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APPENDIX 3A, Attachment 1
Chapter 3, Handbook 3 (TM 3:43)

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

DOCUMENT CODE

3

COUNTRY/ENTITY

Near East Regional

3. PROJECT NUMBER

298-0004

4. BUREAU/OFFICE

NE/DR/HR

5. PROJECT TITLE (maximum 40 characters)

Near East Regional Population

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
10 4 3 09 8

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

A. Initial FY 9 3

B. Quarter 4

C. Final FY 9 8

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

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						15,000
(Grant)	()	()	()	()	()	()
(Loan)	()	()	()	()	()	()
Other						
U.S.						
1.						
2.						
Host Country						
Other Donor(s)						
TOTALS						15,000

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)	PNSD					3,200		10,000	
(2)	PNSD					1,000		5,000	
(3)									
(4)									
TOTALS						4,200		15,000	

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 WDI PBL PRT PVH PUL PNP

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To enhance achievement of Missions' Family Planning objectives and targets of opportunity.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
1 0 9 6 0 1 9 8

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of 3 page PP Amendment)

N/A

17. APPROVED BY

Signature

Title

Date Signed

MM DD YY

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

MM DD YY

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Near East Regional Population Project
Project No.: 298-0004

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ACRONYM LIST

AVSC	Association for Voluntary Surgical Contraception
CA	Cooperating Agency
CSM	Contraceptive Social Marketing
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
DR/HR	Development Resources/Human Resources
FPLM	Family Planning Logistics Management
FY	Fiscal Year
HPN	Health, Population, Nutrition
IEC	Information, Education, and Communication
IUD	Inter-Uterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
MBS	Marketing of Birth Spacing
MCH	Maternal Child Health
MOH	Ministry of Health
NE	Near East
NEDAC	Near East Development Advisory Committee
NGO	Non-Governmental Organization
OAJC	Omani-American Joint Commission
Ob/Gyn	Obstetrician/Gynecologist
ONFP	National Office for the Family and Population Operations Research
OR	Operations Research
OYB	Operating Year Budget
PAC IIb	Family Planning Training for Paramedical, Auxiliary, and Community Personnel
PCS	Population Communication Service
PID	Project Implementation Document
PIO	Project Implementation Order
R&D/POP	Office of Population, U.S.A.I.D.
TA	Technical Assistance
TFR	Total Fertility Rate
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
USDH	U.S. Direct Hire
WID	Women in Development

I. SUMMARY AND RECOMMENDATIONS

The goal of the Near East Regional Population Project is to increase contraceptive usage and to promote smaller, healthier families in the region. Its purpose is to enhance the achievement of Missions' family planning objectives and targets of opportunity.

In fewer than 20 years, if existing fertility patterns continue, an additional 50 million people will be added to the region, increasing the strain on already burdened infrastructures. All the Missions in the region have identified rapid population growth as impeding development. Strategies for slowing population growth are integral to the plans for overall development of the countries in this region.

By utilizing the centrally funded projects of the Research and Development Bureau's Office of Population (R&D/POP), this project will provide a wide range of population assistance to countries in the Near East region. This project will offer a flexible source of funding for population activities to the Missions and to the Bureau.

Although the Project can assist any country with AID activities within the region and can finance region-wide initiatives, it is anticipated that much of the Project will focus upon Oman, Yemen, Tunisia and Jordan (and any other NE countries which do not appear on R&D/POP's country priority list). The Project will support activities in the following areas: family planning awareness and communications (IEC), training and skills development, improvements in service delivery (public or private), technical assistance, operations research, and data collection and trend analysis. The types of activities in each country will depend on that country's past experience in population, level of bilateral project support, and the Mission's strategic objectives.

Implementation of the Project will rely heavily upon the range of central population projects which already exist, and which are managed by R&D/POP. The Bureau proposes to utilize a modified OYB transfer mechanism to the R&D Bureau to finance activities undertaken by R&D/POP's central projects, or to use a buy-in mechanism where appropriate. However, the Project's resources may also be made available directly to Missions for promising population initiatives.

Anticipated life of project funding totals \$15 million over a five-year period. The Project will be incrementally funded with a proposed initial obligation of \$4.2 million in FY '93. Additional obligations are proposed as follows: \$5.8 million in FY '94 and \$5 million in FY '95.

Recommendation: The Near East Population Project was reviewed and approved by a Project Review Committee (PRC) on April __, 1993. Issues raised in the meeting were subsequently addressed in the Project Paper. It is recommended that AID approve the Near East Population Project with life of project funding of \$15 million for the five year period of FY 1993-1997. The project design committee has determined that the project is technically, financially, economically, socially and environmentally sound.

II. PROJECT RATIONALE

A. THE SETTING

The Near East Region experiences wide variation in its demographic profile. Nevertheless, despite tremendous change and progress in a few countries, the total population of the region will double in less than 30 years, unless family planning efforts are continued and augmented. Morocco, Egypt and Tunisia have made significant progress in the last few decades, especially when compared to Yemen and Oman. However even within those countries where progress has occurred, much remains to be done. For instance in Morocco, rural women have on average three more children than their urban counterparts. In Egypt, the desired family size is 3.1 children compared to an actual size of 4.5. Even in countries like Tunisia where progress has been significant in family planning, there are dramatic variations of program success sub-nationally. For example, 60.5% of urban women in Tunisia use contraception, in comparison with only 34.6% of rural women.

The populations of Jordan, Yemen and Oman will double in less than 20 years. Their rates of natural increase are some of the highest in the world, ranging from 3.4% to 3.8%, which are similar to those of sub-Saharan Africa. Women in Yemen and Oman bear over 7 children in their lifetimes, which can result in negative health consequences for them and their children.

The combined populations of Morocco, Tunisia, Egypt, Jordan, Yemen and Oman total approximately 108 million. By the year 2010 their aggregate population is likely to reach almost 160 million. The population doubling times for these countries range between 20 and 33 years. With such population increases, Near East countries must experience steady economic and developmental gains if even current socio-economic standards are to be maintained. Improving current economic standards with present population rates of increase probably would require that country economies double their rates of growth. Countries will need to provide more education, jobs, water, etc. for their ever-increasing populations. Successful and more vibrant family planning programs, therefore, are essential to the achievement of overall development objectives within the Near East Region.

All the countries in the region show a rate of natural increase more than 2% per year which means that the population doubling time for the region is less than 35 years. For the countries of Morocco, Tunisia, Egypt, Jordan, Oman and Yemen, their populations will reach almost 150 million within a generation if current trends persist. Additionally, all of these countries have young populations who will be entering into reproductive ages soon. Presently all the countries in the region to which AID gives support (except Tunisia) have populations where over 40% are under the age of 15. As these children enter the labor market, jobs will need to be found for them. Furthermore, when these children in turn enter their reproductive years, there will be a new and tremendous challenge which the providers of family planning services in the Near East region must meet. Enhanced efforts to slow population growth and improve quality of life are therefore necessary for the region.

All of the above mentioned countries have had family planning programs except for Oman. Each program is at different stages of maturity and has differing needs. For instance, the Total Fertility Rate (TFR), a synthetic measure of the number of children a woman can be expected to bear in her life time, is less than 5 children for Tunisia, Morocco, and Egypt and more than 7 for Oman and Yemen. Therefore, although the goal is the same for all the regions, to increase contraceptive use and to promote smaller, healthier families, emphasis for achieving it will vary from country to country depending on circumstances.

B. PROBLEMS AND OPPORTUNITIES

1) Background

R&D/POP has articulated an organizational premise of priority countries based on certain demographic variables. Under this premise, R&D/POP is focusing its resources only on those limited countries it has defined as emphasis or priority countries. Within the Near East Region, R&D/POP has identified two priority countries, Egypt and Morocco. Based on R&D/POP's system of prioritization, other countries within the Near East Region receive little, if any, population assistance. Without a regional population project, the majority of countries in the region would not receive equal benefit of the expertise which has been developed by R&D/POP. Egypt, Morocco, Jordan, and Yemen have bilateral population projects. Nevertheless, Yemen and Jordan have expressed interest in assistance beyond the scope of their bilateral projects. For all countries, with the possible exception of Egypt, existing projects do not always offer enough flexibility to respond to the wide range of population needs that challenge rapidly changing family planning programs.

The countries in which AID functions in the region all need varying amounts of assistance to achieve their goals in family planning. They face a wide variety of problems as well as solutions. Some problems are unique to certain countries or even particular areas within those countries. Some of the difficulties presently faced by the region are examined below. Many are not unique to the region, and many solutions have been tested elsewhere. This Project will promote the application of tools (developed globally) for combatting the problems of population within the Region.

2) Educational and Urban/Rural Differentials

Not only does the demographic profile vary by country in the region, it varies within countries. Although knowledge of contraception is uniformly fairly high, use of contraceptives varies tremendously according to urban or rural residence. Contraceptive use also varies according to educational level. As a result, fertility levels often differ widely by place of residence and level of education. Outreach services should be provided to less educated couples and to people living in rural areas in order to close the gap in fertility differentials. Throughout the region, the ideal number of children (a concept admittedly difficult to quantify) is usually lower by almost one child compared to the actual number of children born in an average household. This statistic suggests tremendous unmet need for family planning services persists.

Morocco, Tunisia, and Jordan are countries where the TFR differs by almost 2 children between urban and rural. In Tunisia the difference is especially dramatic, 5.5 for rural and 2.5 for urban. A priority for this project will be to help explore the means to reduce such urban/rural differentials. This priority is particularly important for countries which already have successful family planning programs and also for countries with large rural populations.

Often rural populations have proportionately more illiterates. Women without education, whether rural or urban, tend to have more children, and they experience higher infant mortality rates. Another priority of the project will be to support new efforts to extend services to illiterate women who may wish to space or limit childbearing.

3) Public/Private Sector

Another related issue is determining the optimal mix for public and private provision of contraceptives and services. Although the answer to this question may be difficult to attain during the life of this project, much can be done to strengthen the capacity of the private sector in provision of contraceptives.

Couples in the region receive family planning goods and services from a variety of sources. In some countries, couples are almost fully dependent on the public sector. Many countries are concerned about the rising cost of providing decent health care for their people. Accordingly, many countries in the region are studying viable private sector approaches. The project will concern itself with analysis of the consequences of rapid population growth for the sustainability of services, and the need for more viable models, including private provision of services and supplies.

An opportunity also exists to aid in the development of contraceptive service delivery strategies for the private sector. Traditionally, countries in the region primarily have supported public provision of family planning services. Publicly provided services can become an economic burden, while at the same time, a significant fraction of the population currently seeks other services and supplies from the private sector. Over the next decade governments will need to address the optimal mix between public and private provision of family planning. As a consequence, the Regional Population Project will work with both government ministries and private providers to develop strategies for private sector provision of high quality family planning to eligible couples in the region.

4) High Risk Births

The spacing and timing of births have a direct impact on the health of women and children. Women who have more than four children, who become pregnant at less than two year intervals, who give birth before age eighteen or older than age thirty-five, risk poor health and malnutrition for themselves and for their children. Data from the Near East indicate that birth intervals frequently are too short. Additionally, women in Oman and Yemen are often married by age 15 and are under pressure to give birth immediately. This situation contributes to the fact that Yemen has one of the highest maternal mortality rates in the world (estimated to be around 10/1000). Data about all high risk births in the region needs to be gathered and analyzed and the resulting information incorporated into IEC campaigns, service delivery, and policy formulations.

Reducing high risk births will be a priority of this project. Data collection and analysis will be important in order to more fully define areas of need and targets for intervention. Operations Research can be used to find ways to reach women who are at most risk. Interventions for preventing high risk births can be tested on a region-wide basis. Maternal health, which is directly related to reproductive issues, is of special importance in Islamic countries, and is a priority in the region.

5) Method Mix

One of several options for reducing high risk births is to assure the availability of a range of family planning options. "Method Mix" is a term commonly used in family planning programs to identify the specific types of contraceptives available and the appropriateness of the range or "mix" of those contraceptives to meet the needs of a user population. The method mix data from the region suggests that the application of specific contraceptive technologies to changing user needs could be improved. Of modern methods, couples in this region overwhelmingly employ the pill and IUD, followed by female sterilization. The Regional Population Project will offer a wider range of methods (including Norplant, injectables and male sterilization) to family planning programs on a pilot basis. With the introduction of additional contraceptive methods, and shifts in mix of existing methods, training of service providers will be required.

A wide variety of methods is important because couples have different reproductive needs in their lifetimes. In order to ensure continuous use by satisfied couples a wide variety of contraceptives should be available. Nevertheless, barriers sometimes restrict the introduction of new methods. Service providers can be restricted by medical or legal barriers from providing a range of services. Personal biases of service providers can affect the type of services offered. In addition, service providers may not have received adequate training in methods such as voluntary sterilization or IUD insertion. Studies have indicated that adding methods generally increases overall contraceptive rates. Also, what is offered on paper may differ significantly from what is offered in actuality. For instance, access may be an issue if only a limited number of hospitals in the country provide certain services. Method mix is closely linked to issues of quality and access.

6) Legal Barriers

Legal barriers can impede access to reproductive health services. Usually legal barriers exist to protect individuals or groups. For instance, restrictions on the importation of contraceptives may be in place to protect local manufacturers. Or, local regulatory agencies may exist in order to protect recipients of drugs or devices. Regulations and policy are not always developed concurrently and they can adversely affect each other. AID experience in examining regulatory issues with the objective of eliminating barriers can be applied under this project.

Depending on demand, the Project may examine such legal barriers to family planning. As all the countries in the region share a legal basis in Islam, the barriers encountered and the means of overcoming them, may be applicable to several countries.

7) Summary

The Regional Population Project plans to address these and other problems. By tackling the issues of access and information for rural and uneducated women, by reducing legal and medical barriers, by strengthening method mix, by increasing private sector provision of goods and services, and by targeting high risk births, the project expects to increase contraceptive use and to improve family welfare. Family planning issues affect all sectors of life, principally health, but also social and economic issues. The family planning problems in the region also affect other sectors. By addressing the issues and working to ameliorate family planning problems, benefits can be expected for individuals and communities.

C. RELATIONSHIP TO NEAR EAST BUREAU AND USAID MISSIONS' STRATEGIES

The Near East Bureau recognizes that the ability of families to choose the timing and number of children is critical to their ability to fully participate in the opportunities generated by the broader development process. Educational attainment, health, employment and investment are all affected by these basic demographic variables. The ability of families to provide for their children -- educate them, feed them, give them adequate health care, stimulate their cognitive development, and shelter them -- and at the same time have sufficient money and time to invest in economic activity is conditioned by family size. These factors in turn affect the preparation and ability of children to become productive members of the society and economy.

Indeed, one of the Bureau's subgoals is "healthier, smaller families." This subgoal is supported by two related strategic objectives, "increased use of effective contraceptive methods" and "increased use of effective MCH (maternal and child health) services." The goal and purpose of the Regional Population Project are consistent with all of these stated Bureau objectives.

The Regional Population Project will be compatible with the goals of individual Mission strategies. In Oman, the program goal of the Omani-American Joint Commission for Economic and Technical Cooperation (OAJC) is "to increase the productivity of the Omani economy through diversification of the economy and the development of its human capital." An issue identified as hindering this goal is Oman's rapid population growth which places additional pressures on the economy's ability to provide a) the level of services which it has provided in the past; b) jobs and income to meet the aspirations of Oman's young population; and c) the natural resources base. Family planning is a strategic objective for the Mission. The OAJC is encouraging the Ministry of Health in developing a long term family spacing strategy.

Other missions in the region hold similar attitudes about rapid population growth. In USAID/Jordan for example, the current population growth rate is seen as a long term constraint to the broad-based and sustainable economic growth of the Jordanian economy. The Mission in Egypt has been convinced since 1975 that increasing access to family planning will improve the quality of life for Egyptians individually and collectively. In the Egyptian setting, family planning is a sound and necessary investment for USAID. In Yemen, the Mission's strategic objective is increased access by Yemeni women and their families to social, health and economic services. Among Morocco's strategic objectives is improved health for children under 5 and for women of childbearing age.

Finally, the Tunisian government has been so committed to family planning that by 1990 they had assumed over 90% of their program's costs and the Mission decided that a bilateral project was no longer necessary. Instead, the Mission opted to utilize targeted inputs of central or regionally funded assistance. The flexibility offered in this regional project will be responsive to Missions' strategies and will directly support the Bureau's subgoal of smaller and healthier families and its strategic objective of increased use of effective contraceptive methods.

D. RELEVANT EXPERIENCE WITH SIMILAR PROJECTS

From 1983-1992, a previous regional population project (No. 398-0048) existed. This project canvassed Mission input annually for possible regionally funded population activities and was generally considered successful because of its responsiveness to needs of Missions. In July of 1992, this project was transferred to the Europe Bureau since the only remaining active elements pertained to countries now in that Bureau.

A Project Assistance Completion Report for this project was prepared in June and July of 1992. This report summarized the project's implementation experience and assessed some of its achievements over its life. The observations and conclusions of the report will be utilized in developing the implementation plans for the proposed regional population project.

Significantly, demand for funds from that project exceeded availability indicating that Missions found it worthwhile. Furthermore, three-fourths of Missions responding to a survey felt that regional project had made a significant impact on assisting countries in the implementation, development, and evaluation of population programs. The project also served as a catalyst for bilateral projects. Over four-fifths of survey respondents felt that the management burden of the project was low to moderate relative to other A.I.D. projects.

III. PROJECT DESCRIPTION

A. GOAL AND PURPOSE

Goal: Increase contraceptive usage and promote smaller, healthier families in the Near East Region.

Purpose: Enhanced achievement of Missions' family planning objectives and targets of opportunity.

B. END OF PROJECT STATUS

The variability in experience in family planning in the region means that project achievements will be quite different from country to country. Measurement of project success too will also be country specific. In general, improved central support to Missions provided by this regional project should result in the following accomplishments:

- Improved quality of family planning service delivery.
- Improved access to family planning services through innovative delivery mechanisms which take into consideration urban and rural differences.
- Increased use of private sector family planning services where feasible.
- An expansion of method mix in selected countries.
- Improved analysis of demographic trends and family planning performance in the region.
- Increased intra-regional transfer of family planning knowledge and expertise.

These achievements will depend on level of Mission demand. The Regional Population Project will be flexible so that the needs of the Missions can be addressed appropriately. It is likely that selected problems will appear in more than one country in the region. In that case, the project may focus on those which will produce efficiencies in providing technical assistance. Efforts will be made to ensure that lessons learned will transfer smoothly.

In accomplishing the examples cited above, the Project expects to contribute to its goal and to its purpose. A variety of activities will take place in a variety of settings, which will mean varying results. For instance, in a country such as Yemen where contraceptive prevalence rates as well as literacy are very low, the impact of a family planning campaign may not be as great as in a country such as Jordan, which has more mature programs. However, it is still necessary to put efforts into Yemen in order to strengthen its nascent activities so that fertility reduction can be achieved.

C. PROJECT ACTIVITIES

The primary way the project will accomplish its objectives will be through the provision of technical assistance and training to Missions, host-country governments and non-governmental organizations as well as to the Near East Bureau as needed. Project activities are designed to be responsive to specific expressions of need (or demand) from Missions. Consequently, requests for support from Missions for in-country activities are likely to vary from year to year.

It is envisioned that the Regional Population Project will provide the majority of its support to countries within the region which are not priorities for R&D/POP, particularly: Jordan, Oman, Yemen and Tunisia. Because of the extensive funding Egypt receives both from central projects and bilateral projects, it is doubtful that Egypt will need much, if any, assistance from this regional project (although it would be possible to provide support in Egypt for innovative activities that may not otherwise be funded). From time to time, Morocco may also require some assistance from the Regional Project. Only targeted assistance will be given to Tunisia to supplement the resources of its successful family planning program. Assistance to Tunisia will factor in management capacity of the Mission and timing of a potential phase-out of AID assistance in-country.

Technical assistance will be the principal activity financed by the Project. A full range of technical assistance will be available to Missions representing virtually every aspect of population or family planning programs. Such technical assistance could be provided in, but not limited to, the following areas:

- Development of population strategies and policies.
- Reducing medical and legal barriers in family planning.
- Strengthening local research capacities including operations research.
- Facilitating data collection and analysis.

- Training of health workers in family planning techniques.
- Training in provision of longer acting methods.
- Reinforcing private providers of family planning.
- Expanding social marketing of contraceptives.
- Developing logistics management capabilities.
- Refining information, education, and communication capacities.

In addition to in-country technical assistance in training, project resources are available to send participants to training programs in the region, in the U.S., or if appropriate, other countries such as Britain or Belgium. Purchase of commodities will be minimal and will support specific activities related to the provision of technical assistance.

A technical analysis of the current family planning situation and Mission programs in the Bureau's countries of assistance reveal that the following types of activities will be undertaken by the Project. These include, but are not limited to: 1) regional transfer of lessons learned, 2) data collection, trend analysis, and research, 3) IEC, 4) social marketing, 5) training.

1) Regional Lessons Learned

Perhaps most useful of all will be an examination of regional lessons learned. Interventions which were successful in one country could be adapted to other countries in the region. For example, because of its expertise and knowledge in the field, Tunisia has much to offer other countries (such as Yemen or Oman) in the region. A regional project would be well suited to helping to assure that country successes are replicated elsewhere in the region. Thus, at a minimum, regional data analysis and dissemination would be a regular function of this project.

The NE region provides excellent opportunities for innovative uses of technical assistance (TA). First, due to the lengthy experience of some countries with family planning, such as Tunisia, there exist well trained local specialists who can offer their knowledge to other countries with less experience with population activities. Tunisia, in fact, already provides some very specialized TA to francophone Africa. However, some areas exist where Tunisians themselves need strengthening, and TA will be needed to help them fully graduate from donor assistance. Second, countries like Tunisia and more recently Egypt, have a wealth of successful and

not so successful family planning interventions which need to be studied in order to transfer lessons learned to countries with less experience in family planning such as Oman and Yemen. More traditional forms of TA will, of course, be supplied to countries just beginning to develop population policies and programs.

2) Data Collection, Trend Analysis and Research

To effectively plan for population sector support for the region and to develop new approaches to meet the changing demographic and programmatic needs of the next decade, data and trend analyses are essential. The Project, therefore, will monitor demographic trends and patterns of family planning variables which affect population change throughout the region. A regional data base will be established. For instance, this regional resource base can provide useful information on trends of: age of marriage, age at first birth, age at last birth, continuing urban/rural differentials, etc. Although much of these data exist for individual countries, a regional aggregate of these data would be extremely useful for planning, program design and evaluation purposes. This regional database will be designed and maintained by a cooperating agency (CA) and will be managed by the chief of DR/HR. Several of the cooperating agencies, such as the Population Reference Bureau, Macro International (DHS), and Bureau of the Census have capability for creating and maintaining a database. The chief of DR/HR will ensure that the database is responsive to needs of the Missions and the Bureau. Access to the database will be shared with the Missions and other divisions within the Bureau.

In addition to data collection and analysis, the project plans to incorporate Operations Research (OR), or applied research into its implementation. OR has as its objective the solving of problems. Therefore, if carefully undertaken in selected subject areas, its results could be applied throughout the region. Currently R&D/POP's centrally funded OR projects have little planned for the Near East countries. Many programs throughout the region could benefit from well-done OR.

Information gathered and lessons learned in one country can be applied to others. Furthermore, regional trends can be found and used for future planning. Under the project a variety of research is envisioned. Regional data analysis of demographic variables which will affect service delivery, IEC campaigns and planning by governments and donors will be important.

3) Information, Education, and Communication (IEC)

To achieve a successful family planning program, it is not enough to simply make good quality and affordable family planning services accessible and available. The concept of family planning must also

be promoted and disseminated throughout a population. Couples need to know benefits of family planning and to understand their own ability to control fertility. Effective family planning programs take into account the issues of both supply and demand. IEC activities, whether by outreach workers, in the clinic setting, on radio, television, or billboards not only promote family planning in general, but also can provide information about proper use of methods, where to obtain supplies, and other topics.

Countries in the region are closely linked by ties of religion and language, so development of IEC messages for the entire region may be an efficient means of promoting family planning. Particularly for mass media, messages developed in one country might be easily adapted for others. Some countries in the region such as Egypt and Tunisia have already developed successful messages and campaigns, as well as local experts who could transfer their knowledge to others in the region. The project will support the exchange of IEC expertise and experience within the Near East.

4) Social Marketing

Social marketing is the technique of using the strengths of commercial marketing to make a socially desirable good or concept more widely available or accepted within a population (often aimed at poorer consumers). The classic model of social marketing employs the four 'P's, Product, Price, Place, and Promotion. Decisions must be made about which types of products are to be sold at what price. Along with those decisions, the point of sale as well as the types of promotion have to be developed. All of these issues typically need to be tested and monitored and the results fed back into the marketing program in order to assure that the product remains attractive to the consumer.

Population programs have enjoyed tremendous success around the world with social marketing of contraceptives, and more recently, of family planning services. Social marketing has already been used within the region, and it continues to offer great potential. A significant number of consumers with potential income are also often knowledgeable about contraception. Moreover, like some major pharmaceutical manufacturers that have regional marketing and advertising campaigns, there may be advantages to developing region-wide social marketing activities. Several countries in the regions already have social marketing experience, including Morocco, Tunisia, Egypt and Jordan. Many circumstances in this region would seem to favor strong IEC programs: disposable income, urban populations, media access, literacy. Also countries in this region are beginning to examine the role of the private sector. Social marketing of contraceptives and services may contribute to the development of an appropriate public/private mix.

5) Training

Integral to all of the topics discussed above is training. New initiatives in family planning programs often must be preceded by training appropriate personnel. Training, therefore, will be an important element of the Project. Under the Project, countries such as Jordan and Yemen can take advantage of expertise of countries with sophisticated family planning programs by arranging training and study tours to those countries. This exchange of information would be facilitated through the common language of Arabic within the region. Although different dialects of spoken Arabic are used in the region and countries vary between French and English as a second language, written Arabic is standardized.

Training is important not only for countries with less developed programs but also for refresher courses for countries with more advanced programs. New technologies, such as Norplant which involves a surgical process to implant and remove a contraceptive device in the upper arm, will require trained providers in country. Also, training when done inter-regionally can foster the spread of ideas. Training can be used to motivate program personnel and stimulate interest in their field. In Oman, for instance, the funds will go chiefly to training of service personnel which will translate directly into improved service delivery and contraceptive prevalence rates.

Training of service providers including doctors, nurses, midwives, and paramedical personnel can have direct impact on quality of family planning provision. Clinic managers, and other non-service providers may also need training in order to provide proper support to health personnel. Training in data collection and analysis should contribute to planning capacity within a country. In addition, training in family planning communication activities can help reinforce family planning promotion. Thus, training affects all aspects of family planning interventions. For this project, the most training is planned within the region, although training may occur elsewhere, most likely in the U.S. Study tours to other countries such as Indonesia or Turkey may also be beneficial.

D. MECHANISMS OF ASSISTANCE

Because the Project is designed to be as responsive to Missions as Possible, throughout the life of the project, the Project is likely to utilize a variety of different organizations to provide technical assistance. However, in any given year, the number of central population projects involved in implementation will be limited in order to reduce administrative burdens. In the first two years of implementation, possible central population projects to be utilized include, but are not limited to the following:

- Options for Population Policy (OPTIONS), currently implemented by The Futures Group;
- Demographic and Health Surveys (DHS II), currently implemented by Institute for Resource Development;
- Strategy for Improving Service Delivery (Operations Research/OR), currently implemented by The Population Council;
- Training in Reproductive Health, currently implemented by JHPIEGO;
- Family Planning Training for Paramedical, Auxiliary and Community Personnel (PAC IIB), currently implemented by Development Associates, et al.;
- Population Communication Services (PCS), currently implemented by Johns Hopkins University;
- Association for Voluntary Surgical Contraception Program (AVSC);
- Contraceptive Social Marketing II (CSM II), currently implemented by The Futures Group;
- Family Planning Service Expansion and Technical Support (SEATS), currently implemented by John Snow Inc.;
- Family Planning Logistics Management (FPLM), currently implemented by John Snow Inc. and the Centers for Disease Control.

For further information on these projects, please refer to Annex E. During implementation of the project activities, it is anticipated that central project technical personnel will establish collaborative working relationships with appropriate mission staff and local organizations in the public and private sectors. Technical assistance may also be provided to Missions to help develop detailed implementation plans for proposals selected for funding under the project.

By using the CAs of the Office of Population, the Near East Bureau can gain from their expertise and can rely on the Office of Population for much of the management burden. The design of this project works well for the NE Bureau. Through this project, the Missions of the region and the Bureau would be able to take full advantage of the spectrum of technical expertise of CAs of the Office of Population. The Bureau would not be locked into only one or two CAs which might not be responsive to the various needs of the region. Since the NE Bureau does not have the same level of

funds available for population activities as the Office of Population, this regional project would allow the Bureau to benefit from the investment already made by the Office of Population.

E. FIRST YEAR FIELD PROPOSALS

In order to develop a regional project responsive to Mission needs, field assessments were made in Oman, Tunisia, and Jordan. The trip reports can be found in Annex D. During these visits, host country and Mission strategies and programs were reviewed to ascertain what types of activities could be appropriately funded by this project. The examples for first year funding described below take into account requests from Mission and Host Country personnel.

1) Oman

Oman's population is estimated at between 1.5 to 2.0 million; those, between 200,000 and 600,000 are expatriates. A census is planned for the end of 1993. When the results are tabulated, planning for Oman should become easier. Oman has made tremendous strides in health and education during the past 20 years. During the period 1969-73, the infant mortality rate was estimated at 140/1000. Presently it is 27/1000. Vaccination coverage is at 95%. Of children eligible for primary school, 90% are enrolled. In part due to its successes in these fields, Oman now faces the challenges of a rapidly increasing population. The medical community recognizes the importance of family spacing for the health of mothers and children. They are currently working with UNICEF to actively promote breast feeding. However, implementing a policy on birth spacing is dependent on official MOH approval.

Oman has never had a family planning program, so the Ministry of Health will need to invest a considerable level of time and resources initially. In light of past achievements in other sectors, it seems likely that investments in Oman will pay off. Officials at the MOH envision training as the most important component of a comprehensive family spacing component. They want to ensure that family spacing services are delivered with as much quality as their other services. A particular challenge for family spacing service delivery is the fact that the vast majority of health care providers are expatriates who speak only limited Arabic at best. For curative services, this fact is less of an obstacle, but for family planning which requires counselling, this will pose a special challenge. Training will address this situation.

The Mission and MOH are interested in having the Regional Population Project substantially support the training of health personnel at a variety of levels: doctors, nurses, and medical orderlies. Specifically, people will need to be trained as trainers first so that they in turn can train others in

contraceptive technology, counselling, and other aspects of family spacing. A detailed needs assessment for training will need to be conducted in the first year. This needs assessment will review existing guidelines, develop schedules and logistics for personnel to be trained, and develop a long term training strategy. In addition to training, the Mission and MOH are interested in support from the Regional Project to launch a KAP (knowledge, attitudes, and practices) study in the first year. This study would serve as a baseline for monitoring future progress.

2) Jordan

In 1976 the TFR in Jordan was 7.7, the 1990 Demographic and Health Survey showed a TFR of 5.6 indicating much progress. Nevertheless, current desired family size is 3.9 demonstrating large unmet need for family planning. In response, the Mission maintains two bilateral projects and is designing a third. The two existing projects are Marketing of Birth Spacing and Family Health Services which tackle population and fertility reduction issues from different perspectives. MBS plans 1) to raise awareness and acceptance within the medical community and the general public about the relationship between birth intervals and the health of mothers and children; and 2) to increase access to quality affordable birth spacing products, information and services in both the private and public sectors.

The Family Health Services project purposes are to improve the quality and cost efficiency of those primary health care services provided by the public sector which impact directly on maternal and child health, including birth spacing, and to more effectively utilize private sector in achieving national health care goals. This project specifically focuses on expanding clinical birth spacing service delivery at MOH clinics, introducing a new family health specialty for both private and public sector physicians, strengthening the ability for the NGO sector to deliver birth spacing services and strengthening the national Population Commission to analyze and interpret demographic trends in Jordan.

The Mission plans a new activity: The Comprehensive Postpartum Project which is scheduled for an FY '93 obligation. The project is to provide support for the establishment of model postpartum clinics in both the public and private sectors for the provision of comprehensive postpartum services, the orientation of medical, nursing, and midwifery students, and the training of Ob/Gyn, pediatric, family health, and general practice residents and physicians in family planning counselling and post partum service delivery. Once these projects are underway, the Mission will be well placed for achieving its strategic objective of fertility reduction.

Nevertheless, there remains some important population activities that will not be covered by these three bilateral projects for which the NE Regional Population Project resources can be used. These include: 1) household surveys; 2) operations research; 3) targeted training, especially training of trainers; 4) innovative activities through NGOs; 5) international and regional training; 6) regional research seminars; 7) 1995 DHS; 8) specialized short term technical assistance.

Specific activities for the first year are 1) Household surveys, 2) Operations Research, 3) Short term TA and targeted training. Reliable demographic, population and other statistics are not readily available in Jordan. Project Assistance in establishing an ongoing household survey capacity is needed and will require training and TA. There is a general agreement that the capacity to undertake timely and relevant OR is weak. OR projects to be funded need to provide accurate information for better targeting of birth spacing programs and to understand specific constraints to program expansion. Short term TA to provide guidance to the Jordanians to articulate their longer term fertility reduction strategies is required. Regional training has also been requested.

3) Yemen

At a mortality rate of 210/1000 for children under five years old, and a maternal mortality rate of 10/1000, Yemen has some of the highest rates in the world. Its total fertility rate of 7.6 is also high. Overall access to health delivery systems are poor and access to family planning systems are almost non-existent. USAID/Sana'a had a portfolio of health (Accelerated Cooperation for Child Survival Project) and family planning activities (Options for Family Care I) which proposed to tackle some of the key issues in these sectors. However, political decisions associated with the Gulf War in 1991 have led to a major decrease in annual funding levels to Yemen. As a result the Mission is in the process of creating an integrated MCH/Family Planning program to be implemented through the redesigned Options for Family Care II Project which will combine the highest priority activities of the two existing projects.

However, USAID/Sana'a will require resources from the Regional Population Project to supplement their OYB. The Mission is interested in resources for FY '93 to supplement ongoing and proposed work with the central statistics organization to upgrade their data collection, analysis, and dissemination capacities. This activity would probably involve the U.S. Bureau of the Census. A DHS is planned for 1994 which is likely to require some resources from the Regional Project.

4) Tunisia

Because USAID/Tunis believed that new modes of assistance were appropriate for Tunisia, the bilateral family planning project was completed on December 31, 1990. At that time the National Office for the Family and Population (ONFP) had articulated an appropriate, but ambitious three-pronged family planning strategy for the coming decade. The three key elements were 1) privatization, 2) integration, 3) transformation of the ONFP.

In December 1990, an assessment of the institutional capacity of the ONFP also found that the ONFP was a mature institution capable of carrying out its principal mission, i.e. the planning and implementation of a complex, effective national family planning program, but noted several areas for institutional improvement. These included: a) overall management, especially of personnel and information; b) use of computers and information technologies; c) quality of service delivery (in order to improve client continuation rates); d) operations research and, media research; e) consolidation and strengthening of contraceptive social marketing activities; and f) full involvement of NGOs, private sector, and appropriate public sector institutions. The team identified the hesitancy to pursue new directions on the part of the ONFP as its most problematical area for future endeavors. It is thought that without a willingness to change, the ONFP will face difficulty in achieving demographic targets.

Recent assessment of the ONFP concludes that it is no longer actively pursuing the 1990 strategy. Moreover, because of the re-centralization of decision making and poor coordination with the ONFP, centrally funded activities have not made as much progress as possible. Nevertheless, the Mission feels that limited targeted support should be available to the ONFP to enhance its capacity to serve as a regional model, provider of training, and perhaps other services. The Mission is interested in having a DHS conducted soon in order to assess both the present situation and to make comparisons with the last survey conducted in 1988. Funds are also requested to revitalize pre-service training which has been dropped since 1990. Private sector training materials need to be developed and could begin this first year. There is interest in resuming social marketing activities as well as OR in the near future.

5) Morocco and Egypt

Even though Morocco and Egypt are not expected to have many needs for support which their large bilateral projects or monies from the Office of Population do not fill, both Missions did respond to the cable outlining the PID (see Annex C). They both see the utility of a regional data base. They understandably did not want reporting burdens to be too large for Missions. Interest was also expressed in funds for participants, both from their countries and to their countries.

IV. IMPLEMENTATION PLAN

A. OVERVIEW

The principal implementation mechanism for this project will be the set of central population projects currently administered by R&D/POP. These central projects collectively offer a full range of services and technical expertise which global experience has shown to be required in family planning programs. To access these central projects, the Regional Population Project will transfer funds during the next 5 fiscal years to the Office of Population in the Research and Development Bureau. Transferred funds will be reserved by R&D/POP only for use in the Near East Region by those central population projects stipulated by the Near East Bureau. Project funds may also be transferred directly to Missions, or if a need arises, obligated directly by the NE Bureau.

B. PROJECT MANAGEMENT

The project will be managed by the Office of Development Resources in the Near East Bureau with implementation support from the Office of Population in the Bureau for Research and Development. A written agreement between the two bureaus (see Annex B) clarifies the implementation responsibilities in detail. The Chief of NE/DR/HR will be responsible for ensuring that sound project implementation occurs. He/she will be assisted by the Population Advisor and by the USDH HPN person (once the position is filled).

Within the R&D Bureau, a USDH Population Officer will be responsible for coordinating the support to be provided by the CTOs of various centrally funded projects. Day to day implementation of most of the project will be the responsibility of R&D/POP staff and their cooperating agencies (who implement R&D/POP central population activities including quarterly reporting of expenditures). NE/DR/HR will retain decision-making power over resource allocation and will make substantive implementation decisions in consultation with Missions.

Missions will be solicited annually about what types of assistance they need in population. Selection criteria (see Section E) will be communicated to the Missions. Based on these criteria, the Near East Bureau Working Group, headed by the NE/DR/HR chief, will prioritize requests and make selections depending on availability of funds. The Bureau intends to be as responsive and as flexible as possible in responding to Mission requests. Much will depend on level of requests in relation to availability of funds. The Bureau's prioritized list of activities will be presented to the Office of Population, and they will incorporate these activities within the work plans of appropriate contractors, or R&D/POP's cooperating agencies (CAs).

The Near East Bureau will review the relevant CA's annual work plans and monitor expenditures for activities in the region. Additionally, the NE Bureau may decide to contract directly with organizations to provide assistance directly to the Bureau or to Missions. Also, under this project OYB transfers may be made directly to Missions. The Missions will provide feedback on the technical assistance they receive under this project to NE/DR/HR.

C. CONTRACTING PLAN

The Project does not anticipate undertaking much direct contracting, although if necessary will contract directly with organizations or individuals. Instead, most contracting will be undertaken by R&D/POP. The principal mechanism is to utilize OYB transfers from the NE to the R&D Bureau for funds to go into central R&D/POP projects. A second mechanism, which may be required at times, will be direct NE Bureau buy-ins to central R&D/POP projects. As such, project funds may be obligated either as "core" or "buy-ins" in existing central population projects contracts. In the case of OYB transfers, a memo of understanding drafted by the NE Bureau, will outline agreements with the Office of Population concerning specific uses for the funds. Additionally, some funds may be transferred directly to the Missions so they can execute their own contracts or grants as needed.

D. PROCUREMENT PLAN

Limited amounts of office supplies and equipment (computers), audio-visual equipment in support of IEC and training activities, books and publications or medical equipment such as minilap kits for clinic training will be procured under the project. Geographic code 000 and procurement from host countries participating in the project will apply for all commodities procured under this project unless specific source/origin waivers are approved by the delegated authority or already have been obtained by a central population project. Local procurement of eligible items from geographic code 935 will be allowed up to \$5,000 per transaction. It is anticipated that any materials and equipment needed for implementation will be procured by the contracting entities.

E. SELECTION CRITERIA FOR SUBPROJECT ACTIVITIES

The NE Bureau's Project Committee will regularly review requests or options for sub-project activities to be funded by the Project. In reviewing requests for proposals for subproject activities, the Project Committee will apply the selection criteria described below:

Selection Criteria

- 1) Potential Impact and Relative Effectiveness: Given the prevailing demographic patterns and the state of family planning service delivery within a country, the proposed subproject activity should possess demonstrated potential to achieve the desired impact. A proposed intervention should have sufficient potential for effectively addressing a current population or family planning issue.
- 2) Innovation and Proven Approaches: Subproject activities should represent population and family planning approaches which utilize proven techniques or which apply innovative interventions to family planning obstacles. Innovative approaches designed to help increase contraceptive prevalence are particularly encouraged.
- 3) Sustainability and Duration of Needed Support: Most subproject activities are not envisioned to be long-term assistance interventions which would require recurrent donor financing. Specific subproject activities should represent definitive population activities which can be completed within a period of two years. Where applicable, subproject activities should have a good chance of being adopted and replicated with host country or other donor financing.
- 4) Replicability Within and Applicability to the Broader Region: If possible, a subproject activity in a given country should address a population or family planning issue which appears in other parts of the Near East Region. Specific interventions should also utilize approaches, models or techniques which have the potential for replication in other country settings within the region.
- 5) Cost and Efficiency: Relative to the objective or expected outcome, the costs and personnel requirements needed to implement subproject activities should not be excessive. Costs and implementation efforts should be consistent with country-specific or regional initiatives normally undertaken by R&D's central population projects.
- 6) Host country Support: Where applicable, subproject activities should be consistent with host country population policies and family planning service delivery objectives. If implemented within a public sector organization, the subproject activity should contribute to that organization's goals and have the necessary

administrative commitment to enhance timely implementation.

7) Consistency with Mission Strategic Objectives:
Subproject activities for specific countries should be consistent with and contribute to stated Mission objectives.

The above criteria apply generally to all requests for activities under this project. It is assumed that most requests for subproject activities will encompass more than one of the selection criteria. These criteria are seen as minimum standards. Although no subproject activity is expected to include all criteria, a request must meet at least one or more in order to be considered. Once selection criteria are met, and if request for support exceeds demand, then the following priority issues will be used in order to make funding decisions. However, it should be emphasized that the Project purpose is to support Missions in their population and family planning activities. This project is designed to be flexible and responsive to Missions. Only in the case of funds exceeding demand will the following priority issues be utilized. At this point in time, each selection criterion and priority issue carry equal weight within their categories in the decision process. The Project Committee's list of priority issues are as follows:

Priority Issues

1) Reducing High Risk Births:

High risk births continue to be a problem in the region. A priority for subproject activities will be interventions designed to better understand the dimensions of the problem within the region and to help reduce the number of high risk births (such as attempts to increase birth intervals). Pilot or explorative interventions to reduce high risk births will be encouraged.

2) Optimizing Method Mix:

The availability, accessibility, and affordability of a range of different contraceptive options are important factors in improving family planning program performance. Activities which examine ways of improving contraceptive method mix will be a priority for the Project.

3) Overcoming Educational and Urban/Rural Differentials:

Typically illiterate and rural populations display considerably lower rates of contraceptive usage. Another priority for subproject activities will be efforts which strive to improve family planning services in these under-served populations and which try to understand better why literacy and residence patterns affect fertility or contraceptive usage.

4) Optimizing the Balance Between Publicly and Privately Provided Services:

In the countries in the region, the proportion of family planning services provided through public or private sector services vary considerably. Some segments of a total population may be better served through the public or private sector. Improved targeting of public sector services (where cost-recovery is low) to those segments of the population which are less well served by the private sector may offer improved cost efficiency in the achievement of national family planning goals. Subproject activities which are designed to more fully develop a private sector role in family planning service delivery are encouraged. Activities which assist public sector population programs understand the family planning service coverage of private providers and to target public family planning programs more specifically are a priority.

5) Reducing Barriers to Family Planning:

In the past, medical, legal, and other barriers have posed constraints to family planning programs in the region. For example, statutes may affect the pricing of imported contraceptives in the marketplace. Misperceptions about specific contraceptive technologies within the medical practitioner community may limit the availability or access to certain contraceptives within a country. Subproject activities which identify and attempt to address such barriers are encouraged.

V. COST ESTIMATE AND FINANCIAL PLAN

The total cost for this five - year project will be \$15 million. The Project will be incrementally funded over three years beginning in FY'93 with an initial obligation of \$4.2 million. Obligations are also scheduled for FY'94 in the amount of \$5.8 million and for FY'95 in the amount of \$5 million (see Table 1). However, anticipated funding levels by each fiscal year of project implementation may vary (see Table 2).

Table 1
Near East Regional Population Project
Obligation Schedule by Element and Fiscal Year
(\$000)

	FY'93	FY'94	FY'95	TOTAL
SUB-PROJECT ACTIVITIES				
Technical Assistance	1,050	1,475	500	3,025
Training	1,310	1,550	2,000	4,860
Commodities	40	-	-	40
Other	1,450	2,575	1,900	5,925
Sub-Total	3,850	5,600	4,400	13,850
EVALUATION				
Economic Analyses	100	-	-	100
Mid-Team Evaluation	-	50	-	50
Final Evaluation	-	-	150	150
Sub-Total	100	50	150	300
CONTINGENCY	250	150	450	850
Total	4,200	5,800	5,000	15,000

Table 2
Near East Regional Population Project
Planned Funding Level by Element and Fiscal/Implementation Year
(\$000)

	FY'93	FY'94	FY'95	FY'96	FY'97	TOTAL
Technical Assistance	800	900	675	400	250	3,025
Training	1,310	1,500	900	750	400	4,860
Commodities	40	-	-	-	-	40
Other	1,450	1,575	1,400	1,000	500	5,925
Sub Total	3,600	3,975	2,975	2,150	1,150	13,850
EVALUATION	100	-	50	-	150	300
CONTINGENCY	250	100	350	75	75	850
Total	3,950	4,075	3,375	2,225	1,375	15,000

Over the life of the Project, sub-project activities will be financed in a variety of population functional areas. These functional areas include: family planning service delivery management and quality assurance; information, education and communication efforts; demographic surveys, trend analysis and operations research; social marketing and private sector family planning service delivery; and, population policy development. Although dependent upon the specific nature of mission demand the anticipated funding levels by fiscal year for these functional areas are contained in Table 3.

Table 3
Near East Regional Population Project
Anticipated Funding Levels by Population Functional Area by Fiscal Year*
(\$000)

	FY'93	FY'94	FY'95	FY'96	FY'97	TOTAL
Population Functional Area						
Social Marketing/ Private Sector Delivery	-	600	500	500	300	1,900
Information, Education and Communication (IEC)	800	1,000	900	900	700	4,300
Population Policy Development	200	-	250	150	-	600
Demographic Surveys/Trend Analysis	800	800	600	300	200	2,700
Service Delivery Management and Quality Assurance	1,000	1,500	950	700	200	4,350
Sub-Total	2,800	3,900	3,200	2,550	1,400	13,850
EVALUATION	100	-	50	-	150	300
CONTINGENCY	250	100	350	75	75	850
Total	3,150	4,000	3,600	2,625	1,625	15,000

*Population functional areas combine technical assistance, training, commodity and other costs.

The majority of funds will be used to finance central population projects (managed by R&D/POP) to undertake the implementation of activities within specific countries or across the Near East Region. These central R&D/POP projects will be accessed mainly by OYB transfers from the NE Bureau to R&D/POP. However, direct buy-ins to specific central projects may also be utilized (effected through the standard PIO process).

OYB transfers will occur as funds become available, and each transfer will include instructions to the R&D Bureau for the types of population activities to be implemented. Each year the activities selected for support will be drawn from Mission requests and a NE Bureau review process. Options for FY'93 support under the Project will combine information communicated by NE Missions and field assessment visits during the design of the Project. Table 4 provides a listing of specific activities for funding in FY'93. Alternatively, Table 5 groups FY'93 funding by country and budget element.

Depending upon the nature of Mission demand for support under the Project, the Project must remain flexible in the obligation and financing mechanisms available to it. Other mechanisms the Project may utilize include OYB transfers to Missions and Mission executed contracts or grants with local institutions. If needed, the NE Bureau may also contract directly with individuals or institutions.

Table 4
Near East Regional Population Project
Planned FY'93 Funding by Element and Activity
(\$000)

ELEMENT/COUNTRY ACTIVITY	AMOUNT
TECHNICAL ASSISTANCE	
Clinic Management and IEC Materials Developments, Oman	150
Household Survey Development, Jordan	300
Demographic Survey and Census Techniques, Yemen	600
Sub-Total	1,050
TRAINING	
Family Planning Service Delivery and Management, Oman	1,010
Private Sector Practitioner Training, Tunisia	200
Family-Planning and New Contraceptive Technologies, Regional	100
Sub-Total	1,310
COMMODITIES	
Training Equipment, Oman	20
Training Equipment, Tunisia	20
Sub-Total	40
OTHER	
Knowledge, Attitude and Practice Survey, Oman	150
IEC Materials Development, Oman	50
Operations Research, Jordan	200
Household, Survey, Jordan	500
Demographic Survey Support, Yemen	200
Demographic and Health Survey Support, Tunisia	250
Fertility and Contraceptive Trend Analysis, Regional	100
Sub-Total	1,450
EVALUATION	100
CONTINGENCY	250
Total	4,200

Table 5
Near East Regional Population Project
FY'93 Finding of Activities by Country and Element
(\$000)

COUNTRY	AMOUNT
OMAN	
Technical Assistance	150
Training	1,010
Commodities	20
Other	200
Sub-Total	1,380
JORDAN	
Technical Assistance	300
Other	700
Sub-Total	1,000
TUNISIA	
Training	200
Commodities	20
Other	250
Sub-Total	470
YEMEN	
Technical Assistance	600
Other	200
Sub-Total	800
REGIONAL	
Training	100
Other	100
Sub-Total	200
EVALUATION (REGIONAL)	100
CONTINGENCY (REGIONAL)	250
Total	4,200

VI. PROJECT ANALYSES

A. ADMINISTRATIVE

A USDH within the Human Resources Division in the Near East Bureau will act as project manager. The Project manager will be responsible for the technical direction of all project activities including the review of Mission requests for funding of population activities under this project and for coordination with R&D/POP. The project manager will be assisted by other members of the Human Resources Division including the Women in Development (WID), Child Survival, and Population Advisors. The primary responsibility of the Project Manager will be to solicit and respond to requests from Missions and to coordinate with R&D/POP. The project manager will also be responsible for managing the regional database and for participating in monitoring and evaluation activities.

USAID Missions of the Near East region will receive technical, minimal commodity, and management support to plan, initiate, implement and evaluate population activities in their countries. Missions will monitor subproject activities implemented in their respective countries. Each year Missions will be asked to reassess their needs for regional population support and make requests based on changing family planning or population situations in country. Missions will also be expected to participate in support as necessary to regional activities assisting in the implementation of some aspects of subproject activities as appropriate, such as in the identification of participants from their countries for training funded under this project.

The Office of Population is expected to provide considerable support to this project in terms of monitoring of expenditures and management of cooperating agencies. An R&D staff member will be assigned overall coordination for project activities within the Office. The responsibilities of R&D/POP are outlined in the memorandum of understanding in Annex B. Principally it is expected that the chief technical officers, (CTO) of the Office of Population will facilitate interaction between the Near East Bureau and the cooperating agencies when needed. It is the cooperating agencies who will be carrying out most of the technical assistance.

Most of these cooperating agencies have had long-standing relations with A.I.D. and have held contracts with the Office of Population for many years. Many such as CARE, International Planned Parenthood Federation, and Johns Hopkins University enjoy independent international reputations. They have demonstrated the expertise to undertake the work outlined in this Project Paper.

B. SOCIAL CONSIDERATIONS

The design of the Regional Population Project recognizes that countries in this region have made tremendous strides in population over the last 20 years. Morocco, Tunisia, Egypt, and Jordan all have contraceptive prevalence rates of over 40%. In Jordan, total fertility rates have fallen from 7.4 in 1976 to 5.6 in 1990. In Morocco the rates have fallen from 5.9 in 1979 to 4.2 in 1992. Knowledge of family planning is high in the region.

Islam, once thought to be an insurmountable barrier to family planning, is now seen as a culturally sensitive issue but also as being compatible with active family planning service delivery efforts. Religious leaders often are now a part of the development and evolution of family planning strategies. Indonesia, the largest Muslim country in the world, has a renowned family planning program, proving the possibility for success in a Muslim setting. Indeed it is often cited to policy makers in the Near East region as an example of what can be accomplished. Even so, socio-cultural factors in each country and geographic areas within countries will need to be considered on a case-by-case basis in order for the project to be truly effective.

The Regional Population Project, nevertheless, will take into account the socio-cultural constraints which are likely to be faced during implementation: negative attitudes towards female mobility and the restricted role of women in society; and the sensitivity towards family-size limitation on religious grounds. Project implementation will address these issues through such options as: exploring the feasibility of region-wide television, radio, or print messages promoting safe motherhood, specifically birth spacing, and awareness of the importance of female education; assessing the level of support that can be expected from the religious community in making the male population aware of the importance of safe motherhood for family welfare; and assessing the opportunities for recruiting females for training as population and health workers.

Religion is an important factor influencing attitudes, and the Koran is commonly interpreted as limiting the role of women to the home and condemning any restriction of family size. However, other interpretations of the Koran recognize the value of women in society and the importance of maintaining a balance between family size and resources. In Tunisia, religious leaders have played an important role in marshalling support for family planning and often provide information to their religious brethren from other countries on the merits of family planning and birth spacing. Egyptian religious leaders have issued a fatwa discussing family planning as a means to protect mothers' health.

In other countries, some religious leaders are beginning to make declarations in this direction and have been active participants in

family life education in schools and in mobilizing the active support of the religious community for immunization programs. Given the high value Islam places on the family, there appears to be considerable potential in the region for increasing the acceptance of family care by promoting the health benefits of birth spacing and safe motherhood.

Although to a certain degree language and religion link the people of the region, variability exists, particularly with regard to some of the variables affecting population growth; variables as diverse as access to electricity, female education, per capita income, religious influence. The variability which exists, not only from country to country, but within countries will need to be understood in order for the project to impact effectively. Finally, while this project will attempt to understand both the similarities and the differences within the region, it is understood that the project can function only in those countries which do not hold fundamentalist points of view in the area of family planning. Currently the proposed six countries are seen as countries where progress in family planning can be continued.

The major factors affecting family health and welfare and the contribution of women to economic production are the traditional separation of male and female worlds and the seclusion of women. Lack of female mobility affects not only women's access to health services, but also their children's. On many issues, women's basic health knowledge is limited.

Women and Development (WID) and Gender Concerns:

The primary beneficiaries of this project are women, their children, families, and the wider society. Among the anticipated effects of the project are:

- o Smaller families will contribute to better health for mothers and children;
- o Reducing the number of pregnancies and child births helps reduce the risk of maternal morbidity and mortality and increase women's life expectancy,
- o Reducing women's reproductive responsibilities relieves their time for use in socio-economic activities that enhance their social and economic status, and contribute to better family living, and sustained economic development for their communities and societies.

It is realized that this population project will have an impact also on men as family members (children, husbands and fathers), and as health care providers. Male involvement will be secured through the Project's IEC component which will address the role of men in

decisions relating to fertility and contraceptive use, and to encourage male contraceptive use. Efforts will be made to develop a male component.

The project will ensure that any potentially negative side effects, physical or social, will be minimized through better education of women about the various contraceptive methods, education of health care providers to ensure that women are fully aware of the consequences of their contraceptive decisions, and that women will have regular medical supervision. Since most of the publicly disseminated contraceptives will focus on poor, predominantly illiterate women, the project implementers will ensure that women and their families fully understand the implications and consequences of contraceptive use. Informed consent will be a genuine concern of all those involved in dissemination of contraceptive methods, especially those with long-term or permanent effects.

C. ECONOMIC ANALYSIS

The Near East Regional Project will periodically review and assess field requests for financial assistance in carrying out their family planning and population objectives. In addition, the Regional Project will consider funding other field activities which support or enhance activities on a regional basis, such as data collection and analysis, training, and testing of information, education and communication technologies. Concerns about ensuring the economic soundness of funds expended through the Project are directed primarily at the former class of activities, as a general rule, and only occasionally at the latter class.

The rationale for this statement is twofold.

First, the region-based activities suggested for support by the Project are those which are acknowledged to yield benefits from which it is inefficient to exclude contiguous or otherwise similar countries in the Region. In addition, such benefits could accrue either to individual countries or to the overall improved management and planning of the NE Bureau's entire family planning program. In either case, it is preferable to fund such activities from a regional rather than a single country project. An economic analysis of proposed Regional Project support for activities of the type mentioned above should not be necessary usually.

Second, and in contrast to regional activities, country-specific projects are often predominantly service-based. The Regional Project will be requested to provide funds to country-specific projects to expand the volume, the type or both volume and type of services already approved. In some cases, the extent of the proposed expansion will be essentially within the original targets or objective of ongoing projects. In others, the proposed

expansion will significantly expand or otherwise alter approved project interventions. When the proposed expansion is considered to be within the mandate of the existing project, and therefore already approved for yielding positive economic benefits, no additional economic analysis should be warranted. Otherwise, a new judgement should be required of the relevant marginal benefit/cost ratios relative to an alternative.

Obviously, a determination of the need for carrying out an economic analysis, and the nature of the analysis, will be subjective to a large extent. Because of the absence of indisputably clear criteria to decide when an economic analysis should be performed within the Regional Project, the Project manager will make this determination and document it in each case project funds are awarded. The Project manager, in turn, will have the flexibility to call on USAIDs, NE Bureau or RD/POP staff expertise, as appropriate, for advice on making this determination.

Similarly, when the Regional Project manager determines that an economic analysis is required, prior to the awarding of regional funds, this manager will have flexibility to choose the means and staff to use to carry it out. The Regional Project itself will set aside technical assistance funds to support the costs of carrying out economic analyses. These funds could be transferred to USAIDs, to support their hiring of economic staff and oversight expenses, or managed from NE/DR/HR directly. Alternatively, direct hire staff from either AID/W or USAIDs could carry out the required analyses, drawing on operating expenses rather than Project funds.

D. ENVIRONMENTAL IMPACT

As referenced in Annex F, the Acting Assistant Administrator for the NE Bureau has granted, a categorical exclusion of environmental impact assessment for the Project under AID Regulation 216 Section 216.2 (c) (2) (viii) which covers "Programs involving nutrition, health care, or population and family planning activities."

VII. MONITORING AND EVALUATION

A. INTRODUCTION

The attached Logical Framework (Annex G) lays out expected output and input levels. The objectively verifiable indicators have been discussed in earlier sections of this Project Paper. The means of verification have been chosen to tap existing sources of information wherever possible. However, it is important to keep in mind that this project is designed so that data will help in the selection of appropriate project activities, as well as allowing later determination as to whether those activities contributed to project purposes.

Two evaluations of the Project are planned -- one at mid-point, and the other at the end of the project. These will be organized and managed by NE/DR/HR. The mid-term evaluation will focus mainly on implementation effectiveness and efficiency to date. In the final evaluation, issues addressed will include: project outputs, and the broader social and health effects, both planned and unplanned, of project activities. The evaluation teams will spend time in Washington interviewing NE Bureau and Office of Population Staff and contractor personnel, and review project documentation. If appropriate, the final and mid-term evaluation teams will visit countries where project activities were undertaken. While there, they will also interview Mission personnel, government officials, and NGO staff. Evaluation teams, of course, will have access to all relevant documents and data.

B. MONITORING PLAN

Overall project monitoring responsibilities will rest with NE/DR/HR. However, R&D/POP will also play a role in monitoring this project. Most day-to-day monitoring of the subproject activities implemented by central population projects will be done by the concerned Cognizant Technical Officers (CTO) in R&D/POP. An R&D/POP staff member will be designated to coordinate the Near East Regional Project activities in the Office of Population. That staff member is expected to work closely with NE/DR/HR staff members responsible for the Project. Annual Expenditure Reports will be provided by the CAs to the Office of Population who will track expenditures under the OYB transfer. Concerned staff of the NE Bureau will attend annual work plan presentations by the CAs in order to assure timely implementation of project activities. Also both the NE Bureau and the Missions will be invited to provide feedback on the quality of support received. Missions will be encouraged to involve themselves in the monitoring process. It is expected that where appropriate, NE Bureau staff will work directly with CAs in order to facilitate communication. As needed, CAs will also provide NE/DR/HR with information on implementation progress.

An integral part of the process to monitor the needs of Missions will be the annual solicitation of Missions population assistance requirements. Based on selection criteria, the Near East Bureau will prioritize requests and make decisions depending on availability of funds. The Bureau's prioritized list of activities will be presented to the Office of Population, and they will incorporate these activities within the work plans of appropriate contractors or cooperating agencies (CAs) who implement the various central population projects. The Near East Bureau will review the relevant annual work plans and monitor expenditures for activities in the region to verify that the purpose and goal level of achievement are stated clearly so that measures of progress can be identified and compliance assured.

The Regional Population Project will also monitor demographic trends and patterns of family planning variables which affect population change throughout the region. To that end, a regional resource and data base will be established which will provide useful information on trends in: age at marriage, age at first birth, age at last birth, continuing urban/rural differentials, etc. Although much of these data exist for individual countries, a regional aggregate of these data would be extremely useful for planning, program design and evaluation purposes.

C. MIDTERM EVALUATION

A mid-term evaluation is planned during the third year of implementation. This evaluation will provide information on implementation mechanisms and the nature of subproject activities initiated to date. The following issues are likely foci during the mid-term evaluation: soundness of project design; efficiency/effectiveness of implementation; likelihood of achieving project objectives, enhanced institutional capacity; and any recommendations for modifications in project implementation to enhance the potential for success.

In addition to the midterm evaluation, for every request from the field for a significant amount of funds, the Missions will be expected to include as part of their request, a scope of work outlining an evaluation plan for the activity reporting on outputs and outcomes. These evaluation activities would be especially important in countries where the Regional Project contributes significantly in relation to other donors or other AID funds for population. For instance, it is anticipated that for the near future, the Regional Project will essentially be the sole source of funds (with the exception of the GOO and UNICEF who has limited activities) for the Oman Family Spacing program.

D. FINAL EVALUATION

A final evaluation is scheduled for the last year of the Project (FY'97). This evaluation will be an external evaluation drawing upon population or public health experts from outside the Agency for membership of the evaluation team.

The issues for consideration in the final evaluation will include some of the same elements stated in the midterm evaluation such as: the efficiency/effectiveness of implementation, and whether institutional capacity was enhanced. In addition, the final evaluation will examine: how well country population and family planning programs were supported; impact on national policies and programming, broader effects of project activities on family planning services or population planning within the NE region.

The range of contraceptives available in the region and the ability of that range to meet the needs of users will be an important monitoring issues. The Project will promote a wider range of methods than is currently being used. CAs who implement the various central population projects will monitor this objective. Monitoring will include the collection of information about contraceptive use and prevalence within target populations.

Over the course of the Project and after its conclusion, Demographic and Health Surveys (DHS) will provide valuable data for measuring population and family planning progress within the region. These surveys also provide baseline and future impact information. DHS data offer a continuing mechanism to measure population change and will be available to evaluation teams.



FEE 3 1992

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR, NE

FROM: Marcus Winter, NE/DR *Mac L. Wit*

SUBJECT: Near East Regional Population Project (298-0004)

ACTION: Your approval is needed for the Project Identification Document (PID), and for the development of the Project Paper (PP), for the Near East Regional Population Project. Life-of-project funding is planned at \$15 million for a five year period beginning in FY 93, pending final project design decisions.

BACKGROUND: The Near East Region experiences wide variation in its demographic profile. Nevertheless, despite tremendous change and progress in a few countries, the total population of the region will probably double in less than thirty years, unless family planning efforts are continued and augmented. Morocco, Egypt and Tunisia have made significant progress in the last few decades, especially when compared to Yemen and Oman. However, even within these countries where progress has occurred, much remains to be done.

The Office of Population in the Research and Development (R&D) Bureau has proposed a new strategy for AID's central population program based on priority countries. Within the Near East Region, only Morocco and Egypt are likely to receive much assistance from R&D/POP and the other countries in the region would receive little or no assistance. Although Jordan and Yemen have bilateral projects, much remains to be done in these countries, while Oman and Tunisia either receive no current population assistance or R&D/POP activities will cease at the end of FY 93.

From 1983-1992, a previous regional project (398-0048) existed which was transferred to the Europe Bureau in July 1992. This project provided flexibility to Missions by funding innovative or special activities which might not have fit within the purview of specific country bilateral projects. That Missions found the project worthwhile, even when R&D/POP resources were accessible to all countries in the region, is revealed by an evaluation showing that the project was underfunded.

The new Regional Population Project will be designed to meet the specific needs of individual countries which are at different levels of development and which have widely differing needs for family planning assistance. Activities in Oman where birth spacing is a new concept would be quite different from those in Tunisia where the project proposes minimal assistance since the Tunisians have considerable

experience managing their national program. Levels of effort in Jordan, Yemen and other countries in the region will take into consideration ongoing political sensitivities.

Much of the Project's implementation would be undertaken through central population projects managed by the R&D Bureau. The primary mechanism envisioned to access these central projects is a modified OYB transfer of funds to R&D/POP.

BUREAU PID REVIEW: The Near East Development Advisory Committee (NEDAC) met on January 21 to review the PID for the Near East Regional Population Project. The NEDAC recommended that the PID be approved and identified a number of issues to be addressed during project paper (PP) development. It was agreed that population growth remains a significant development constraint in the region and that NE Bureau funds are well spent addressing this problem.

Issues: 1) Inter Bureau Coordination: This is probably the most serious design issue for both the NE and R&D Bureaus. It is important to be able to manage the project efficiently, track expenditures, maintain flexibility and remain aware of political aspects of funding levels. Being able to track funds going to individual countries will be very important. A key element of project design will be the preparation of a detailed Memo of Understanding which will be signed by both bureaus laying out in detail the roles and responsibilities of the partners.

Action: At PP stage a detailed MOU will be drafted.

2) Funding Levels and Funds Obligation Mechanisms: There was considerable discussion about levels of funding, whether a new regional project is needed, and the best mechanisms for obligating funds. There was some concern expressed at the indicative levels of support proposed for various Missions in the PID. Questions were raised on whether these were realistic and justifiable. Ultimately, there was agreement that a new regional project is needed, but that LOP and individual country funding levels will be determined during the design stage with inputs from the Missions. Furthermore, at the design stage more precise estimates of funds needed by different countries will be ascertained. Obligation mechanisms, other than direct OYB transfers to R&D/POP, will also need to be specified in the PP design.

Action: During design, actual LOP and country specific funding will be estimated and various obligating mechanisms will be explicitly laid out so that the project remains flexible but easy to manage.

3) Regional Projects and Evaluation Criteria: Participants in the meeting acknowledged that establishing

appropriate purpose statements and indicators can be very difficult for regional projects, especially when there is so much variability in levels of development in the countries involved. During PP design, specific country by country indicators of project success should be identified so that project impact can be measured.

Action: Sub-project indicators by country will be specified during PP preparation.

4) Economic Analyses: It is not economically valid to assert that all possible Regional Population Project activities will yield positive economic benefits absent an analysis of specific project interventions in specific country settings. On the other hand, only certain classes of proposed project interventions in countries should require an economic analysis. It is proposed that the project paper establish clear criteria for when economic analyses are required for sub-project activities and set aside sufficient funds for conducting them. Such criteria could include when proposed sub-project activities represent: a first-time AID investment in population within a country; a departure from previously set objectives; or a significant change in quantitative targets for a population program which may already exist in country.

Action: The PP will develop the criteria which will be used to determine whether an economic analysis is needed for a specific project activity and will specify mechanisms and funding to undertake such analyses.

RECOMMENDATION: That you approve the attached Project Identification Document for the Near East Regional Population Project so that PP design can proceed.

Attachment: Near East Regional Population Project Identification Document

Clearance:

NE/DR	MWinter (draft)
NE/DR/MENA	RRedman (draft)
NE/DR/HR	WJansen (draft)
NE/ENA	FMiller (draft)
NE/DP	VMoldrem (draft)
	TLukas (draft)
GC/NE	KO'Donnell
R&D/POP	IKoek (draft)

NEDRHR\DOCS\REGPOP.MEM

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IDENTIFICATION DOCUMENT FACESHEET (PID)	1. TRANSACTION CODE Revision No. _____ <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	DOCUMENT CODE 1
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2. COUNTRY/ENTITY Near East Regional	3. PROJECT NUMBER 298-00004
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4. BUREAU/OFFICE NE/DR/HR A. Symbol _____ B. Code _____	5. PROJECT TITLE (maximum 40 characters) Near East Regional Population
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6. ESTIMATED FY OF AUTHORIZATION/OBLIGATION/COMPLETION A. Initial FY 93 B. Final FY 98 C. PACD 98	7. ESTIMATED COSTS (\$000 OR EQUIVALENT, \$1 =) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">FUNDING SOURCE</th> <th>LIFE OF PROJECT</th> </tr> <tr> <td>A. AID</td> <td></td> <td>15,000</td> </tr> <tr> <td>B. Other U.S.</td> <td>1.</td> <td></td> </tr> <tr> <td></td> <td>2.</td> <td></td> </tr> <tr> <td colspan="2">C. Host Country</td> <td></td> </tr> <tr> <td colspan="2">D. Other Donor(s)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td>15,000</td> </tr> </table>	FUNDING SOURCE		LIFE OF PROJECT	A. AID		15,000	B. Other U.S.	1.			2.		C. Host Country			D. Other Donor(s)			TOTAL		15,000
FUNDING SOURCE		LIFE OF PROJECT																				
A. AID		15,000																				
B. Other U.S.	1.																					
	2.																					
C. Host Country																						
D. Other Donor(s)																						
TOTAL		15,000																				

8. PROPOSED BUDGET AID FUNDS (\$000)							
A. APPRO-PRATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. 1ST FY '93		E. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)	FNSF			3,200		10,000	
(2)	PNPD			1,000		5,000	
(3)							
(4)							
TOTAL IS				4,200		15,000	

9. SECONDARY TECHNICAL CODES (maximum 3 codes of 3 positions each)	10. SECONDARY PURPOSE CODE
--	----------------------------

11. SPECIAL CONCERNS CODES (maximum 1 code of 4 positions each)							
A. Code	WCI	PBL	EEC	PWT	PUL	PNP	
B. Amount							

12. PROJECT PURPOSE (maximum 450 characters)

To expand access to increase the range of and improve the quality of family planning services within the public and private sectors.

13. RESOURCES REQUIRED FOR PROJECT DEVELOPMENT

Staff: Project design will be undertaken by Bureau staff utilizing information and data, generated by R&D/Pop central projects, Mission commentary and available documents. The Bureau's Population Fellow will perform most of the technical analyses needed for project development.

Funds: Some travel to the regions will be needed to complete the development of the project. It is anticipated that the funds required for this travel would be made available from R&D/Pop resources.

14. ORIGINATING OFFICE CLEARANCE	Signature: <i>Mae L. West</i> Title: Director, NE/DR	15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION Date Signed: MO/ DD/ YY 10/20/93
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16. PROJECT DOCUMENT ACTION TAKEN <input type="checkbox"/> S = Suspended <input type="checkbox"/> A = Approved <input type="checkbox"/> D = Disapproved <input type="checkbox"/> CA = Conditionally Approved <input type="checkbox"/> DD = Decision Deferred	17. COMMENTS
---	--------------

18. ACTION APPROVED BY Signature: _____ Title: AA	19. ACTION REFERENCE	20. ACTION DATE MO/ DD/ YY
---	----------------------	-------------------------------

ANNEX B

DRAFT

MEMORANDUM OF UNDERSTANDING BETWEEN THE NEAR EAST BUREAU AND THE OFFICE OF POPULATION, RESEARCH AND DEVELOPMENT BUREAU CONCERNING THE NEAR EAST REGIONAL POPULATION PROJECT

DATE: March , 1993

A. BACKGROUND

The Near East (NE) Bureau has developed a new Regional Population Project. This project is envisioned to be a five-year project with a total life-of-project funding level of \$15 million. The Project is designed to provide additional support for population activities to countries within the Near East Region and to finance region-wide efforts in population.

Each year of implementation, Missions within the NE Region will be asked to submit their requests and ideas for population activities they think would be useful or needed. NE/DR will review these requests from the field and, utilizing a set of criteria and priorities defined in the Project Paper for the NE Regional Population Project, select those requests which would be financed as sub-project activities under the Project.

Recognizing the body of experience and expertise present within the range of central population projects administered by the Office of Population, Research and Development Bureau (R&D/POP), the Project was designed to rely heavily upon these existing central population projects. Most sub-project activities, therefore, will probably be implemented through R&D/POP projects for activities in the NE region by using funds transferred from the Regional Project.

B. MECHANISM FOR FINANCING SUB-PROJECT ACTIVITIES

Sub-project activities to be implemented by R&D/POP's central population projects will normally be financed through OYB transfers from the NE bureau to R&D. However, the NE Bureau and Missions may also execute individual "buy-ins" to central population projects as needed. The items listed below pertain to those activities funded by OYB transfers.

The OYB transfer process will be guided by the following areas of understanding:

1. Ideally OYB transfers will be grouped into one or two batches each year, the latest coming no later than mid June to meet the Office of Procurement's deadline covering unscheduled needs.

2. Details of the sub-project activities selected by the NE Bureau will be discussed with R&D/POP staff before transfers are made. Based upon these discussions, R&D/POP staff will provide cost estimates (including indirect costs) to NE/DR staff for the sub-project activities. These cost estimates will be used by the NE Bureau to help determine the total amount to include in any OYB transfer to R&D/POP.
3. When the transfers are made, a short description of the Project sub-activities to be financed with the transfer will be sent to R&D/POP in memorandum form. This memorandum will also identify the countries within which the sub-project activities are to be implemented.
4. To the extent possible, and for ongoing activities that would require dedicated staff, OYB transfers should provide funding for multi-years, so that R&D/POP cooperating agencies (CAs), the organizations which implement central population projects, can hire dedicated staff for NE regional population activities, without pulling staff away from R&D/POP priorities.

C. SELECTION OF SUB-PROJECT ACTIVITIES

In selecting specific sub-project activities under the Near East Regional Population Project, it is understood that the following principles will be maintained:

1. The NE Bureau is free to select sub-project activities from any of the countries within the NE Region. If the selected activity falls within a country that is not a current priority for R&D/POP, that activity will still be undertaken with transferred NE funds and implementation will be pursued in a timely fashion.
2. In countries which are not priorities for R&D/POP, no R&D funds are expected to support the sub-project activities.
3. Early identification of possible sub-project activities will be maximized to assist both bureaus in the planning process. During the ABS process, for example, NE Bureau staff may confer with missions to estimate needs for the following year, with the understanding that these may change.

D. WORKING ARRANGEMENTS AND IMPLEMENTATION COORDINATION

To facilitate a collaborative working and implementation environment between the two Bureaus, the following steps will be undertaken:

1. R&D/POP will appoint a staff member to serve as the primary contact for NE Regional Population Project activities being implemented through R&D/POP administered projects.
2. The designated R&D/POP staff member can assist the NE Bureau Project Committee in their review of requests or concepts for sub-project activities received from Missions.
3. To the extent possible, the R&D/POP projects used by the NE Regional Population Project should be kept to a minimum, ideally 4 or 5.
4. R&D/POP will track and report on OYB transfers and the sub-project activities the transfers fund through the following mechanisms:
 - (a) Annual Expenditure Reports: Each year, R&D/POP collects actual expenditure data on all CA and sub-project activities. CAs will be asked to report on OYB transfers separately. These reports will be provided to the NE bureau for information and for monitoring sub-activities of the NE Regional Population Project.
 - (b) Workplan Presentations: Each R&D/POP CA annually presents a workplan, including country level activities. These workplans are shared with regional bureau staff, who are invited to workplan presentations. For those projects receiving NE OYB transfers, a separate page or section or special note will be made of activities using NE Regional project funds. This will provide NE bureau staff an opportunity to comment on and to concur with project workplans.
 - (c) Cable Clearances: All field activities implemented by R&D/POP central projects must be approved by Missions via cable before they can begin. Country visits associated with implementation activities must also be approved by Missions. All cables going to Missions requesting this clearance will be cleared with NE bureau technical staff before going out. This clearance process represents an additional venue through which the NE Bureau and Missions can ensure that sub-project activities requested and funded occur according to plan.
 - (d) Other Reporting: CA's implementing activities funded by the NE Regional Population Project will provide progress reports to NE/DR/HR on a semi-annual basis to coincide with the NE Bureau's normal project implementation reporting cycle, i.e. for activities

through March 31 and September 30. These progress reports will describe the status of activities and list accomplishments for the reporting period. In addition, CA's will provide NE/DR/HR with completion of activity reports at the conclusion of an activity or group of activities. The completion of activity reports will summarize all the accomplishments of the activity, offer a judgement regarding whether the objectives of the activity were achieved and describe factors which affected the implementation of the activity.

(d) Evaluation: During evaluations of the NE Regional Population Project, R&D/POP central projects will provide needed information on activities undertaken on behalf of the NE Regional Population Project. During the mid-term evaluation (which will focus on the record of implementation to date and the Project's potential to achieve the project purpose), an R&D/POP staff member will serve as a member of the evaluation team.

Satish Shah
Director
Office of Development Resources
Near East Bureau

Elizabeth Maguire
Acting Director
Office of Population
Research & Development
Bureau

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ANNEX C

01 PAGE 01 STATE 025296 280056Z 6533 065403 AID488
 02 ORIGIN AID-00
 03 -----
 04 ORIGIN OFFICE POP-06
 05 INFO OL-01 GC-01 RDAA-01 FRPC-02 HEAL-04 NEME-03 HHS-09
 06 AMAD-01 NENA-03 NEDP-03 OUT-01 FABP-02 NEAA-03 EUMS-02
 07 LAV-01 /043 A0 29/0309Z
 08 -----
 09 INFO LOG-00 CIAE-00 DODE-00 EB-00 NEA-00 OES-09 OMB-01
 10 TRSE-00 /013R
 11

12 DRAFTED BY: AID/NE/DR:WJANSEN:SRS
 13 APPROVED BY: AID/NE:DCHANDLER
 14 NE/ME:FMILLER (DRAFT) NE/DP:VMOLLDREM (DRAFT)
 15 NE/DR:MWINTER (DRAFT) NE/DR/MENA:RREDMAN (DRAFT)
 16 GC/NE:RODONNEL RD/POP:IKOEK (DRAFT)
 17

18 R 280054Z Jan 93 -----950808 280109Z /63

19 FM SECSTATE WASHDC
 20 TO USAID MISSIONS IN NEAR EAST
 21

22 UNCLAS STATE 025296
 23

24 AIDAC
 25

26 E.O. 12356: N/A

27 TAGS:

28 SUBJECT: POPULATION: PID APPROVAL FOR PROPOSED NEW
 29 REGIONAL POPULATION PROJECT
 30

31
 32 1. ON JANUARY 21, NEDAC APPROVED A PID FOR A NEW REGIONAL
 33 POPULATION PROJECT FOR THE NEAR EAST REGION. THIS PID
 34 CONCEPTUALIZES A NEW MECHANISM TO PROVIDE ADDITIONAL
 35 SUPPORT TO POPULATION AND FAMILY PLANNING ACTIVITIES
 36 WITHIN THE REGION. A SYNOPSIS OF THE PID FOLLOWS.
 37

38 2. EXECUTIVE SUMMARY: THE GOAL OF THE NEAR EAST REGIONAL
 39 POPULATION PROJECT IS TO REDUCE FERTILITY, INCREASE
 40 CONTRACEPTIVE USAGE AND IMPROVE FAMILY WELFARE IN THE
 41 REGION. THE PURPOSE OF THE PROJECT IS TO EXPAND ACCESS,
 42 INCREASE THE RANGE OF SERVICES, AND IMPROVE THE QUALITY OF
 43 FAMILY PLANNING SERVICES WITHIN THE PUBLIC AND PRIVATE
 44 SECTORS.
 45

46
 47
 01 IN FEWER THAN 20 YEARS, AN ADDITIONAL 50 MILLION PEOPLE
 02 WILL BE ADDED TO THE REGION, INCREASING THE STRAIN ON
 03 ALREADY BURDENED INFRASTRUCTURES. ALL THE MISSIONS IN THE
 04 REGION HAVE IDENTIFIED RAPID POPULATION GROWTH AS IMPEDING
 05 DEVELOPMENT. STRATEGIES FOR SLOWING POPULATION GROWTH ARE
 06 INTEGRAL TO THE PLANS FOR OVERALL DEVELOPMENT OF THE
 07 COUNTRIES IN THIS REGION.
 08
 09

10 ALTHOUGH THE PROJECT CAN ASSIST ANY COUNTRY WITH AID
11 ACTIVITIES WITHIN THE REGION AND CAN FINANCE REGION-WIDE
12 INITIATIVES, IT IS ANTICIPATED THAT MUCH OF THE PROJECT
13 WILL FOCUS UPON NE COUNTRIES WHICH DO NOT APPEAR ON
14 R&D/POPIS COUNTRY PRIORITY LIST (SUCH AS OMAN AND JORDAN).
15 THE PROJECT WOULD SUPPORT ACTIVITIES IN THE FOLLOWING
16 AREAS: DATA COLLECTION AND TREND ANALYSIS, FAMILY PLANNING
17 AWARENESS AND COMMUNICATIONS (IEC), TRAINING AND SKILLS
18 DEVELOPMENT, IMPROVEMENTS IN SERVICE DELIVERY (PUBLIC OR
19 PRIVATE), TECHNICAL ASSISTANCE, AND OPERATIONS RESEARCH.

20
21 IMPLEMENTATION OF THE PROJECT WILL RELY HEAVILY UPON THE
22
23 RANGE OF CENTRAL POPULATION PROJECTS WHICH ALREADY EXIST,
24 AND WHICH ARE MANAGED BY R&D/POP. THE NE BUREAU PROPOSES
25 TO UTILIZE A MODIFIED OYE TRANSFER MECHANISM TO THE RD
26 BUREAU TO FINANCE ACTIVITIES UNDERTAKEN BY RD/POP'S
27 CENTRAL PROJECTS FOR NE COUNTRIES. HOWEVER, THE PROJECT'S
28 RESOURCES COULD BE MADE AVAILABLE DIRECTLY TO MISSIONS AS
29 WELL TO USE FOR PROMISING IN-COUNTRY POPULATION
30 INITIATIVES OR BUY-INS.

31
32
33 ANTICIPATED LIFE OF PROJECT FUNDING TOTALS 15 MILLION DOLS
34 OVER A FIVE-YEAR PERIOD. THE PROJECT WOULD BE
35 INCREMENTALLY FUNDED WITH A PROPOSED INITIAL OBLIGATION OF
36 4.2 MILLION DOLS IN FY '93.

37
38
39 3. PROJECT DESCRIPTION: IT IS ENVISIONED THAT THE
40 REGIONAL POPULATION PROJECT WILL PROVIDE THE MAJORITY OF
41 ITS SUPPORT TO COUNTRIES WITHIN THE REGION WHICH ARE NOT
42 CURRENTLY PRIORITIES FOR RD/POP, PARTICULARLY: JORDAN,
43 OMAN, YEMEN AND TUNISIA. BECAUSE OF THE EXTENSIVE FUNDING
44 EGYPT RECEIVES BOTH FROM CENTRAL PROJECTS AND BILATERAL
45 PROJECTS, IT IS DOUBTFUL THAT EGYPT WILL NEED DIRECT
46 ASSISTANCE FROM THIS REGIONAL PROJECT. HOWEVER, IT IS
47 ANTICIPATED THAT EGYPT WILL PLAY AN IMPORTANT ROLE IN
48 REGION-WIDE ACTIVITIES, SUCH AS ESTABLISHMENT OF A
49 REGIONAL DATABASE. FROM TIME TO TIME, MOROCCO MAY ALSO
50 REQUIRE SOME ASSISTANCE FROM THE REGIONAL PROJECT.

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52 THE REGIONAL POPULATION PROJECT ALSO WOULD BE USED TO
53 MONITOR DEMOGRAPHIC TRENDS AND PATTERNS OF FAMILY PLANNING

54
55 VARIABLES WHICH AFFECT POPULATION CHANGE THROUGHOUT THE
56 REGION. A REGIONAL RESOURCE AND DATA BASE WOULD BE
57 ESTABLISHED. FOR INSTANCE, THIS REGIONAL RESOURCE BASE
58 COULD PROVIDE USEFUL INFORMATION ON TRENDS OF: AGE OF
59 MARRIAGE, AGE AT FIRST BIRTH, AGE AT LAST BIRTH,
60 CONTINUING URBAN/RURAL DIFFERENTIALS, ETC. ALTHOUGH MUCH
61 OF THESE DATA EXIST FOR INDIVIDUAL COUNTRIES, A REGIONAL
62 AGGREGATE OF THESE DATA WOULD BE EXTREMELY USEFUL FOR

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64
65 PLANNING, PROGRAM DESIGN AND EVALUATION PURPOSES.

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03 PERHAPS MOST USEFUL OF ALL WOULD BE AN EXAMINATION OF
04 REGIONAL LESSONS LEARNED. INTERVENTIONS WHICH WERE
05 SUCCESSFUL IN ONE COUNTRY COULD BE ADAPTED TO OTHER
06 COUNTRIES IN THE REGION. FOR EXAMPLE, BECAUSE OF ITS
07 EXPERTISE AND KNOWLEDGE IN THE FIELD, TUNISIA HAS MUCH TO
08 OFFER OTHER COUNTRIES (SUCH AS YEMEN OR OMAN) IN THE
09 REGION. A REGIONAL PROJECT WOULD BE WELL SUITED TO
10 HELPING TO ASSURE THAT COUNTRY SUCCESSSES WERE REPLICATED
11 ELSEWHERE IN THE REGION. THUS, AT A MINIMUM, REGIONAL
12 DATA ANALYSIS AND DISSEMINATION WOULD BE A REGULAR
13 FUNCTION OF THIS PROJECT.
14
15

16 FYI FOR JORDAN MISSION. AVAILABILITY OF THIS PROJECT FOR
17 THE BENEFIT OF JORDAN NATURALLY ASSUMES THAT THE PRESIDENT
18 WILL MAKE THE JORDAN DETERMINATIONS REQUIRED BY SECTION
19 584 OF THIS YEAR'S APPROPRIATIONS ACT.
20
21

22 4. EXPECTED ACHIEVEMENTS AND ACCOMPLISHMENTS: THE
23 VARIABILITY IN EXPERIENCE IN FAMILY PLANNING IN THE REGION
24

25 MEANS THAT PROJECT ACHIEVEMENTS WILL BE QUITE DIFFERENT
26 FROM COUNTRY TO COUNTRY. MEASUREMENT OF PROJECT SUCCESS
27 WILL ALSO BE COUNTRY SPECIFIC. IN GENERAL, THOUGH
28 IMPROVED CENTRAL SUPPORT TO MISSIONS PROVIDED BY THIS
29 REGIONAL PROJECT SHOULD RESULT IN THE FOLLOWING
30 ACCOMPLISHMENTS:
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- 33 - ENHANCED TRAINING OPPORTUNITIES IN AND OUT OF THE REGION
34 FOR FAMILY PLANNING PROFESSIONALS, PARTICULARLY IN
35 COUNTRIES WHERE FAMILY PLANNING IS NEW.
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 - 38 - IMPROVED QUALITY OF FAMILY PLANNING SERVICE DELIVERY.
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 - 41 - IMPROVED ACCESS TO FAMILY PLANNING SERVICES THROUGH
42 INNOVATIVE DELIVERY MECHANISMS WHICH TAKE INTO
43 CONSIDERATION URBAN AND RURAL DIFFERENCES.
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 - 45
 - 46 - INCREASED USE OF PRIVATE SECTOR FAMILY PLANNING SERVICES
47 WHERE FEASIBLE.
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 - 50 - AN EXPANSION OF METHOD MIX THROUGHOUT THE REGION.
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 - 52 - IMPROVED ANALYSIS OF DEMOGRAPHIC TRENDS AND FAMILY
53 PLANNING PERFORMANCE IN THE REGION.
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 - 57 - INCREASED INTRA-REGIONAL TRANSFER OF FAMILY PLANNING
58 KNOWLEDGE AND EXPERTISE.
- 45

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60 - INCREASED RANGE OF TA PROVIDED TO THE REGION.

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01 5. PROJECT OUTLINE AND HOW IT WILL WORK: THE PRINCIPAL
02 IMPLEMENTATION MECHANISM FOR THIS PROJECT WILL BE THE SET
03 OF CENTRAL POPULATION PROJECTS CURRENTLY ADMINISTERED BY
04 RD/POP. THESE CENTRAL PROJECTS COLLECTIVELY OFFER A FULL
05 RANGE OF SERVICES AND TECHNICAL EXPERTISE WHICH GLOBAL
06 EXPERIENCE HAS SHOWN TO BE REQUIRED IN FAMILY PLANNING
07 PROGRAMS. WHILE THE FULL RANGE OF CENTRAL PROJECTS WILL
08 BE AVAILABLE TO MISSIONS AND THE BUREAU, THE REGIONAL
09 PROJECT WOULD STRIVE TO LIMIT THE TOTAL NUMBER OF CENTRAL
10 PROJECTS ACTIVATED IN ORDER TO MINIMIZE MANAGEMENT
11 BURDENS.

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14 TO ACCESS CENTRAL PROJECTS, THE REGIONAL POPULATION
15 PROJECT WOULD TRANSFER FUNDS TO THE OFFICE OF POPULATION
16 IN THE RESEARCH AND DEVELOPMENT BUREAU. TRANSFERRED FUNDS
17 WOULD BE RESERVED BY RD/POP ONLY FOR USE IN THE NEAR EAST
18 REGION BY THOSE CENTRAL POPULATION PROJECTS STIPULATED BY
19 THE NEAR EAST BUREAU. ADDITIONALLY, THE NE BUREAU MAY
20 DECIDE TO CONTRACT DIRECTLY WITH ORGANIZATIONS TO PROVIDE
21 ASSISTANCE DIRECTLY TO THE BUREAU OR TO MISSIONS. UNDER
22 THIS PROJECT OVD TRANSFERS ALSO MAY BE MADE DIRECTLY TO
23 MISSIONS.

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27 MISSIONS WILL BE SOLICITED ANNUALLY ABOUT WHAT TYPES OF
28 ASSISTANCE THEY NEED IN POPULATION. DURING THE DESIGN OF
29 THE PROJECT PAPER, SELECTION CRITERIA WILL BE DEVELOPED
30 AND LATER COMMUNICATED TO MISSIONS. BASED ON THESE
31 CRITERIA, THE NEAR EAST BUREAU WILL PRIORITIZE THESE
32 REQUESTS AND MAKE SELECTIONS DEPENDING ON AVAILABILITY OF
33 FUNDS. THE BUREAU'S PRIORITIZED LIST OF ACTIVITIES WILL
34 BE PRESENTED TO THE OFFICE OF POPULATION, AND THEY WILL
35 INCORPORATE THESE ACTIVITIES WITHIN THE WORK PLANS OF
36 APPROPRIATE COOPERATING AGENCIES (CA) WHO IMPLEMENT THE
37 VARIOUS CENTRAL POPULATION PROJECTS. THE NEAR EAST BUREAU
38 WILL REVIEW THE RELEVANT ANNUAL WORK PLANS AND MONITOR
39 EXPENDITURES FOR ACTIVITIES IN THE REGION. MISSIONS WOULD
40 BE EXPECTED TO PROVIDE FEEDBACK ON THE TECHNICAL
41 ASSISTANCE THEY RECEIVE UNDER THIS PROJECT TO NE/DR/HR.

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- DEVELOPMENT OF POPULATION STRATEGIES AND POLICIES.

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- 52 - STRENGTHENING LOCAL RESEARCH CAPACITIES INCLUDING
53 OPERATIONS RESEARCH.
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55 - TRAINING OF HEALTH WORKERS IN FAMILY PLANNING
56 TECHNIQUES.
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59 - REINFORCING PRIVATE PROVIDERS OF FAMILY PLANNING.
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61 - DEVELOPING LOGISTICS MANAGEMENT CAPABILITIES.
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65 - EXPANDING SOCIAL MARKETING OF CONTRACEPTIVES.
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68 - TRAINING IN PROVISION OF LONGER ACTING METHODS.
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71 - REDUCING MEDICAL AND LEGAL BARRIERS IN FAMILY PLANNING.
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74 - REFINING INFORMATION, EDUCATION, AND COMMUNICATION
75 CAPACITIES.
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78 - FACILITATING DATA COLLECTION AND ANALYSIS.
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81 - INCREASING ACCESS OF RURAL POPULATIONS TO FAMILY
82 PLANNING SERVICES.
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85 DURING IMPLEMENTATION OF THE PROJECT ACTIVITIES, IT IS
86 ANTICIPATED THAT CENTRAL PROJECT TECHNICAL PERSONNEL WILL
87 ESTABLISH COLLABORATIVE WORKING RELATIONSHIPS WITH
88 APPROPRIATE MISSION STAFF AND LOCAL ORGANIZATIONS IN THE
89 PUBLIC AND PRIVATE SECTORS. TECHNICAL ASSISTANCE MAY ALSO
90 BE PROVIDED TO MISSIONS TO HELP DEVELOP DETAILED
91 IMPLEMENTATION PLANS FOR PROPOSALS SELECTED FOR FUNDING
92 UNDER THE PROJECT.
93

94 BY USING THE CA'S OF THE OFFICE OF POPULATION, THE NEAR
95 EAST BUREAU CAN GAIN FROM THEIR EXPERTISE AND CAN SHARE
96 SOME OF THE PROJECT'S MANAGEMENT BURDEN WITH THE OFFICE OF
97 POPULATION. THROUGH THIS PROJECT, THE MISSIONS OF THE
98
99 REGION AND THE BUREAU WOULD BE ABLE TO TAKE FULL ADVANTAGE
100 OF THE SPECTRUM OF TECHNICAL EXPERTISE OF CA'S OF THE
101 OFFICE OF POPULATION. THE BUREAU WOULD NOT BE LOCKED INTO
102 ONLY ONE OR TWO CA'S WHICH MIGHT NOT BE RESPONSIVE TO THE
103 VARIOUS NEEDS OF THE REGION. SINCE THE NE BUREAU DOES NOT
104 HAVE THE SAME AMOUNT OF FUNDS AVAILABLE FOR POPULATION
105 ACTIVITIES AS THE OFFICE OF POPULATION, THIS REGIONAL
106 PROJECT WOULD ALLOW THE BUREAU TO BENEFIT FROM THE
107 INVESTMENT ALREADY MADE BY THE OFFICE OF POPULATION.
108

109 6. CONFORMITY WITH NEAR EAST BUREAU AND RECIPIENT
110 COUNTRIES' STRATEGIES: THE NEAR EAST BUREAU'S OBJECTIVES
111 RECOGNIZE THAT THE ABILITY OF FAMILIES TO CHOOSE THE
112 TIMING AND NUMBER OF CHILDREN IS CRITICAL TO THEIR ABILITY
113 TO FULLY PARTICIPATE IN THE OPPORTUNITIES GENERATED BY THE
114 BROADER DEVELOPMENT PROCESS. EDUCATIONAL ATTAINMENT,

45 HEALTH, EMPLOYMENT AND INVESTMENT ARE ALL AFFECTED BY
46 THESE BASIC DEMOGRAPHIC VARIABLES. THE ABILITY OF
47 FAMILIES TO PROVIDE FOR THEIR CHILDREN -- EDUCATE THEM,
48 FEED THEM, GIVE THEM ADEQUATE HEALTH CARE, STIMULATE THEIR
49 COGNITIVE DEVELOPMENT, AND SHELTER THEM -- AND AT THE SAME
50 TIME HAVE SUFFICIENT MONEY AND TIME TO INVEST IN ECONOMIC
51 ACTIVITY IS CONDITIONED BY FAMILY SIZE. THESE FACTORS IN
52 TURN AFFECT THE PREPARATION AND ABILITY OF CHILDREN TO
53 BECOME PRODUCTIVE MEMBERS OF THE SOCIETY AND ECONOMY.
54

55 INDEED, ONE OF THE BUREAU'S SUBGOALS WHICH EMERGED FROM
56 THE RECENT EXERCISE TO DEFINE OVERALL OBJECTIVES WAS QUOTE
57 HEALTHIER, SMALLER FAMILIES UNQUOTE. THIS SUBGOAL IS
58 SUPPORTED BY TWO RELATED STRATEGIC OBJECTIVES: INCREASED
59 USE OF EFFECTIVE CONTRACEPTIVE METHODS AND INCREASED USE
60
61 OF EFFECTIVE MCH SERVICES. THE GOAL AND PURPOSE OF THE
62 REGIONAL POPULATION PROJECT ARE CONSISTENT WITH ALL OF
63
01 THESE STATED BUREAU OBJECTIVES.
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04 THE SPACING AND TIMING OF BIRTHS HAVE A DIRECT IMPACT ON
05 THE HEALTH OF WOMEN AND CHILDREN. WOMEN WHO HAVE MORE
06 THAN FOUR CHILDREN, WHO GIVE BIRTH AT LESS THAN THREE YEAR
07 INTERVALS, WHO GIVE BIRTH YOUNGER THAN AGE EIGHTEEN OR
08 OLDER THAN AGE THIRTY-FIVE, RISK POOR HEALTH AND
09 MALNUTRITION FOR THEMSELVES AND FOR THEIR CHILDREN. THUS,
10 THIS PROJECT IS ALSO IN KEEPING WITH THE BUREAU'S HEALTH
11 OBJECTIVE. THE PROJECT'S ATTENTION TO ANALYSIS OF THE
12 CONSEQUENCES OF RAPID POPULATION GROWTH FOR THE
13 SUSTAINABILITY OF SERVICES AND THE NEED FOR MORE VIABLE
14 MODELS INCLUDING PRIVATE PROVISION OF SERVICES AND
15 SUPPLIES, IS SUPPORTIVE OF THE NE BUREAU'S CONCERNS ABOUT
16 HEALTH FINANCING. THE REGIONAL POPULATION PROJECT WILL BE
17 COMPATIBLE WITH THE GOALS OF INDIVIDUAL MISSION
18 STRATEGIES.
19
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21 7. SOCIAL CONSIDERATIONS: THE REGIONAL POPULATION PROJECT
22 WILL TAKE INTO ACCOUNT THE SOCIO-CULTURAL CONSTRAINTS
23 WHICH ARE LIKELY TO BE FACED DURING IMPLEMENTATION:
24 NEGATIVE ATTITUDES TOWARDS FEMALE MOBILITY AND THE
25 RESTRICTED ROLE OF WOMEN IN SOCIETY; AND THE SENSITIVITY
26 TOWARDS FAMILY-SIZE LIMITATION ON RELIGIOUS GROUNDS.
27 PROJECT DESIGN AND IMPLEMENTATION WILL CONTINUE TO ADDRESS
28 THESE ISSUES BY EXPLORING THE FEASIBILITY OF REGION-WIDE
29 TELEVISION, RADIO, OR PRINT MESSAGES PROMOTING SAFE
30
31 MOTHERHOOD, SPECIFICALLY BIRTH SPACING, AND AWARENESS OF
32 THE IMPORTANCE OF FEMALE EDUCATION; BY ASSESSING THE LEVEL
33 OF SUPPORT THAT CAN BE EXPECTED FROM THE RELIGIOUS
34 COMMUNITY IN MAKING THE MALE POPULATION AWARE OF THE
35 IMPORTANCE OF SAFE MOTHERHOOD FOR FAMILY WELFARE; BY
36 ASSESSING THE OPPORTUNITIES FOR RECRUITING FEMALES FOR
37 TRAINING AS POPULATION AND HEALTH WORKERS.

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40 ALTHOUGH TO A CERTAIN DEGREE LANGUAGE AND RELIGION LINK
41 THE PEOPLE OF THE REGION, VARIABILITY EXISTS, PARTICULARLY
42 IN REGARD TO SOME OF THE VARIABLES AFFECTING POPULATION
43 GROWTH; VARIABLES AS DIVERSE AS ACCESS TO ELECTRICITY,
44 FEMALE EDUCATION, PER CAPITA INCOME, RELIGIOUS INFLUENCE,
45 ETC. THE VARIABILITY WHICH EXISTS, NOT ONLY FROM COUNTRY
46 TO COUNTRY, BUT WITHIN COUNTRIES WILL NEED TO BE
47 UNDERSTOOD IN ORDER TO IMPACT EFFECTIVELY. FINALLY, WHILE
48 THIS PROJECT WILL ATTEMPT TO UNDERSTAND BOTH THE
49 SIMILARITIES AND THE DIFFERENCES WITHIN THE REGION, IT IS
50 UNDERSTOOD THAT THE PROJECT CAN FUNCTION ONLY IN THOSE
51 COUNTRIES WHICH DO NOT HOLD FUNDAMENTALIST POINTS OF VIEW
52 IN THE AREA OF FAMILY PLANNING. CURRENTLY THE PROPOSED
53 SIX COUNTRIES ARE SEEN AS COUNTRIES WHERE PROGRESS IN
54 FAMILY PLANNING CAN BE CONTINUED.

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57 8. RELEVANT EXPERIENCE WITH SIMILAR PROJECTS: FROM 1983-
58 1992 A PREVIOUS REGIONAL POPULATION PROJECT (NO. 398-0048)
59 EXISTED. THIS PROJECT CANVASSED MISSION INPUT ANNUALLY
60 FOR POSSIBLE REGIONALLY FUNDED POPULATION ACTIVITIES AND
61 WAS GENERALLY CONSIDERED SUCCESSFUL BECAUSE OF ITS

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01 RESPONDIVENESS TO NEEDS OF MISSIONS. IN JULY OF 1992,
02 THIS PROJECT WAS TRANSFERRED TO THE EUROPE BUREAU SINCE
03 THE ONLY REMAINING ACTIVE ELEMENTS PERTAINED TO COUNTRIES
04 NOW IN THAT BUREAU.

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07 A PROJECT ASSISTANCE COMPLETION REPORT FOR THIS PROJECT
08 WAS PREPARED IN JUNE AND JULY OF 1992. THIS REPORT
09 SUMMARIZED THE PROJECT'S IMPLEMENTATION EXPERIENCE AND
10 ASSESSED SOME OF ITS ACHIEVEMENTS OVER ITS LIFE. THE
11 OBSERVATIONS AND CONCLUSIONS OF THE REPORT WILL BE
12 UTILIZED IN DEVELOPING THE DESIGN AND IMPLEMENTATION PLANS
13 FOR THE PROPOSED REGIONAL POPULATION PROJECT.
14 SIGNIFICANTLY, DEMAND FOR FUNDS FROM THIS PROJECT EXCEEDED
15 AVAILABILITY INDICATING THAT MISSIONS FOUND IT WORTHWHILE.
16 FURTHERMORE, THREE-FOURTHS OF THOSE RESPONDING TO A SURVEY
17 FELT THAT THIS REGIONAL PROJECT HAD MADE A SIGNIFICANT
18 IMPACT ON ASSISTING COUNTRIES IN THE IMPLEMENTATION,
19 DEVELOPMENT, AND EVALUATION OF POPULATION PROGRAMS. THIS
20 PROJECT ALSO SERVED AS A CATALYST FOR BILATERAL PROJECTS.
21 OVER FOUR-FIFTHS OF SURVEY RESPONDENTS FELT THAT THE
22 MANAGEMENT BURDEN OF THIS PROJECT WAS LOW TO MODERATE
23 RELATIVE TO OTHER A.I.D. PROJECTS. THIS PAST PROJECT,
24 ALTHOUGH WITH ROOM FOR IMPROVEMENT, CAN BE CONSIDERED A
25 SUCCESS.

26

27 THE BUREAU HAS LEARNED FROM THIS EXPERIENCE AND WILL
28 ENSURE THAT FLEXIBILITY, RESPONDIVENESS, AND OPENNESS TO
29 FEEDBACK ARE ALL A PART OF THIS REGIONAL PROJECT.

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9. PROPOSED IMPLEMENTING AGENCIES: THROUGHOUT THE LIFE OF THE PROJECT, THE PROJECT IS LIKELY TO UTILIZE SEVERAL DIFFERENT ORGANIZATIONS THAT ARE ALREADY INVOLVED IN THE IMPLEMENTATION OF THE EXISTING ARRAY OF CENTRAL POPULATION PROJECTS (FOR A MORE DETAILED LISTING OF CENTRAL POPULATION AND THE ORGANIZATIONS INVOLVED IN THEIR IMPLEMENTATION, MISSIONS CAN REFER TO THE 1992 GUIDE TO THE OFFICE OF POPULATION). HOWEVER, IN ANY GIVEN YEAR, THE NUMBER OF CENTRAL POPULATION PROJECTS INVOLVED IN IMPLEMENTATION WILL BE LIMITED IN ORDER TO MINIMIZE ADMINISTRATIVE BURDENS FOR BOTH THE BUREAU AND RD/POP.

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10. AID SUPPORT REQUIREMENTS AND CAPABILITY: THE PROJECT WILL BE MANAGED AND IMPLEMENTED BY THE OFFICE OF DEVELOPMENT RESOURCES IN THE NEAR EAST BUREAU WITH SUPPORT FROM THE OFFICE OF POPULATION IN THE BUREAU FOR RESEARCH AND DEVELOPMENT. WITHIN THE NE/DR BUREAU, AN RD/POP STAFF MEMBER WILL BE RESPONSIBLE FOR COORDINATING THE SUPPORT TO BE PROVIDED BY THE CTOS OF VARIOUS CENTRALLY FUNDED PROJECTS. A WORKING GROUP HEADED BY THE NE/DR/HR CHIEF WILL DECIDE ON AN ANNUAL BASIS HOW AND WHERE FUNDS ARE TO BE ALLOCATED BASED ON MISSION PROPOSALS. DAY TO DAY IMPLEMENTATION OF MOST OF THE PROJECT WILL BE THE RESPONSIBILITY OF THE CONCERNED CENTRAL POPULATION PROJECTS AND RD/POP STAFF, INCLUDING ANNUAL REPORTING OF EXPENDITURES. NE/DR/HR WILL RETAIN DECISION-MAKING POWER OVER RESOURCE ALLOCATION AND WILL PARTICIPATE IN SUBSTANTIVE DECISIONS AS APPROPRIATE.

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11. ESTIMATED COST AND METHOD OF FINANCING: THE TOTAL COST FOR THIS FIVE YEAR PROJECT IS ESTIMATED TO BE 15 MILLION DOLS. THE PROJECT WILL BE INCREMENTALLY FUNDED OVER THREE YEARS BEGINNING IN FY '93 WITH AN INITIAL OBLIGATION OF 4.2 MILLION DOLS. THE MAJORITY OF THE FUNDS WILL BE OBLIGATED THROUGH AN OYE TRANSFER TO RD/POP OR THROUGH BUY-ING TO CENTRAL RD/POP PROJECTS.

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HOWEVER, THE PROJECT WILL REMAIN FLEXIBLE AND MAY OBLIGATE FUNDS THROUGH OTHER ARRANGEMENTS, DEPENDING ON THE COUNTRY INVOLVED AND THE NATURE OF MISSION REQUESTS. THESE INCLUDE MISSION EXECUTED CONTRACTS OR GRANTS WITH LOCAL INSTITUTIONS, BOTH GOVERNMENTAL, NON-GOVERNMENTAL AND PRIVATE SECTOR. FINALLY, IF NEEDED, THE NE BUREAU MAY CONTRACT DIRECTLY WITH INDIVIDUALS OR INSTITUTIONS. THE VAST MAJORITY OF THE FUNDING FOR THIS PROJECT WILL BE FOR TECHNICAL ASSISTANCE IN A VARIETY OF DIFFERENT PROGRAM AREAS LISTED BELOW. APPROXIMATELY 3 MILLION DOLS WILL BE FOR TRAINING PURPOSES, BOTH WITHIN THE INDIVIDUAL COUNTRIES AND WITHIN THE REGION, AS WELL AS IN LOCATIONS OUTSIDE THE REGION. IT IS EXPECTED THAT LESS THAN DOLS ONE HALF MILLION WILL BE USED FOR COMMODITIES, AND NONE OF

24 THIS MONEY IS ENVISIONED FOR CONTRACEPTIVES. THE
 25 ESTIMATED BREAKDOWN FOR POSSIBLE PROGRAM COMPONENTS (LOP)
 26 IS LISTED BELOW:
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 28

29	COMPONENT	ALLOCATION
30		
31		
32	IEC	4.0 MILLION
33		
34		
35	CSM/PRIVATE SECTOR	3.0 MILLION
36		
37	POLICY DEVELOPMENT	1.0 MILLION
38		
39		
40	REGION-WIDE ACTIVITIES	1.0 MILLION
41		
42		
43	RESEARCH FINCLUDING ORY	2.0 MILLION
44		
45	LOGISTICS MANAGEMENT	0.5 MILLION
46		
47		
48	TRAINING	3.0 MILLION
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51	COMMODITIES	0.5 MILLION
52		
53	-----	
54	TOTAL	15.0 MILLION
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58 12. REQUESTED MISSION ACTION: THE BUREAU IS NOW PREPARING
 59 TO BEGIN PROJECT DESIGN WORK AND TO DEVELOP THE PP FOR THE
 60 SUBJECT PROJECT. CRITICAL TO THAT DESIGN EFFORT WILL BE
 61 ENSURING RESPONSIVENESS TO MISSION NEEDS AND STRUCTURING
 62 THE PROJECT TO BE COMPATIBLE WITH THE CHANGING TECHNICAL
 63

01 PARAMETERS OF POPULATION AND FAMILY PLANNING WITHIN THE
 02 REGION.
 03

04
 05 REQUEST MISSION COMMENTARY ON THE POTENTIAL UTILITY OF
 06 SUCH A PROJECT AND MISSION SUGGESTIONS FOR THE TYPES OF
 07 SUPPORT ACTIVITIES WHICH WOULD BEST ASSIST MISSION
 08 POPULATION OBJECTIVES AND PROGRAM EFFORTS. ESPECIALLY
 09 RELEVANT ARE MISSION IDEAS ABOUT THE TYPES OF ACTIVITIES
 10 (TECHNICAL ASSISTANCE, TRAINING ETC.) WHICH MAY BE MOST
 11 USEFUL AS WELL AS SOME EXAMPLES OF SPECIFIC SUBJECT AREAS
 12 OF NEED (DATA COLLECTION, OPERATIONS RESEARCH, IEC, SOCIAL
 13 MARKETING, PROGRAM/SERVICE-DELIVERY MANAGEMENT,
 14 INTRODUCTION OF NEW CONTRACEPTIVE TECHNOLOGIES, QUALITY
 15 ASSURANCE IN CLINIC-BASED SERVICES, POLICY DEVELOPMENT,
 16 ETC.).

17
18 TO HELP ASSIST IN PREPARING AN IMPLEMENTATION PLAN FOR THE
19 FIRST YEAR OF THE PROJECT, MISSIONS ARE ALSO INVITED TO
20 SUGGEST ANY SPECIFIC ACTIVITIES WHICH THEY WOULD LIKE TO
21 HAVE CONSIDERED FOR POSSIBLE FUNDING UNDER THE SUBJECT
22 PROJECT THIS FISCAL YEAR. INTERESTED MISSIONS ARE
23 REQUESTED TO SUBMIT A BRIEF DESCRIPTION OF THE ACTIVITY
24 (INCLUDING A SHORT RATIONALE ABOUT HOW THE ACTIVITY
25 COMPLEMENTS MISSION'S CURRENT POPULATION PROGRAM
26 OBJECTIVES) ALONG WITH AN ESTIMATED TOTAL COST AND AN
27 APPROXIMATE DURATION OF IMPLEMENTATION REQUIRED. THESE
28 SUBMISSIONS SHOULD BE DIRECTED TO NE/DR/HR AND BE RECEIVED
29 IN AID/W NOT LATER THAN FEBRUARY 26.

30
31 AID/W RECOGNIZES THAT TO MAKE THE PROJECT BOTH AS
32 TECHNICALLY SOUND AS POSSIBLE AND SENSITIVE TO THE
33 REALITIES OF FAMILY PLANNING SERVICE DELIVERY WITHIN THE
34 REGION, MISSION INPUT TO THE PROJECT DESIGN IS ESSENTIAL.

35
36 MUCH OF THE VIABILITY OF SUCH A PROJECT IS DEPENDENT UPON
37 THE NATURE OF DEMAND FROM THE FIELD.

38
39 PLEASE ADVISE.
40 CHRISTOPHER

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ACTION
COPY

UNCLASSIFIED
AGENCY FOR INT'L DEV.
TELECOMMUNICATIONS CENTER

INCOMING
TELEGRAM

PAGE 01 OF 03 TUNIS 01562 00 OF 05 181337Z 3119 075219 AIDS869
ACTION AID-00

TUNIS 01562 00 OF 05 181337Z 3119 075219 AIDS869

ACTION OFFICE NEDR-09
INFO PDID-01 GC-01 GCAN-02 RDAA-01 HEAL-04 POP-05 FMAD-02
HMS-09 DO-01 COM-02 NENA-03 NEDP-03 NEAA-03
/047 A4 KL 20/12572

REMAINS UNCLEAR. ACCORDING TO INFORMATION AVAILABLE AT THE ONFP, APPROXIMATELY DOLS 500,000 WAS TO BE PROVIDED FOR LOCAL COSTS. THE MISSION DOES NOT KNOW WHAT OTHER COSTS THE CAS HAVE INCURRED OR PROGRAMMED. THE MISSION WOULD LIKE NE/DR/HR TO REQUEST R&D/POP TO PROVIDE THIS INFORMATION WHICH WILL BE NEEDED TO ASSIST BUREAU STAFF TO BUDGET ACTIVITIES IN THE REGIONAL PROJECT.

INFO LOG-00 OES-05 /010V
-----9046E9 181346Z /43 3E

AVSC HAD TWO PROJECTS: 1) TO IMPROVE THE QUALITY OF MEDICAL CARE IN THE VOLUNTARY STERILIZATION AND COUNSELLING PROGRAM; AND 2) TRAINING AND PROMOTION OF MORPLANT. THE FIRST PROJECT WAS SATISFACTORILY COMPLETED, BUT THERE WERE SOME PROBLEMS WITH THE MORPLANT PROJECT. MORPLANT WAS INTRODUCED IN SEVEN CENTERS IN 1991 AND IT WAS PLANNED THAT IT WOULD GO INTO 18 IN 1992. HOWEVER, IT WAS DISCOVERED THAT THERE WERE TOO MANY EARLY WITHDRAWALS WHICH WERE ATTRIBUTED TO INSUFFICIENT COUNSELLING SO THE ACTIVITY WAS SCALED BACK. IN 1993 THERE IS TO BE A PREDOMINANT FOCUS ON COUNSELLING. AVSC HAS CLOSED ITS REGIONAL OFFICE IN TUNIS WHICH MAY MAKE IT HARDER TO GET RESOURCES THROUGH THEM.

R 181336Z FEB 93
FM AMEMBASSY TUNIS
TO SECSTATE WASHDC 2874

FPMD PROVIDED TRAINING AND SOFTWARE FOR IMPROVED ANALYTICAL ACCOUNTING, BUT NO OTHER MANAGEMENT ASSISTANCE. THE SOFTWARE HAS BEEN INSTALLED IN THREE OFFICES AT THE ONFP AND IS BEING UTILIZED. SEATS HAS BEEN WORKING WITH THE PRIVATE SECTOR TO GET FAMILY

UNCLAS TUNIS 01562

AIDAC FOR NE/DR/H, V JANSEN

INFO R&D/POP, E MAGUIRE AND I KOEN

PLANNING INTO THE WORKPLACE AND HAVE FINISHED THEIR ACTIVITIES. SOMARC HAS HAD DIFFICULTIES MOVING ALONG ITS SOCIAL MARKETING ACTIVITIES (SEE BELOW).

E C 12356: N/A
SUBJECT: POPULATION. PID APPROVA. FOR PROPOSED NEW REGIONAL POPULATION PROJECT

THE ACTIVITIES WITH THE BEST SUCCESS RECORDS HAVE BEEN IN THE TRAINING DOMAIN WITH ACTIVITIES THROUGH JHPIEGO AND PAC II. ACTIVITIES HAVE INCLUDED TRAINING OF TRAINERS FOR PREVENTION OF INFECTION, INTERNATIONAL TRAINING OF FAMILY PLANNING FOR MIDWIVES AND PHYSICIANS AND A TRAINING SESSION FOR JHPIEGO CONSULTANTS. INTERNATIONAL TRAINING ABOUT THE DIAGNOSTIC, PROGRAMMING AND EVALUATION METHODOLOGY WITH PAC II ASSISTANCE WILL BE UNDERTAKEN THIS SPRING. IN ADDITION THE TRAINING CENTER PUTS ON TWO INTERNATIONAL TRAINING SESSIONS PER YEAR UNDER THE AUSPICES OF THE UNFPA.

REFERENCE: STATE 025296

1. EXECUTIVE SUMMARY

THE TUNISIA MISSION WELCOMED THE DEVELOPMENT OF THE NEAR EAST REGIONAL POPULATION PROJECT. MOST, IF NOT ALL, CURRENTLY PROGRAMMED CENTRALLY FUNDED POPULATION ASSISTANCE ACTIVITIES TO TUNISIA WILL END IN FY93. ALTHOUGH THE ONFP IS CAPABLE OF MANAGING DAY TO DAY ACTIVITIES COMPETENTLY, THE ORGANIZATION HAS NOT YET REACHED A LEVEL OF INSTITUTIONAL MATURITY WHERE NO FURTHER ASSISTANCE WOULD BE REQUIRED. IN CERTAIN AREAS,

3. TUNISIAN PARTICIPATION IN NEW NEAR EAST REGIONAL POPULATION PROJECT: A BRIEF ASSESSMENT OF THE CURRENT SITUATION AT ONFP SUGGESTS THAT THE ORGANIZATION IS CAPABLE OF DOING BUSINESS AS USUAL, BUT NEEDS CONTINUED STRENGTHENING TO MAINTAIN ITS REPUTATION AS A LEADER IN THE FAMILY PLANNING FIELD. THIS DOES NOT MEAN THAT THE MISSION THINKS THAT LARGE SUMS OF MONEY AND TA SHOULD BE INVESTED IN THE ORGANIZATION AT THE CURRENT TIME. ON THE CONTRARY, IT MEANS THAT PARTICULAR CARE IS NEEDED TO IDENTIFY ACTIVITIES THAT HAVE REGIONAL IMPLICATIONS, WILL INTEREST TOP MANAGEMENT BY BRINGING PUBLICITY TO THE ORGANIZATION, AND CAN BE IMPLEMENTED WITHIN NORMAL TIME PERIODS.

THE ONFP COULD IMMEDIATELY PROVIDE REGIONAL SERVICES AND THESE WILL BE IDENTIFIED BELOW. THEY MAY NEED TO REGAIN MOMENTUM IN OTHER AREAS BEFORE PROVIDING APPROPRIATE TRAINING TO OTHER COUNTRIES. BY SEPTEMBER 1993, TUNISIA WILL BE DOWN TO ONLY 4 USDR STAFF SO ALL ACTIVITIES IN POPULATION IN TUNISIA SHOULD PRIMARILY FOCUS ON REGIONAL NEEDS OR SUPPORT ACTIVITIES WHERE TUNISIA HAS OR WILL SOON HAVE A COMPARATIVE ADVANTAGE AS A TRAINING SITE FOR PERSONNEL FROM OTHER COUNTRIES.

2. CURRENT ACTIVITIES FUNDED BY CENTRAL PROJECTS:

SIX COOPERATING AGENCIES (CAS) HAVE BEEN WORKING IN TUNISIA THROUGH SUB-GRANTS TO THE ONFP SINCE SUMMER 1991. SUPPORT HAS BEEN PROVIDED BY JHPIEGO, AVSC, PAC II, FPMD, SEATS AND SOMARC. AS A RESULT OF THE GULF WAR AND THE RESTRICTION ON VISITS TO THE REGION, CAS WERE NOT ABLE TO CONTINUE DESIGN AND PROGRAMMING ACTIVITIES WHICH HAD BEGUN IN 1989 UNTIL MID-LATE 1991. THE MISSION WILL NOT REVIEW THESE ACTIVITIES IN DEPTH HERE, BUT RECOMMENDS INSTEAD THAT NE/DR STAFF DISCUSS THESE WITH THE CAS REPRESENTATIVES TO GET THEIR IMPRESSIONS OF HOW WELL IMPLEMENTATION PROCEEDED BEGINNING IN EARLY 1992 THERE WAS CONSIDERABLE DISCUSSION ABOUT LEVELS OF SUPPORT WHICH WOULD BE AVAILABLE TO TUNISIA. IN SPRING 1992, VARIOUS CAS HAD AGREED TO SPEND ABOUT DOLS 800,000 HERE, BUT THIS WAS DEPENDENT ON MORE DETAILED ANALYSES. BY FALL 1992, THE FIGURE HAD RISEN TO DOLS 3.2 MILLION OVER ABOUT A THREE-YEAR PERIOD, DEPENDING ON AVAILABILITY OF FUNDS. FOR VARIOUS REASONS, THE LEVEL HAS BEEN SCALED BACK OVER TIME.

WE SUGGEST THAT THE BUREAU SET ASIDE SOME FUNDS IN

CERTAIN CENTRAL PROJECTS TO BE AVAILABLE FOR RAPID PROGRAMMING WHEN THE ONFP IS READY TO PUSH FORWARD WITH INNOVATIVE ACTIVITIES AS IDENTIFIED BELOW. POPULATION SPECIALISTS OUTSIDE TUNISIA NEED TO CONTINUE TO MONITOR INCREASES IN USE OF MODERN CONTRACEPTIVES, CONTINUATION RATES, DECLINES IN FERTILITY, URBAN AND RURAL DIFFERENTIALS IN CONTRACEPTIVE USAGE. THE POPULATION CRISIS COMMITTEE RECENTLY RANKED TUNISIA AS NUMBER 8 IN THE WORLD IN TERMS OF PROGRESS TOWARD STABILIZING

AT THE BEGINNING OF FEBRUARY 1993, THE EXACT AMOUNT OF POPULATION MONIES INVESTED IN TUNISIA FROM FY 91 ONWARD

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POPULATION GROWTH. ONFP MUST BE ENCOURAGED TO MAINTAIN CONTINUED PROGRESS IN PRIVATIZATION AND INTEGRATION OF SERVICES ELSEWHERE, IF NOT, CURRENT GAINS COULD BE JEOPARDIZED.

THE MISSION UNDERSTANDS THAT THE BUREAU WANTS TO USE AN OYB TRANSFER TO R&D/POP TO OBLIGATE MONIES AND GAIN ACCESS TO VARIOUS SORTS OF EXPERTISE. WE LIST BELOW AREAS WHERE THE REGIONAL POPULATION PROJECT MAY WANT TO GET INVOLVED IN TUNISIA.

(A) DHS: ACCORDING TO THE ONFP, NO FIRM DECISION HAS BEEN MADE YET BY THE PAB-ARAB CHILD PROJECT FOR CHILD DEVELOPMENT (PAPCHILD) TO DO A SURVEY IN 1993. OFFICIALS FEEL THAT THERE IS ENOUGH DIFFERENCE BETWEEN THE TWO TO WARRANT DOING A DHS HERE IN 1993. MISSION AGREES THAT ONFP DOING THE DHS HERE MAKES SENSE IN ORDER TO STRENGTHEN RESEARCH AND ANALYSIS SKILLS AT THE ONFP. FURTHERMORE ONFP STAFF VIEW DHS DATA WHICH IS DIRECTLY COMPARABLE TO THE 1986 DATA ESSENTIAL FOR MAINTAINING PROGRESS IN REDUCING FERTILITY. THE ONFP WOULD BE WILLING TO RECEIVE A SMALL NUMBER OF RESEARCHERS FROM

OTHER FRENCH OR ARABIC SPEAKING COUNTRIES TO PROVIDE A PRACTICAL TRAINING EXPERIENCE FOR THEM IN DHS.

- ASSESSMENT: ONFP CAPABLE AND HIGH PRIORITY TO TUNISIA. THE NEED FOR A DHS AS A FACTOR FOR REGIONAL TRAINING IS NOT COMPELLING.
- RESOURCES NEEDED: MAY BE AVAILABLE FROM R&D SOURCES.

(B) TRAINING: THE ONFP TRAINING CENTER CURRENTLY PUTS ON 4 INTERNATIONAL TRAINING SESSIONS PER YEAR. WITH THREE SITES AVAILABLE (TUNIS, SOUSSE AND SFAX) AND AN EXPERIENCED STAFF, THEY WOULD BE CAPABLE OF DOING MORE. RATHER THAN RECEIVE TRAINEES ON AN AD HOC BASIS, THEY PREFER TO DEVELOP PROGRAMS WITH A BROAD CONTENT WHICH CAN BECOME PART OF THEIR REGULAR OFFERINGS. HOWEVER, GIVEN SUFFICIENT LEAD TIME THEY ARE MORE THAN WILLING TO DEVELOP SPECIFIC PROGRAMS. THUS, TUNISIA IS WILLING TO EXPAND ITS ROLE AS A RESOURCE FOR OTHER COUNTRIES THROUGH TRAINING.

- ASSESSMENT: ONFP CAPABLE, OF UTILITY TO REGION AND ONFP.
- RESOURCES NEEDED: AN OVERHEAD FACTOR OF EACH COURSE OFFERED.

PRE-SERVICE TRAINING: THIS ISSUE REMAINS IMPORTANT FROM THE BILATERAL VIEW POINT, BUT MAY BE TANGENTIAL TO THE ONFP ROLE AS A REGIONAL SERVICE PROVIDER. ONFP NEEDS TO ENSURE THAT AN ADEQUATE PRE-SERVICE TRAINING PROGRAM IS IN PLACE FOR TUNISIAN PERSONNEL. ASSESSMENT: ONFP CAPABLE OF TAKING THE LEAD, NEED TO GET TOP MANAGEMENT

ON BOARD OF MID-TERM REGIONAL IMPACT AND IMMEDIATE LOCAL IMPACT. RESOURCES NEEDED: TBD.

PRIVATE SECTOR TRAINING: ANOTHER ESSENTIAL TRAINING ACTIVITY INVOLVES PRIVATE SECTOR PHYSICIANS. DURING THE BILATERAL, INITIAL CONCEPT DOCUMENTS FOR THIS WERE DEVELOPED AND JHPIEGC HAD AGREED TO FINANCE THIS WORK. WITHOUT THIS TRAINING, AND A GOOD PRE-SERVICE TRAINING PROGRAM, THE ONFP WILL BE FORCED TO REMAIN THE FAMILY PLANNING SERVICE PROVIDER IN THE COUNTRY. POLITICALLY AND ECONOMICALLY, THIS IS UNDESIRABLE OVER THE LONG RUN AND PRIVATIZATION AND INTEGRATION ARE THE DIRECTIONS THE COUNTRY IS MOVING. THE MISSION REQUESTS JHPIEGC TO RESUME THIS ACTIVITY WHICH WILL TAKE A COUPLE OF YEARS TO ACCOMPLISH.

- ASSESSMENT: ONFP STAFF WILLING TO TAKE THE LEAD. ONCE UNDERWAY, THIS MODEL HAS IMPORTANT REGIONAL IMPLICATIONS.

- RESOURCES NEEDED: DOLS 200,000 LOP.

REGIONAL SEMINARS: THE ONFP HAS A WEALTH OF EXPERIENCE TO OFFER OTHER PROGRAMS IN THE REGION. THEY ARE WILLING TO HOST AND ORGANIZE REGIONAL SEMINARS ON SPECIFIC TOPICS WHERE COMMON ISSUES AND CONCERNS CAN BE DISCUSSED. THEY WOULD EXPECT TO DO THIS WITH A BUILT IN FEE TO COVER THE TIME AND COSTS.

- ASSESSMENT: ONFP CAPABLE AND OF IMMEDIATE REGIONAL UTILITY.

- RESOURCES NEEDED: FEE DEPENDS ON COURSE.

INTERNATIONAL AND REGIONAL TRAINING: THE ONFP DOES NOT HAVE FUNDS TO SEND PEOPLE ON REFRESHER COURSES OVERSEAS. THESE ARE ESSENTIAL TO KEEP THE STAFF AWARE OF RECENT DEVELOPMENTS AND CUTTING EDGE ISSUES IN THE FIELD. MISSION SUGGESTS THAT FUNDS BE RESERVED TO SEND FOUR PEOPLE ON ONE MONTH COURSES EACH YEAR.

- ASSESSMENT: THERE IS A DEFINITE NEED AT THE ONFP AND SUCH COURSES PROVIDE AN OPPORTUNITY FOR THE TUNISIAN EXPERIENCE TO BE DISSEMINATED ELSEWHERE TOO.

- RESOURCES NEEDED: DOLS 30,000 PER YEAR.

(C) OPERATIONS RESEARCH (OR): THE POPULATION COUNCIL WILL BE HOLDING A TRAINING SESSION IN TUNISIA IN MARCH 1993 ON OPERATIONS RESEARCH DURING WHICH THEY PROPOSE TO IDENTIFY RESEARCH TOPICS. THE MISSION SUGGESTS THAT THE BUREAU FIND OUT WHAT LEVEL OF FUNDING POPCOUNCIL CAN SPEND FOR OR IN TUNISIA THEN SUPPLEMENT THIS WITH ONE TO TWO OR PROJECTS PER YEAR OF REGIONAL IMPORTANCE. OR IN AN AREA WHERE TUNISIA HAS SOME GOOD BACKGROUND, BUT THE ABILITY TO UTILIZE RESEARCH RESULTS PROGRAMMATICALLY STILL NEEDS TO BE STRENGTHENED. OTHER COUNTRIES MIGHT CONSIDER SENDING STAFF TO PARTICIPATE IN CERTAIN PROJECTS WHICH COULD THEN BE REPLICATED AT HOME. INTERNATIONAL AND REGIONAL TRAINING SHOULD BE CONSIDERED FOR THE RESEARCH STAFF.

- ASSESSMENT: THE RIGHT KIND OF OR CAN HAVE SIGNIFICANT RESULTS FOR THE REGIONAL PROJECT. BASIC SKILLS AT THE ONFP EXIST AND JUST NEED TO BE UPGRADED SO THAT THE

REGION CAN BENEFIT.

- RESOURCES NEEDED: TBD

(D) SOCIAL MARKETING (CSM): IN LIGHT OF SOMARC'S PROBLEMS IMPLEMENTING THEIR ACTIVITIES, IT MAY BE PREMATURE TO PROVIDE MUCH OUTSIDE ADVICE IN THIS DOMAIN. HOWEVER, FOR TUNISIA TO MOVE AHEAD EFFECTIVELY IT WILL BE NECESSARY. THE ONFP LIKED AND TRUSTED THE CSM CONSULTANTS PROVIDED BY RONCO. PERHAPS SOMARC MAY WANT TO CONTACT THEM TO SEE IF THEY CAN GET MOVING AGAIN. WE SUGGEST THAT BETWEEN DOLS 250,000-400,000 BE RESERVED OVER LOP FOR THIS ACTIVITY.

- ASSESSMENT: THE TUNISIAN CSM PROGRAM PROVIDES LESSONS OF HOW AND HOW NOT TO DO CSM IN THE REGION. STRENGTHENING THIS PROGRAM THEREFORE IS BENEFICIAL NOT ONLY FOR THE COUNTRY BUT ALSO FOR COUNTRIES RELATIVELY NEW TO THIS ACTIVITY.

- RESOURCES NEEDED: DOLS 250,000-400,000 LOP.

(E) MANAGEMENT: MANAGEMENT IS AN AREA WHICH NEEDS STRENGTHENING AT THE ONFP. BETWEEN THE MANAGEMENT

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TRAINING PROVIDED BY TRG AND THE DIAGNOSTIC, PROGRAMMING AND EVALUATION PROCESS WHICH HAD BEEN PUT INTO PLACE, THE ONFP HAD BEEN MOVING TOWARD A MORE DECENTRALIZED MANAGEMENT APPROACH. IN TUNISIA AND ELSEWHERE, DECISION MAKERS ARE DISCOVERING THAT THERE ARE REAL DIFFERENCES BETWEEN REGIONS, AND URBAN AND RURAL AREAS IN CPRS AND QUALITY OF SERVICE DELIVERY. TACKLING THESE PROBLEMS REQUIRES A DECENTRALIZED APPROACH AND IMPROVED MANAGEMENT CAPACITY.

ENTIRELY PULLED OUT OF POPULATION. YET, A CERTAIN LEVEL OF ACTIVITY HAS CONTINUED. EXPERIENCE WITH THE OYB TRANSFER MECHANISM WITH CONTRACEPTIVE PROCUREMENT HAS

RAISED A NUMBER OF QUESTIONS WHICH THE MISSION STRONGLY SUGGESTS BE RESOLVED IN THE PROPOSED MOU BETWEEN THE BUREAUS.

- ASSESSMENT: THE ONFP HAD BEEN IN THE PROCESS OF BECOMING A MODEL FOR A DECENTRALIZED PLANNING APPROACH WHICH WAS IMPROVING SERVICE DELIVERY. SHOULD ONFP DECIDE TO RETURN TO THIS APPROACH, CONSIDERABLE LESSONS AND EXPERIENCE COULD BE OFFERED TO THE REGION.
- RESOURCES NEEDED: DOLS 200,000 LOP.

7. SUMMARY: THE TUNISIA MISSION IS PLEASED TO KNOW THAT SOME NEW RESOURCES MAY BE AVAILABLE TO SUPPORT POPULATION ACTIVITIES IN THE REGION. ON BEHALF OF THE ONFP, WE WANT TO OFFER THIS COUNTRY AS ONE WHERE OTHER PEOPLE ARE WELCOME TO COME, LEARN AND SHARE THEIR EXPERIENCES. THE ONFP IS A STRONG ORGANIZATION WHICH STILL HAS SOME WEAK SPOTS BUT IS CAPABLE OF CONTRIBUTING LESSONS LEARNED TO OTHER FAMILY PLANNING PROGRAMS. THE PROPOSALS IDENTIFIED IN PARA 5 ABOVE, TOTALLING OVER DOLS 1.2 MILLION LOP WILL CONTRIBUTE GREATLY TO REGIONAL POPULATION ACTIVITIES. THE ONFP IS AN EXCELLENT RESOURCE WHICH CAN BENEFIT FROM SOME TARGETTED ASSISTANCE FROM THE NEW REGIONAL PROJECT. PLEASE FEEL FREE TO CONTACT US IF YOU NEED ADDITIONAL ASSISTANCE DURING THE DESIGN STAGE. MCCARTHY

(F) POLICY/STRATEGY ANALYSIS: WITHIN THE NEXT TWO YEARS, A HIGH LEVEL TEAM OF SPECIALISTS WHO CAN EVALUATE HOW THE ONFP HAS DONE SINCE THE BILATERAL PROJECT WAS TERMINATED SHOULD BE SENT TO TUNISIA. THEIR TASK WOULD BE TO REVIEW CURRENT STRATEGIES AND ASSESS WHAT CHANGES MIGHT BE NEEDED. ANOTHER TEAM SHOULD BE SENT OUT BEFORE THE REGIONAL PROJECT ENDS. EVEN BEFORE THAT, THE NE AND R&D BUREAUS MAY WANT TO CONSIDER SUPPORTING A BRIEF VISIT BY A SENIOR AID POPULATION PERSON WHEN THEY ARE IN THE REGION. SUCH A VISIT COULD PROMPT THE ONFP TO REEVALUATE SOME OF ITS EFFORTS TO MORE INNOVATIVE AND ESSENTIAL ACTIVITIES.

- ASSESSMENT: ONFP IS ADEQUATE AND CAN OFFER ADVICE TO OTHER PROGRAM MANAGERS, ALTHOUGH OCCASIONAL OUTSIDE ASSISTANCE IS USEFUL TO KEEP THEM ON TARGET.
- RESOURCES NEEDED: DOLS 200,000 LOP.

6. PROPOSED IMPLEMENTING MECHANISMS: WITHOUT A FULL TIME USDP POPULATION OFFICER AT THE MISSION, AND DECREASING AMERICAN AND FSN STAFF LEVELS, THE TUNISIAN MISSION MUST LOOK AT LEAST-EFFORT MANAGEMENT TECHNIQUES IN ALL ITS PROGRAMS. THUS, FOR FY93 WE BELIEVE THE BEST WAY TO CHANNEL FUNDS TO TUNISIA IS THROUGH AN OYB

TRANSFER TO R&D/POP OF DIRECT NE BUREAU BUY-INS TO CENTRAL ACTIVITIES. HOWEVER, WE WANT TO DRAW YOUR ATTENTION TO SOME PROBLEMS WITH THIS MECHANISM AND ESPECIALLY CONCERNING FOR MISSIONS WITHOUT AN HPN OFFICE.

SINCE ALL OF TUNISIA'S POPULATION MONEY STARTED COMING FROM CENTRAL PROJECTS, THERE HAS NOT BEEN ONE INDIVIDUAL, EITHER IN THE NE OR R&D BUREAUS, RESPONSIBLE FOR FOCUSING ON THE OVERALL PICTURE IN TUNISIA. THUS, EACH CENTRAL PROJECT QUOTE DOES ITS OWN THING UNQUOTE, BUT NO ONE FROM OUTSIDE IS KEEPING THE ONFP ALERT TO THE HAZARDS OF NOT IMPLEMENTING CERTAIN ACTIVITIES. THE MISSION SUGGESTS THAT AN INDIVIDUAL BE ASSIGNED IN ONE OF THE BUREAUS WHO CAN PROVIDE THIS OVERSIGHT AND CAN VISIT THE COUNTRY AT LEAST ONCE PER YEAR TO DIALOGUE WITH THE ONFP. THIS SHOULD ALLOW BETTER IMPLEMENTATION PROGRESS.

FINANCIAL TRACKING IS A PROBLEM RIGHT NOW. THE MISSION KNOWS WHAT THE LOCAL COSTS ARE FOR EACH CAS PROJECT WITH THE ONFP, BUT DOES NOT KNOW WHAT THE DOLLAR COSTS FOR TA AND CENTRAL SUPPORT. THIS INFORMATION IS IMPORTANT FOR TWO REASONS. FIRST, WE WANT TO KNOW THE REAL COSTS ARE FOR THE LEVEL OF EFFORT PROVIDED IN-COUNTRY. BUT, SECOND AND MORE IMPORTANTLY, THERE ARE PROGRAMMATIC IMPLICATIONS. AT THE PRESENT TIME, MANY DECISION-MAKERS IN AID SEE ONLY BILATERAL FINANCIAL LEVELS GOING INTO TUNISIA, AND THEREFORE CONCLUDE THAT THE AGENCY HAS

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ACTION TAKEN: NAN
DATE: 2/25/93

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PAGE 01 MUSCAT 00558 030735Z 0855 068082 AID1104
ACTION AID-00

ACTION OFFICE NEDR-09
INFO RDAA-01 HEAL-04 POP-06 NEME-03 HHS-09 NEDP-03 FABP-02
NEAA-03 LLW-01 /041 A0 03/1634Z

INFO LOG-00 CIAE-00 DCDE-00 EB-00 NEA-00 OES-09 /012W
-----977648 030736Z /38

R 030732Z FEB 93
FM AMEMBASSY MUSCAT
TO SECSTATE WASHDC 8965

UNCLAS MUSCAT 00558

AIDAC

FOR NE DR/HR

E.O. 12356: N/A

SUBJECT: PROPOSED NEW REGIONAL POPULATION PROJECT

REF: STATE 25296

1. CAJC IS PLEASED WITH THE PID SUPPORTING THIS
IMPORTANT ACTIVITY. NE DR STAFF MEMBER AND
CONSULTANT ARE IN OMAN CARRYING OUT NEEDS ASSESSMENT
AND DEVELOPING INFORMATION REQUIRED FOR PROJECT
PAPER.

2. WE WILL LOOP TO THE NEEDS ASSESSMENT TEAM TO
RECOMMEND ACTIVITIES WHICH COULD BE IMPLEMENTED THIS
FISCAL YEAR AS REQUESTED IN REFTEL. AS WELL AS THE
DURATION OF THE PROJECT. WE AGREE THAT FIELD INPUT
TO PROJECT DESIGN IS ESSENTIAL. WE ARE IN AGREEMENT

WITH THE RECOMMENDATIONS OF THE NE DR TEAM TO DATE.
DUNFORD

AGENCY FOR INTERNATIONAL

MEMO

NE/DR

ACTION/COPY

ACTION OFFICE: NEDR/HR

Bill Jensen

DATE REC'D: 2/5/93

DUE DATE: 2/28/93

RETURN TO EPS WITH NOTATION OF

ACTION TAKEN: N/A

DATE: 2/8/93

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AGENCY FOR INT'L DEV. TELECOMMUNICATIONS CENTER

PAGE 01 CAIRO 04101 001405Z 1101 006541 AID2530
ACTION AID-00

CAIRO 04101 001409Z 1101 006541 AID2530

ACTION OFFICE NE/DR-09
INFO GC-01 GCAN-02 RDAA-01 NEAL-04 POP-04 HHS-09 AMAD-01
COM-02 NENA-03 NEDP-03 FABP-02 NEAA-03
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ANOTHER, WE HASTEN TO POINT OUT THAT THE NEAR/MIDDLE EAST IS A COMPLEX REGION, CULTURALLY, SOCIALLY AND EVEN LINGUISTICALLY (I.E., THE ARABIC SPOKEN VARIES DRAMATICALLY FROM ONE COUNTRY TO ANOTHER). BECAUSE OF THIS, ANY ATTEMPT AT ADAPTATION SHOULD BE APPROACHED WITH

CAUTION.

INFO LOG-00 OES-09 /010W
-----A44156 001416Z /30

R 001412Z MAR 93
FM AMEMBASSY CAIRO
TO SECSTATE WASHDC 4609

6. FINALLY, WE WERE SOMEWHAT CONCERNED ABOUT THE APPROACH OF SHARING SOME OF THE PROJECT'S MANAGEMENT BURDEN WITH THE OFFICE OF POPULATION THROUGH USING SOME OF THE CAS OF THAT OFFICE. WHEN SHARING THE BURDEN, IT MAY LEAD TO THE SITUATION THAT NO ONE REPEAT NO ONE IS RESPONSIBLE. WE WERE DISAPPOINTED THAT THE CENTRAL POPULATION PROJECTS BEING CONSIDERED FOR INVOLVEMENT IN IMPLEMENTATION WERE NOT NAMED IN THE PID. AS USAID/CAIRO HAS HAD EXTENSIVE EXPERIENCE WITH A NUMBER OF THESE PROJECTS, OUR INTEREST IN THIS ACTIVITY WOULD BE HEIGHTENED OR DIMINISHED (AS THE CASE MAY BE) IF WE KNEW THE FULL ARRAY OF PLANNED ACTORS. USAID/CAIRO

UNCLAS CAIRO 04101

AIDAC

FOR: NE/DR/HR

E.O. 12356: N/A
SUBJECT: POPULATION: PROPOSED NEW REGIONAL POPULATION PROJECT

PELLETREAU

REF: STATE 025296

AGENCY FOR INTERNATIONAL DEVELOPMENT

NE/DR

ACTION COPY

ACTION OFFICE: NE/DR/HR, E. Jensen

DATE REC'D: 3/10/93

DUE DATE: 3/17/93

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DATE: _____

1. USAID APPRECIATES RECEIVING SYNOPSIS OF PID FOR PROPOSED PROJECT. REGRET WORKLOAD PREVENTED US FROM RESPONDING BY FEBRUARY 26 DEADLINE. USAID UNDERSTANDS THAT THE PROPOSED PROJECT IS MAINLY DESIGNED FOR OTHER NE MISSIONS THAT ARE NOT BENEFITTING FROM RD/POP'S QUOTE BIG COUNTRY UNQUOTE STRATEGY AND THAT DO NOT HAVE LARGE BILATERAL RESOURCES.

2. IN RESPONSE TO PARA 11, WE WOULD LIKE TO SUGGEST THAT IN THE FUTURE (I.E., NOT THIS FISCAL YEAR), PROJECT FUNDS

COULD BE USED TO SUPPORT SCHOLARSHIPS FOR PARTICIPANTS IN THE REGION TO RECEIVE TRAINING IN CLINICAL FAMILY PLANNING AT THE AIN SHAMS UNIVERSITY REGIONAL CENTER FOR TRAINING (RCT). USAID IS CURRENTLY WORKING WITH THE INSTITUTION TO DEVELOP ITS MANAGEMENT CAPACITY SO THAT IT WILL BE ABLE, IN THE FUTURE, TO HANDLE PARTICIPANTS ACCORDING TO THE PRECEPTS OF HANDBOOK 10. IT IS NOT THERE YET, BUT WE HOPE THIS WILL BE ACCOMPLISHED BY 1994. THE SCHOLARSHIP MONEY WOULD HAVE TO BE PROVIDED TO A CA THAT COULD ADMINISTER THE PROGRAM, NOTIFYING PARTICIPANTS IN THE REGION OF THE VARIOUS TRAINING OPPORTUNITIES AND HANDLING THE SELECTION AND PLACEMENT OF THE TRAINEES FOR THE APPROPRIATE RCT COURSE.

3. ANOTHER QUOTE FELT NEED UNQUOTE WOULD BE TO BUILD UP A STRONG CAPACITY FOR EVALUATION OF FAMILY PLANNING PROJECTS. THIS COULD PERHAPS BE ACCOMPLISHED THROUGH AN IQC MECHANISM WITH AN ORGANIZATION THAT HAS PROVEN SPECIALISTS IN THE FIELD OF FAMILY PLANNING EVALUATION. THIS ORGANIZATION WOULD BE MORE SPECIALIZED THAN THE CURRENT POPTECH PROJECT.

4. IN REVIEWING THE CABLE, WE HAVE A FEW COMMENTS ON OTHER SECTIONS. IN PARA (3) IT ENVISIONS THAT QUOTE EGYPT WILL PLAY AN IMPORTANT ROLE IN REGION-WIDE ACTIVITIES SUCH AS THE ESTABLISHMENT OF A REGIONAL DATABASE UNQUOTE. NO DESCRIPTION WAS GIVEN ABOUT WHAT THAT DATABASE MAY CONSIST OF. WITH THE EXCEPTION OF THE OHS DATA, WE HAVE NUMEROUS CONCERNS ABOUT THE QUALITY OF DATA HERE, WHETHER FROM THE POPULATION CENSUS OR FROM FAMILY PLANNING SERVICE STATISTICS. WHAT KIND OF DATA ARE ENVISAGED TO BE COLLECTED AND/OR REPORTED IN THE REGIONAL DATABASE?

5. REGARDING THE SECTION IN PARA (3) CONCERNING APPLYING SUCCESSFUL LESSONS FROM ONE COUNTRY IN THE REGION TO

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PAGE 01 RABAT 02181 261057Z 0838 002830 AID3648
ACTION AID-00

ACTION OFFICE STN-01
INFO RDAA-01 PRPC-02 HEAL-04 POP-06 HHS-09 AMAD-01 NENA-03
NEDP-03 NEDR-09 FABP-02 NEAA-03 /044 A0 27/2035Z

INFO LOG-00 OES-09 /010W
-----A085F9 261122Z /38

R 261055Z FEB 93
FM AMEMBASSY RABAT
TO SECSTATE WASHDC 0746

UNCLAS RABAT 002181

AIDAC

AID W FOR RD/N; NE/DR/HR. WJANSEN

E O 12356 N/A.

SUBJECT: POPULATION: PID APPROVAL FOR PROPOSED
NEW REGIONAL POPULATION PROJECT

REF: 93 STATE 25296

1. USAID/MOROCCO SUPPORTS NEAR EAST REGION EFFORTS TO ASSIST POPULATION AND FAMILY PLANNING PROGRAMS WITHIN THE REGION THROUGH THE PROPOSED REGIONAL POPULATION PROJECT. ALTHOUGH MOROCCO IS NOT A PRIMARY BENEFICIARY FOR DIRECT PROJECT ASSISTANCE MISSION COULD USE SELECTED PROPOSED REGIONAL ACTIVITIES (EG. CONFERENCES, DATA COLLECTION, ETC.) TO COMPLEMENT ITS ONGOING PROGRAM.

2. USAID/MOROCCO BELIEVES THAT ESTABLISHMENT OF A REGIONAL DATABASE SHOULD PROVIDE VALUABLE INFORMATION FOR PROJECT DESIGN, IMPLEMENTATION AND EVALUATION. USAID/MOROCCO REQUESTS, HOWEVER, THAT DATA BE DRAWN FROM CURRENTLY AVAILABLE SOURCES AND THAT MISSION REPORTING IN SUPPORT OF DATA COLLECTION BE HELD TO AN ABSOLUTE MINIMUM.

3. USAID MOROCCO WILL SHARE THE TEXT OF REFTEL WITH ITS TECHNICAL ASSISTANCE TEAM AND A DESIGN TEAM WORKING WITH USAID TO PLAN MOROCCO FAMILY PLANNING AND CHILD SURVIVAL STRATEGY THROUGH THE YEAR 2000. PROGRAM QUALITY, TRAINING, AND METHOD MIX ISSUES ARE CRUCIAL ELEMENTS OF DESIGN EFFORTS AND REPRESENT THE MOST LIKELY SUBJECT AREAS FOR TECHNICAL ASSISTANCE REQUESTS UNDER THE PROPOSED PROJECT. USAID/MOROCCO WILL FORWARD ANY ADDITIONAL COMMENTS DIRECTLY TO NE/DR/HR. VREELAND

ANNEX D

TRIP REPORTS

Jordan Trip Report February 1993 by Diana Putman

Tunisia Trip Report February 1993 by Diana Putman

Oman Ministry of Health Action Plan by Charlotte Cromer

Oman Family Spacing Needs Assessment by Shelley Snyder

Jordan Trip Report: February 8-15, 1993

by

Diana B. Putman, NE/DR/MENA

Introduction

During my brief trip to Jordan I spent most of my time reading documents and discussing the Mission's fertility reduction objectives with Mr. Balakrishnan and his staff and had a debriefing with the Director and Deputy Director concerning their interests. I also attended the inaugural ceremonies for the DHS seminar, met Department of Statistics staff, and had a meeting with the Secretary General at the Ministry of Health to describe the new regional population project.

The 1990 DHS showed a total fertility rate of 5.6 children, down from 6.6 in 1983 and 7.7 in 1976. There are large differences in fertility by educational levels of women; women with at least some college can expect to have 4 children, women with no education have close to 7 children. Approximately 50% of currently married women want no more children, and if the desired family size were achieved, the fertility rate would be 3.9 children (30% less than the current rate). Forty percent of currently married Jordanian women use any method of contraception (including 5% using prolonged breast feeding), of which 26.9% are modern methods. Contraceptive use is highest among women living in large cities (48%), followed by women in other urban areas (39%) and rural areas (29%). The percentage using modern methods among women in large cities is twice that of rural women (34% vs 17%) and there is considerable regional variation in the use of contraception.

Sources of family planning methods include: government hospital 18%, MCH/health center 6%, FP clinic 30%, private doctor 20%, private hospital 10%, pharmacy 10%. Discontinuation rates by 12 months for contraceptive methods are high: 13.3% due to method failure, 7% due to desire to become pregnant; 10.7% due to side effects and health concerns, and 13% due to other reasons for a total of 44%. Approximately 23% of currently married women in Jordan are in need of a family planning method.

Overview of Mission Bilateral Projects

There are currently two bilateral projects in place: Marketing of Birth Spacing and Family Health Services which tackle population and fertility reduction issues from different perspectives. MBS plans 1) to raise awareness and acceptance within the medical community and general public that mother and child health can be significantly improved by lengthening the interval between births to a minimum of 24 months; and 2) increase access to quality, affordable birth spacing products, information and services in both the private and public sectors. These objectives are to be

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achieved through training, IEC and CSM activities. Due to certain problems with the prime contractor, PSI, the project got off to a rocky start and all activities, except for training, are currently at a standstill until a buy-in or add on to SOMARC can be arranged. PATHFINDER is currently doing training so that component is moving forward. This project, however, provides a mechanism to raise awareness about birth spacing and fertility issues and to access the private sector.

The Family Health Services project purpose is to improve the quality and cost efficiency of those primary health care services provided by the public sector that impact directly on maternal and child health, including birth spacing, and to more effectively utilize private sector health care providers in achieving national health care goals. This project specifically focuses on expanding clinical birth spacing service delivery at MOH clinics, introducing a new family health speciality for both private and public sector physicians, strengthening the ability of the NGO sector to deliver birth spacing services and strengthening the national Population Commission to analyze and interpret demographic trends in Jordan. As currently envisaged by the Mission, the health financing elements of the project have been somewhat reduced with more emphasis placed on strengthening the MCH function of primary health care centers and integrating family planning services. The Mission and GOJ hope to work with FHI for this project with PATHFINDER providing training to NGOs.

The Mission plans a new activity: The Comprehensive Postpartum Project which is at the PID review stage and scheduled for an FY93 obligation. The project is to provide support for the establishment of model postpartum clinics in both the public and private sectors for the provision of comprehensive postpartum services, the orientation of medical, nursing and midwifery students, and the training of OB/GYN, pediatric, family health and general practice residents and physicians in family planning counseling and postpartum service delivery.

The Population Officer in the Mission feels that once these three projects are underway, USAID will have in place a fairly comprehensive approach to achieving its fertility reduction objectives. The basic strategy is as follows: help the GOJ maintain policies favorable to family planning, improve knowledge of effective contraception, increase availability and quality of family planning services and increase availability and affordability of family planning products.

Role of NE Regional Population Project

Nevertheless, there are some important family planning activities that will not be covered by these three bilateral projects for which the NE Regional Population Project resources will be required. These include: 1) household surveys; 2) operations research (OR); 3) targetted training, especially training of trainers; 4) innovative activities through NGOs; 5)

international and regional training; 6) regional research and seminars; 7) 1995 DHS; 8) specialized short term technical assistance (TA). These activities are described below and priorities for FY 93 funding as proposed by the Mission Director, Deputy Director and the Population Officer are identified.

1) Household Surveys: Reliable demographic, population, labor, tourism, and other statistics are still not easily available in Jordan. The capacity to undertake regular household surveys which can be used for decision making in a wide variety of sectors still needs to be strengthened. Unlike many countries where regular household surveys are carried out which provide up-to-date population, health and other statistics as requested by specific ministries, no such resource exists in Jordan. Instead ad hoc surveys are undertaken which do not provide accurate trend data and which are not an efficient way to do business.

Last year a BUCEN team visited Jordan at the request of the Mission and the Minister of Labor. In their report they noted that the Division of Household Surveys of the Department of Statistics has well trained, dedicated personnel who seem equipped to design and execute a continuing household survey. However, past experience has shown that they are slow at analyzing and releasing data. Long term and short term TA could help them carry out prompt data processing and timely publication of results. TA could also be used to assist Jordanians to think through and develop research priorities of relevance to the country's development needs. The United Nations Statistical Office (UNSO) is developing a census assistance project for Jordan since no census has been undertaken since 1979. UNSO is expected to recommend that Jordan use the Integrated Microcomputer Processing System (IMPS), developed and distributed by the U.S. Census Bureau, to process the census. The UN International Labor Office (ILO) has a project where up-to-date computer equipment is to be provided.

AID assistance in establishing an ongoing household survey capacity in Jordan, therefore, could probably be limited to training and TA. An initial cost estimate provided by the Mission was \$ 1.9-2.1 million, but no details were included. This seemed high to me so the Population Officer will provide the Bureau with more details ASAP so that an appropriate level of FY93 funds are reserved if the Bureau approves of this activity. The Mission proposes an OYB transfer of funds for a Mission executed PASA with BUCEN.

2) Operations Research: There is general agreement within the Mission and by the Ministry of Health's Secretary General that the capacity to undertake timely operations research is very weak in Jordan. Researchers here tend to undertake academic research and there is no good linkage between program and policy decisions and sound data collection. The Sec Gen noted that it is clear, from the DHS and other sources, that there is considerable unmet demand for family planning products and services in Jordan.

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However, not enough information is available to accurately target birth spacing programs and activities. He would like to have more information on current user profiles, male roles and attitudes about contraceptives, birth spacing and family size, how poverty affects attitudes about FP and use, how religion and a stronger Muslim Brotherhood affect perceptions and use, what regional differences exist and how these can be addressed by programs.

Subsequently, the Mission Director articulated many similar questions from a slightly different perspective. The Jordan Mission's Country Program Statement (June 1992) has three cross-cutting themes: Governance and Democratic Pluralism; Women in Development; and Managing and Monitoring Policy Reform. The Mission feels that its current population portfolio already includes the latter two themes. Now, it would like to use regional resources to understand how "political" constraints affect family planning and fertility reduction since only anecdotal evidence is currently available. When questioned, the Director indicated that he is concerned about understanding how different "political" groups feel about family planning, ideal family size and fertility reduction. He identified different categories of people such as: domestic versus returnees, East versus West Bankers, rural versus urban inhabitants, male versus female, Moslem versus Christian, poor versus middle class. He is interested also in understanding how attitudes translate into personal and political behavior. For instance is it true that West Bank Palestinians are more pro-natalist than other Jordanians?

While the Population Officer is rightly concerned about presenting population research in political terms to the government, the information requested by both the Director and the Secretary General are fairly similar and lend themselves easily to specific OR activities which are of high priority to both the GOJ and USAID. Since the Ministry of Health does not have much research capacity, the Population Officer suggested that the OR capacity of the University's Population Dynamics Department and/or the Community Medicine Department be assisted with appropriate short term TA. One possibility is to establish a linkage with a U.S. university with strong OR capacity. Another is to work through the Population Council's centrally funded project with R&D/POP. Bala will explore possibilities and inform us ASAP so that up to \$300,000 of FY93 funds can be allocated for this activity.

In Tunisia, Operations Research was actually undertaken by the ONFP which scheduled major seminars to discuss research results with national and regional decision-makers in the Ministries of Health, Plan and others. Because of the weak linkage between policy and research in Jordan, it will be especially important, in my view, to ensure that appropriate linkage mechanisms be integrated into all OR activities here.

3) Targetted Training: There may be a number of domains in which Tunisia's experience in family planning can be helpful to the Jordanians. It is suggested that up to \$200,000 of FY93 funds be

provided to JHPIEGO that will be specifically reserved for Jordanian training. JHPIEGO should be contacted to ensure they are willing to act as a liaison between the ONFP and USAID/Jordan. This will be an interim measure until more direct mechanisms between the ONFP, USAID and the Jordanian Ministry of Health can be developed. These funds could be used to fund Jordanians to attend already scheduled JHPIEGO training programs in Tunisia, to add a seminar specifically for Jordanian needs, or to design one or more specially tailored training activities, or to attend JHPEGO training programs elsewhere. It is assumed that public, private and NGO staff from Jordan would be eligible to participate. Observation tours might also be included.

4) Short-term Technical Assistance: The Population Officer does not feel that an officially stated GOJ population policy is essential to move the program forward and could actually be disadvantageous in light of current political trends. For instance, should Moslem Brotherhood power increase much more, an official policy is an easier target to attack as opposed to more mundane day-to-day activities. Nevertheless, I feel, and I think he concurs, that a well articulated fertility reduction strategy through the end of the decade would provide guidelines for the best utilization of scarce resources and permit measurable objectives to be proposed for the country. An experienced 3 or 4 person team for one month who could visit Jordan at the end of 1993 would be very useful. Other ad hoc demands for TA always arise which fall outside of the Mission's bilateral population projects. In light of growing interest in fertility reduction in the country, there should be a quick source of TA available to respond to special requests. Approximately \$200,000 of FY93 funds should be reserved in POPTECH to meet these needs.

5) Regional Research and Seminars: The Mission in Jordan does not have any specific requests for these types of activities with FY93 money. However, they want to express their interest in learning from other countries in the region through such activities and request that funds be reserved to ensure their participation. In subsequent years they may suggest specific topics, but request other Missions or the Bureau to take the lead at least initially.

6) NGO Strengthening and Innovative Activities: The Mission undertook an NGO assessment in 1992 which can provide the basis for the development of future proposals. There are a considerable number of NGOs in Jordan who might be able to become involved with the provision of birth spacing services, counselling and community education. These agencies include: the General Union for Voluntary Societies which provide support for over 100 small Jordanian NGOs, the ex-servicemen Family Health Care Society, and the Muslim Women's Association. The Mission is already working with NGOs in its bilateral projects and hopes to expand their involvement in the future. Currently the Mission has no funds to support these organizations but will probably not request FY93 funds, although the ST TA request above might be used to help develop proposals for

future years.

7) International and Regional Training: There is always a need and demand for overseas training and Jordan is no exception. While the Mission is interested in seeing funds set aside annually for this purpose, neither Bala nor I could immediately come up with an appropriate "parking" obligation mechanism. For this year and others, Jordan wants to participate once the mechanism is identified.

8) 1995 DHS: The Mission wants it noted that funds should be reserved to pay for another DHS in 1995 to ensure that comparable trend data will exist for the country.

Conclusions

My impression is that the Jordanian Mission is enthusiastic about and interested in using the resources which could be provided by the NE Regional Population Project. Requests for FY93 include OR = \$300,000, Trg. = \$200,000, ST TA = 200,000 or \$700,000 plus up to \$2 million for Household Survey Support for an estimated \$2.7 million of FY93 money. This figures are indicative and Bala will refine them as soon as possible so the Bureau has real figures to use for obligating funds. Over LOP, the Mission believes it will be able to program between \$500-1,000,000 per year in a cross-section of activities.

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Tunisia Trip Report: February 1-8, 1993

by

Diana B. Putman

1. Executive Summary

The Tunisia Mission welcomes the development of the Near East Regional Population Project. Most, if not all, currently programmed centrally funded population assistance activities to Tunisia will end in FY 93. Yet, as will become evident from the background and current analysis sections provided below, the ONFP has certainly not reached a level of institutional maturity where no further assistance would be required. In order to help ensure that demographic targets are met, the Mission recognizes the need to keep providing very limited and targetted support to the ONFP, but this must be done under a least Mission management load, since by September 1993, Tunisia will be down to only 4 USDH staff.

My review of the Tunisia family planning situation is intended to provide the following: a) an overview of policy and strategic objectives at the ONFP from 1990 onwards; b) list of recent or ongoing activities funded by centrally funded projects; c) brief assessment of the current situation at ONFP and the implications for future assistance; d) suggested funding levels, LOE and types of activities over LOP and specific FY 1993 activities. Finally, I provide some comments on concerns about the implementation mechanisms suggested in the PID from the Mission's experience which may be relevant for other countries as well.

2. Background: On December 31, 1990, USAID/Tunisia completed its bilateral family planning project because the Mission believed that new modes of assistance were appropriate in the Tunisian context. At that time, the National Office for the Family and Population (ONFP) had articulated an appropriate but ambitious three pronged family planning strategy for the 1990s. The three key elements were 1) Privatization; 2) Integration; and 3) Transformation of the ONFP itself. In January 1991, under the leadership of Elizabeth Maguire, a team assisted the ONFP to articulate clearly its strategy and suggested to USAID what types of assistance would be necessary to implement it.

The objective of privatization was to transfer much of the burden of service provision to the private for-profit sector (physicians, pharmacists, and employers) and of costs to consumers able to pay for them. An effort was to be made to integrate family planning into the basic health care services of the Ministry of Public Health (and further into education and social service programs administered by other GOT ministries). Through administrative, management, and program reform, the ONFP was to be transformed a) from a government monopoly into a coordinator of activities undertaken by others and, simultaneously, b) into a more cost-efficient and self-sufficient entity able to diversify its

sources of support and to market its training and research capacities and other services in the domestic and international market places.

The strategy report lauded Tunisia's achievements in family planning over the previous 25 years, while noting remaining areas of weakness which needed both immediate and long term improvement. The team recommended that the Mission provide at least \$600,000 for each of the next two years (1991, 1992), supplemented by a considerable amount of technical assistance in certain key areas to be funded by central population projects and to consider targetted assistance through the end of the century.

In December 1990, an assessment of the institutional capacity of the ONFP found that the ONFP was a mature institution capable of carrying out its principal mission, i.e., the planning and implementation of a complex, effective national family planning program, but noted several areas for institutional improvement. These included: a) overall management, especially of personnel and information; b) use of computers and information technologies; c) quality of service delivery (in order to improve client continuation rates); d) operations research and media research; e) consolidation and strenghtening of contraceptive social marketing (CSM) activities; and f) full involvement of NGOs, private sector, and appropriate public sector institutions. Among all the problems which the team identified, the most problematical, they thought, and the Mission agreed, was a hesitancy to pursue new directions on the part of the ONFP. Without a willingness to change how business is done, the team felt that the ONFP would not be able to involve NGOs, the private sector and the Ministry of Health in population activities, would not be able to develop an effective CSM program in support of this, and would not be able to effectively recruit new acceptors in rural areas which is essential to the achievement of demographic targets.

The ONFP strategy for the 1990s was developed under the leadership of the President Director General (PDG) at the ONFP, but within three months he had been promoted to Vice Minister of Health, and subsequently to Minister, and in April 1990, a new PDG was named who remains in office today. In November 1991, this PDG produced a document about the Politics and Strategies for Family Planning in the 1990s. This document will be reviewed briefly here because it provides insights into the PDG's thinking which has implications for the success of current and future AID interventions in-country.

The new document describes four fundamental aspects of the new strategy: 1) attain the demographic objectives for the VIIIth Plan and those for the year 2020; 2) substantially improve the health and social status of women as a result of medical, education and research efforts associated with family planning; 3) target women in particular as a tool for a global family strategy which will have a solid impact on the economic, social and cultural environment of the country; and 4) improve generally the quality of

life of the citizen by providing an environment with an adequate standard of living and a stable future. In AID language, this could be translated into the goal statement of a logframe. Three principal orientations are further identified: 1) maintain an elevated contraceptive prevalence rate in urban and peri-urban areas; 2) operate in rural areas from the perspective of general health and social improvement; and 3) propose general measures to help couples manage their fertility.

When this 1990s strategy document is reviewed in some detail, it appears that most of the interventions could be characterized as "business as usual" with many of the innovative and essential new elements developed during the bilateral either missing or considerably less prominent than anticipated at the beginning of the decade. On the other hand, interventions described in some detail in the document do not figure prominently at the ONFP.

For instance, the document makes no mention of social marketing. IEC activities have continued. There have been TV and radio "spots" featuring family planning and a variety of printed materials have been produced since the bilateral project terminated. However, it does not appear that these have specific purposes in mind, or are integrated into the overall annual strategic objectives of the ONFP. Furthermore, assistance to be provided by the Futures Group under the SOMARC project has never actually gotten underway and may be terminated unless the Tunisians show some initiative. A knowledgeable observer suggested that the PDG thinks he and the ONFP know all about social marketing and can manage on their own. Yet everyone associated with the bilateral, and previous external commentators, stressed that this was the weakest activity at the ONFP, both on theoretical and organizational grounds.

The private sector is mentioned in the document as part of medical services and strategies for the workplace. Some progress has been made over the last two years. Excellent advances have been made in terms of commercialization of contraceptives. In addition to the pill and condoms which have been sold since 1988, IUDs are now for sale and spermicides are supposed to be sold by the ONFP beginning in 1993. There are regular price increases and the semi-autonomous sales office receives positive marks from wholesalers. Nevertheless the organizational fragmentation at the ONFP which, despite valiant efforts, the bilateral was never able to resolve remains. Social marketing activities cross several offices and no overall coherent strategy or management exists. In addition, the key next step for the privatization of family planning services has been dropped, that is the training of private sector physicians.

In addition, the document states that it is necessary for the ONFP to augment the number of CREPF or clinics which it controls directly. This runs counter to the objective of integrating family planning into the public and private health systems. And while, the document talks about systematic pre-service training in family

planning for all health professionals, the final curricula developed under the bilateral for the school of social work were never approved by the PDG. There has been limited, if any, follow-up in the domain of pre-service training. It had been envisaged that by 1993, all the relevant faculties would have adopted and modified the curricula which would then be available for sale to other interested countries. Instead, no more materials are available for the midwives school. There are no plans to produce more, and follow-up and evaluation has ceased.

This is not to say that the ONFP has ceased operating, but instead to suggest that, without very specific help or organizational changes, it is likely to muddle along and will not be able to meet the very ambitious and necessary demographic objectives stated at the beginning of the decade.

3. Current Activities Funded by Central Projects:

Six Cooperating Agencies (CAs) have been working in Tunisia through sub-grants to the ONFP since summer 1991. As a result of the Gulf War and the restriction on visits to the Region, CA's were not able to continue design and programming activities which had begun in 1990 until mid-late 1991. I will not review these activities here, but recommends instead that NE/DR staff discuss these with the CA's representatives to get their impressions of how well implementation proceeded. Beginning in early 1990 there was considerable discussion about levels of support which would be available to Tunisia. In spring 1991, various CAs had agreed to spend about dols 800,000 here, but this was dependent on more detailed analyses. By fall 1991, the figure had risen to dols 3.2 million over about a three year period, depending on availability of funds. For various reasons, the level has been scaled back over time.

At the beginning of February 1993, the exact amount of population monies invested in Tunisia from FY 91 onwards remains unclear. According to information available at the ONFP, approximately dols 580,000 was to be provided for local costs. The Mission does not know what other costs the CA's have incurred or programmed. The Mission would like NE/DR/HR to request R&D/POP to provide this information which will be needed for budgeting any future activities.

AVSC had two projects: 1) to improve the quality of medical care in the voluntary sterilization and counselling program; and 2) training and promotion of Norplant. The first project was satisfactorily completed, but there were some problems with the Norplant project. Norplant was introduced in seven centers in 1991 and it was planned that it would go into 10 in 1992. However, it was discovered that there were too many early withdrawals which were attributed to insufficient counselling so the activity was scaled back. In 1993 there is to be a predominant focus on counselling. AVSC has closed its regional office in Tunis which may make it harder to get resources from them.

FPMO provided training and software for improved analytical accounting (comptabilite analytique), but no other management assistance. The software has been installed in three offices at the ONFP and is being utilized. SEATS has been working with the private sector to get family planning into the workplace and have finished their activities. SOMARC, as noted, has had difficulties moving along its social marketing activities.

The most action with the best success has been in the training domain with activities through JHPIEGO and PAC II. Activities have included training of trainers for prevention of infection, international training in family planning for midwives and physicians and a training session for JHPIEGO consultants. International training about the Diagnostic, Programming and Evaluation methodology with PAC II assistance will be undertaken this spring. In addition the Training Center puts on two international training sessions per year under the auspices of the UNFPA.

4. Rapid Assessment of the ONFP Today: The following remarks are based on consultation with the current Mission Population Coordinator, intensive interviews with ONFP staff and other resident donor representatives. The ONFP is a capable organization and continues to be able to manage day to day affairs competently. Progress has been made in certain areas, but there has been back sliding in others. This would not matter so much if the organization was moving forward with an agreed upon vision and strategic objective in mind. Instead, power has been recentralized to a great extent, decisions are made in an ad hoc manner, there is little or no coordination between elements of the family planning program and minimal communication between actors involved. Managers of CA activities are not provided with the necessary financial reports to track expenditure progress and even overall financial information is not available to those who should have access to it. Personnel management, always a weak area, seems to need considerable assistance.

The strategic objectives for the 1990s, established at the beginning of the decade, were premised on a coherent, interlocking strategy. What is disquieting is that when certain elements are not followed it can upset the whole agenda. For instance, by not following through on pre-service training activities, family planning training is not going to get to public and health professionals in a least cost manner. This will slow up efforts to move service delivery into the Ministry of Health network and into private clinics and practices. Furthermore, it means that new recruits to the ONFP program will need to be trained in-house. However, the whole training strategy was premised on moving most of this basic work elsewhere so the Training Center could concentrate on very specific, supplemental training and begin to expand as an international training center. Privatization of service delivery will suffer if efforts are not made from now to train private physicians and other health care practitioners.

Social marketing is more than selling contraceptives or putting ads on TV. Continued recommendations to create a social marketing unit where marketing, media, research, and sales elements could be managed efficiently in order to contribute to the ONFP's goal of increased contraceptive use have been ignored. Progress was made under the bilateral in social marketing because of constant attention and pressure from the Mission and its contractor and consultants. But, this is not possible now that the Mission depends on central projects and a great deal of momentum in this area has been lost.

Some research activities continue, but analytical skills remain weak. The area of Operations Research will continue to need upgrading particularly if the Tunisian experience is to be made available for scrutiny by other countries. The most progress has been made in the area of international training. The Training Center has established a good reputation in the region, both among Arabic speaking and francophone countries. It now offers packaged courses on a regular basis to AID and UNFPA sponsored participants. With the establishment of centers in Souuse and Sfax, training activities can be expanded. To date, Tunisia remains capable of providing both theoretical training and practicums in many aspects of family planning. In addition to the ready-made courses it provides, it can specially tailor training for the specific needs of a country or program.

5. Tunisia participation in new Near East Regional Population Project: This fairly bleak assessment of the current situation at ONFP is not meant to imply that the Mission thinks that large sums of money and TA should be invested in the organization at the current time. On the contrary, it means that particular care is needed to identify activities that will interest top management and can bring publicity to the organization, and therefore are likely to be implemented within normal time periods.

It means that the Bureau may want to set aside some funds in certain central projects which may not be used immediately, or on a limited scale initially, but would be available to push for rapid progress should the situation change. Finally, it means that population specialists outside Tunisia need to continue to monitor increases in use of modern contraceptives, continuation rates, declines in fertility, urban and rural differentials in contraceptive usage. The Population Crisis Committee recently ranked Tunisia as number 8 in the world in terms of progress toward stabilizing population growth. (Hafid to check) However, the ONFP must not be content to rest on its laurels for without continued progress in privatization and integration of services elsewhere, most of the current gains could be lost.

The Mission understands that the Bureau wants to use an OYB transfer to R&D/POP to obligate monies and gain access to various sorts of expertise. Despite some reservations about this mechanism which will be noted below, they feel that this is the appropriate

mechanism for Tunisia's needs at least for activities during FY 93 and early FY 94. The presumption is that the FY 93 monies can be used over a several year period if necessary.

DHS: According to the ONFP, no firm decision has been made yet by the Pab-Arab Child Project for Child Development (PapChild) to do a survey in 1993. Officials feel that there is enough difference between the two to warrant doing a DHS here in 1993. Even if PapChild were to be done in Tunisia, it might make sense for it to be undertaken by the Ministry of Health rather than the ONFP. I agree with the ONFP that doing the DHS here makes sense in order to strengthen research and analysis skills at the ONFP. Furthermore, ONFP staff view DHS data which is directly comparable to the 1988 data essential for comparing progress or lack thereof in reducing fertility.

Thus, they request that the Bureau finance this through the new project, if DHS III cannot fund it directly, and make funds available ASAP so the survey can begin in 1993. The ONFP would be willing to receive a small number of researchers from other French or Arabic speaking countries to provide a practical training experience for them in DHS. I suggest that Bureau staff consider talking to Mr. Ayad who has managed the DHS before in Tunisia) for technical advice and exact funding levels.

Training: The ONFP Training Center currently puts on 4 international training sessions per year. With three sites available (Tunis, Souuse and Sfax) and an experienced staff, they would be capable of doing more. Rather than receive trainees on an ad hoc basis, they prefer to develop programs with a broad content which can become part of their regular offerings. However, given sufficient lead time they are more than willing to develop specific programs. Thus, Tunisia is willing to expand its role as a resource for other countries through training.

Pre-service training---However, to be able to provide international training over the longer term, ONFP needs to ensure that an adequate pre-service training program is in place for Tunisian personnel. Training Center staff suggest that PAC II try to work with the PDG to encourage him to continue strengthening the pre-service training effort that had begun. Based on two years' experience in certain faculties and the need to insert the curriculum into one new faculty, plus print materials again, some effort will be needed to get this activity moving again. Money is less the issue than persuasive techniques to ensure the issues are understood by top management at the ONFP so they do the necessary legwork to get the partners on board again. It is estimated that up to \$150,000 for both local costs and TA should reserved in the PAC II project for use over two years for this activity. This effort is important because Tunisia had been way ahead of other countries in terms of pre-service family planning training, and would be prepared to sell the final curricula and provide advice to other countries embarking on similar efforts.

Private sector training---Another essential training activity involves private sector physicians. During the bilateral, initial concept documents for this were developed and JHPIEGO had agreed to finance this work. Without this training, and a good pre-service training program, the ONFP will be forced to remain the family planning service provider in the country. Politically and economically, this is untenable over the long run and privatization and integration are the directions the country is moving. The Mission requests that up to \$200,000 be reserved with JHPIEGO to resume this activity which will take a couple of years to accomplish.

Regional seminars---The ONFP has a wealth of experience to offer other programs in the region. They are willing to host and organize regional seminars on specific topics where common issues and concerns can be discussed. They would expect to do this with a built in fee to cover their time and costs.

International and regional training---The ONFP does not have funds to send people on refresher courses overseas. These are essential to keep the staff aware of recent developments and cutting edge issues in the field. Mission suggests that funds be reserved to send four people on one month courses each year.

Operations Research (OR): The Population Council will be holding a training session in Tunisia in March 1993 on operations research during which they propose to identify research topics. The Mission suggests that the Bureau find out what level of funding PopCouncil can spend for OR in Tunisia then supplement this with one to two OR projects per year of regional importance. OR is an area where Tunisia has some good background, but the ability to utilize research results programmatically still needs to be strengthened. Other countries might consider sending staff to participate in certain projects which could then be replicated at home. International and regional training should be considered for the research staff.

Social Marketing (CSM): Having gotten off to a flying start in the mid-80s, the Tunisia CSM efforts have fizzled. The form, but not the content, of this approach to raising CPRs exists here. In light of SOMARC's problems implementing their activities, it may be premature to provide much outside advice in this domain. However, for Tunisia to move ahead effectively TA will be necessary. The ONFP liked and trusted the CSM consultants provided by Ronco. Perhaps SOMARC may want to contact them to see if they can get the ball moving again. I suggest that between \$250,000-400,000 be reserved over LOP for this activity, knowing that perhaps nothing can be done immediately.

Management: Management is another area which is weak at the ONFP. Between the management training provided by TRG and the Diagnostic, Programming and Evaluation process which had been put into place, the ONFP had been moving along nicely toward a more decentralized management approach. Although it is possible that

the time is not ripe to do anything in this area, I recommend that \$100-200,000 over LOP be reserved for management TA and training later on.

Policy/Strategy Analyses: Within the next two years, a high level team of specialists who can evaluate how the ONFP has done since the bilateral project was terminated should be sent to Tunisia. Their job would be to review current strategies and assess what changes might be needed. Another team should be sent out before the regional project ends. Even before that, the NE and R&D Bureaus may want to consider supporting a brief visit by a senior AID population person when they are in the region. Such a visit could prompt the ONFP to redirect some of its energies to more innovative and essential activities.

6. **Proposed Implementing Mechanisms:** Without a full time USDH population officer at the Mission, and decreasing American and FSN staff levels, the Tunisian Mission must look at least-effort management techniques in all its programs. Thus, for FY 93 they believe the best way to channel funds to Tunisia is through an OYB transfer to R&D/POP or direct NE Bureau buy-ins to central activities. However, they want to draw your attention to some problems with this mechanism and especially concerns for Missions without an HPN office.

Since all of Tunisia's population money started coming from central projects, there has not been one individual, either in the NE or R&D Bureaus, responsible for focusing on the overall picture in Tunisia. Thus, each central project quote does its own thing unquote, but no one from outside is keeping the ONFP alert to the hazards of not implementing certain activities. The Mission suggests that an individual be assigned in one of the Bureaus who can provide this oversight and can visit the country at least once per year to dialogue with the ONFP. This should allow better implementation progress.

Financial tracking is a problem right now. The Mission knows what the local costs are for each CA's project with the ONFP, but does not know what the dollar costs for TA and central support. This information is important for two reasons. First, they want to know what the real costs are for the level of effort provided in-country. But, second and more importantly there are programmatic implications. At the present time, many decision-makers in AID see only bilateral funding levels going into Tunisia, and therefore conclude that the Agency has entirely pulled out of population. Yet, a certain level of activity has continued. If Tunisia is having a hard time showing what it is doing in the sector without having this information, what are the consequences for the NE Bureau from transferring all its funds outside the Bureau? Experience with the OYB transfer mechanism with contraceptive procurement has raised a number of questions which the Mission strongly suggests be resolved in the proposed MOU between the Bureaus. Should circumstances at the ONFP change, the Mission would consider doing a direct grant to them, but prefer to hold off

on this right now.

7. Summary: The Tunisia Mission indicated that it is pleased to know that some new resources will be available to support population activities in the region. On behalf of the ONFP, they want to offer this country as one where other people are welcome to come, learn and share their experiences too. The ONFP is a strong organization, but still has some weak spots and they want to be able to continue the AID tradition of helping, but in a limited way.

MINISTRY OF HEALTH ACTION PLAN FOR FAMILY SPACING

I. Introduction

The Ministry of Health (MOH) recently approved a Policy on Family Spacing. The goal of the policy is to improve the health of mothers, children and families by family spacing. Improved family/birth spacing will result in reduced infant and maternal mortality and morbidity, improved health of women, and improved well being of the family.

Also, the MOH is currently developing with the assistance of UNICEF a National Plan of Action for Child and Mother Health for the decade. One of the proposed target of the plan is that by the year 2000 50% of married women of reproductive age will be spacing their births by more than two years. The strategy for reaching this target and the goal of the policy on family spacing are complementary.

Data from the Oman Child Health Survey show the importance of family/birth spacing in infant and child survival. Infant and child mortality rates, per 1000 live births for the period 1979-88 show that the infant mortality rate is 50.7/1000 if the birth interval is less than 2 years. The drop is dramatic, 19.5/1000, if the birth interval is 2-3 years. The under-five mortality rate drops from 72.1/1000 if the birth interval is less than 2 years to 25.7/1000 if the birth interval is 2-3 years.

II. MOH Action Plan to Strengthen Family Spacing

The MOH strategy for implementing the Family Spacing Policy is to strengthen its current breast feeding program, to improve access to contraceptives and services and to provide information about family spacing and contraceptives within the MOH health delivery system. The MOH's plan for implementing that strategy is outlined below.

Currently the MOH receives assistance from UNICEF to promote breast feeding and birth spacing. The MOH will request funding also from the OAJC (A.I.D) to assist in the implementation of the family spacing policy. Most of the funds requested from A.I.D. will be for contraceptives and external technical assistance in training, in development of IEC materials, in clinic management and in conducting a Knowledge, Attitudes, and Practice (KAP) Survey. Funding will be requested also for sore training abroad and equipment.

The day-to-day responsibility for coordinating the MOH Policy on Family Spacing will be the office of the MCH Coordinator under the general direction of the Director General for Preventive Medicine and the National Maternal Child Health Committee. Implementation will be the responsibility of the Ministry of Health. The MCH Coordinator will be responsible for coordinating external technical assistance and development of the Standard Operating Procedures Manual on Family Spacing and other guidelines as needed. The MCH Coordinator will also serve as the principal liaison with donors in the implementation of the policy.

The Family Spacing Policy and the plans for implementing the policy will be discussed with all MOH staff. This will be done at the regular semi-annual meetings, workshops etc. Also, appropriate guidelines and the Standard Operating Procedures Manual will be distributed to all appropriate MOH staff.

A. Strengthening Breast Feeding

Currently, the MOH with assistance from UNICEF is promoting breast feeding for both the health of the mother and child and as a birth spacing method. Three or four TV spots have been developed with the theme that the interval between births should be more than 2 1/2 years. The spots show husbands discussing the importance of birth spacing. The TV spots will be aired on TV in February 1993.

The MOH through the National Women and Child Care Plan (NWCCP) with the support of UNICEF are working on a general booklet about the importance of birth spacing. The booklet will be ready for distribution in late 1993. Posters about birth spacing are in the early stages of development. It is anticipated that the posters will be completed and distributed in 1994.

The MOH and UNICEF are also inserting appropriate health messages and information into the 4-6 primary grades science and social studies curricula. As other curricula are reprinted, the MOH and UNICEF will insert relevant health messages.

UNICEF has also assisted the MOH in developing the Baby Friendly Hospital Initiative. This initiative includes training all hospital health personnel about the importance of breast feeding and correct breast feeding techniques, e.g., when to introduce solid foods, etc. The health personnel in turn teach proper breast feeding to all the mothers who deliver in the hospital. In addition, community support groups are being trained to support mothers and to reinforce proper breast feeding. As of January, 1993, four hospitals have been certified as "baby friendly". Approximately another 20 hospitals will be certified in 1993 and the balance in 1994.

B. Improving Access to and Information About Family Spacing

1. Training

One of the most important factors in the introduction of family spacing into the MOH health system is training especially training in counseling. The MOH faces a special challenge as only a limited number of its nurses and doctors speak Arabic. These health professionals must provide services and counseling to a community that generally only speaks Arabic. The problem will be if not solved at least alleviated when the five new regional nursing schools, the medical school and the midwifery graduates begin to enter the MOH health system. However, with the growing need for nurses and physicians in Oman it will be decades before a fully Omanized health force is available. In the meantime, it is important that the current system, while not optimal, provide family spacing counseling and services.

To have maximum impact and to reach all married women of reproductive age with the correct messages about family spacing, it will be necessary to train all MCH providers who have contact with these women. This would include OBGYNs, pediatricians, GPs, selected nurses and medical orderlies. All service providers will need to understand the importance of family spacing to the health of the woman and her child and be able to provide counseling. Particular emphasis will be made to reach postnatal women to encourage them to delay their next birth.

Family spacing has the potential to be a sensitive subject; therefore, good communication between provider and client is important. Because of the language barrier in the health system due to the lack of Arabic speakers, female medical orderlies will be trained in the basic aspects of family spacing. They will be able to assist doctors and nurses if translation problems arise and respond correctly if patients ask them questions. In some instances the medical orderlies are the only female Arabic speakers in a health facility.

a. Pre-service Training of Service Providers

The standard operations procedures manual on family spacing will be sent to the Institute of Health Services with instructions to incorporate family spacing into the curricula of both nurses and midwives. The curricula will include, among other things, contraceptive technology, counseling, and managing side effect. The curriculum for midwives will also include theoretical and clinical instruction in the insertion of IUDs.

The MCH/MOH in cooperation with the Institute of Public Health will design a 3-5 week course for the doctors who graduate in early 1993. The curriculum of the course would be family spacing within the MCH context and would include contraceptive technology,

counseling women, managing side effects, and clinical training as appropriate. This course would be offered as an elective during internship at the Institutes of health. Women doctors would be encouraged to enroll.

Also, the MOH will review the medical school curriculum to ensure that adequate family spacing concepts, counseling, contraceptive technology and IUD insertion are incorporated into the medical school curriculum.

b. In-service Training of Service Providers

1) Training of Trainers:

To make the training program self-sustaining and to develop a cadre of trainers within the MOH, MOH personnel should be trained as trainers. Once the trainers are trained, they will in turn train the rest of the MOH staff. To the extent possible Omani nurses and physicians will be selected to be trained as trainers. For the first year or two of the family spacing program the trainers will devote a substantial amount of time to training MOH staff. The selection of the trainers is critical and must be done carefully to ensure that the people chosen have the time to devote to the training of the MOH staff that will be necessary to ensure the success of the family spacing program. Given the shortage of Omani staff and the current workload of the MOH staff, it may be difficult to find enough people to be trained as trainers. However, the importance of having a cadre of trainers who will be available to train other MOH staff for at least two to three years cannot be over emphasized.

Three or four groups of three to five persons will be trained as trainers. The groups are: OBGYNs and female General Practitioners (GPs), nurses and male GPs, and medical orderlies. The curriculum for each will obviously be different. The medical orderlies will be taught in Arabic; therefore, the trainers must be Arabic speaking. The other groups will be taught in English as the majority of staff to be trained are non Arabic speakers.

The approximately four week course for the OBGYN and female GP trainers will include both theory and clinical training. They will receive training in counseling, an update of contraceptive technology, managing side effects of contraceptives, training techniques, development of curriculum and clinical IUD insertion training.

The approximately four week course for the nurse trainers will include counseling training, contraceptive technology, training techniques, and curriculum development. The curriculum for the male GPs would be the same. If appropriate, the GPs and nurses could be trained together with training teams made up of both nurses and GPs.

The trainers for the medical orderlies would be Arabic speaking nurses and medical orderlies if enough qualified medical orderlies are available. As some medical orderlies are illiterate, the curriculum will deal with very basic contraceptive technology, counseling, training techniques including training illiterates and curriculum development. As for the nurses the training course for trainers will be for approximately 4 weeks.

2) Training of Staff

Once the trainers have been trained, the training of the MOH staff will start. The priority groups to be trained are all OBGYNs and key nurses in each hospital and clinic. While all the medical personnel have received training in their respective fields, it is important that MOH standards for family spacing, counseling skills, knowledge about contraceptive use and procedures be practiced by all MOH personnel. Therefore, it is important that all service providers eventually be trained. All staff will be trained in their region if possible. Because the training will take approximately two weeks, it is important that the personnel be made available for the training. A detailed schedule will be developed that outlines timing of training to be held, where the training will be held, and who will be trained. It is estimated that approximately 50-75 OBGYNs, 800 GPs, 3,000 nurses, and 800 female medical orderlies need to be trained.

3) Special Training Needs

In order to expand the availability of tubal ligation services in Oman, two to three OBGYNs will be sent abroad for training in tubal ligation probably 3 to 4 years after the adoption of the family spacing policy and once the program has had a chance to mature. Adequate services must be available for women for whom further child bearing poses health risks or death.

To strengthen the management capability of the MOH in managing the new family spacing initiative, one to two people in the office of the MCH Coordinator, who are responsible for the family spacing program, will be selected to attend a short-term (two-three week) training course in management of family spacing programs. Numerous excellent courses are available in the U.S.

Numerous Muslim countries have long standing successful family spacing programs. It may be useful to send several MOH staff to observe the programs in one or two of the following countries: Morocco, Tunisia, Turkey, Indonesia, and/or Egypt.

c. Assistance Needed from the OAJC (A.I.D.)

As stated above training is critical to introducing family spacing into the MOH system. Because of the importance of

training, the MOH is requesting a resident training advisor for 12 months. If only short-term technical assistance (TA) consultants are used, it will be difficult to maintain the momentum and the consistency of the training. Also, short-term TA poses an extra burden on the MOH staff to brief and educate each new consultant.

Regardless of whether the TA is long-term (one year), numerous short-term TA visits, or both, the MOH will request external technical assistance from A.I.D. for training. The TA will assist in developing a detailed training plan that will include, among other things, schedules for training trainers and MOH staff, a schedule of follow-up TA visits if required, development of curricula, refresher training, and training materials. If concurrence is not received for a resident training advisor, A.I.D. will be requested to provide the same training advisors as much as possible to ensure consistency and efficiency. Assistance will be requested also in supporting the cost of training of the MOH staff.

A.I.D. also will be requested to fund short-term training aboard for 1) two to three physicians in tubal ligation, 2) one or two people from the Office of the MCH Coordinator to attend a two to three week course abroad on the management of family spacing programs and 3) a one or two week observation tour for four-five members of the MOH staff.

Some equipment will be needed to implement the family spacing program. For example, a culdoscopy to perform pap smears, pelvic models for IUD training, some training aids, etc. The MOH will request assistance from A.I.D. in purchasing this equipment.

2. Contraceptives

a. Types

The MOH currently only distributes within its system two contraceptives, the pills, Microgynon and Marvelon. These oral contraceptives are currently only given for treatment. In order to give women and service providers more options in contraceptives, the MOH should add additional contraceptives to its program for family spacing.

The two additional contraceptives are the copper Intra Uterine Device (IUD), and the injectable. The advantage of the IUD is that it is a good method for multiparous women, and once inserted requires no further actions by the woman. One disadvantage is that only a trained female service provider can insert it. The advantage of the injectable is that either a male or female service provider can give the injection and no special training is necessary. The injectable also has the advantage in that it must be given only every three months. If condoms are to be provided, they have the advantage of not needing a service provider to administer the method. One disadvantage may be that Omani males

may be unwilling to use condom however, they may be acceptable at least to a certain segment of the population.

The current distribution system within the MOH works very well. The addition of two-three new contraceptives would not pose a problem for the distribution system. Service providers will need to calculate potential use and order accordingly to maintain a constant supply in the health facilities.

b. Financial Assistance Requested from OAJC (A.I.D.)

Because of the current Oman budget constraints and the lead time necessary to make funds available for contraceptives through the MOH budget, contraceptives will be requested from A.I.D. for the next four years (1993-1996). The MOH will provide in its 1996 budget adequate funds to purchase contraceptives for 1997.

The disadvantages of requesting A.I.D. contraceptives is that there will not be a choice of brands. A.I.D., in order to simplify its procurement system, only provides one combined oral contraceptive (Lo-femeral, Wyeth), and one progestin-only pill (Ovrette, Wyeth) one IUD (CuT-380A, Finishing Enterprises), and one injectable (Depo-Provera, Upjohn). All are made in the U.S. The contraceptives provided by A.I.D. are excellent and have been approved by the U.S. Food and Drug Administration. The pill is a low dose, and the IUD is considered one of best and most effective copper IUDs.

Another potential disadvantage is that some of the women currently using the pills provided by the MOH will have to be switched to a new pill. The problems encountered will be more psychological than physical and with careful counseling the problem could be overcome.

The A.I.D. IUD (CU 380-A) and maybe the oral contraceptives (Wyeth) would have to be registered in Oman with the Drug Control Registration Department before they can be shipped to Oman. Depo-Provera is currently registered and marketing in the private sector in Oman. The Central Drug Committee would have to approve the use of the new contraceptives before they could be distributed within the MOH clinical system.

3. Information, Education, Communications (IEC)

a. IEC Materials Needed

The MOH with assistance from UNICEF has developed posters, TV spots and educational printed materials on breast feeding and the importance of birth spacing for the health of the mother and child. To support the family spacing program, materials are needed to assist the service provider in counseling the client and to

reinforce the message. Materials for clients both illiterate and literate that explain contraceptive use and possible side effects are needed as well as flip charts that can be used in counseling sessions by the service providers. The flip charts would be a reminder to the counselor on what should be included in the discussion and could provide a visual picture to the client. Posters would be posted in the clinics in areas where the women gather, for example, the ante-natal and the post-natal waiting rooms. As the hospitals already have the equipment and educational videos are currently being used, a video on birth spacing could be developed. The video would explain the importance of birth spacing and discuss the types of contraceptives that are available at the hospital.

Because birth spacing will be added to the curricula of the nurses and midwives, audio visual aids should be obtained for the Institute of Health Science. These materials already exist in English and should not have to be developed or at most they would only need to be modified. Some example of the types of materials that could be provided are slides, movies and books on contraceptive technology and counseling.

b. Assistance Requested from the OAJC (A.I.D.) for development of IEC materials.

External short-term technical assistance will be requested to assist in the development and printing of IEC materials. A.I.D. has a long history of developing materials for family spacing programs and a wealth of knowledge and information is readily available. Of course, any materials developed for Oman would have to be Omanized. Several TA visits would be required to develop the materials discussed above. Also, A.I.D. would be requested to provide appropriate audio visual aids to the Institute of Health Science to assist them in the teaching of family spacing at the Institute.

4. Knowledge, Attitudes, Practice (KAP) Survey

In order to establish a base line of current knowledge, attitudes and practice, a KAP survey will be conducted during the first year of the program. While the Oman Child Health Survey provided some information on current practice, it is not current and additional information is needed. Another KAP survey would be done in year 4 of the program to measure change and impact of the program. The information about the attitudes of Omani men and women is an important tool in designing IEC materials and counseling women about birth spacing.

Funding assistance from A.I.D. The MOH will request A.I.D. to provide technical assistance in the design and implementation of a KAP survey. The TA would include help in analyzing and publishing the survey data.

5. Clinic Management

Due to the current patient load, service providers have limited time for additional duties and counseling women on family spacing. One of the ways to help free up time of the service provider is to improve patient flow.

With the start of the family spacing program, the MOH may consider collecting additional types of data on family spacing users. The need for additional data on family spacing clients should be discussed with service providers and managers to ascertain what information would be useful and how it should be collected. The MOH already collects much useful data, extra effort will be directed toward analysis of the data. The MOH may want to find out what types of contraceptives are the most acceptable to the clients, when in her reproductive cycle does an Omani woman start spacing her children, etc. Once a decision is reached about if and what types of additional data is needed, client data forms in the health system may have to be changed.

Funding Assistance Requested from A.I.D. The MOH will request external technical assistance from A.I.D. to assist in developing a patient flow plan and to redesign the client data forms.

BACKGROUND

On behalf of the Ministry of Health, the Omani American Joint Commission (OAJC) requested assistance in completing a draft policy for family spacing and to develop an implementation plan reflecting this policy. In the course of developing its regional population project, the Near East Bureau felt an investigation of the situation in Oman was necessary in order to anticipate what type of assistance might be required in the future. As a result, Charlotte Cromer, formerly with the Office of Population, U.S.A.I.D., and Shelley Snyder, a Population Fellow in the Near East Bureau, came to Oman in January to assemble information relevant to Oman's future family spacing program.

SETTING

It is estimated that between 1.5 and 2.0 million people live within Oman, and of those between 200,000 and 500,000 are expatriates, mostly from India, Pakistan, and Egypt. These expatriates perform a variety of occupations, from street cleaners, to doctors, to merchants. The country has a program of Omanization whereby its citizens are educated and trained to take over many of these jobs, but at least in the health system, it will take over a decade before Omanis comprise the majority.

Because of wealth brought by oil, Oman has been able to undergo tremendous changes in the last 20 years, health and education among them. The Sultan has been a powerful force for modernization since he came to power in 1970. During the period 1969-73, the infant mortality is estimated to be 140/1000. Presently it is estimated at 27/1000. In 1981 completed DPT coverage was at 19%; in 1991 it was at 95%. Literacy has also increased for both boys and girls, currently over 90% of the children eligible for primary school are enrolled. In 1980 adult literacy was only 25%. Life expectancy has increased from 57.5 years in 1980 to 66.8 in 1991. These indicators dramatically demonstrate the changes Oman has undergone. Although there is concern that falling oil prices, on which Oman is quite dependent, may mean that there will not be as rapid advances in the future, the country continues to enjoy an impressive base on which to build. Oil currently accounts for roughly half of the GDP. The oil revenues have paid for Oman's development.

In many ways, Oman is a traditional Muslim culture with a small urban population (36%) and girls marrying at young ages. One-third marry a first cousin and approximately one-fifth marry another relative. Marriage is almost universal, and rates of infertility and sexually transmitted diseases are very low. Only one in ten women are in a polygynous union. (Even so, almost one in five experience dissolution of their marriage by age 50.) The majority of households have both televisions and refrigerators, 74.2% and 79.3% respectively. Almost half own cars, and women drive in Oman, unlike some other Gulf states. There are now almost 5000 miles of paved roads. In 1970 there were only 10 miles. In other words, Oman is by no means in a static position. It is growing and changing which means that the family spacing program appears to be introduced at the right time.

POLICY

A draft family spacing policy is now being circulated in the Ministry of Health. It is hoped that the Minister will give his official approval in the next few months. Originally this policy was to be promulgated nation-wide, but for the time being it has been decided that it will remain internal to the MOH. It is very important that this policy be ratified, as at present doctors working in the national system cannot prescribe contraceptives except as treatment of disorders. The Ministry of Health in conjunction with UNICEF, has initiated a breast feeding campaign which emphasizes the contraceptive effects of breast feeding in addition to its other benefits. The Ministry of Health has been developing guidelines for its medical personnel about contraceptives, but these guidelines will not be completed and distributed until the family spacing policy is officially approved. As the vast majority of Omanis receive their health care free of charge at government sponsored health clinics, family spacing will not take effect until the government policy is approved.

LOGISTICS

The Ministry of Health seems to have developed a good system for supplies of pharmaceuticals. It does not seem that many problems would arise in adding contraceptives to the system. Presently over 10,000 items including drugs and supplies are distributed by the national system. For most of the country, supplies are delivered monthly from a central warehouse in response to monthly requests from the regions. We spoke both with the Director General of Pharmaceuticals for the MOH and with regional health personnel including one pharmacist to see if the system was in good order, and it seems to work well. The personnel at the national level emphasized a tight budget and increasing demands for supplies. Also, we were very impressed with their tracking system. They were able to answer on the spot all of our questions about drug supply in the national program and also to provide some answers about the private sector.

BARRIERS TO IMPLEMENTING A CHILD SPACING PROGRAM

Some barriers do exist, but most do not appear to be insurmountable. Importation: Drugs like all other imports, are subject to a 5% tariff. For drugs to be imported they must be registered. Registration can take several months. Currently at least 11 types of oral contraceptives are registered, three types of IUDs, and depo-provera. A variety of condoms are also available. In order for a drug to be purchased by the MOH it must first be approved by the Central Drug Committee (CDC). Most of the A.I.D. contraceptives, including Norplant, are not currently registered.

Husband's permission: There has been some discussion within the MOH about requiring a husband's permission when seeking contraception. It is hoped that official permission will not be necessary as this could create a barrier for women who do not wish to inform their husbands about their decisions to delay child bearing. Additionally, health care providers said that husbands did not involve themselves in their wives' medical procedures. For instance they were not usually present when their wives gave birth.

Medical barriers: Currently the draft policy on family spacing requires a cervical smear before prescribing contraception. Apparently only a few facilities in country can perform cervical smears, and the MOH is interested in receiving this equipment as a donation. Although in many countries requiring pap smears and prescriptions for contraceptives can place a heavy burden on potential family planning clients, in Oman, this may not necessarily be the case. The vast majority of the population has access to free health care. More importantly, what is different in Oman is that the health care appears to be of very good quality, and because of a well-developed infrastructure, the access is good as well. For instance, 89% of all births occur in health centers. Women make an average of 5.7 antenatal visits. There is one doctor for every 970 people and one nurse for every 350. Consequently as most women already regularly utilize the health system, requiring a prescription and pelvic exam should not result in undue burden on the client.

Other barriers: It seems that the most important barrier to obtaining information on family spacing will be the fact that most health care providers do not speak Arabic. Therefore, communication not only in counselling but also for methods will be difficult. This topic will be discussed in greater depth later

DATA

Data availability is very good in Oman. The Oman Child Health Survey undertaken in 1988-89 is an in-depth source of not only morbidity and mortality data from a national sample, but also of information on child spacing and family planning activities.

A census is planned for 1994 and the information from it will be invaluable once tabulated. Many different ministries are awaiting information from the Census. The Sultan discussed the importance in cooperating with the census during his 1993 annual meet the people tour. Oman has never undertaken a census. Several Omanis were trained at the U.S. Bureau for the Census.

The Ministry of Health has an excellent Health Information System which publishes the Annual Statistical Report which tracks diseases, hospital admissions, number of Health personnel and the like. It does not appear that adding information on child spacing to this health system will require much additional effort. How to add information on family spacing will need to be examined once the Ministry adopts the official policy.

The pharmaceutical division of the MOH tracks the amount of pharmaceuticals imported and the amount sold. This tracking system could prove to be a valuable source of information on family spacing once the data is analyzed. Analysis will be especially useful once the family spacing program is well established.

Below are some statistics taken from the Oman Child Health Survey conducted in 1988-89 which are especially relevant to a family spacing program. The first group of statistics shows some dramatic differences in IMR when certain bio-demographic data are included. IMR has continued to drop since the survey was conducted, but the data indicate trends and show a possibility for further improvement in IMR if a family spacing policy were introduced.

INFANT MORTALITY RATES (1979-88)

Mother's age at birth	
<20	48.5
20-29	31.4
30-39	33.1
40-49	37.3
Birth Order	
1	54.0
2-3	28.3
4-6	33.4
7+	40.6
Interval since previous birth	
First birth	54.6
<2 years	50.7
2-3 years	19.5
4+ years	16.7

TOTAL FERTILITY RATES

National Total	7.84
Urban	5.30
Rural	9.11
Literate	4.99
Illiterate	9.90

KNOWLEDGE OF FAMILY PLANNING

National Total	76.3%
Urban	83.5%
Rural	70.0%
Illiterate	69.8%
Preparatory Ed.	88.0%

EVER-MARRIED WOMEN EVER USE

National Total	16.3%
Urban	32.6%
Rural	9.4%
Illiterate	8.3%
Preparatory Ed.	31.8%

METHOD MIX OF CURRENT USERS

Pill	28.4%
IUD	17.5%
Injection	3.5%
Condom	12.6%
Female Steriliz.	25.3%
Rhythm	6.0%
Other	6.7%

INFORMATION, EDUCATION, COMMUNICATION

The Omani Health information system tracks details about service statistics and imports of contraceptives, from which one can make educated guesses about contraceptive behavior and practices. Also the Oman Child Health Survey contains information about knowledge and use. Nevertheless, little data has been gathered about attitudes toward family spacing. A KAP survey launched before family spacing interventions are begun by the MOH would show Omani attitudes and would be useful in developing IEC materials. A later KAP survey could be used to monitor progress of the program.

UNICEF has begun a campaign on birth spacing and several spots on television, as well as brochures for clinics, are planned. However, UNICEF does not feel that method-specific messages are part of its mandate. UNICEF is willing to launch child spacing program within its maternal child health objectives. It seems that once a family spacing policy is officially accepted, IEC activities would build on those already initiated by Unicef. UNICEF has also developed posters and pamphlets on the subjects of nutrition, immunization, etc, which are displayed and distributed throughout the health centers.

At present MOH personnel do not want to take family spacing outside the Ministry. They would like to keep it as an internal policy, which limits IEC activities. Consequently during the first few years of implementation of the family spacing policy, IEC efforts will be concentrated in health centers. Without the KAP survey it is difficult to assess the desire for family spacing, however most people with whom we spoke felt that there was much unmet need within the population. As most women receive both ante- and post-natal care and deliver children within government facilities, clinic-based family spacing programs will reach the majority of the target population.

Once family spacing is accepted as a national policy beyond the MOH, then family spacing messages can be transmitted by community outreach workers, in women's groups, in schools, on radio, etc. An inter-ministerial task force on maternal and child health already functions and information and education are shared on a variety of subjects. Once family spacing is accepted on a national level, the maternal and child health task force can lend assistance in promoting the policy.

Local capacity for production of print and radio and television exists. The Omani government has the capacity to produce television programming, but the turn-around time is slow. Private print production is costly and not of high quality, at least according to some sources. Local capacity will need to be further investigated and the advantages and disadvantages of production in the U.S. or neighboring countries evaluated.

When asked if materials from other countries could be adapted, the response was that print messages could be adapted, but visual images need to be Omani. These theories would need to be tested before any media campaigns were launched. A significant proportion of women are not literate, (53%) so materials will need to be adapted accordingly.

COMMODITIES

Currently the MOH supplies only two oral contraceptives in its system, Marvelon by Organon and Microgynon by Schering. It is emphasized that these are for treatment only, not for contraceptive purposes. The distribution of these pills like other pharmaceuticals in Oman is on the rise. Currently 1150 cycles of pills are distributed each month. As was mentioned above, other contraceptives are registered in the country, but they are not yet in the MOH system. Contraceptives would need to be available once the MOH policy is ratified. Oman may need to have contraceptives donated initially as they are not presently part of the budget. Later the MOH can be expected to purchase them.

STAFF

The vast majority of service providers are expatriates from India, Egypt, the Philippines, etc. Although the quality of care seems very high as exhibited by rapidly declining mortality rates, etc., there are difficulties in providing the best care possible because of language differences between patient and provider. For curative services, this fact is less of a problem, because providers can make diagnoses, recommend procedures, and provide prescriptions with minimal verbal exchange with the patients. On the other hand, for health education, which requires good communication between provider and client, the language barrier is more significant. (Omanis, at least from anecdotal evidence, do seem interested in health education, so motivation techniques are not high priority.) Family spacing is an especially sensitive subject which requires good counselling skills. In the years to come, Oman will not have enough trained Omanis to impact on the health system. Training of health providers therefore, will have to take into account the language barrier which exists. Furthermore, only female doctors are culturally acceptable for IUD insertions and for performing pelvic examinations. All ob/gyns within the MOH system are women. Additionally, it is reported that Omanis do not feel satisfied with their treatment unless they see a doctor; other medical personnel do not suffice. All of these factors indicate that ob/gyns should receive highest priority for training in family spacing as they will be the people on which the program is built.

The biggest staffing issue in the Omani health care system is the lack of Omanis. The demand for health services is ever-increasing, and the population continues to grow, which presents a challenge to the MOH. As female medical personnel, particularly Omanis are crucial for the success of the family spacing program, it is important to examine the statistics. In 1990 there were 17 female Omani doctors 249 non-Omani female doctors out of a total of 994. For nurses there were 406 Omani females and 2,954 non-Omani females out of a total of 3,106. It is assumed that despite many of the non-Omanis having lived in Oman for many years, that most of them do not speak Arabic. Therefore, for nurses and doctors to communicate with their patients, they sometimes rely on the help of the Omani medical orderlies many of whom are older and illiterate. In 1990 there were 748 Omani female orderlies in the health system. It seems that these orderlies may be able to serve as an important link in communicating family spacing messages. Training them in family spacing should be investigated.

Oman is training its own doctors and nurses. The first group of doctors will graduate in 1993. However they will need to do an internship and residency which means that they will not fully become a part of the Omani Health system for another several years. Nursing programs have expanded considerably with the opening of 5 regional training centers. Nurses have already graduated from the Institutes of Health Sciences which is seeking to have its course accredited by both the U.S. and the U.K. Once the MOH approves the family spacing policy it will become an official part of the curriculum.

We visited a district hospital and health center. Although it was crowded and the staff were busy, morale seemed very good. Many of the doctors and nurses to whom we spoke had been in Oman for 5-15 years. They seemed concerned about their patients and to take pride in their work. When asked about family spacing, they agreed that many women in Oman would like to slow down their childbearing. They felt that women are interested in spacing births, but limiting births is not of interest to women at this time. The staff see a need for a child spacing policy. Without the policy they are very hesitant to recommend any actions for child spacing to their patients despite seeing a need. Doctors will insert IUDs for patients who buy them at private pharmacies.

SUPERVISION AND TRAINING

UNICEF sponsors two central workshops every year for the MOH. These are two day workshops which seem mostly to involve a policy dialogue between the regions and the Ministry of Health. In 1990 they held one on family spacing and the regions made suggestions for priorities for expanding the program. (See appendix.) These workshops appear to be a good opportunity for the MOH to explain new policies to regional supervisors and service providers.

A policy of regionalization or decentralization is in place. However, much authority remains in the capital, and change is occurring slowly. Although authority does remain centralized for the most part, opportunity for input by the regions seems to exist. Also, supervision seems good. Because of the excellent infrastructure in Oman, good roads and telephones, communications work well, and input from the capital occurs on an ongoing basis.

Currently other than the Institute of Health Sciences which provides diploma courses for health personnel, the MOH does not have a program of in-service training or continuing education. People with whom we spoke in the Ministry recognized the need for the provision of on-going training; however, they did not feel that they had the staff available.

FACILITIES AND MANAGEMENT

Oman is ever-increasing its health facilities in order to keep pace with its growing population. The capital has modern facilities including neo-natal intensive care units, kidney dialysis machines, etc. The Health facilities we visited in the region were simple but adequate. They were clean and in good repair.

Because health care is free, the perception is that facilities are crowded because Omanis seek health care often. The crowding may demonstrate faith in the health care system. People find it worth their while to visit the facilities for treatment. Anecdotal evidence shows that women who are restricted in their activities view a visit to the health center as a social occasion. Consequently the health centers are crowded with clients congregating at certain peak hours. If family spacing will be added as an additional service, health facilities could use assistance in streamlining patient flow so that adequate time can be spent counselling patients in family spacing.

PRIVATE SECTOR

Presently it is unlikely that any donor will be working on strengthening the private health sector because so few Omanis take advantage of it. On the other hand, because the MOH system does not provide contraceptives, it is a significant source of information when examining interest in family spacing. All contraceptives, with the possible exception of the pill, must be purchased at private pharmacies. Once the MOH develops an official family spacing policy, the private sector will not be as significant in terms of demonstrating interest in family spacing for Omanis. Most expatriates are not provided free health care; the private sector, both clinics and pharmacies will continue to be important to those not eligible for government services. Also the private sector will continue to play an important role for those who wish services or drugs that the government cannot or will not supply.

OTHER GOVERNMENT HEALTH SERVICES

In addition to the Ministry of Health facilities, health care is dispensed through the Royal Oman Police, Ministry of Defence, and Petroleum Development Oman. Apparently these government branches follow policies established by the MOH. The MOH and these branches compete for graduates of Omani health institutes.

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Spacing

MOH Family Spacing Training

RECOMMENDATIONS BY THE GROUP ON 19-12-90

1. Training of all medical & Paramedical staff using Audio Visual materials on Family spacing.
2. Manual on Family spacing and suitable tools like posters, Flip charts, Pamphlets, should be prepared and distributed to the staff involved in the Family spacing programme.
3. Doctors and all the staff should discuss with mothers during ANC, PNC and during the perinatal period using pamphlets and education materials on family spacing.
4. Special clinic for family spacing have to be established, or it could be joined with ANC.
5. Involvement of other Ministries and local leaders through MCH committee.
6. Ministry of Islamic Affairs and Muffis view on mass media.
7. Use of mass media for promotion of Family spacing.
8. Contra-ceptives should be available in MOH institutions.
9. Promotion of breast feeding.
10. Clear National policy statement on family spacing.
11. Minimum age limit for marriage and early marriage should be discussed.
12. Formation of family spacing committee.
13. Involvement of Private practitioners.
14. Regional workshop on family spacing should be organised.
15. Separate Health education dept with special trained staff should be established in each region.
16. Statistical data should be collected for each institution regarding the activity.
17. Include family spacing subject in the education curriculum.

DETAILS OF RECEIPTS AND SALES OF CONTRACEPTIVES DURING THE YEARS 1990 AND 1991.

S.No.	Name of product	Manufacturer	CO	Imports 1990	Imports 1991 tilldate	Sold 1990	Sold 1991 tilldate	Local Agent
1	Egynon Tablets, 21s	Schering	Germany	300	300	544	338	Muscat Pharmacy
2	Gynera Tabs, 21's	Schering	Germany	4,000	2,000	3,496	2,255	
3	Logynon Tabs., 21's	Schering	Germany	3,700	-	4,384	1,912	
4	Microgynon Tabs, 21's	Schering	Germany	19,389	11,000	21,318	14,121	
5	Brevinor Tabs., 3x21's	Syntex	UK	240	288	269	172	
6	Depo-Provera Inj 1ml	Upjohn	Belgium	6,000	2,000	4,482	1,940	
7	Nordette Tabs 21's	Wyeth	Germany	4,440	3,300	6,581	3,273	
8	Ovral Tabs. 21's	Wyeth	Germany	6,600	2,640	7,979	4,807	
9	Trinordiol Tabs 21's	Wyeth	Germany	2,160	550	1,689	948	
10	Ortho Gyne-T, 10's	Cilag	UK	-	40	35	17	
11	MARVELON	Organon	Holland	3952	9656	3952	6927	AL-HASHAR PHARMACY
12	MultiLoad Cu 250	HomesFeed Achel N.V.	Belgium	550	550	550	196	
13	MultiLoad Cu 375	HomesFeed Achel N.V.	Belgium	450	450	450	160	
14	Ovulen 50, 21s	SEARLE	U.K	1500	300	1500	300	Muttrah Pharmacy
15	Femulen, 28s	SEARLE	U.K	1400	600	1400	600	

People Contacted:

Ambassador David Dunford, US Ambassador to Oman
Mark Matthews, AID Representative, Omani-American Joint Commission for
Economic and Technical Cooperation (OAJC)
Mike Gould, Program Officer CAJC
Virginia Murray, Economic/Political Section, American Embassy
Shahnaz Kianian Firouzgar, Representative, UNICEF
Alice Simaan, UNICEF
Dr. David J. Sencer, Consultant to UNICEF
Dr. Ali Jaffer, Director General for Preventative Health, MOH
Dr. Jasmin Ahmed Jaffer, MCH Coordinator, MOH
Professor M.S. Elbauly, Director General of Pediatric Services, Royal Hospital

Dr. Murttha Jaffer, Director General of Training
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Dr. Jahan, OBGYN, Sumail Hospital, Sumail
Dr. Nashem, GP Faanj Health Center
Adrian Lambourn, Health Information Section, MOH

ANNEX E

SUMMARY OF R&D/POP CENTRAL PROJECTS

Project Name: Demographic and Health Surveys (DHS II)

To conduct sample surveys of contraceptive knowledge, availability, and use; demographic levels and trends; and maternal and child health status. DHS-II will: a) undertake a careful assessment of DHS data quality and future data needs; b) conduct approximately 25 additional DHS surveys; c) disseminate DHS data via reports, conferences, special presentations, and distribution of data files; d) promote further analysis of DHS data by host country researchers, program managers, and the international population and health communities; and e) further improve the Integrated System for Survey Analysis (ISSA) software and organize up to 10 ISSA workshops.

Project Name: Demographic Data Initiatives

To strengthen the capability of developing countries to process, evaluate and analyze demographic and FP data as well as other social and economic data. PASA with the U.S. Bureau of the Census (BuCen) has two main components in the provision of assistance. One, technical support for the implementation of censuses in developing countries, provided by the International Statistical Programs Center (ISPC), includes: a) workshops and technical consultations to USAID missions and LDC statistical agencies on the entire range of census activities, including initial assessment and planning visits, census management procedures, data collection and processing, and dissemination and use of census data; b) development and dissemination of software package and instructional materials for taking censuses and surveys; and c) on-going contact and support for users of BUCEN software packages. Two, compilation and analysis of demographic data, carried out by the Center for International Research (CIR), comprises: a) development and maintenance of a comprehensive worldwide demographic database and biannual publication of population statistics; b) preparation of special reports from the international database in response to ad hoc request from AID/W, USAID missions, and contractors; and c) workshops and technical assistance on the compilation and analysis of developing country demographic data.

Project Name: Evaluation of Family Planning Program Impact
(EVALUATION)

To strengthen the capacity of A.I.D. and host-country institutions to evaluate the impact of population programs on fertility. The EVALUATION project is aimed at improving methodologies for evaluating the impact of FP programs on access to services, contraceptive use and fertility. Rather than creating a new system of evaluation, the project seeks to provide the tools for strengthening existing evaluation systems. Emphasis is placed on making use of existing data to measure program impact at the country level. Project activities include: preparation of reference documents, organization of working groups, and the conduct of impact and methodological studies. The project transfers improved evaluation methodologies through technical assistance, training, and dissemination activities.

Project Name: Strategies for Improving Service Delivery
(Operations Research - OR)

To improve, through OR and technical assistance, the quality, accessibility, and cost-effectiveness of FP and maternal child health delivery systems; and to strengthen developing country institutional capabilities to use OR as a management tool to diagnose and solve service delivery problems. To project provides technical assistance and funding for OR to both public sector and private sector FP service providers. Priorities for the project include using OR to: 1) increase access to FP services; 2) increase availability and use of under-utilized contraceptive technologies; 3) improve the operations of programs to make them more efficient and sustainable; 4) improve the quality of existing services; and 5) provide more acceptable services to special population groups. In addition, more than 200 subprojects have been completed.

Project Name: Training in Reproductive Health

To improve FP service delivery by training developing country physicians, nurses, and midwives in FP and by institutionalizing FP training in developing country medical, nursing, and midwifery schools. The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) works closely with developing country medical and nursing schools to incorporate FP into their curricula. JHPIEGO trains developing country physicians, nurses, midwives and medical administrators in FP through a network of local and regional training centers. Courses provided by JHPIEGO address: contraceptive methods and technology; reproductive risk; education skills; infection prevention; and management of sexually-transmitted, genital tract infections. JHPIEGO works to

strengthen the links between training and service delivery and encourages self-sufficiency through the institutionalization of training for medical, nursing and midwifery schools.

Project Name: Population Communication Services (PCS)

To develop effective communication programs in direct support of selected population and FP service delivery programs in developing countries. Although many developing country couples are aware of the concept of FP, they lack the information necessary to make an informed choice to practice FP, to know when and where services are available, and to understand which method is most appropriate for them. This project provides country-specific assistance in: 1) identification of communication needs of FP programs; 2) marketing and audience surveys; and 3) design, implementation and assessment of activities. These activities include small-scale studies for testing effective communication methods and large-scale communication campaigns; development, pretesting and revision of materials and methods; evaluation of effectiveness of communication programs; and exchange and adaptation of methods and materials among countries. The project emphasizes the use of both public and private sector organizations engaged in FP communication and the development of communication planning and implementation capability in developing country institutions. Through this project, translations and copies of effective materials and films are provided for population programs in other developing countries.

Project Name: Family Planning Training for Paramedical, Auxiliary, and Community Personnel (PAC IIB)

To strengthen and develop the capacity and capability of developing country institutions and agencies to design, implement, and evaluate training activities. PAC IIB provides assistance in FP training to a variety of FP workers including nurses, midwives, auxiliary and community workers, and traditional practitioners. The project emphasizes building the capability of developing country institutions to carry on effective, self-sustaining FP training programs for PAC workers. Assistance includes technical and other support to develop and strengthen FP training institutions and programs; short-term technical assistance to supply specific technical training to ongoing programs; and assistance in conducting training programs, assessing training results, and incorporating the findings into subsequent courses. Project efforts concentrate on strengthening the skills of personnel who train, manage, or supervise other PAC workers. The project emphasizes training in mid-level management/supervision, training of trainers, service delivery skills and pre-service education. Types and levels of assistance vary to meet needs specific to geographic regions and individual countries.

Project Name: Family Planning Management Development (FPMD)

To promote institutional development and strengthen the management capabilities of public and private (non-profit) FP organizations in LDCs. The focus of the FPMD project is to institutionalize effective management, quality assurance, and sustainability as guiding principles of the organizational development process. The project will help FP organizations to progress from fragile and dependent programs to mature and sustainable institutions. The project includes assistance for: 1) management development planning; 2) technical assistance and training to help organizations implement management development plans; 3) development, adaptation, use, and dissemination of training materials; 4) evaluation to assess the impact of project activities; and 5) preparation and dissemination of FP management materials. Training and technical assistance are provided in the following content areas of management: organizational development; strategic planning and goal setting; financial planning and management; human resources development and supervision; management information systems; and strategies which promote financial sustainability.

Project Name: Association for Voluntary Surgical Contraception Program (AVSC)

To make high quality voluntary surgical contraceptive (VSC) services available as an integral part of developing country health and FP programs. The program offers a variety of FP choices for men and women including surgical contraceptive methods, intrauterine devices, NORPLANT, and other long lasting methods. AVSC subprojects initiate new VSC services; improve safety and effectiveness; assure informed, voluntary, well-considered client decisions; improve management and assure that services are responsive to the needs of clients; conduct research, evaluation, and special initiatives; and introduce new technologies.

Project Name: Family Planning Service Expansion and Technical Support (SEATS)

To expand the development of national FP programs; increase access to, and use of, quality FP services in currently underserved populations; and ensure that unmet demand for these services is addressed through the provision of appropriate financial, technical and human resources. The SEATS project

focuses on developing and strengthening national FP services delivery programs in selected countries in Africa, Asia, and the Near East. SEATS has three overall program emphases: 1) strategic planning, program design, and management support for national FP programs; 2) development of innovative approaches to large scale FP program expansion; and 3) implementation of FP service delivery programs in 15 to 20 countries.

Project Name: Family Planning Services: The Pathfinder Fund (PF)

To introduce voluntary FP services, information, and training in developing countries and to make existing FP services systems more effective in both public and private sectors. Pathfinder currently supports 150 projects in 28 countries. Activities include community-based distribution programs, professional and para-professional training projects, clinical service programs, information and education projects, institutional development efforts, commodity and logistics support, and youth programs.

Project Name: Promoting Financial Investments and Transfers (PROFIT)

To mobilize the resources of the for-profit private sector for FP services; and to achieve the greatest for-profit sector contribution possible for the support and funding of FP services in selected developing countries. The PROFIT project works primarily in three areas: 1) Innovative Investments, 2) Private Health Care Providers, and 3) Employer-Provided Services. Innovative Investments include debt conversions and other financial transfer mechanisms for the benefit of host-country services providers, local production of contraceptives, and assessment and reduction of trade barriers. In addition to these major components, which will be concentrated in a relatively small number of countries, a technical assistance component is included to help design, implement, or improve a private sector population component of an A.I.D. funded project.

Project Name: Family Planning Logistics Management

To improve the management and operation of FP programs in developing countries through the use of more effective logistics systems, the collection and analysis of demographic data, and the use of targeted epidemiological activities. The new five year PASA with the Division of Reproductive Health at the Centers for Disease Control (DRH/CDC) provides technical assistance to LDC FP organizations in four areas: 1) logistics management - to improve the ability of local FP organizations to more effectively and efficiently manage their contraceptive supplies; 2) contraceptive prevalence surveys - to assist FP organizations in determining

the patterns of contraceptive knowledge of use; 3) clinic management - to provide LDC FP programs with the capability to use Patient Flow Analysis (PFA) to enhance the efficiency of clinic operations; and 4) epidemiological training and research - to conduct workshops and applied research on epidemiological issues related to contraceptive safety and reproductive health. In general, the local (in-country) costs of these activities are borne by the host organization.

Project Name: Family Planning Logistics Management

To improve the capability of LDC public and private sector organizations to administer more effective and efficient contraceptive logistics systems; and to provide support to R&D/POP in managing the Office's Projects Database (PPD) and the management system for tracking contraceptive orders, shipments, and financial accounts. John Snow, Inc. (JSI) collaborates with CDC and assists R&D/POP, U.S.A.I.D. missions, and LDC FP organizations to implement the following activities: 1) strengthen the ability of FP programs to manage and implement efficient contraceptive logistics systems; 2) institutionalize the capacity of FP programs to forecast their contraceptive requirements; 3) develop the capacity of FP programs in implement sound quality assurance programs; 4) implement and maintain R&D/POP's commodities MIS (NEWVERN) which tracks the procuring, shipping, storing, and financing of A.I.D. supplied contraceptive; and 5) undertake special analyses on cross-cutting issues related to contraceptive logistics and A.I.D. population programs. The logistics assistance activities are managed out of the Washington office and from regional offices in Latin America, East and West Africa.

Project Name: Population Technical Assistance (POPTECH)

To improve the effectiveness of population programs by providing short-term technical assistance. The project provides worldwide short-term consulting services to public and private sector institutions to improve the design and management of population programs. The project recruits and fields professional consultants in response to specific requests for technical assistance from a broad spectrum of disciplines for activities such as design, assessments, evaluations, and special studies.

**THRESHOLD DECISION BASED ON
INITIAL ENVIRONMENTAL EXAMINATION**

(A) PROGRAM COUNTRY : NEAR EAST REGIONAL

(B) ACTIVITY LOCATION : NEAR EAST REGION

(C) PROJECT TITLE/ID : NEAR EAST REGIONAL
POPULATION PROJECT
(398-)

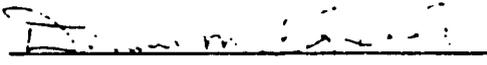
(D) PERIOD OF FUNDING : FY 93-98

(E) FUNDING : \$15,000,000

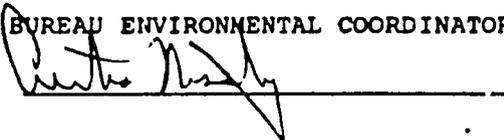
(F) IEE PREPARED BY : Signature 
J. Paul E. desRosiers
Senior Environmental Advisor

(G) ENVIRONMENTAL ACTION RECOMMENDED : CATEGORICAL EXCLUSION
under A.I.D. Regulation 216
Section 216.2 (c)(2)(viii).

(H) DECISION OF NE BUREAU ASSISTANT ADMINISTRATOR

APPROVED: 
DISAPPROVED: _____
DATE: Feb 11, 1993

(I) DECISION OF THE NE BUREAU ENVIRONMENTAL COORDINATOR (S...)

APPROVED: 
DISAPPROVED: _____
DATE: _____

INITIAL ENVIRONMENTAL EXAMINATION

- | | | |
|--|---|--|
| 1. PROGRAM COUNTRY | : | NEAR EAST REGIONAL |
| 2. ACTIVITY LOCATION | : | NEAR EAST REGION |
| 3. PROJECT TITLE/ID | : | NEAR EAST REGIONAL
POPULATION PROJECT
(198-) |
| 4. PERIOD OF FUNDING | : | FY 93-98 |
| 5. FUNDING | : | \$15,000,000 |
| 6. IEE PREPARED BY | : | Signature 
J. Paul E. desRosiers
Senior Environmental Advisor |
| 7. ENVIRONMENTAL ACTION
RECOMMENDED | : | CATEGORICAL EXCLUSION
under A.I.D. Regulation 216
Section 216.2 (c)(2)(viii). |

8. DISCUSSION OF MAJOR ENVIRONMENTAL RELATIONSHIPS OF THE PROJECT RELEVANT TO THE ATTACHED IMPACT IDENTIFICATION AND EVALUATION FORM:

A. DESCRIPTION OF THE ACTIVITY

The purpose of this project is to expand access, increase the range of services, and improve the quality of family planning services within the public and private sectors. The project will support activities in the following areas: data collection and trend analyses; family planning awareness and communications (IEC); training and skills development; improvements in service delivery (public or private); technical assistance; and operations research. Anticipated life of project funding total \$15 million over a five year period.

B. RECOMMENDED ENVIRONMENTAL ACTION

Considering the details for the activity outlined above a CATEGORICAL EXCLUSION from A.I.D. Environmental Procedures is recommended. The proposed Near East Regional Population Project is not expected to have an effect on the natural or physical environment

This proposal for a CATEGORICAL EXCLUSION is in accordance with A.I.D. Environmental Procedures 22 CFR 216, Section 216.2 (c) (2) (viii) which generally provides for such a recommendation for programs involving nutrition, health care and family planning services, except to the extent that these projects include activities directly affecting the environment (such as the construction of facilities, water supply systems, waste water treatment, etc.). In case any such activities become necessary during the implementation of this project, the full application of A.I.D. Environmental Procedures is required as described in 22 CFR 216.1

ENVIRONMENTAL IMPACT IDENTIFICATION AND EVALUATION FORM**
(see next page)

ENVIRONMENTAL IMPACT INDICATOR AREAS

A. LAND USE

- 1. Changing the character of the land through:
 - a. Land clearing N
 - b. Construction (roads, buildings) N
 - c. Extraction of minerals N
 - d. Creation of Deposits for Unwanted Materials N
 - 2. Alteration of Natural Barriers (dunes, marshes) N
 - 3. Foreclosing Important Future Uses N
 - 4. Potential for Endangering Populated Areas N
 - 5. Other Factors N
-

B. SURFACE AND GROUND WATER

- 1. Effects on Quality
 - a. Introduction of industrial pollutants N
 - b. Introduction of agricultural pollutants N
 - c. Introduction of urban, sewage wastes N
 - d. Introduction of or important wastes N
 - e. Potential for Transnational Impacts N
- 2. Effects on Quantity
 - a. Changes in Water Flow Rates N
 - b. Increasing probability of floods N
 - c. Potential for changing Demand/Supply Relation N
 - d. Potential for Transnational Impacts N

C. AIR

- 1. Potential for increased NO_x, SO_x, HC, CO₂/CO emissions N
 - 2. Potential for increased Particulate emissions N
 - 3. Potential increase of noxious Odors, Vapors N
 - 4. Noise pollution N
 - 5. Other factors N
-

D. ENERGY

- 1. Potential for Increased Energy Demand N
- 2. Use of Renewable Energy Sources N
- 3. Plans for Energy Efficiency/Conservation N
- 4. Other Factors N

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E. COASTAL AND MARINE RESOURCES

- 1. Introduction of Biological/Chemical Pollutants
- 2. Introduction of Agricultural Runoff
- 3. Mineral Extractions
- 4. Impacts on Fish/Shellfish Harvest
- 5. Impacts to Existing Biota by new Introduced Species
- 6. Potential for Algal Blooms
- 6. Others

 N
 N
 N
 N
 N
 N
 N

F. BIOTA

- 1. Introduction of Exotic Organisms
- 2. Destruction/Alteration of Critical Habitat
- 3. Potential for Impact to Endangered Species

 N
 N
 N

G. ANTIQUITIES PROTECTION

- 1. Potential for Harm to Historic Sites
- 2. Increased Access/Use of Historic Sites

 N
 N

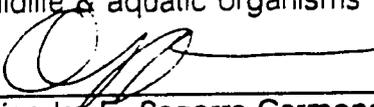
H. PESTICIDE USE (Required by 22 CFR 216)

- 1. Will Pesticides be Used?
 - a. Are they USEPA registered?
 - b. Are they "Restricted-Use", Cancelled on under "Special Review"?
 - c. Are complete plans in place to train and fully protect applicators?
- 2. Impacts on wildlife & aquatic organisms

 N

 N

Form Prepared by:


 Alejandro E. Segarra-Carmona
 AAAS Fellow

Date

Dec 30 1962

Project Location: NEAR EAST REGIONAL
 Project Title/ID: (398-)

Fill the blanks with the following

- ** N- NO perceived environmental impact
- U- UNKNOWN environmental impact (substantiate)
- L- LITTLE environmental impact (briefly describe)
- M- MODERATE environmental impact (substantiate with cost/benefit analysis)
- H- HIGH environmental impact (substantiate and present possible mitigative actions)
- N/A- Not applicable YES or NO

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ANNEX G

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.

a) N/A
b) N/A
c) N/A
d) N/A
e) N/A
f) N/A

2. U.S. Private Trade and Investment

N/A

(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).

3. Congressional Notification

a. **General requirement** (FY 1993 Appropriations Act Sec. 522; 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 Appropriations Act notification requirement has been waived because of substantial risk to human health or welfare)?

Congressional Notification requirements met.

b. **Notice of new account obligation** (FY 1993 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 1993 Appropriations Act Sec. 571(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?

N/A

4. Engineering and Financial Plans

N/A

(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?

5. Legislative Action

N/A

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

6. Water Resources

N/A

(FAA Sec. 611(b); FY 1993 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.)

7. Cash Transfer and Sector Assistance

N/A

(FY 1993 Appropriations Act Sec. 571(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)?

8. Capital Assistance

N/A

(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?

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) N/A
- b) The project will promote private provision of family planning services where appropriate.
- c) N/A
- d) N/A
- e) N/A
- f) N/A

10. U.S. Private Trade

N/A

(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).

11. Local Currencies

N/A

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.

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?

N/A

c. **Separate Account** (FY 1993 Appropriations Act Sec. 571). 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?

N/A

(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

N/A

administrative requirements of the United States Government?

N/A

(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?

N/A

12. Trade Restrictions

N/A

a. **Surplus Commodities (FY 1993 Appropriations Act Sec. 520(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?

b. **Textiles (Lautenberg Amendment) (FY 1993 Appropriations Act Sec. 520(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 textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?

N/A

13. Tropical Forests

N/A

(FY 1991 Appropriations Act Sec. 533(c)(3) (as referenced in section 532(d) of the FY 1993 Appropriations Act): 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?

14. PVO Assistance

a. **Auditing and registration** (FY 1993 Appropriations Act Sec. 536): 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.?

Some of the project activities may be implemented by U.S. or local non-Governmental organizations in which case all necessary requirements shall be assured before assistance is made available.

b. **Funding sources** (FY 1993 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?

The project will ensure any participating PVOs are in compliance.

15. Project Agreement Documentation

N/A

(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).

16. Metric System

Yes

(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

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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?

17. Women in Development

(FY 1993 Appropriations Act, Title II, under heading "Women in Development"): Will assistance be designed so that the percentage of women participants will be demonstrably increased?

As a population project women will be the primary beneficiaries.

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.

This is a regional project.

19. Abortions

(FY 1993 Appropriations Act, Title II, under heading "Population, DA," and Sec. 524):

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

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20. Cooperatives

N/A

(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?

21. U.S.-Owned Foreign Currencies

a. **Use of currencies** (FAA Secs. 612(b), 636(h); FY 1993 Appropriations Act Secs. 507, 509): Are steps being 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.

N/A

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?

N/A

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?

These will be covered under R&D contracts.

b. **U.S. procurement** (FAA Sec. 604(a) as amended by section 597 of the FY 1993 Appropriations Act): Will all procurement be from the U.S., the recipient country, or developing countries except as otherwise determined in accordance with the criteria of this section?

Yes

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?

Yes

- 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.) N/A
- 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.) N/A
- 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 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? Yes

- 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 1993 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 1993 Appropriations Act Sec. 523): 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 documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage? Yes

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? Most project activities will be implemented though the Research and Development Bureau central population projects which were on originally competitively bid.
23. **Construction** N/A
- a. **Capital project** (FAA Sec. 601(d)): If capital (e.g., construction) project, will U.S. engineering and professional services be used?
- 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? N/A
- 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** N/A
- (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?
25. **Communist Assistance** Yes
- (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?

26. Narcotics

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

b. Assistance to narcotics traffickers (FAA Sec. 487): N/A
 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?

27. Expropriation and Land Reform Yes

(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?

28. Police and Prisons Yes

(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?

29. CIA Activities Yes

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

30. Motor Vehicles Yes

(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?

31. Military Personnel Yes

(FY 1993 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?

32. Payment of U.N. Assessments Yes

(FY 1993 Appropriations Act Sec. 505): Will assistance preclude use of financing to pay U.N. assessments, arrearages or dues?

33. Multilateral Organization Lending Yes

(FY 1993 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)?

34. Export of Nuclear Resources Yes

(FY 1993 Appropriations Act Sec. 510): Will assistance preclude use of financing to finance the export of nuclear equipment, fuel, or technology?

35. Repression of Population Yes

(FY 1993 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?

36. Publicity or Propaganda No

(FY 1993 Appropriations Act Sec. 516): Will assistance be used for publicity or propaganda 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 propaganda purposes not authorized by Congress?

37. Marine Insurance Yes

(FY 1993 Appropriations Act Sec. 560): 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?

38. Exchange for Prohibited Act

No

(FY 1993 Appropriations Act Sec. 565): 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?

39. Commitment of Funds

No

(FAA Sec. 635(h)): Does a contract or agreement entail a commitment for the expenditure of funds during a period in excess of 5 years from the date of the contract or agreement

40. Impact on U.S. Jobs

(FY 1993 Appropriations Act, Sec. 599):

(a) Will any financial incentive be provided to a business located in the U.S. for the purpose of inducing that business to relocate outside the U.S. in a manner that would likely reduce the number of U.S. employees of that business?

No

(b) Will assistance be provided for the purpose of establishing or developing an export processing zone or designated area in which the country's tax, tariff, labor, environment, and safety laws do not apply? If so, has the President determined and certified that such assistance is not likely to cause a loss of jobs within the U.S.?

No

(c) Will assistance be provided for a project or activity that contributes to the violation of internationally recognized workers rights, as defined in section 502(a)(4) of the Trade Act of 1974, of workers in the recipient country?

No

ONLY

1. Agricultural Exports (Bumpers Amendment)

(FY 1993 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?

N/A

2. Tied Aid Credits

FY 1993 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.

The project proposes to strengthen indigenous capacity to plan, program and deliver family planning services responsive to the needs of local populations.

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5. Economic Development

Yes

(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?

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

a) N/A
 b) N/A
 c) slowing population growth is essential for economic growth in most NE countries.
 d) control of fertility allows women to participate in economic development.
 e) this is a regional project specifically designed to promote interregional cooperation.

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7. Recipient Country Contribution

N/A

(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)?

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?

Poor women often have the least access to family planning services so success of this project will help them directly.

9. Abortions

(FAA Sec. 104(f); FY 1993 Appropriations Act, Title II, under heading "Population, DA," and Sec. 534):

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

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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-most activities will be implemented through R&D Bureau central population projects which were competitively bid.

11. Disadvantaged Enterprises

(FY 1993 Appropriations Act Sec. 563): 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)?

These provisions are the responsibility of the R&D contracts.

12. Biological Diversity

N/A

(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?

13. Tropical Forests

(FAA Sec. 118; FY 1991 Appropriations Act Sec. 533(c) as referenced in section 532(d) of the FY 1993 Appropriations Act):

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

Yes

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 which lead to sustainable and more

N/A

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 forest lands;

N/A

(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? Yes

14. Energy

(FY 1991 Appropriations Act Sec. 533(c) as referenced in section 532(d) of the FY 1993 Appropriations Act): 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. 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 N/A

management.

16. Deobligation/Reobligation

(FY 1993 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?

Yes-if becomes applicable during LOP.

17. 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?

N/A

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?

N/A

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?

N/A

18. 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

1) Control of one's own fertility permits women and men to participate in income-earning

12/1

areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S.

activities
2) N/A
3) Rapid population growth is a key constraint to development so the project will help check it.

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?

4) Women will be major beneficiaries of the project.
5) This is a regional project designed to encourage regional linkages.

19. Agriculture, Rural Development and Nutrition, and Agricultural Research

(FAA Secs. 103 and 103A):

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.

N/A

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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 endogenously produced foodstuffs; and the undertaking of pilot or demonstration programs explicitly addressing the problem of malnutrition of poor and vulnerable people.

N/A

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.

N/A

20. 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.

Special emphasis on rural and illiterate women. Family spacing to promote improved MCH. Project goal to promote smaller healthier families. Efficiency and Effectiveness emphasized.

21. Education and Human Resources Development

N/A

(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.

22. 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:

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;

To extent possible project will ensure that the activities augment and collaborate with PVO, regional, and international organization's family planning programs.

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- 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
- 23. Capital Projects** N/A
- (Jobs Through Export Act of 1992, Secs. 303 and 306(d)): If assistance is being provided for a capital project, is the project developmentally sound and will the project measurably alleviate the worst manifestations of poverty or directly promote environmental safety and sustainability at the community level?
- C. CRITERIA APPLICABLE TO ECONOMIC SUPPORT FUNDS ONLY**
- 1. Economic and Political Stability** N/A
- (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?
- 2. Military Purposes** N/A
- (FAA Sec. 531(e)): Will this assistance be used for military or paramilitary purposes?
- 3. Commodity Grants/Separate Accounts** N/A
- (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

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FY 1993, this provision is superseded by the separate account requirements of FY 1993 Appropriations Act Sec. 571(a), see Sec. 571(a)(5).)

4. Generation and Use of Local Currencies

N/A

(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 1993, this provision is superseded by the separate account requirements of FY 1993 Appropriations Act Sec. 571(a), see Sec. 571(a)(5).)

5. Cash Transfer Requirements

N/A

(FY 1993 Appropriations Act, Title II, under heading "Economic Support Fund," and Sec. 571(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?

N/A

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?

N/A

c. **U.S. Government use of local currencies:** Will all such local currencies also be made available to the U.S. government as the U.S. determines necessary for the requirements of the U.S. Government, or to carry out development assistance (including DFA) or ESF purposes?

N/A

d. **Congressional notice:** Has Congress received prior notification providing in

N/A

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?

6. Capital Projects

N/A

(Jobs Through Exports Act of 1992, Sec. 306, FY 1993 Appropriations Act, Sec. 595): If assistance is being provided for a capital project, will the project be developmentally-sound and sustainable, i.e., one that is (a) environmentally sustainable, (b) within the financial capacity of the government or recipient to maintain from its own resources, and (c) responsive to a significant development priority initiated by the country to which assistance is being provided. (Please note the definition of "capital project" contained in section 595 of the FY 1993 Appropriations Act.)

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ANNEX H
PRELIMINARY LOGICAL FRAMEWORK
PROJECT TITLE AND NUMBER: NEAR EAST REGIONAL PROJECT (298-0004)

<u>NARRATIVE SUMMARY</u>	<u>OBJECTIVE VERIFIABLE INDICATORS</u>	<u>MEANS OF VERIFICATION</u>	<u>IMPORTANT ASSUMPTIONS</u>
<p><u>Goal:</u> Increase contraceptive usage and promote smaller, healthier families in the Near East Region.</p>	<ul style="list-style-type: none"> - Change in contraceptive prevalence rates. - Increase in the birth interval averages. 	<ul style="list-style-type: none"> - National demographic and health surveys. - Internationally accepted data base and demographic projection programs (such as those compiled by U.S. BUCEN, UN, the World Bank, Population Reference Bureau, etc.) - National Statistic Offices 	<ul style="list-style-type: none"> - Gender discrepancies in educational attainment continue to decline. - Child mortality continues to decline regionwide. - Where present rational population policies continue to be actively supported - Public sector family planning programs continue to be energetically implemented. - Private Sector environment for family planning service delivery remains favorable.
<p><u>Purpose:</u> Enhance Achievement of missions Family Planning objectives and targets of opportunity.</p>	<ul style="list-style-type: none"> - Increase in the number and variety of service outlets providing family planning services. - Decrease in the number or rate of discontinued users as measured by decrease in: method failure, user failure service delivery system failure. - Expansion in the mix of contraceptive technologies available to users. 	<ul style="list-style-type: none"> - Family planning program statistics and market surveys. - Household surveys. - Sales or "offtake" statistics for various contraceptive methods. 	<ul style="list-style-type: none"> - Statistical organizations of host-country governments continue to share data. - Host-country family planning programs remain receptive to donor collaboration. - Countries within region will be willing to share data information on family planning approaches and outcomes.

<u>NARRATIVE SUMMARY</u>	<u>OBJECTIVE VERIFIABLE INDICATORS</u>	<u>MEANS OF VERIFICATION</u>	<u>IMPORTANT ASSUMPTIONS</u>
<p><u>Outputs:</u></p> <ul style="list-style-type: none"> - Regional information resource and data base established. - Service delivery providers trained in clinical and management methods. - Demographic and birth interval trends analyzed and defined for the region. - Mechanisms for improved integration of health and family planning services defined in selected countries. - Steps to improve access to contraceptive services and service delivery quality identified and introduced in selected NE countries. - Family planning program experience exchanged between countries in the Region. - Improved mechanism established for supporting bilateral population efforts in the region. 	<ul style="list-style-type: none"> - Data set and reference software made available. - Mission utilization of data base. - Analyses and data-retrieval runs completed. - Country needs assessments completed and an acceptable response rate achieved for Mission identified requests. - Requested technical assistance provided and training completed. - Results of operations research applied to or incorporated within service-delivery systems within the region. - Service-delivery examples from the region a part of training and workshops conducted. - Missions rating of Project contribution to Mission population objectives. 	<ul style="list-style-type: none"> - Implementing agency/contractor records. - Quarterly and annual reports of central population projects. - Commentary from missions. - Survey of mission HPN staff. 	<ul style="list-style-type: none"> - Statistical organizations of host countries continue to share data. - Host country family planning programs remain receptive to donor collaboration. - Implementation mechanisms within central population projects are responsive to mission-identified needs.
<p><u>Inputs:</u></p> <ul style="list-style-type: none"> - Technical Assistance - Training/Workshops - Data collection and analysis 	<ul style="list-style-type: none"> - Person-months of TA provided to the Region. - Numbers of persons from the region participating in training and workshops held. - Existing DHS data sets for NE countries reviewed and incorporated within regional data/resource base. 	<ul style="list-style-type: none"> - Contractor action plans - Contractor reports. - R&D/POP Central Population project records. - Mission activity clearance documentation. 	<ul style="list-style-type: none"> - Ministries responsible for family planning services within the region receptive to initiatives undertaken within the Project. - Activities of other donors do not compete with the nature of inputs provided by the Project. - Implementation priorities of central population projects will be flexible enough to allow timely response to Bureau and Mission needs.