of HIV prevention assessed over the short and medium term;

AID mid-term evaluation  
Annual review meeting

Year 4

Resolve discontinuity between FHI AIDSCAP CA PACD and Senegal  
AIDSCAP PACD  
Annual review meeting  
Biennial Senegal AIDS Program review

Year 5

AID Final evaluation/audit

**C. Mission Management**

Through a buy-in to the FHI AIDSCAP cooperative agreement, day-to-day management of the project by the Mission HPN office will not be necessary. There will, however, be several specific tasks which a Mission-designated project manager or HPN officer must oversee.

These include (not in order of importance):

- facilitating OYB procurement of condoms;
- providing concurrence with proposed technical assistance visits;
- reviewing and approving FHI sub-agreements and annual project workplans;
- preparing PIO/Ts for annual buy-ins to the FHI AIDSCAP Cooperative agreement;
- monitoring reports (quarterly as well as annual summary) from the project;
- reviewing project pipeline analysis;
- facilitating coordination of AIDSCAP activities with Child Survival/Family Planning project activities; and
- participating in an annual project review meeting with implementing agency, NACP and FHI representatives.

**D. Procurement**

The project shall be granted tax exempt status from any and all Senegal customs duties, fees, value added taxes, luxury taxes, and sales taxes existing or which may arise during the life of the project on commodity procurement which may be imported to implement the project in Senegal. Imports may include but not be limited to such major cost items as vehicles, computers, printers, software, audio visual equipment, office furniture, personal effects and communication equipment.

Draft Procurement Schedule (in thousands of dollars)

Description	Project Year					Total	
	1	2	3	4	5		
Vehicles		135	85	0	0	0	220
Computers/Printers/Software	53	3	24	2	0	82	
Office Furniture	50	3	3	3	0	59	
Office Equipment	25	0	1	0	0	26	

Audiovisual Equipment	36	12	31	25	12	116
Total	299103	59	30	12	503	

All procurement will be (AID Geographic Code 000) US source where feasible to the project and the circumstances. The actual procurement, transportation, and payment for equipment shall be the responsibility of FHI.

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1. HIV and/or syphilis seroprevalence shifts assessed over the medium term (5 years);
2. survey-based (as well as qualitatively measured) reported behavior change (e.g. partner-type specific condom use, number and types of partners) assessed over the short (2 year) and medium term;
3. survey-based knowledge of HIV prevention assessed over the short and medium term;

4. facility-based assessment of STD case management (biomedical and condom/communication aspects) over the medium term; and
5. condom distribution and/or sales figures aggregated from participating organizations and institutions on an on-going basis, with an additional assessment of number and type of condom outlets in the initial (and final) years of project activity.

These constructs, along with additional with project-specific elements, (e.g., coverage of specific programs in target groups, reported delay in onset of sexual activity among youth, awareness of and perceived accessibility of condoms, etc.) measured in locations with and without project intervention will provide a means of more completely assessing the impact of the Senegal AIDSCAP project.

As USAID/Senegal is planning to support two Demographic and Health Surveys during the project, and support the incorporation of AIDS modules in them, a number of these key indicators will be available for the general Senegalese populations with minimal effort from this project per se. Other survey activities, of a less exhaustive nature, will be undertaken to complement the information collected by the Demographic and Health Survey in 1992 and 1997.

Each major activity within the Senegal AIDSCAP project will contain an evaluation plan appropriate to the nature and scope of the activity, the implementing agency and the objectives of the intervention. The constructs from the country evaluation plan will be included where relevant to the activity, along with process and outcome indicators specific to the activity. These evaluation plans will be reviewed by the regional or headquarters evaluation staff of the AIDSCAP project to augment local expertise and provide insights gained from similar types of activities in other countries within the FHI AIDSCAP project.

These activity-level evaluations assess, at multiple points in time, progress toward specific objectives and goals. However, they will also serve as interim estimates of progress toward objectives for the Senegal AIDSCAP project as a whole. The activity-level evaluations should be as participatory as possible to facilitate the utilization of results at the local level, and strengthen the implementing agencies' capacity and inclination relative to evaluation. Monthly process indicator reports (outputs) from each sub-project are entered into the FHI AIDSCAP global management information system (MIS) and quarterly summary reports generated at the Headquarters level to provide feedback to individual country projects.

a. Sentinel surveillance for HIV and Syphilis

The prevalence of HIV 1+2 and serologic evidence of syphilis will be monitored in a finite number of populations in regions of highest project activity and of minimal project activity over the life of project. The project will not collect serologic data itself, but rather will support the existing the sentinel surveillance system and assure that the data needed are collected.

b. Survey data

A special population survey will not be conducted by the project since the DHS will be conducted in 1992 and 1997. While the contents of the 1992 survey is

very nearly finalized, and direct project input was not possible, several relevant measures had been anticipated for the first survey. More project-specific additions should be possible in 1997 survey for final evaluation purposes.

Given the targeted nature of the interventions in the project, special surveys will be conducted within the context of the individual activities to assess their effectiveness: reported condom use will be stratified by type of partner, gender, and age of the respondent; the reported number of partners will be a time-bounded measure and stratified by gender, age, and marital status of the respondent; and knowledge of the correct means of AIDS prevention will be stratified by gender and age of respondent.

#### c. Condom Distribution and Availability

The number of condoms distributed by implementing agencies will be monitored on a monthly basis, and aggregated on a quarterly or semi-annual basis by type of agency or outlet.

#### d. Qualitative Research

Many aspects of HIV prevention are difficult to measure or comprehend in a quantitative manner. Thus there will be qualitative baseline and follow-up data collected on AIDS prevention-relevant attitudes and beliefs. The content of these qualitative efforts will be designed to complement the quantitative efforts described above.

#### e. Internal Reviews

In year 2, an internal AIDSCAP team will assess the Senegal AIDSCAP project on the current level of implementation, as well as the detailed plans for the next two years. This is not an external evaluation, but rather an internal procedure to critically assess the progress of the project to date.

The Senegal AIDSCAP project will undergo a mid-term and final evaluation as part of the overall AID evaluation of the FHI AIDSCAP project. The mid-term evaluation will assess progress toward objectives and focus upon the process of implementation. The mid-term evaluation report should help the Senegal project to identify shifts in project implementation which may be needed to reach project objectives. The final evaluation will summarize the experience of the Senegal project, and make recommendations for subsequent AIDS-related activities.

## VII.VII ANALYSES

### A. Technical Analysis

A Health Sector Assessment was undertaken at the request of USAID/Senegal in mid-1990. In the course of their assessment, the team reviewed documentation, met with mission staff, GOS personnel, contractors, other donor agencies, and non-governmental sector representatives. They produced a report, supplemented by a separate population sector assessment, which contained a number of

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priority action areas and recommendations. While not made AIDS prevention activities, many are relevant to the project.

The assessment team's recommendations included:

1. A comprehensive approach to increasing the demand for contraceptive family limitation, combining policy dialogue, IEC, social improved quality at service provision sites. This is a multidisciplinary approach that is proposed to combat AIDS project.
2. A strengthening of previous investments through support of management and information systems, which are also addressed AIDS. There is no need for another vertical program in Senegal.
3. Integration of family planning and other health interventions specifically AIDS and other STDs, which is directly addressed project.
4. Promotion of the involvement of the non-governmental sector non-profit, in the provision of family planning services. certainly an area of emphasis within the AIDS project, as NGOs are proposed for involvement in interventions support project. There is also an intent to encourage the private realize and act upon the prevention opportunity that is being order to avoid the high cost of medical care for AIDS.
5. Coordination of activities in the family planning (FP) sector interested donors. This most certainly applies to the area where USAID has a distinct experiential advantage over many agencies in the provision of technical assistance. This aspect addressed within the proposed project.

Since the first description of AIDS in 1981, the epidemic has been health crisis. During the last eleven years, the general philosophy control has been to employ a wide spectrum of independent approaches prevent transmission of HIV and reduce mortality and morbidity associated HIV infection. Since 1987, USAID has played a major role in support of these approaches.

Specific projects supported by AID worldwide have included: production videos directed at workers; planning and implementing HIV/AIDS in curricula in schools; special programs directed at truckers; social of condoms; provision of AIDS information and free condoms to commercial workers; establishing anonymous HIV testing and counseling centers; AIDS information telephone hotlines; and peer education targeting school youth.

An early weakness in the fight against AIDS was a lack of systematic monitoring and evaluating the efficacy of these varied interventions. very recently, the international health community was unable to determine worked and what did not. In 1991, a major review of USAID AIDS control activities was performed. During that review, seven major lessons apparent:

1. We can prevent HIV infection on a limited basis.
2. Increasing demand for and access to condoms has been a key part of success to date.
3. We have had the greatest success with NGOs and PVOs which have been able to mobilize rapidly and respond to the current crisis.
4. Treatment and diagnosis of STDs play a major role in prevention and control of HIV infection.
5. We have not had an impact on HIV infection at the national level, in part, because of lack of concentration of resources.
6. We need to learn more about communications for behavioral change and sexual behavior in order to prevent and control HIV infection.
7. We have learned about the critical importance of multiple reinforcing channels of communication aimed at changing knowledge and attitudes of individuals and societies toward sexual behavior, as a prelude to behavior change.

Applying lessons 1, 2, and 4, the current USAID AIDS Technical Support Project focuses on three key interventions, which have been shown to be the most important and effective in preventing and controlling AIDS: 1) increase demand and access to condoms; 2) promote behavior change to reduce sexual partners and high risk sexual behavior; and 3) improve STD services.

Applying Lesson 3, activities should be implemented mainly by non-governmental organizations and should seek public-private sector partnerships.

Applying Lesson 6, there should be a major emphasis on research to study sexual behavior of target populations. Information from this research should be synthesized and fed back into the project to improve effectiveness of communications efforts.

Applying Lesson 7, there should be ongoing integration of a wide variety of communications approaches (broadcast and print mass media, community organizations, women's groups, individual counseling, peer counseling, and entertainment) to bring about behavior change.

The proposed Senegal project design has drawn heavily on the lessons learned from earlier USAID AIDS activities, and has addressed many of the recommendations made regarding the Population/Family Planning sector as well. By the balanced use of public and NGO organizations, as well as supporting efforts at both the national and regional level, the proposed project also supports the decentralization and collaborative policy stance of the GOS.

## **B. Social Soundness Analysis**

The population of Senegal was over 6,900,000 in the 1988 census, and is estimated at between 7.3 million (United Nations) and 7.6 million (World Bank) as of 1990. The country has a high dependency ratio, with approximately 47% of the population under the age of 15. Approximately 64% of the population lives in rural areas, but urban migration continues at a rapid rate, with Dakar the ultimate objective.

Three major ethnic groups, the Wolof, Toucouleur/Peulh, and Serer constitute almost 80% of the population. Only 20% of Senegalese speak French, but over

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70% speak Wolof as a first or second language. Wolof therefore is the lingua franca of Senegal. Written languages have been produced for each of the major local languages, and educational materials are now produced in them, although far less than 50% of the population can read any language and less than 5% can read a local language. This diversity of languages and the high illiteracy rate present special challenges to mounting effective IEC campaigns for AIDS prevention. Any printed communication must rely primarily on visual images rather than the written word.

The mass media reaches many Senegalese. It is estimated that 90% of the urban population has access to television sets, and at least that proportion of the total population has access to at least one of Senegal's four regional radio channels. The national TV and radio channels broadcast primarily in French and Wolof; the regional stations add other languages, depending on the linguistic make-up of their audiences.

The radio is reported as the principal source of information on health problems. A recent study among rural women indicated that 64% listened to the radio for information on diseases and their treatment; 88% got their information on AIDS from the radio; 84% claimed to have heard talk of AIDS on the radio at least 3 times. Television, with one channel, is the second best known source of AIDS information; 10% of women had seen general health information, while 32% had seen information on AIDS.

A 1988 study carried out in urban Dakar/Pikine reported that over half the population studied (56%) recognized AIDS as a sexually transmitted disease (as opposed to about one-third who understood how syphilis is transmitted). The same study estimated that only 30% of the population sampled was "well-informed" on HIV/AIDS, and found that most denied having casual sexual contacts. The study identified some 1,613 prostitutes in the area (with condom use reportedly high among this group) who are well-informed about AIDS. About one-fifth of the population in the study was determined to be at risk for HIV/AIDS.

Senegal is a traditional, conservative, Islamic society. The 1988 census found that 94.4% of Senegalese state that they are Muslim, 4.6% Catholic, and 1% are animists or follow traditional religions. However, many who say they are Muslim or Catholic still remain heavily influenced by traditional religious beliefs. JAMRA, one of the major Islamic religious and indigenous non-governmental groups in Senegal actively involved in AIDS prevention efforts, has as its mandate the promotion of the "preservatif moral" and argues against infidelity, adultery, and multiple casual sexual encounters. This point of view is equally shared by the Catholic community.

The influence of Marabouts and other traditional leaders is not only a major determinant of Senegalese social organization and behavior; it is also a powerful political force. The Tidjanya and the Mourides, two Islamic brotherhoods, have great influence on political and social processes from the national level on down to the village.

There are several traditional practices related to sex which are prevalent today and have implications for HIV/STD transmission. These issues must be acknowledged in the design of activities, even if not addressed directly.

- 1) Early child-bearing, implying early sexual activity. Once a young girl reaches puberty, she is expected to be eager to prove her fertility, which is considered a gift from God. Women are ushered into marriage at a young age, with a median age at first marriage of 16.1 years in 1986.
- 2) Wife inheritance, which considers the wife as property of her husband. Upon his death, a younger brother or cousin takes the deceased man's wife as his own. If the former husband died of AIDS, the widow is likely to be infected with HIV and may infect her new husband.
- 3) Genital mutilation, or excision of the clitoris. Traditionally important as a rite of passage from puberty to womanhood, this operation can incite bleeding during sexual relations, providing a more efficient vehicle for HIV transmission in either direction.
- 4) Men are the decision makers. In Islamic marriages the husband is the legal head of the household, with complete authority over the wife, family and choice of domicile. A wife cannot own land or inherit property, and a husband may legally forbid his wife from working outside the home. These laws suggest that STD/AIDS messages should be targeted toward men who are likely to decide when and how (with or without condoms) sexual relations will occur. Sub-projects targeting this group comprise a significant portion of activities in this project.

The desire for large families is firmly embedded in Senegalese culture. Campaigns which might address the issue of condom use as both a family planning and disease prevention device should be carefully developed. In a monogamous marriage, fertility may be a means for a young bride to prove herself early. In a polygamous household, the woman also seeks, through the number of children she bears, to assure the stability of her marriage and household. Her fertility may also be a strategy to acquire the status of preferred wife.

According to the DHS of 1986, 31.9% of women in Senegal had heard about condoms and 72% of these women know where to obtain them, but less than 3% used them for contraception. Embarrassment and lack of knowledge were identified as barriers to condom use. These issues will be addressed by the proposed project.

Demand for modern contraceptives in general is limited at the present time, but there is interest in spacing children. This is generally accomplished through the traditional means of prolonged post-partum abstinence and intensive breast feeding. These traditional practices become dangerous in urban, monogamous unions where the husband may often seek sexual satisfaction outside the marriage. Thus an increase in the use of modern contraceptives to space births could be extremely important in the fight against AIDS.

The 1988 census noted that throughout Senegal more women are in polygamous than monogamous unions. This is due, in part, to the deficit of men in all reproductive age groups. The role of polygamy in the fight against AIDS is unclear. Intact polygamous unions (no external sexual activity by any member) would theoretically protect the group of individuals involved from HIV infection, as long as no one was previously infected. The practice of extra-

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marital affairs or multiple liaisons has often replaced formal polygamy in urban areas.

Urban vs. rural residency is one of the major determinants of knowledge, attitudes, and practices related to health in Senegal. Urban residents are less bound by tradition than rural residents and are more likely to adopt new (AIDS prevention) ideas. Effective AIDS prevention activities in Senegal will require a long-term commitment, and planting the seeds of safer behaviors in key populations in urban areas should reap benefits for years to come.

Senegal derives its Western medical tradition from France, with physicians exerting tight control over medical decisions and resisting participation by paraprofessionals in areas which they consider their domain. Two obvious examples are resistance to nurses and midwives providing FP services, and excessive regulation of oral contraceptives. Although Senegal embraced the 1978 Alma Ata Declaration of 'Health for All by the Year 2000,' change to a public health perspective has been slow, with resistance from the highest levels of the medical community. Thus an orientation toward curative care is still the norm. This orientation is also the basis for the difficulties regarding the demedicalization of condom sales and moving them out of the pharmacies.

Senegal has a serious deficit in its ratio of doctors to population, and this argues for an emphasis on the training of other medical personnel (midwives, nurses, nursing aides), social services workers (social workers and social assistants), community-based paraprofessionals (health agents), and nonformal health providers (traditional healers) to be actively included in health care and AIDS/STD preventive services delivery.

The proposed AIDSCAP HIV/AIDS prevention services are compatible with the socio-cultural environment of Senegal. The project will appropriately address the values, attitudes and beliefs of its beneficiaries within its sub-project components. This is most directly accomplished through the incorporation of extensive formative and evaluative research activities and the use of the insights gained in the development of educational campaigns and modification of sub-project implementation.

### 1. Beneficiaries

The benefits of AIDS prevention are clear (health and life) but determining the number of beneficiaries from AIDS prevention with any precision is difficult. Such determinations rely upon projections of the course of the epidemic in the population, a process which itself is based far more upon assumptions (however sound) than actual hard data. AIDS has been recognized as an infectious disease for a only little over 10 years, and diagnostic methods have been available only since 1985.

In one sense, the total population of Senegal, estimated in the census of 1988 at 6.9 million, and currently estimated at between 7.5 and 7.8 million, will benefit from the project. Preventing the further spread of AIDS now in Senegal will reduce the long-term medical care costs, loss of productivity, and social readjustment that is likely in an endemic AIDS situation. Hopefully, Senegal will never have to experience the equivalent of the Ugandan, Zambian, or Zairian epidemics.

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To be slightly less expansive regarding the scope of benefit from this project, it is important to look at two factors: the level of urbanization and the proportion of the population assumed to be sexually active. Approximately 40% of Senegal's population resides in urban areas, an increase from 34% in 1976. However, the level of urbanization varies greatly by region, from Dakar at 96% to Fatick at 10%. Forty-three percent of the population fall between the ages of 15-49 years, should be assumed to be sexually active, and therefore are at some (unknown) risk of HIV infection. Some proportion of this sexually active urban population of approximately 1.2 million constitutes the target population of the project and the base for the actual determination of the number of direct beneficiaries.

An additional factor must also be considered for the determination of indirect beneficiaries. Data from the 1988 census describes a social/familial environment where the majority of inhabitants reside in households of 5-14 persons, 16% of which have women as head of household. This suggests that the number of indirect beneficiaries of this project, which will ultimately result in sustained health and productivity for these urban household supporters, is enormous, and may approach a 1:5 ratio of direct to indirect. Domestic productivity is affected no less than external, commercial productivity in the case of HIV, as infected individuals are unable to provide the accustomed level of care and support to the household's other members.

With activities implemented primarily in the regions of Dakar, Kaolack, Ziguinchor and Thies, beneficiaries of the project comprise approximately 50% of the sexually active urban population, or 600,000 persons. Indirect beneficiaries would add at least 800,000 adults and children to this total.

## 2. Gender/Women in Development

All project data collection activities will be gender-disaggregated. The requirement for gender-disaggregated data results from U.S. Congressional legislation which specifically calls for A.I.D. to conform with the commitment to include systems and procedures to address and monitor women in development issues throughout its programs and projects.

The legislation calls for the inclusion of women in all aspects of project activities, i.e., as implementers as well as beneficiaries, at a level commensurate with their percentage of the population or their percentage of the target group, whichever is greater. To the extent that targets cannot be met for the participation of women in projects, the project document is to explicitly describe strategies to involve women, benefits and impediments to women's participation in the development activity and benchmarks to measure women's participation in and benefits from the activity.

All of the appropriate logical framework evaluation indicators will be reported on a gender-disaggregated basis.

### C. Economic analysis

Due to the scarcity of information in the area of economic costs and benefits in the field of AIDS worldwide, and the complete lack of Senegal-specific

analyses, the consequences of the AIDS epidemic on the demographics, health delivery system and economic productivity of Senegal can only be estimated.

### 1. Introduction

What has been seen in some parts of Eastern and Southern Africa is that a full-blown, widely dispersed AIDS epidemic will have an impact upon adult and child mortality, the rate of population growth, fertility rates, and eventually age structure of a country. Decreased productivity during sickness and the premature death of productive individuals will have an effect on the economy as a whole. In addition, when adults die, family and community incomes are strained by the financial requirements of dependents, including surviving partners, orphans and the elderly.

Since AIDS affects adults in their prime productive years, labor shortages may be eventually be experienced in hard-hit regions of HIV-endemic countries, particularly in some highly skilled job categories in urban areas. If the epidemic spreads into rural areas, food security may also be affected. It is impossible, at this time, to estimate the potential losses due to decreased productivity in that domain.

The recent annual meeting of the Africa Development Bank in Dakar had the economic impact of AIDS on its agenda. The participants were most concerned with the need to act now, particularly in low prevalence countries, to avoid the loss of industrial productivity, skilled manpower and managers and avoid reversion to subsistence agriculture.

A full-blown, properly justified benefit/cost analysis of the project cannot be performed owing to severe data problems. A relatively thorough, if flawed cost-effectiveness model was prepared for the HIV/AIDS component of the Cote d'Ivoire Health and Family Planning Project, which faced similar data problems. However, we have prepared an illustrative, if crude, benefit/cost analysis based on a host of explicit and very conservative assumptions. *The benefits of the project are the stream of future earnings of those whose lives, and income generating capacities, are saved due to the impact of the project.* The analysis, which is presented in detail below, yields a benefit/cost ratio that exceeds the earning potential of funds invested at 10 percent interest. The only hard data available is that the cumulative case total is 552 hospitalized AIDS victims as of October 1991. Data on two subsets of the core group are available. For prostitutes, seroprevalence rates vary from 0-29 percent (an average of 16%) in 1991; for male STD patients, seroprevalence rates vary from 0-2 percent in 1991 (see Section I.A. above).

In countries which already have a significant AIDS epidemic, the cost of AIDS prevention and control activities combined with clinical care of actual AIDS cases represents a significant proportion of government health expenditures. Staff and facilities are being swamped with AIDS related tasks. In addition, terminal and incurable AIDS patients often displace other patients with treatable conditions, increasing the non-AIDS related morbidity and mortality in certain locations. In some countries, individual hospitals have begun to set limits on the number of AIDS cases that can be admitted at any given time.

In Senegal, the estimates of the cost per day for basic inpatient care (non-disease specific) range from 800 FCFA in public facilities to over 13,000 FCFA in private hospitals. For the purposes of this analysis the figure of 2500 FCFA per day will be used. Most AIDS patients will have multiple hospital admissions, with a total of approximately six weeks of hospital care before death. This generates an average cost per patient of 105,000 FCFA for basic hospital care. Medication and diagnostic tests can easily add another 15,000 30,000 FCFA to this amount. The total direct costs per AIDS case in Senegal is therefore estimated at 130,000 FCFA, or \$473 US (275 FCFA/USD).

These calculations do not include many of the expensive life-extending measures used in more developed countries. Medical treatment of AIDS patients only provides symptomatic relief and some marginal extension of life. It does not cure the patient and, thus, mortality is not affected. The calculations do not include the lost income and other indirect costs of AIDS, such as funeral or burial expenses.

Our illustrative benefit/cost model projects that, over the 1992-2005 period, the project will prevent 1,131 new cases of AIDS. At \$473 per case prevented, this comes to a total of \$534,963 before discounting, which, although far less than the total investment in this project, is only part of the project's benefits.

Recent work by Mead Over and Peter Piot, of the World Bank and the Institute for Tropical Medicine, respectively, analyzed the costs and benefits of various STD (and by extrapolation HIV) control strategies to estimate the cost per healthy life year saved by various interventions under varying conditions.

They used a mathematical model of HIV prevention addressing two population groups (core and non-core) and an interaction between HIV and other STD. It was assumed that genital ulcer diseases (GUDs) such as syphilis and chancroid increase HIV transmission by a factor of 5 and the other major classical STDs (gonorrhea and chlamydia) increase HIV transmission by factors of 3 and 2, respectively.

The authors compared both primary and secondary STD control strategies in core and non-core groups to estimate the likely ranges of the costs per discounted healthy life year saved. Costs for the various intervention rubrics were derived from a wide variety of sources, some less comparable than others, especially the IEC/condom promotion activities. Therefore the estimated ratio of the cost to benefit may be magnified. Nevertheless, the first element (IEC/condom promotion in core groups) was significantly more cost-effective than any of the others, and is believed to remain in first place even if additional information and promotion costs were added. The analysis leads to the following rough ordering of general intervention approaches (most to least cost-effective):

1. IEC/condom promotion in core groups
2. STD treatment in core groups
3. IEC/condom promotion in non-core groups
4. STD treatment in non-core groups
5. Palliative and home care of AIDS patients
6. Antiviral therapy of AIDS (AZT)

Their general conclusion is that activities aimed at core groups are significantly more cost-effective than activities aimed at non-core groups, especially in areas of low HIV prevalence. The operational difficulty that the authors acknowledge is identifying the individuals who form the core group. They propose one definition: one (male or female) who has multiple partners and has more than one STD illness within a given time period, e.g., a year. They also recommend close collaboration of AIDS control activities with projects and programs to improve the status of women in the society and the promotion of income generating activities for women.

The proposed project has incorporated the most advanced methods and strategies that have already been shown to be effective in Francophone Africa and worldwide. Results of ongoing programs and studies will be monitored by project staff throughout the period of project implementation. As project activities are developed and reviewed over LOP, there will be opportunities to incorporate the most effective new materials and methodologies. This flexibility, built into the project design, will assure that the cost-effectiveness of project interventions are maximized.

## 2. Benefit/Cost Model

The illustrative model articulated below is based on information gleaned from experts on AIDS in Senegal. We use, as a point of departure, the cumulative 552 known hospitalized cases of AIDS in Senegal, as of 1991. Experts believe that roughly ten times as many people are actually infected by the AIDS virus. For the purposes of this analysis, we use the 552 figure as the number of persons infected in year zero. This is clearly an extremely conservative estimate, well below current most likely estimates. We partition this number into two parts, assuming that the vast majority of cases (500) are in the core group and the remainder (52) in the non-core group.

In the absence of the project, we project a linear increase in core group infections of 580 persons per year for 10 years, reaching a total of 6,300 (cumulative) cases of AIDS in the core group. Since we estimate that the core group consists of 63,000 people (3,000 prostitutes, 5,000 women seeking STD treatment, 10,000 transport workers, 5,000 migrant workers, 10,000 men seeking STD treatment, and 25,000 students and out-of-school youth targeted by the programs), this is a projected core group infection rate of 10 percent. (The actual current rate for prostitutes is estimated at 30-35 percent.)

For the non-core group, we project an annual doubling through the first five years, to 1,664 cases (cumulative) by the end of year 5 of the project, and modest, largely linear increases thereafter, reaching a total of 10,832 cases (cumulative) at the end of year 10. This represents 2 percent of the non-core group population of 537,000. These also are very conservative projections.

We also assume that project activities will moderate the without-project incidence of AIDS. In particular, we assume that those activities will prevent, in each of the 5 years of the project, 2%, 5%, 10%, 13% and 15% respectively, new cases of AIDS in both the core and non-core populations. Since the effects of the project will continue to be felt after the project has ended, we project that 13%, 10%, 5%, 2% and 0% of all new cases will be prevented in the next five years. In the aggregate, under this scenario, the project conservatively will account of the prevention of only 1,131, or less

than 7% of all new cases (16,580) that otherwise would occur. Table 3 summarizes these projections.

Table 3.--HIV Infections By Core and Non-Core (No. of Persons)

Year	No. of Cases W/out Project				Assumed Percentage of Cases Prevented Due to Project	Tot. Cases Prevented Due to Project	
	Core		Non-Core			Core	Non-Core
	Total	New	Total	New			
0	500	0	52	0	0	0	
1	1080	580	104	52	2	11	
2	1660	580	208	104	5	29	
3	2240	580	416	208	10	58	
4	2820	580	832	416	13	75	
5	3400	580	1664	832	15	87	
6	3980	580	2832	1168	13	75	
7	4560	580	4832	2000	10	58	
8	5140	580	6832	2000	5	29	
9	5720	580	8832	2000	2	11	
10	6300	580	10832	2000	0	0	
						<u>433</u>	<u>698</u>
						1131	

Notes and explanations: See text.

A number of equally heroic assumptions have been made in calculating the benefits of the project. We assume that the average annual income of core persons not infected due to the project is \$2,500 per year. For non-core persons, we use the annual rate of \$3,000 per year. The majority of targeted persons are employed or readily employable; given the prevailing wage structures in Senegal, these estimates are low (thereby understanding project benefits). Recent (1986) data suggest that civil servants annually earn \$6,415; service workers (e.g., transport workers) earn \$6,196; manufacturing workers earn \$5,935; and construction workers earn \$4,364 (at FCFA 275 = \$1).

We then capitalize the wages stream over twenty years, arriving at a calculated capital value of lost earnings per case beginning five years after the date infection was prevented. These capitalized values are then discounted (at 10 percent) and summed in Table 4, to give an aggregate projected benefit due to the project. Total benefits, using these conservative "guesstimates" and projections, exceed \$11,000,000.

Table 4.--Analysis of Benefits Flowing From Prevention of AIDS Infection

Year	New Cases Core Prev. (#)	Capitalized Inc. Stream Loss Prev. (\$)	Discounted Present Value (\$)	New Cases Prevented (Non-Core) (#)	Capitalized Inc. Stream Loss Prev. (\$)	Discounted Present Value (\$)
0	0	0		0	0	
1	11			1		
2	29			5		
3	58			21		
4	75			54		
5	87	241,538	149,976	125	26,344	16,358
6	75	636,782	359,447	152	131,720	74,353
7	58	1,273,564	653,540	200	553,224	283,891
8	29	1,646,850	768,268	100	1,422,576	663,642
9	11	1,910,346	810,173	40	3,293,000	1,396,553
10	0	1,646,850	634,932	0	4,004,288	1,543,826
11	0	1,273,564	446,376	0	5,268,800	1,846,682
12	0	636,782	202,898	0	2,634,400	839,401
13	0	241,538	69,965	0	1,053,760	305,237
			<u>4,095,575</u>		<u>11,065,518</u>	<u>6,969,943</u>

The costs of the project are discounted, also at 10%, following the illustrative budget summary. GOS contribution and the OYB transfer are allocated equally across the six years of the project.

Table 5.--Project Costs, by Year, (\$'000)

Year	AID Grant	Host Country	OYB Transfer	Total	Discounted Value (@ 10%)
1	1970	400	100	2470	2470
2	2260	400	100	2762	2511
3	2203	400	100	2703	2234
4	1850	400	100	2350	1766
5	1615	400	100	2115	1445
				12,400	10,426

Accordingly, using the very conservative assumptions incorporated into this illustrative benefit/cost analysis, calculated benefits (\$11,065,518) exceed calculated costs (\$10,426,000), using a 10 percent discount rate, by over 6 percent. The extremely conservative figures used in this analysis justify this project; more realistic figures would only strengthen that justification. This analysis also underscores one of the dilemmas of working to alleviate the incidence of AIDS: the reduction in direct health care costs, which are high and growing rapidly, is a small fraction of the economic impact of moderating

the spread of AIDS. Finally, given the arbitrary nature of some of these assumptions, a sensitivity analysis is not warranted.

#### D. Administrative Analysis

Family Health International (FHI) was established over 20 years ago as a non-profit international research and technical assistance organization with local institutional development and capacity-building as a primary goal. FHI has specialized in the field of reproductive health since its inception, with particular expertise in contraceptive development and testing, family planning service provision and program evaluation, research in sexually transmitted diseases (STDs), cancer as it affects reproductive health, and AIDS prevention through the AIDSTECH and AIDSCAP Divisions.

FHI, with an annual budget of approximately \$30 million, has a diversified funding base. With over \$250 million in contracts, grants and cooperative agreements awarded since 1971, A.I.D. through both the Bureau of Science and Technology Office of Health and the Office of Population, has been the major FHI source of financing. However, FHI also receives support for its activities from the National Institutes of Health, United Nations Population Fund, World Health Organization, World Bank, International Planned Parenthood Foundation, Overseas Development Administration of the UK, Mellon Foundation, Hewlett Foundation, Buffet Foundation, American Foundation for AIDS Research and USA for Africa.

The main offices of FHI are in Research Triangle Park, North Carolina, but since the award of the AIDSCAP cooperative agreement, a Washington office has also been established in Arlington, Virginia. This office serves to facilitate communication between FHI and A.I.D., as well as other organizations active in the areas of reproductive health and AIDS prevention.

FHI has a total staff of 270, with 50 currently in the AIDSCAP Division alone. It is anticipated that once AIDSCAP is fully staffed, there will be 70 staff members at AIDSCAP's headquarters, 3 regional offices, and 15 country offices. The professional staff of FHI have a wide range of skills, expertise and experience in epidemiology, evaluation and operations research, training of health professionals, program and project development and education and communication. The technical divisions receive support from the accounting, purchasing, contracts and travel departments, in addition to a substantial in-house library and computer facilities, both with permanent staff. FHI/AIDSCAP's new computerized management information system enables the staff to communicate on-line with each other regardless of geographic location.

Since the award of the AIDSTECH cooperative agreement in 1987, FHI has worked with WHO's Global Program on AIDS, national AIDS programs, ministries of health and non-governmental organizations around the world. During the five years of its existence, AIDSTECH provided technical assistance, training and other program support to over 151 individual AIDS prevention projects in 38 countries. These projects focused on the problems of controlling sexual transmission of HIV, ensuring a safe blood supply and the integration of AIDS prevention activities into existing service delivery systems. AIDSTECH also supported behavioral and applied epidemiologic research related to HIV transmission, as well as economic analyses of the cost-effectiveness of various models of HIV/AIDS interventions.

In August 1991, FHI received a \$165 million grant from A.I.D. to expand upon FHI work in AIDS prevention. With the AIDSCAP project FHI is moving from successful small scale prevention projects to comprehensive country- or regional programs and is concentrating its resources and expertise in a limited number of countries in order to achieve a measurable impact on the spread of AIDS. AIDSCAP is designed to increase the local capacity of developing countries to prevent and control HIV. AIDSCAP collaborates with governments, private organizations, universities and community groups to mobilize community participation and resources for large-scale AIDS prevention programs.

The FHI AIDSCAP project has established a decentralized structure. There will be a regional office for Africa that is physically located in an African country. The country offices are the primary level of control within the AIDSCAP project, and are responsible for coordinating the input from the technical experts within the Regional and Headquarters Offices.

FHI works with several organizations to implement AIDSCAP: the Center for AIDS Prevention Studies, University of California, San Francisco; the Center for AIDS and Sexually Transmitted Diseases, University of Washington, Seattle; the Division of Infectious Disease, University of North Carolina, Chapel Hill; the Institute of Tropical Medicine, Antwerp, Belgium; the Program for Appropriate Technology in Health; John Snow, Inc.; Population Services International (PSI); Ogilvy, Adams and Rinehart; and Prospect Associates, all of Washington, DC.

## E. Institutional Analysis

### National AIDS Control Program (NACP)

Background: The Government of Senegal created a National Multidisciplinary Committee on AIDS Prevention in October 1986, to define a national response to the AIDS epidemic. The committee was to establish action plans, coordinate research and projects, synthesize results of epidemiological, clinical and preventive activities, prepare legislative measures, coordinate and monitor the country's overall AIDS prevention policies and programs, and inform the GOS on the AIDS situation in Senegal.

The committee is composed of four task forces:

- The Epidemiological Group
- The Clinic-Counseling Group
- The IEC Group
- The Blood Bank Group

The Epidemiological Group is staffed by epidemiologists and specialists in laboratory diagnosis of AIDS.

The Clinic Group is staffed by clinicians involved with identification, diagnosis and care of HIV cases.

The IEC Group is staffed by representatives from the National Health Education Service, Ministry of Communication, Ministry of National Education, the

Ministry of Tourism and representatives from various non-governmental and religious organizations.

At the central level, management of program activities is the responsibility of the Central Coordination Unit, headed by the national AIDS coordinator. At the regional level, the management of AIDS activities is the responsibility of the regional medical director. Regional AIDS committees have been created in every region so that, in time, national level strategies can be translated into local implementation.

At the regional level, in accordance with the national health policy strengthening the decentralization of the planning process, regional AIDS committees have developed plans outlining activities for the managerial, programmatic and support services. Lack of resources and adequately trained personnel have hampered the implementation of these plans.

The NACP is composed of representatives from the following Ministries:

- Public Health and Social Action
- Plan and Cooperation
- Education
- Foreign Affairs
- Communication
- Tourism
- Interior
- Defense
- Justice
- Nationals Working Abroad ("Immigrés")
- Women
- Sports and Youth

Each ministry has established a "protocol d'accord" with the NACP which outlines the strategies and activities within their respective sectors. These activities are primarily funded with resources (financial, technical and managerial) within the individual ministries.

Since 1986, mainly under the sponsorship of the Ministry of Health and Social Action and with the technical and financial support of WHO/GPA, the NACP has developed and twice revised a Medium Term Plan (MTP) of the National AIDS Prevention Program. This plan includes major components detailing activities, responsibilities, time schedules and indicators of programs and accomplishments. Medium Term Plan activities are intended to cover the following areas: Information, education, communication; epidemiology; blood bank; clinical care and counseling; sexually transmitted diseases; and management and administration.

The MTP designed activities for the following areas: epidemiological activities (sentinel surveillance, improvement of laboratory testing, data collection); training of health personnel; IEC activities (mass and small media); follow up of HIV seropositives; and screening of blood for transfusion.

Financial support for the National AIDS Committee MTP comes largely from the donor community with significant contributions of technical expertise,

political will to view the prevention of AIDS in Senegal as a priority concern, budgetary and other Government of Senegal in-kind contributions.

The NACP enjoys support from a number of donors, including the European Community, France, Canada, PNUD, WHO/GPA and USAID/Senegal. The University of Dakar, as well as the National AIDS Control Program, also participate in research activities with two US universities (Harvard and the University of Washington, respectively), funded by the National Institutes of Health.

Budgetary resources provided to NACP activities through the cooperative agreement with Family Health International, will be monitored by FHI and kept in specially segregated bank accounts established for that purpose.

The Bacteriology and Virology Department of the University Central Hospital (CHU) is proposed as an implementing agency to support surveillance of HIV and STD and to conduct operational research. The laboratory is headed by Professor Souleymane Mboup, an internationally renowned AIDS researcher. The Bacteriology and Virology laboratory at CHU has conducted research in the pathogenicity of HIV1 and HIV2, evaluated diagnostic methods for both HIV and STDs, and has provided the laboratory support for multiple serosurveys and natural history studies.

This laboratory has supported studies conducted by Harvard University, the University of Washington, Institute of Tropical Medicine in Antwerp, to name a few. Not only has the work been published in well respected peer-reviewed journals, but the institution has been strengthened by these collaborations. Many of the CHU staff have been trained abroad in sophisticated and appropriate laboratory techniques and research skills. The laboratory is well equipped as a result of many of these collaborations.

The HIV and STD sentinel surveillance programs are currently based at CHU. Mechanisms for data collection and analysis have been established. Results are reported annually in the *Bulletin Epidemiologique HIV* as well as in special reports. The current surveillance program represents a solid base for future expansion and improvement.

#### Non-Profit Organizations Operational in Senegal

There are over two hundred registered, indigenous non-profit organizations in Senegal. A wide variety of NGOs have previous experience in projects related to family health. Sexually transmitted disease control and condom social marketing have most recently been addressed in Senegal through family health (well-being) and population planning activities. As a result, there has been some indigenous NGO participation in at least one area related to reducing the incidence of STDs/AIDS through the promotion of condom use for child spacing.

Implementation of AIDSCAP activities in Senegal will rely heavily on local NGOs. Possible implementing NGOs will be identified from the USAID/Senegal registry of NGOs and in consultation with the Mission's PVO/NGO Support project, and reviewed by the AIDSCAP resident advisor. The NACP and USAID/Senegal will help identify NGOs that are (1) involved in health or AIDS-related activities; (2) involved with the target populations of interest in the Senegal AIDSCAP project; and (3) with a history of collaboration with the NACP or USAID/Senegal. If there are many potential collaborating NGOs, a

request for letters of interest or concept proposals will be sent to all organizations. Final selection will be based on responses to that request, as well as an assessment of the organization's technical and managerial capabilities.

Technical capability will be assessed by appropriate combinations of local technical experts, AIDSCAP regional and headquarters offices, and subcontractor staff and consultants. This assessment includes an analysis of the NGOs' planning and implementation capacity, including ongoing monitoring and evaluation, as well as long-term program planning.

Administrative and financial systems will be evaluated to assess the NGOs' management capability. This includes reviewing staffing patterns in finance and accounting, accounting practices, the approval process for project expenditures, purchasing procedures, financial reporting requirements, financial management and planning practices, and other administrative policies, procedures, and controls. Also personnel-related policies and procedures are considered, including the review of personnel contracts, position descriptions, and the organizational chart. These assessments will be conducted by the financial officer of the AIDSCAP Regional Office or a locally identified accounting firm.

Finally legal status of the NGO is considered. Only those NGOs that are formally registered in the country are proposed as possible implementing agencies for AIDSCAP Senegal activities.

Family Health International will undertake as one of its primary responsibilities, to liaise with and grant fund proposals to qualified NGOs with the actual or potential capacity to implement parts of the AIDSCAP, Senegal program. One area where interventions are most likely to be covered by the NGO grants will be information, education, and communications in the three target regions outside of Dakar.

There are a number of non-governmental organizations which focus exclusively on improving the economic situation of women in Senegal. They are likely candidates to receive project grant funding to implement some of the assistance activities targeted at prostitutes, outlined in this project document.

#### VIII. CONDITIONS PRECEDENT AND COVENANTS

##### Conditions Precedent to Initial Disbursement:

Only standard conditions precedent are required.

##### Covenants:

(1) The Government of Senegal will provide appropriate space for the housing of the project office staff in close proximity to the Central Coordination Unit of the National AIDS Control Program.

(2) The Government of Senegal will establish an advance account for local counterpart contributions and deposit at least the equivalent of \$500,000 in local currency to the account over the life of the project.

(3) The Government of Senegal will obtain from the Ministry of Economy, Finance and Plan an Order that officially registers the project in Senegal.

Project name : Senegal AIDSCAP PN 685-0386  
 Est. Completion : FY97  
 Date of Revision: 5-19-92  
 Design Team : USAID/Senegal AIDSCAP team

Narrative Summary (NS)	Measureable Indicators (OVI)	Means of Verification (MOV)	Important Assumptions
<b>Goal:</b> 1 Reduce the rate of sexually transmitted HIV in Senegal	1.1 Stabilization or decrease in gender-, group- and/or age-specific HIV prevalence	1.1 HIV sentinel surveillance	(Goal to Supergoal) 1.1 Sexual contact is the primary mode of HIV transmission
<b>Purpose:</b> 1 To decrease HIV high-risk behavior within the target groups and to strengthen delivery of services that reduce the spread of HIV and other sexually transmitted diseases in selected geographic regions.	1.1 90% of targeted populations can identify appropriate means of preventing sexually transmitted HIV. 1.2 70% of targeted populations report consistent condom use in high risk situations. 1.3 A 50% increase in other risk reducing behaviors is reported by target populations. 1.4 A 50% increase in appropriate health-care seeking behaviors related to STDs by targeted populations. 1.5 Evidence of strategic planning processes in 85% of national and regional plans	1.1 DHS survey 1.2 Target population surveys 1.3 Target population surveys 1.4 Targeted surveys and service provider records 1.5 National and regional plans and other official documentation	(Purpose to Goal) 1.1 Reduction of risk behaviors in targeted groups will have an impact on HIV transmission in Senegal
<b>Outputs:</b> 1 An improved array of targeted communication activities implemented 2 A strengthened non-traditional, private and public system of condom distribution and promotion in place 3 An improved system of provision of STD preventive services implemented	1.1 200,000 members of target populations participate directly in risk reduction communication activities 2.1 10 million condoms distributed to target populations over LOP 2.2 50% increase in efficiency (sufficient quantities when needed) of condom delivery systems serving target populations 3.1 95% of health care providers serving target populations trained in appropriate prevention education and counseling methods and messages 3.2 95% of health care providers serving target populations trained in use of STD diagnosis and treatment algorithms 3.3 85% of STD patients receiving treatment according to standard STD diagnosis and	1.1 Process data/surveys 2.1 Process data 3.1 Provider and client assessments/surveys	(Output to Purpose) 1.1 Lack of knowledge and on-going support is primary barrier to sustained behavior change 2.1 Accessibility is a major barrier to condom use 3.1 The targeted STD services are the primary providers of care for target groups

<p>4 A policy environment conducive to continued development and implementation of AIDS prevention activities achieved and maintained</p>	<p>treatment protocols</p> <p>3.4 85% of STD patients are receiving appropriate preventive education and counseling</p> <p>4.1 Amelioration of major policy impediments to AIDS prevention activities</p> <p>4.2 Representatives of all key sectors are included in policy dialogue activities</p>	<p>4.1 Policy and planning documents</p>	<p>4.1 Political will regarding AIDS prevention activities remains strongly supportive or increases in both public and private sectors</p>
<p>Activities:</p> <p>1.1 Identify appropriate implementing organizations</p> <p>1.2 Define target groups</p> <p>1.3 Conduct formative research for evaluation and message development purposes</p> <p>1.4 Train staff and/or peer leaders/educators</p> <p>1.5 Establish system of supervision and support of IEC field activities</p> <p>1.6 Identify research topics and initiate studies</p> <p>2.1 Define best mechanisms to deliver condoms to target groups</p> <p>2.2 Foster linkages between existing systems of condom distribution</p> <p>2.3 Implement basic monitoring and evaluation mechanisms for condom distribution to target populations</p> <p>2.4 Identify and conduct appropriate applied research</p> <p>3.1 Identify sources of STD care utilized by target groups</p> <p>3.2 Assess needs of service providers for improvement of STD preventive and diagnostic services</p> <p>3.3 Develop training and continuing education mechanisms for service providers</p> <p>3.4 Strengthen supervision of STD service providers and expand to include new aspects of care</p> <p>3.5 Identify and conduct appropriate applied research</p> <p>4.1 Identify key policy makers and opinion leaders</p> <p>4.2 Conduct baseline policy assessment and determine priority policy targets</p> <p>4.3 Define most appropriate</p>	<p>Inputs/Resources:</p> <p>TA \$2,100,000</p> <p>Subagreements \$5,900,000</p> <p>Indirect costs \$1,900,000</p> <p>Sub-Total \$9,900,000</p> <p>OYB Condoms \$ 500,000</p> <p>Total \$10,400,000</p>	<p>1.1 Project reports</p> <p>2.1 Project reports</p> <p>3.1 Project reports</p> <p>4.1 Project reports</p>	<p>(Activity to Output)</p> <p>1.1</p> <p>2.1</p> <p>3.1</p> <p>4.1</p>

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mechanisms to foster change in targetted policies 4.4 Incorporate research results from Senegal and around the world into policy dialogue activities			
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AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D.C. 20523

June 10, 1992

ACTION MEMORANDUM FOR THE ACTING DEPUTY ASSISTANT ADMINISTRATOR  
FOR AFRICA

FROM: AFR/SWA, *Richard Clay*  
Timothy Bork

SUBJECT: Senegal AIDS Prevention and Control Project (685-0306)  
Waiver of Host Country Contribution Requirement

Problem: Your approval is requested to waive the requirement established under Section 110 of the Foreign Assistance Act of 1961, as amended ("FAA"), that the host country provide a minimum of 25 percent of project costs. A.I.D. will provide \$10.4 million through the Senegal AIDS Control and Prevention Project (Senegal AIDSCAP). Compliance with Section 110 would require the Government of Senegal (GOS) to provide \$3.47 million of the bilateral project. Given current budgetary constraints, the GOS is not in a position to make such a commitment. Foreign Assistance Section 124(d) provides authority to approve a waiver of the host country contribution requirement on a case-by-case basis. The case for such a waiver is outlined below.

Background: The Senegal Mission has finalized a Project Identification Document for the Senegal AIDSCAP project, a five-year \$12.4 million project. The project purpose is to improve HIV risk reduction behaviors in selected target groups and geographic regions. The FAA Section 110 requirement that Senegal provide a minimum 25 percent contribution of total project costs could seriously jeopardize the project's execution. Although the Government of Senegal will make a significant in-kind and host country counterpart contribution to the project (approximately \$2.0 million over five years), the GOS is not in a position to meet the entire 25 percent contribution amount. Its contribution, calculated by taking 75 percent (\$1.5 million) of the GOS budgeted support for sexually transmitted diseases/AIDS programs plus five percent (\$500,000) of the budgeted COE owned counterpart funds, over the five-year life-of-project, one arrives at a significant 16 percent (\$2.0 million) contribution to the total \$12.4 million project.

In budget year 1990, Senegal's budget deficit was about \$25 million. A greater deficit was avoided only through drastic cuts in government services. However, Senegal was able to achieve a nearly balanced budget in 1991. Unfortunately this is an unsustainable situation, which was only possible through a drastic reduction in government expenditures as well as some

accumulation of internal arrears. Austerity inspired cut-backs of 25 percent in budget year 1991 and projected further cuts of an additional 13 percent in budget year 1992 are the reality for recurrent budgetary expenditures.

Discussion: USAID/Senegal believes it is appropriate to waive the FAA Section 110 requirement in light of Government of Senegal financial constraints. A.I.D. Handbook 3, Chapter 2, Appendix 2G, Section E.2B states that "it seems reasonable to conclude that the granting of a waiver is permissible whenever the initiation and execution of an otherwise desirable project is handicapped primarily by the 25 percent contribution requirement."

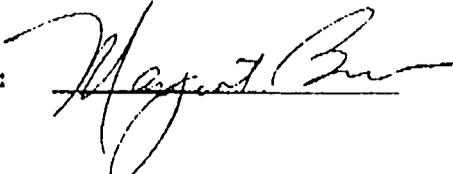
Section E.2.B also states that an acceptable starting point for determining whether a country can be considered for a waiver is whether, inter alia, the country appears on the Development Assistance Committee's (DAC) list of "Low Income Countries." Senegal is on the most recently issued DAC list.

The Government of Senegal's commitment to containment of the spread of AIDS within and outside of Senegal, despite dire financial and budgetary constraints, is demonstrated by the establishment of a National AIDS Prevention Committee (NAPC) within the Ministry of Health in 1986. Today, in 1992, the prevalence of HIV infection in Senegal is low (albeit growing) compared to many other countries. The GOS commitment to the proposed project is evident from the manner in which the project was developed. Prior to the arrival of the AIDSCAP design team, the Mission asked the NAPC to describe their priority needs within the national plan, considering the programs already being funded by other donors. A comprehensive plan, along with prioritized additional activities, was presented to the project design team upon their arrival in Dakar. The highest priorities identified by the NAPC, in terms of target populations and of project activities, fit very well with the capabilities and objectives of the AIDSCAP project. The bilateral project, therefore, focuses on activities and groups which had been identified by the Senegalese as their highest priorities.

Authority: A waiver of the country contribution requirement is permitted under the provisions of FAA Section 124(d). The authority to exercise the waiver has been delegated by the Administrator to, inter alia, the Assistant Administrator for Africa in A.I.D. Delegation of Authority No. 403. Pursuant to Delegation of Authority No. 550, which grants alter ego authority to Africa Bureau Deputy Assistant Administrators, you have the authority to approve this waiver.

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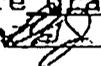
recommendation: That you waive the FAA Section 110 requirement that the Government of Senegal make a host country contribution of a minimum of 25 percent of the total cost of the Senegal AIDS Control and Prevention Project.

Approve: 

Disapprove: \_\_\_\_\_

Date: 6-11-92

## Clearances:

AFR/SWA:JRoyer draft date 6/3/92AFR/SWA:DDay draft date 6/4/92AFR/SWA:JGilmore draft date 6/8/92GC/AFR:PJohnson  date 10 Jun 92

USAID/Senegal:JColes:tv:5/29/92:7-8124:U:\Senegal\0306LCWV.mem

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REPUBLIQUE DU SENEGAL  
Un Peuple - Un But - Une Foi

MINISTERE DE L'ECONOMIE  
DES FINANCES ET DU PLAN

DIRECTION GENERALE  
DU BUDGET ET DE L'ASSISTANCE  
AU DEVELOPPEMENT

DIRECTION DE LA COOPERATION  
ECONOMIQUE ET TECHNIQUE

Dakar, le

10 JUIN 1992

Le Ministre

OFFICIAL COPY

Date Rec'd	11 JUIN 1992
MRN No.	2.63.4...
Action Taken	To be amended top
Date	11 June 92
Signature	[Signature]

O B J E T / Requête de financement pour le Programme  
National de lutte contre le SIDA.

Monsieur le Représentant Résident,

Je vous transmets, ci-joint, le document de requête sur  
le Programme de lutte contre le SIDA, élaboré conjointement par le Comité  
National Sénégalais de lutte contre le SIDA et le Bureau Santé de l'USAID  
à Dakar.

Le financement de cette requête que je soumets par cette  
présente lettre à l'USAID pour un concours à hauteur de 10.400.000 Dollars  
US\$, permettra de renforcer les capacités des structures sanitaires existantes  
dans la lutte contre le SIDA.

Aussi, je vous saurais gré des dispositions qu'il vous plaira  
de prendre auprès des autorités compétentes de votre pays pour l'aboutissement  
de cette présente requête.

Veuillez croire, Monsieur le Directeur, à l'assurance de  
ma haute considération.

- 07
- DUE
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  - EXO
  - PRM
  - CONT
  - RLA
  - RDO
  - IWME
  - POI
  - ANR
  - FFP
  - HPNO
  - PSD
  - SYST
  - ASD
  - MP
  - RIG
  - GMB
  - CHRON
  - RF

Monsieur le Directeur  
de l'USAID

--- DAKAR ---

Le Ministre  
de l'Economie, des Finances  
et du Plan

[Signature]

Famara Ibrahima SAGNA

## 5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to the eligibility of countries to receive the following categories of assistance: (A) both Development Assistance and Economic Support Funds; (B) Development Assistance funds only; or (C) Economic Support Funds only.

A. COUNTRY ELIGIBILITY CRITERIA APPLICABLE TO BOTH DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUND ASSISTANCE

1. Narcotics

a. Negative certification (FY 1991 Appropriations Act Sec. 559(b)): Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

NO

b. Positive certification (FAA Sec. 481(h)). (This provision applies to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, narcotics education and awareness, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct

N/A because Senegal is not a major illicit drug producing country or a major drug-transit country.

source of illicit drugs significantly affecting the United States, through which such drugs are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government):

(1) does the country have in place a bilateral narcotics agreement with the United States, or a multilateral narcotics agreement?

(2) has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without Congressional enactment, within 45 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (a) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals agreed to in a bilateral narcotics agreement with the United States or in a multilateral agreement, to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, to prevent and punish drug profit laundering in the country, and to prevent and punish bribery and other forms of public corruption which facilitate production or shipment of illicit drugs or discourage prosecution of such acts, or that (b) the vital national interests of the United States require the provision of such assistance?

c. Government Policy (1986 Anti-Drug Abuse Act of 1986 Sec. 2013(b)). (This section applies to the same categories of assistance subject to the restriction in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to Congress

N/A

listing such country as one: (a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

2. Indebtedness to U.S. citizens

(FAA Sec. 620(c): If assistance is to a government, is the government indebted to any U.S. citizen for goods or services furnished or ordered where: (a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity?

NO

3. Seizure of U.S. Property (FAA

Sec. 620(e)(1)): If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities?

NO

4. Communist countries (FAA Secs.

620(a), 620(f), 620D; FY 1991 Appropriations Act Secs. 512, 545): Is recipient country a Communist country? If so, has the President: (a) determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by

NO

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the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism, or (b) removed a country from applicable restrictions on assistance to communist countries upon a determination and report to Congress that such action is important to the national interest of the United States? Will assistance be provided either directly or indirectly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, Iran or Syria? Will assistance be provided to Afghanistan without a certification, or will assistance be provided inside Afghanistan through the Soviet-controlled government of Afghanistan?

5. Mob Action (FAA Sec. 620(j)): Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property?

N/A

6. OPIC Investment Guaranty (FAA Sec. 620(l)): Has the country failed to enter into an investment guaranty agreement with OPIC?

OPIC Agreement signed 6/12/63. NO

7. Seizure of U.S. Fishing Vessels (FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5): (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? (b) If so, has any deduction required by the Fishermen's Protective Act been made?

NO

8. Loan Default (FAA Sec. 620(q); FY 1991 Appropriations Act Sec. 518 (Brooke Amendment)): (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1990 Appropriations Act appropriates funds?

NO

9. **Military Equipment** (FAA Sec. 620(s)): If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.)

Assistance is not a loan or from ESF funds. Assistance hereunder is from the Development Fund for Africa.

10. **Diplomatic Relations with U.S.** (FAA Sec. 620(t)): Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?

NO

11. **U.N. Obligations** (FAA Sec. 620(u)): What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the "Taking into Consideration" memo.)

Senegal is not in arrears in payment of its U.N. obligations.

12. **International Terrorism**

a. **Sanctuary and support** (FY 1991 Appropriations Act Sec. 556; FAA Sec. 620A): Has the country been determined by the President to: (a) grant sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (b) otherwise support international terrorism, unless the President has waived this restriction on grounds of national security or for humanitarian reasons?

NO

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b. **Airport Security** (ISDCA of 1985 Sec. 552(b)). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures?

NO

13. **Discrimination** (FAA Sec. 666(b)): Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA?

NO

14. **Nuclear Technology** (FAA Secs. 669, 670): Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.)

NO

15. **Algiers Meeting** (ISDCA of 1981, Sec. 720): Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the "Taking into Consideration" memo.)

Yes. Senegal "reserved orally" at the meeting. This was considered in the "Taking into Consideration" memo.

16. **Military Coup (FY 1991 Appropriations Act Sec. 513):** Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance? NO

17. **Refugee Cooperation (FY 1991 Appropriations Act Sec. 539):** Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin? YES

18. **Exploitation of Children (FY 1991 Appropriations Act Sec. 599D, amending FAA Sec. 116):** Does the recipient government fail to take appropriate and adequate measures, within its means, to protect children from exploitation, abuse or forced conscription into military or paramilitary services? NO

B. **COUNTRY ELIGIBILITY CRITERIA APPLICABLE ONLY TO DEVELOPMENT ASSISTANCE ("DA")**

1. **Human Rights Violations (FAA Sec. 116):** Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy? NO

2. **Abortions (FY 1991 Appropriations Act Sec. 535):** Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performance of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary NO

sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

C. COUNTRY ELIGIBILITY CRITERIA APPLICABLE ONLY TO ECONOMIC SUPPORT FUNDS ("ESF")

Human Rights Violations (FAA Sec. 502B): Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest?

N/A

## 5C(2) - ASSISTANCE CHECKLIST

Listed below are statutory criteria applicable to the assistance resources themselves, rather than to the eligibility of a country to receive assistance. This section is divided into three parts. Part A includes criteria applicable to both Development Assistance and Economic Support Fund resources. Part B includes criteria applicable only to Development Assistance resources. Part C includes criteria applicable only to Economic Support Funds.

CROSS REFERENCE: IS COUNTRY CHECKLIST UP TO DATE?

### A. CRITERIA APPLICABLE TO BOTH DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUNDS

**1. Host Country Development Efforts**  
(FAA Sec. 601(a)): Information and conclusions on whether assistance will encourage efforts of the country to:  
(a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture, and commerce; and (f) strengthen free labor unions.

**2. U.S. Private Trade and Investment**  
(FAA Sec. 601(b)): Information and conclusions on how assistance will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

Subsections (a)-(d) and (f):  
It will not.

(e) Condom Social Marketing component will rely on private sector distribution network to move commodities through country network of condom distributors.

Cooperative Agreement is between A.I.D. and a U.S. PVO.

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### 3. Congressional Notification

a. **General requirement** (FY 1991 Appropriations Act Secs. 523 and 591; FAA Sec. 634A): If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified (unless the notification requirement has been waived because of substantial risk to human health or welfare)?

Yes. Congress notified through a Congressional Notification.

b. **Notice of new account obligation** (FY 1991 Appropriations Act Sec. 514): If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures?

N/A

c. **Cash transfers and nonproject sector assistance** (FY 1991 Appropriations Act Sec. 575(b)(3)): If funds are to be made available in the form of cash transfer or nonproject sector assistance, has the Congressional notice included a detailed description of how the funds will be used, with a discussion of U.S. interests to be served and a description of any economic policy reforms to be promoted?

This is project assistance.

4. **Engineering and Financial Plans** (FAA Sec. 611(a)): Prior to an obligation in excess of \$500,000, will there be: (a) engineering, financial or other plans necessary to carry out the assistance; and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) Yes

(b) Yes

5. **Legislative Action** (FAA Sec. 611(a)(2)): If legislative action is required within recipient country with respect to an obligation in excess of \$500,000, what is the basis for a reasonable expectation that such action

No legislative action is required for the implementation or execution of the Project.

AB

will be completed in time to permit orderly accomplishment of the purpose of the assistance?

6. **Water Resources** (FAA Sec. 611(b); FY 1991 Appropriations Act Sec. 501): If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)

This is not a water or water-related land resource construction project.

7. **Cash Transfer and Sector Assistance** (FY 1991 Appropriations Act Sec. 575(b)): Will cash transfer or nonproject sector assistance be maintained in a separate account and not commingled with other funds (unless such requirements are waived by Congressional notice for nonproject sector assistance)?

N/A

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

N/A. This is not a capital project.

9. **Multiple Country Objectives** (FAA Sec. 601(a)): Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

- (a) No.
- (b) Project will encourage private initiative/competition as a private U.S. organization will be contracted with to implement the project.
- (c) (d) (f) No. Project will not have any impact in these areas.
- (e) The Social Marketing component, involving sale and distribution of contraceptives, will increase technical efficiency of the agencies and institutions involved in distribution.

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10. **U.S. Private Trade** (FAA Sec. 601(b)): Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

Project will be implemented by U.S. PVO along with U.S. private sector subcontractors.

11. **Local Currencies**

a. **Recipient Contributions** (FAA Secs. 612(b), 636(h)): Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.

Government of Senegal will contribute 16% of Project costs in local currency (and in-kind) contributions.

b. **U.S.-Owned Currency** (FAA Sec. 612(d)): Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

NO

c. **Separate Account** (FY 1991 Appropriations Act Sec. 575). If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies:

N/A

(1) Has A.I.D. (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of A.I.D. and that government to monitor and account for deposits into and disbursements from the separate account?

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(2) Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

(3) Has A.I.D. taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

(4) If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

## 12. Trade Restrictions

a. **Surplus Commodities (FY 1991 Appropriations Act Sec. 521(a)):** If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?

N/A

b. **Textiles (Lautenberg Amendment) (FY 1991 Appropriations Act Sec. 521(c)):** Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of

NO

textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?

13. Tropical Forests (FY 1991 Appropriations Act Sec. 533(c)(3)): Will funds be used for any program, project or activity which would (a) result in any significant loss of tropical forests, or (b) involve industrial timber extraction in primary tropical forest areas?

(a) NO

(b) NO

14. PVO Assistance

a. Auditing and registration (FY 1991 Appropriations Act Sec. 537): If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.?

YES

b. Funding sources (FY 1991 Appropriations Act, Title II, under heading "Private and Voluntary Organizations"): If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?

YES

15. Project Agreement Documentation (State Authorization Sec. 139 (as interpreted by conference report)): Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision).

Yes. This will be done.

16. **Metric System** (Omnibus Trade and Competitiveness Act of 1988 Sec. 5164, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec. 2, and as implemented through A.I.D. policy):

Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

YES

17. **Women in Development** (FY 1991 Appropriations Act, Title II, under heading "Women in Development"): Will assistance be designed so that the percentage of women participants will be demonstrably increased?

YES

18. **Regional and Multilateral Assistance** (FAA Sec. 209): Is assistance more efficiently and effectively provided through regional or multilateral organizations? If so, why is assistance not so provided? Information and conclusions on whether assistance will encourage developing countries to cooperate in regional development programs.

NO

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19. **Abortions** (FY 1991 Appropriations Act, Title II, under heading "Population, DA," and Sec. 525):

a. Will assistance be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization? NO

b. Will any funds be used to lobby for abortion? NO

20. **Cooperatives** (FAA Sec. 111): Will assistance help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life? NO

21. **U.S.-Owned Foreign Currencies**

a. **Use of currencies** (FAA Secs. 612(b), 636(h); FY 1991 Appropriations Act Secs. 507, 509): Describe steps taken to assure that, to the maximum extent possible, foreign currencies owned by the U.S. are utilized in lieu of dollars to meet the cost of contractual and other services. U.S. does not own foreign currencies.

b. **Release of currencies** (FAA Sec. 612(d)): Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? NO

22. **Procurement**

a. **Small business** (FAA Sec. 602(a)): Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Cooperative Agreement is with a U.S. PVO. The PVO in accordance with standard U.S.G. procurement requirements may contract with small subcontractors/businesses.

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

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

NO

d. **Non-U.S. agricultural procurement** (FAA Sec. 604(e)): If non-U.S. procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.)

No procurement of agricultural commodities is contemplated.

e. **Construction or engineering services** (FAA Sec. 604(g)): Will construction or engineering services be procured from firms of advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those countries which receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries.)

U.S. firms are eligible to compete for construction contracts in Senegal.

f. **Cargo preference shipping** (FAA Sec. 603): Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates?

NO

g. **Technical assistance** (FAA Sec. 621(a)): If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? Will the

YES

facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

**h. U.S. air carriers**

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

YES

**i. Termination for convenience of U.S. Government** (FY 1991 Appropriations Act Sec. 504): If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States?

YES

**j. Consulting services**

(FY 1991 Appropriations Act Sec. 524): If assistance is for consulting service through procurement contract pursuant to 5 U.S.C. 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)?

YES

**k. Metric conversion**

(Omnibus Trade and Competitiveness Act of 1988, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec. 2, and as implemented through A.I.D. policy): Does the assistance program use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest

YES

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documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

**1. Competitive Selection**

**Procedures (FAA Sec. 601(e)):** Will the assistance utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

YES

**23. Construction**

**a. Capital project (FAA Sec. 601(d)):** If capital (e.g., construction) project, will U.S. engineering and professional services be used?

N/A

**b. Construction contract (FAA Sec. 611(c)):** If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable?

YES

**c. Large projects, Congressional approval (FAA Sec. 620(k)):** If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the Congressional Presentation), or does assistance have the express approval of Congress?

N/A

**24. U.S. Audit Rights (FAA Sec. 301(d)):** If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights?

YES

**25. Communist Assistance (FAA Sec. 620(h)).** Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries?

YES

**26. Narcotics**

a. **Cash reimbursements (FAA Sec. 483):** Will arrangements preclude use of financing to make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated? YES

b. **Assistance to narcotics traffickers (FAA Sec. 487):** Will arrangements take "all reasonable steps" to preclude use of financing to or through individuals or entities which we know or have reason to believe have either: (1) been convicted of a violation of any law or regulation of the United States or a foreign country relating to narcotics (or other controlled substances); or (2) been an illicit trafficker in, or otherwise involved in the illicit trafficking of, any such controlled substance? YES

**27. Expropriation and Land Reform (FAA Sec. 620(g)):** Will assistance preclude use of financing to compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President? YES

**28. Police and Prisons (FAA Sec. 660):** Will assistance preclude use of financing to provide training, advice, or any financial support for police, prisons, or other law enforcement forces, except for narcotics programs? YES

**29. CIA Activities (FAA Sec. 662):** Will assistance preclude use of financing for CIA activities? YES

**30. Motor Vehicles (FAA Sec. 636(i)):** Will assistance preclude use of financing for purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained? YES

31. **Military Personnel** (FY 1991 Appropriations Act Sec. 503): Will assistance preclude use of financing to pay pensions, annuities, retirement pay, or adjusted service compensation for prior or current military personnel? YES

32. **Payment of U.N. Assessments** (FY 1991 Appropriations Act Sec. 505): Will assistance preclude use of financing to pay U.N. assessments, arrearages or dues? YES

33. **Multilateral Organization Lending** (FY 1991 Appropriations Act Sec. 506): Will assistance preclude use of financing to carry out provisions of FAA section 209(d) (transfer of FAA funds to multilateral organizations for lending)? YES

34. **Export of Nuclear Resources** (FY 1991 Appropriations Act Sec. 510): Will assistance preclude use of financing to finance the export of nuclear equipment, fuel, or technology? YES

35. **Repression of Population** (FY 1991 Appropriations Act Sec. 511): Will assistance preclude use of financing for the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights? YES

36. **Publicity or Propoganda** (FY 1991 Appropriations Act Sec. 516): Will assistance be used for publicity or propoganda purposes designed to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, or for any publicity or propoganda purposes not authorized by Congress? NO

37. **Marine Insurance** (FY 1991 Appropriations Act Sec. 563): Will any A.I.D. contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U.S. marine insurance companies have a fair opportunity to bid for marine insurance when such insurance is necessary or appropriate?

YES

38. **Exchange for Prohibited Act** (FY 1991 Appropriations Act Sec. 569): Will any assistance be provided to any foreign government (including any instrumentality or agency thereof), foreign person, or United States person in exchange for that foreign government or person undertaking any action which is, if carried out by the United States Government, a United States official or employee, expressly prohibited by a provision of United States law?

NO

B. **CRITERIA APPLICABLE TO DEVELOPMENT ASSISTANCE ONLY**

1. **Agricultural Exports (Bumpers Amendment)** (FY 1991 Appropriations Act Sec. 521(b), as interpreted by conference report for original enactment): If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities: (1) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (2) in support of research that is intended primarily to benefit U.S. producers?

This assistance is not for agriculture development activities.

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2. **Tied Aid Credits** (FY 1991 Appropriations Act, Title II, under heading "Economic Support Fund"): Will DA funds be used for tied aid credits?

NO

3. **Appropriate Technology** (FAA Sec. 107): Is special emphasis placed on use of appropriate technology (defined as relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

4. **Indigenous Needs and Resources** (FAA Sec. 281(b)): Describe extent to which the activity recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

Activities include innovative approaches to Information, Education and Communication messages developed in cooperation with and tailored to concerned populations.

5. **Economic Development** (FAA Sec. 101(a)): Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

YES

6. **Special Development Emphases** (FAA Secs. 102(b), 113, 281(a)): Describe extent to which activity will: (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries

- (a) N/A
- (b) N/A
- (c) Project will contribute to lower incidence of STD/AIDS.
- (d) Project will work with women to reduce their risk of STD/AIDS infection and advocate safer sex practices and abstinence outside of one partner.

and the improvement of women's status; and  
(e) utilize and encourage regional  
cooperation by developing countries.

7. Recipient Country Contribution  
(FAA Secs. 110, 124(d)): Will the  
recipient country provide at least 25  
percent of the costs of the program,  
project, or activity with respect to which  
the assistance is to be furnished (or is  
the latter cost-sharing requirement being  
waived for a "relatively least developed"  
country)?

No. A waiver of FAA Section  
110 will be requested.

8. Benefit to Poor Majority (FAA  
Sec. 128(b)): If the activity attempts to  
increase the institutional capabilities of  
private organizations or the government of  
the country, or if it attempts to  
stimulate scientific and technological  
research, has it been designed and will it  
be monitored to ensure that the ultimate  
beneficiaries are the poor majority?

YES

9. Abortions (FAA Sec. 104(f); FY  
1991 Appropriations Act, Title II, under  
heading "Population, DA," and Sec. 535):

a. Are any of the funds to be  
used for the performance of abortions as a  
method of family planning or to motivate  
or coerce any person to practice  
abortions?

NO

b. Are any of the funds to be  
used to pay for the performance of  
involuntary sterilization as a method of  
family planning or to coerce or provide  
any financial incentive to any person to  
undergo sterilizations?

NO

c. Are any of the funds to be  
made available to any organization or  
program which, as determined by the  
President, supports or participates in the  
management of a program of coercive  
abortion or involuntary sterilization?

NO

d. Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services? YES

e. In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning? NO

f. Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? NO

g. Are any of the funds to be made available to any organization if the President certifies that the use of these funds by such organization would violate any of the above provisions related to abortions and involuntary sterilization? NO

10. Contract Awards (FAA Sec. 601(e)): Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? YES

11. Disadvantaged Enterprises (FY 1991 Appropriations Act Sec. 567): What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?

None. U.S.G. will enter into a Cooperative Agreement with a U.S. PVO instead.

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12. **Biological Diversity** (FAA Sec. 119(g): Will the assistance: (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?

(a) to (d): NO

13. **Tropical Forests** (FAA Sec. 118; FY 1991 Appropriations Act Sec. 533(c)-(e) & (g)):

N/A

a. **A.I.D. Regulation 16:** Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16?

b. **Conservation:** Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (1) stress the importance of conserving and sustainably managing forest resources; (2) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (3) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (4) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (5) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared or degraded; (6) conserve forested watersheds and rehabilitate those which have been deforested; (7) support training, research, and other actions

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which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (8) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (9) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (10) seek to increase the awareness of U.S. Government agencies and other donors of the immediate and long-term value of tropical forests; (11) utilize the resources and abilities of all relevant U.S. government agencies; (12) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land; and (13) take full account of the environmental impacts of the proposed activities on biological diversity?

c. **Forest degradation:** Will assistance be used for: (1) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; (2) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas; (3) activities which would result in the conversion of forest lands to the rearing of livestock; (4) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded

N/A

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forest lands; (5) the colonization of forest lands; or (6) the construction of dams or other water control structures which flood relatively undergraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

d. **Sustainable forestry:** If assistance relates to tropical forests, will project assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry?

N/A

e. **Environmental impact statements:** Will funds be made available in accordance with provisions of FAA Section 117(c) and applicable A.I.D. regulations requiring an environmental impact statement for activities significantly affecting the environment?

N/A

14. **Energy (FY 1991 Appropriations Act Sec. 533(c)):** If assistance relates to energy, will such assistance focus on: (a) end-use energy efficiency, least-cost energy planning, and renewable energy resources, and (b) the key countries where assistance would have the greatest impact on reducing emissions from greenhouse gases?

N/A

15. **Sub-Saharan Africa Assistance (FY 1991 Appropriations Act Sec. 562, adding a new FAA chapter 10 (FAA Sec. 496)):** If assistance will come from the Sub-Saharan Africa DA account, is it: (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) to be used to promote sustained economic growth, encourage

private sector development, promote individual initiatives, and help to reduce the role of central governments in areas more appropriate for the private sector; (c) to be provided in a manner that takes into account, during the planning process, the local-level perspectives of the rural and urban poor, including women, through close consultation with African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (d) to be implemented in a manner that requires local people, including women, to be closely consulted and involved, if the assistance has a local focus; (e) being used primarily to promote reform of critical sectoral economic policies, or to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities; and (f) to be provided in a manner that, if policy reforms are to be effected, contains provisions to protect vulnerable groups and the environment from possible negative consequences of the reforms?

16. Debt-for-Nature Exchange (FAA Sec. 463): If project will finance a debt-for-nature exchange, describe how the exchange will support protection of: (a) the world's oceans and atmosphere, (b) animal and plant species, and (c) parks and reserves; or describe how the exchange will promote: (d) natural resource management, (e) local conservation programs, (f) conservation training programs, (g) public commitment to conservation, (h) land and ecosystem management, and (i) regenerative approaches in farming, forestry, fishing, and watershed management.

N/A

17. **Deobligation/Reobligation**  
(FY 1991 Appropriations Act Sec. 515): If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same region as originally obligated, and have the House and Senate Appropriations Committees been properly notified?

N/A

18. **Loans**

a. **Repayment capacity** (FAA Sec. 122(b)): Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest.

N/A

b. **Long-range plans** (FAA Sec. 122(b)): Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities?

c. **Interest rate** (FAA Sec. 122(b)): If development loan is repayable in dollars, is interest rate at least 2 percent per annum during a grace period which is not to exceed ten years, and at least 3 percent per annum thereafter?

d. **Exports to United States**  
(FAA Sec. 620(d)): If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest?

19. **Development Objectives** (FAA Secs. 102(a), 111, 113, 281(a)): Extent to which activity will: (1) effectively involve the poor in development, by expanding access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from

cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (2) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (3) support the self-help efforts of developing countries; (4) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (5) utilize and encourage regional cooperation by developing countries?

**20. Agriculture, Rural Development and Nutrition, and Agricultural Research (FAA Secs. 103 and 103A):**

N/A

**a. Rural poor and small farmers:** If assistance is being made available for agriculture, rural development or nutrition, describe extent to which activity is specifically designed to increase productivity and income of rural poor; or if assistance is being made available for agricultural research, has account been taken of the needs of small farmers, and extensive use of field testing to adapt basic research to local conditions shall be made.

**b. Nutrition:** Describe extent to which assistance is used in coordination with efforts carried out under FAA Section 104 (Population and Health) to help improve nutrition of the people of developing countries through encouragement of increased production of crops with greater nutritional value; improvement of planning, research, and education with respect to nutrition, particularly with reference to improvement and expanded use of indigenously produced foodstuffs; and the undertaking of pilot or demonstration programs explicitly addressing the problem of malnutrition of poor and vulnerable people.

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**c. Food security:** Describe extent to which activity increases national food security by improving food policies and management and by strengthening national food reserves, with particular concern for the needs of the poor, through measures encouraging domestic production, building national food reserves, expanding available storage facilities, reducing post harvest food losses, and improving food distribution.

**21. Population and Health (FAA Secs. 104(b) and (c)):** If assistance is being made available for population or health activities, describe extent to which activity emphasizes low-cost, integrated delivery systems for health, nutrition and family planning for the poorest people, with particular attention to the needs of mothers and young children, using paramedical and auxiliary medical personnel, clinics and health posts, commercial distribution systems, and other modes of community outreach.

N/A. Project funds are from the DFA account.

**22. Education and Human Resources Development (FAA Sec. 105):** If assistance is being made available for education, public administration, or human resource development, describe (a) extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, and strengthens management capability of institutions enabling the poor to participate in development; and (b) extent to which assistance provides advanced education and training of people of developing countries in such disciplines as are required for planning and implementation of public and private development activities.

N/A

**23. Energy, Private Voluntary Organizations, and Selected Development Activities (FAA Sec. 106):** If assistance is being made available for energy, private voluntary organizations, and selected development problems, describe extent to which activity is:

N/A. Project funds are from the DFA account, not Section 106. Activities hereunder are governed by the DFA (Section 496 of the FAA).

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a. concerned with data collection and analysis, the training of skilled personnel, research on and development of suitable energy sources, and pilot projects to test new methods of energy production; and facilitative of research on and development and use of small-scale, decentralized, renewable energy sources for rural areas, emphasizing development of energy resources which are environmentally acceptable and require minimum capital investment; N/A

b. concerned with technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations; N/A

c. research into, and evaluation of, economic development processes and techniques; N/A

d. reconstruction after natural or manmade disaster and programs of disaster preparedness; N/A

e. for special development problems, and to enable proper utilization of infrastructure and related projects funded with earlier U.S. assistance; N/A

f. for urban development, especially small, labor-intensive enterprises, marketing systems for small producers, and financial or other institutions to help urban poor participate in economic and social development. N/A

C. CRITERIA APPLICABLE TO ECONOMIC SUPPORT FUNDS ONLY

1. **Economic and Political Stability** (FAA Sec. 531(a)): Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA?

N/A. This is a DFA Project not ESF.

2. **Military Purposes** (FAA Sec. 531(e)): Will this assistance be used for military or paramilitary purposes?

3. **Commodity Grants/Separate Accounts** (FAA Sec. 609): If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? (For FY 1991, this provision is superseded by the separate account requirements of FY 1991 Appropriations Act Sec. 575(a), see Sec. 575(a)(5).)

4. **Generation and Use of Local Currencies** (FAA Sec. 531(d)): Will ESF funds made available for commodity import programs or other program assistance be used to generate local currencies? If so, will at least 50 percent of such local currencies be available to support activities consistent with the objectives of FAA sections 103 through 106? (For FY 1991, this provision is superseded by the separate account requirements of FY 1991 Appropriations Act Sec. 575(a), see Sec. 575(a)(5).)

5. **Cash Transfer Requirements** (FY 1991 Appropriations Act, Title II, under heading "Economic Support Fund," and Sec. 575(b)). If assistance is in the form of a cash transfer:

a. **Separate account:** Are all such cash payments to be maintained by the country in a separate account and not to be commingled with any other funds?

b. **Local currencies:** Will all local currencies that may be generated with funds provided as a cash transfer to such a country also be deposited in a special account, and has A.I.D. entered into an agreement with that government setting forth the amount of the local currencies to be generated, the terms and conditions under which they are to be used, and the responsibilities of A.I.D. and that government to monitor and account for deposits and disbursements?

c. **U.S. Government use of local currencies:** Will all such local currencies also be used in accordance with FAA Section 609, which requires such local currencies to be made available to the U.S. government as the U.S. determines necessary for the requirements of the U.S. Government, and which requires the remainder to be used for programs agreed to by the U.S. Government to carry out the purposes for which new funds authorized by the FAA would themselves be available?

d. **Congressional notice:** Has Congress received prior notification providing in detail how the funds will be used, including the U.S. interests that will be served by the assistance, and, as appropriate, the economic policy reforms that will be promoted by the cash transfer assistance?

DRAFTER:GC/LP:EHonnold:5/17/91:2169J

ACTION: AID INFO: EXEC ECON RIG

ANNEX E

VZCZCDK0967  
PP RUEHDK  
DE RUEHC #0721/01 1572052  
ZNR UUUUU ZZH  
P 052048Z JUN 92  
FM SECSTATE WASHDC  
TO AMEMBASSY DAKAR PRIORITY 5326  
BT  
UNCLAS SECTION 01 OF 02 STATE 180721

LOC: 078 738  
08 JUN 92 0752  
CN: 55468  
CHRG: AID  
DIST: AID

Date Rec'd	09 JUN 1992
MRN	.....
Action Taken	.....
Date	.....
Signature	.....

E.O. 12356: N/A

TAGS:

SUBJECT: SENEGAL PROJECT 685-0306 AIDS CONTROL AND PREVENTION, FID REVIEW

1. SUMMARY - A MEETING TO REVIEW THE PID WAS HELD ON MAY 27, 1992 AND RECOMMENDED THAT THE SUBJECT PID BE APPROVED. SEVERAL CONCERNS AND SUGGESTIONS FROM THE COMMITTEE FOR MISSION CONSIDERATION IN COMPLETION OF THE PP ARE NOTED BELOW. THE REQUEST FOR WAIVER OF THE HOST COUNTRY CONTRIBUTION IS BEING PREPARED FOR A-AA APPROVAL. A NEGATIVE IEE DETERMINATION IS BEING PREPARED BY THE BUREAU ENVIRONMENTAL OFFICER AND WILL BE SENT TO THE GC/AFR FOR CLEARANCE. THE CN WAS SENT TO CONGRESS ON JUNE 2. AN ACTION MEMO APPROVING THE PID HAS BEEN SIGNED BY TIM BORK, DIRECTOR, AFR/SWA. THE MISSION IS AUTHORIZED TO PROCEED WITH DEVELOPMENT OF THE PP. THE MISSION IS ALSO AUTHORIZED TO AUTHORIZE THE PROJECT FOLLOWING ADVICE THAT THE ABOVE ||\*  
ACTIONS ON THE IEE DETERMINATION AND THE WAIVER OF HOST COUNTRY CONTRIBUTION REQUIREMENTS HAVE BEEN COMPLETED IN AID/W AND THAT THE CN WAITING PERIOD HAS EXPIRED WITHOUT OBJECTION.

2. THE REVIEW MEETING WAS CHAIRED BY TIM BORK AND ATTENDED BY REPRESENTATIVES OF GC/AFR, R&D/H, AFR/ARTS, AFR/SWA AS WELL AS DOUG SHELDON AND CHARLES DEBOSE. THE PROJECT WAS PRESENTED BY SUSAN HASSIG FROM THE FHI DESIGN TEAM AND VICTOR BARNES, AIDSCAP PROJECT MANAGER.

3. THE DISCUSSION CENTERED ON THE FOLLOWING GENERAL ISSUES: A) FOCUS AND CONCENTRATION OF THE PROJECT, B) IMPORTANCE OF THE PROJECT FOR SENEGAL AND IN THE CONTEXT OF A.I.D.'S WORLDWIDE AIDS PROGRAM. C) TOTAL PROJECT COST, ABSORPTIVE CAPACITY OF THE GOS IMPLEMENTING AGENCIES AND MANAGEMENT BURDEN ON THE MISSION. MANY OF THE COMMITTEE'S CONCERNS WERE WELL ADDRESSED DURING THE DISCUSSION, LEADING TO A DECISION TO APPROVE THE PID. HOWEVER, THE COMMITTEE REQUESTS THAT THE CONCERNS AND SUGGESTIONS DETAILED IN THE FOLLOWING PARAGRAPHS BE ADDRESSED IN THE PP.

4. IN RESPONSE TO QUESTIONS ON THE IMPORTANCE OF THE SENEGAL PROJECT TO AIDSCAP, MR. BARNES OUTLINED THE CRITERIA FOR SELECTING SENEGAL AS A FOCUS COUNTRY AS FOLLOWS: A) GOVERNMENT COMMITMENT TO AIDS CONTROL, B) SIZE OF THE COUNTRY POPULATION, C) THE CHANCE TO INTERVENE

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DUE	06/15
ACTION	AFSD
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HPNC	
PSD	
SYST	
ASD	
MP	
RIG	
EMB	
CHRON	
TF	



IN A RELATIVELY EARLY STAGE OF THE EPIDEMIC, D) GIVEN SENEGAL'S STATUS IN THE REGION, THE OPPORTUNITY TO PROVIDE AN EXAMPLE, OR MODEL PROGRAM FOR THE REGION, AND F) THE MISSION'S COMMITMENT TO THE ACTIVITY. THE COMMITTEE SUGGESTS THAT FACTORS A THROUGH D ABOVE BE NOTED IN THE PP ALONG WITH A MORE THOROUGH ANALYSIS OF THE CONSTRAINTS TO AIDS CONTROL IN SENEGAL AND HOW THE PROPOSED INTERVENTIONS OF IEC, CONDOM DISTRIBUTION, AND TREATMENT OF STDs ADDRESS THESE CONSTRAINTS.

5. THERE WERE SEVERAL QUESTIONS ABOUT WHETHER THIS IS A VERTICAL PROGRAM OR IS INTEGRATED WITH EXISTING HEALTH DELIVERY SYSTEMS. THIS QUESTION ALSO RELATED TO QUESTIONS ABOUT SUSTAINABILITY OF THE PROGRAM, COORDINATION WITH OTHER DONORS' AIDS PROJECTS, AS WELL AS A.I.D.'S AND OTHER DONORS' HEALTH PROGRAMS AND WITH THE POSSIBLE MANAGEMENT LOAD ON THE MISSION TO ASSURE COORDINATION. THE COMMITTEE REQUESTS THAT THESE QUESTIONS BE ADDRESSED IN THE PP.

6. IN RESPONSE TO QUESTIONS ABOUT THE POLICY DIALOGUE ALLUDED TO IN THE PID, MR. BARNES EXPLAINED THAT THE AIDSCAP PROJECT PROVIDED SUPPORT FOR POLICY DISCUSSIONS BY PROVIDING THE RESEARCH AND ANALYSIS NEEDED FOR MEANINGFUL DISCUSSION. HOWEVER, THE COMMITTEE FELT THAT, IF POLICY DIALOGUE IS TO BE A PART OF THE PROJECT, A THOROUGH DESCRIPTION OF THE POLICY AGENDA SHOULD BE INCLUDED IN THE PP, AS WELL AS AN INDICATION OF HOW THE MISSION WILL MANAGE THIS CRITICAL COMPONENT.

7. A SERIES OF QUESTIONS ADDRESSED THE RELATED ISSUES OF PROGRAM FOCUS, TOTAL SIZE OF THE PROGRAM, AND ANTICIPATED IMPACT (PLI). (FYI, ONE OF THE PROBLEMS IN UNDERSTANDING THE SCOPE OF THE PROGRAM IS THE SIZE OF THE CONSOLIDATED LINE ITEM IN THE PID BUDGET FOR PROGRAM ACTIVITIES. IT WAS DIFFICULT TO RELATE DOLLARS 6 MILLION, EXCLUDING TA, TO THE PROJECT ACTIVITIES DESCRIBED IN THE PID.) MR. BARNES EXPLAINED THAT ONE OF THE AIDSCAP SUPPORTING ACTIVITIES WOULD ASSIST IN ESTABLISHING BASELINES AND MEASURING IMPACT, BUT THE COMMITTEE SUGGESTS THAT TO THE EXTENT POSSIBLE, THE ANTICIPATED PLI BE DESCRIBED IN THE PP. DATA FOR MONITORING AND EVALUATION PLI SHOULD BE GENDER DIS-AGGREGATED. ALSO, GIVEN THE AVAILABILITY OF AIDSCAP ASSISTANCE AND THE LACK OF LONG EXPERIENCE IN THE AIDS FIELD, THE COMMITTEE SUGGESTS THAT THE MISSION BUILD INTO THE PP A RIGOROUS EVALUATION WITHIN 18 TO 24 MONTHS OF PROJECT START-UP TO INFORM ANY NEEDED REDESIGN OR CHANGE IN EMPHASIS AMONG THE PROGRAM ELEMENTS. ON THE

FOCUS ISSUE, FHI AND R&D HEALTH SUPPORTED THE SIZE OF THE PROJECT AS BEING A NECESSARY PACKAGE. BUT THE COMMITTEE SUGGESTED THAT THE PROJECT IMPLEMENTATION MIGHT BE PHASED IN TERMS OF GEOGRAPHIC COVERAGE.

8. THE COMMITTEE ALSO NOTED THE DISCONTINUITY BETWEEN THE FACD OF THE AIDSCAP MASTER AGREEMENT (TO END IN FOUR YEARS) AND THE MISSION'S INTENTION TO DO A FIVE YEAR BUY-IN. THIS DISCONTINUITY SHOULD BE RESOLVED DURING THE PP DESIGN.

9. FINALLY, THE COMMITTEE FELT THAT, IN ANSWERING A SERIES OF QUESTIONS, MS. HASSIG DESCRIBED A PURPOSE WHICH WAS BETTER THAN THE ONE WRITTEN IN THE PID. I.E. TO DECREASE HIV HIGH RISK BEHAVIOR AMONG THE TARGET GROUP AND TO STRENGTHEN DELIVERY OF SERVICES WHICH REDUCE THE SPREAD OF HIV AND OTHER STDS IN SELECTED GEOGRAPHIC REGIONS. THE COMMITTEE SUGGESTS THAT THE MISSION CONSIDER REFORMULATING THE PURPOSE STATEMENT ALONG THESE LINES FOR THE PP. ALSO, SINCE THE ELECTRONIC TRANSMISSION COULD NOT ACCOMMODATE A LOGICAL FRAMEWORK, WE WOULD APPRECIATE SUBMISSION OF A LOG FRAME TO COMPLETE OUR PID FILE.

10. BASED ON THE COMMITTEE REVIEW AND THE RECOMMENDATIONS FOR CONSIDERATION IN THE PP DEVELOPMENT, TIM BORK, DIRECTOR, AFR/SWA HAS APPROVED THE PID. KANTER

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UNCLASSIFIED

STATE 180721/02

**INITIAL ENVIRONMENTAL EXAMINATION  
or  
CATEGORICAL EXCLUSION**

**PROJECT COUNTRY:** Senegal

**PROJECT TITLE AND NO.:** AIDS Control and Prevention Project  
(AIDSCAP) (685-0306)

**FUNDING:** FY(6) 1992-1997 US\$10,400,000

**IEE PREPARED BY:** David Robinson, USAID/Senegal PDO

**ENVIRONMENTAL ACTION RECOMMENDED:**

Positive Determination	_____
Negative Determination	_____ X _____
Categorical Exclusion	_____ X _____
Deferral	_____

**SUMMARY OF FINDINGS:**

Based on the discussion and recommendations below, the four health components are recommended for a **categoryical exclusion** and the construction component is recommended for a **negative determination**.

**CONCURRENCE:**

Bureau Environmental Officer:  
John J. Gaudet, AFR/ARTS/FARA

APPROVED: \_\_\_\_\_ ✓  
DISAPPROVED: \_\_\_\_\_  
DATE: 4/7/92

**CLEARANCE:**

GC/AFR: \_\_\_\_\_

DATE: 10 Jun 92

## I. General

A.I.D. has prioritized the prevention of sexually transmitted HIV infection worldwide. This prioritization of strategies to contribute to a reduction in sexually transmitted HIV will be accomplished in Senegal through four major strategic approaches:

- communications (through media) for behavior change;
- reduction of sexually transmitted diseases by contributing to the diagnosis and treatment of sexually transmitted diseases;
- promotion and distribution of condoms, focusing on the groups at highest risk; and
- policy dialogue involving decision makers in both the public and private sectors.

All four of the above project components are recommended under the reg 1C programs involving nutrition, health care or population and family planning for categorical exclusion under 22 CFR 216.2 (c)(2)(viii).

## II. Construction

Minor construction and/or physical improvements to office space of up to approximately \$200,000 (less than 2% of the IOP buy-in amount) will be carried out. No new construction is contemplated, but, if new construction is required, it will not exceed 10,000 square feet in area. Most construction will be confined to minor improvements in existing buildings.

Any major rehabilitation of office or laboratory buildings will not be attempted until specific architectural and engineering plans and specifications are drawn up, a copy of these will be forwarded to REDSO for approval by the Regional Engineering Officer.

The project design will also ensure that any major construction activity will be monitored in order to identify any negative environmental impact which might occur. This will be particularly important where laboratory renovations involve communicable diseases. The Monitoring and Evaluation Plan for the project will therefore include provision for monitoring and evaluating construction, and will ensure that the above conditions apply.

## III. Summary

Based on the above discussion and recommendations, the four health components are recommended for a categorical exclusion and the construction component is recommended for a negative determination.