

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET		1. TRANSACTION CODE A A = Add C = Change D = Delete		Amendment Number	DOCUMENT CODE 3				
COUNTRY/ENTITY REDSO/WCA		3. PROJECT NUMBER 624-0440							
4. BUREAU/OFFICE AFR		5. PROJECT TITLE (maximum 40 characters) FAMILY HEALTH AND AIDS							
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 019 310 00		7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4) A. Initial FY 915 B. Quarter 2 C. Final FY 919							
8. COSTS (\$000 OR EQUIVALENT \$) =									
A. FUNDING SOURCE		FIRST FY 95		LIFE OF PROJECT					
		B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total		
AID Appropriated Total		16,100		16,100	40,000		40,000		
(Grant) Proj. & Contracept		16,100		16,100	40,000		40,000		
(Loan)									
Other									
U.S.									
Host Country									
Other Donors)									
TOTALS		16,100		16,100	40,000		40,000		
9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROXIMATE PRIMARY PRIORATION 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) DEA S444		K40		0		16,100		40,000	
(2)									
(3)									
(4)									
TOTALS						16,100		40,000	
10. SECONDARY TECHNICAL CODES (minimum 6 codes of 3 positions each) 550						11. SECONDARY PURPOSE CODE 514			
12. SPECIAL CONCERNS CODES (minimum 7 codes of 4 positions each)									
A. Code		PVOU		PVON		INTR			
B. Amount		37,000		5,000		37,000			
13. PROJECT PURPOSE (maximum 400 characters)									
<p>To increase the availability and use of quality family planning/ reproductive health, HIV/AIDS and child survival services in concert with other donor, regional and host country efforts, while building on successful USAID-funded initiatives in West and Central Africa.</p>									
14. SCHEDULED EVALUATIONS						15. SOURCE/ORIGIN OF GOODS AND SERVICES			
Interim		MM YY		MM YY		MM YY			
015 918						015 010			
						<input checked="" type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input checked="" type="checkbox"/> Other (Specify) 935			
16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)									

USAID Controller approval of methods of implementation and financing.

MEH as
Thomas F. Fallon, Controller

17. APPROVED BY	Signature <i>Kimberly A. Finan</i>	Date Signed MM DD YY 017 119 95	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS. DATE OF DISTRIBUTION MM DD YY
	Name Kimberly A. Finan Acting Regional Director REDSO/WCA		

FD-ABM-733

PROJECT AUTHORIZATION

NAME OF COUNTRY/ENTITY: WEST AND CENTRAL AFRICA REGION
NAME OF PROJECT: FAMILY HEALTH AND AIDS - WEST AND CENTRAL AFRICA PROJECT
PROJECT NUMBER: 624-0440

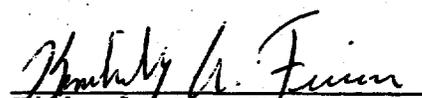
1. Pursuant to Section 496 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Family Health and AIDS - West and Central Africa Project ("FHA-WCA") for the West and Central Africa Region. The project involves planned obligations through contracts, grants, cooperative agreements and other individual procurement actions of not to exceed \$40 million over a period of five years from the date of authorization, subject to the availability of funds in accordance with the USAID OYB/allotment process, to help in financing foreign exchange and local currency costs of the Project. The planned life-of-project is five years from the date of initial obligation.

2. The purpose of the project is to increase availability and use of quality family planning/women's health, HIV/AIDS and maternal and child survival services in concert with other donor and host country efforts, building on successful USAID-funded initiatives in the region.

3. Project obligating documents, which may be negotiated and executed by the officers to whom such authority is delegated in accordance with USAID Regulations and Delegations of Authority, shall be subject to the following essential terms and covenants as USAID may deem appropriate.

Source and Origin of Commodities/Nationality of Services

Except as USAID may otherwise agree in writing: a) commodities financed by USAID under the Project shall have their source and origin, and suppliers of services (other than ocean shipping) and commodities their nationality, in countries included in USAID Geographic Code 935 (subject to DFA Procurement Guidance as from time to time issued by USAID/Washington) or in countries benefiting from the Project's activities; b) ocean shipping financed by USAID shall take place only on U.S. flag vessels.


Kimberly A. FINAN
Acting Director
REDSO/WCA

Date: July 19, 1995

drafted:WHoppe:06/08/95:Q:\PUBLIC\DOCS\FHA-WCA.DOC\AUTHRIZE.FNL

**Authorization for signature by the Regional Director, REDSO/WCA
Approval and authorization of the FHA-WCA Project (No. 624-0440)**

Clearance: PDE:JWall JW Date 6/24/95
HHR:SBarry SBarry Date 6/28/95
OP:JTaber JT Date 7/6/95
RLA:RJohnson RJ Date 7/17/95
WAAC:TFallon TF Date 7/16/95

ACTION MEMORANDUM FOR THE REGIONAL DIRECTOR, REDSO/WCA

FROM: John Wall, Assistant Director PDE

SUBJECT: Family Health and AIDS Project (624-0440)

I. PROPOSED ACTION

Your approval is required for the authorization of the Family Health and AIDS - West and Central Africa Project (No. 624-0440), with \$40 million life-of-project funding from the Development Fund for Africa for a five-year period beginning in fiscal year 1995.

II. DISCUSSION

A. Background: The 260 million inhabitants of West and Central Africa's 24 nations face health risks far out of proportion to those experienced in other regions of the world. As that population continues to grow and urbanize at a rate that will see the total double by the year 2015, the already difficult situation will intensify. Unfortunately, disease and population movements do not respect national borders, and the signs are already developing that many of the gains of the past can be lost and much of the effectiveness of our continuing programs can be dissipated if we ignore the regional implications of some of West Africa's most serious health and population problems. The evidence is clear that HIV/AIDS is being systematically distributed throughout much of the region by carriers who routinely travel widely and without regard to national boundaries. Population pressures building in one area lead to migration that affects many others, as well as to demands on the limited productive capacity of the region. Poor maternal and child health form part of a vicious cycle of poverty, high fertility rates, and still more debilitating poor health.

USAID has been one of the lead donors in the health and family planning sectors and has initiated and supported programs which have made real gains in extending life expectancy, reducing infant mortality rates, and stabilizing the incidence of HIV/AIDS in the region. As USAID resources decline, the need to seek more cost effective solutions to these development problems has reached a higher level of urgency. REDSO/WCA has recognized the need to identify proven technologies from around the region and creatively apply them to obtain the maximum possible health care delivery improvements from the remaining resources. At the same time, USAID senior management has encouraged program managers to seek out partner organizations in the private sector who have proven abilities to define new strategies for more effective interventions and identify proven techniques that produce broadly replicable, cost effective results.

B. The Project Strategy: The Family Health and AIDS - West and Central Africa (FHA-WCA) Project draws upon the knowledge and experience of institutions which have delivered, or supported the delivery of health and family planning services in the region. The Project will invite U.S. non-governmental organizations to submit applications for cooperative agreements that will be awarded in four component areas: service delivery, IEC, training, and operations research. The applicants will be requested to submit comprehensive, integrated regional approaches to deal with developmentally debilitating transnational health and family planning problems in the broad program areas of maternal and child health, HIV/AIDS prevention and family planning.

The proposals received will be expected to address some of the following important project principles: (1) replicate cost effective best practices, which will reduce duplication and waste, using strong African partners throughout the region and (2) examine and seize opportunities to cooperate with other donors and regional organizations in joint program planning and coordinated implementation for maximum positive impact in the region. The project seeks to ensure the sustainability of the most effective health and family planning policies and practices, thus improving the chances for significant long term improvements in the health and population status of West Africa.

Given specific end-of-project status indicators, the cooperative agreement applicants will describe in their proposals the strategies they recommend, including the most appropriate target population groups, and to commit to a project management, implementation and monitoring strategy of integrated service delivery, African capacity development, and sustainability. The selection criteria will reward organizations that offer low unit costs per beneficiary served, can document proven success in the target area, and propose a thoughtful strategy for both coordinating their activities with our other grantees and building the capacity of African organizations to assume ultimate responsibility for the delivery systems. At a minimum, this capacity building activity must take the form of subgrants to such organizations for part of the project work and assistance in identifying and putting in place reliable sources of long-term financing. Our monitoring of their performance will determine if the project partners are achieving their promises.

C. **Project Budget:** The proposed project budget will include the following elements:

PROJECT COMPONENT	US\$000
Service Delivery	16.0
IEC	5.5
Training	6.0
Operations Research	5.5
Project Management	3.0
Contraceptives	4.0
Total	40.0

III. PROJECT COMMITTEE ACTION AND FINDINGS

An AFR Bureau ECPR was held on April 14, 1994. The ECPR was chaired by the DAA/AFR, Nate Fields, and attended by representatives of AFR/WA, AFR/DP, AFR/SD, PPC/SA, PPC/PC, G/PHN, M/MPI, M/B, State/AF/W and REDSO/WCA. The major issues raised and resolved at the ECPR are described below.

A. The Regional Nature of Project

Issue: Missions throughout the region are increasingly interested in working together on common problems, e.g., providing clinical training through a regional facility. While the FHA-WCA project would seem an ideal vehicle through which such activities could be undertaken, with the current design, it's difficult to determine how that would occur.

Discussion: REDSO/WCA began this discussion by distributing an illustrative list of "best practices" and a list of "existing regional institutions" that was promised at the issues meeting. This was followed by a discussion of the regional impact of HIV/AIDS transmission and high fertility rates as captured in Section II.A. above, *Background*. REDSO/WCA clarified how the FHA-WCA project is designed to extract the best practices which have evolved from USAID's bilateral projects throughout the 24 country region and to replicate these practices using established regional institutions in partnership with non-governmental implementing organizations. The design anticipates that this method of delivering family planning, HIV/AIDS and child survival services is effective and efficient and will promote the use of established regional organizations.

There is an expectation that four countries which previously had strategic objectives in health and family planning and which are among the posts being closed out will be participants in the FHA-WCA project. Between FY 89 and FY 93, these four countries had a combined development assistance funding level of \$162.0 million of which \$63.0 million was for health and family planning activities. The FHA-WCA will in no way be able to provide the kind or level of services to those countries that they had previously enjoyed. Their participation in this project is predicated on an active program of coordination with other donors and non-governmental organizations who can augment what USAID brings to the table with the resources discussed in issue C below.

The criteria for approving the initiation of new activities in non-presence countries is contained in an Action Memorandum to the Administrator, dated June 15, 1994. As a regional program, FHA-WCA meets the policy criteria:

- i. **Relevance:** The Agency's Strategies for Sustainable Development dated 3/94 places strong emphasis on population and health as global issues of concern, i.e. *"Certain factors play a critical role in keeping nations poor: a lack of resources; a dearth of skills; and economic, social and political systems that impede growth. Rapid population growth and poor health exacerbate every one of these conditions... By their nature and consequences, population and health are global problems. Diseases know no boundaries. Population pressure puts increasing stress on the Earth's already fragile environment."* With a 3% regional population growth rate, a 40% rural to urban migration rate and a urban seropositive rate of up to 12%, West Africa exceeds all other geographic regions in relevance for investment in resources to address global concerns.
- ii. **Impact:** The FHA-WCA project has been specifically designed to allow REDSO/WCA to monitor for impact and to adjust program resources to those activities that are demonstrating the most impact. The end-of-project indicators of achievement will be increased use of family planning methods, changes in high risk sexual behavior, and more effective, efficient utilization of indigenous and donor resources. Overall quantitative targets for these purpose level indicators by the end of the 5 year project are: increased use of modern family planning methods by one percentage point per year among women of reproductive age, by the year 2000, in the project implementation target areas; increased proportion of men with multiple partners who report consistent use of condoms by at least 5 percentage points, by the year 2000, in the project implementation target areas; and more efficient, effective utilization and mobilization of donor resources for family planning, HIV/AIDS and maternal and child health.
- iii. **Capacity:** The PVOs that are expected to implement the project will have demonstrated experience in the region and will be operating under their own operational agreements with the government in the country or countries in which activities will be carried out. In REDSO/WCA's consultations with the US Embassies in the countries without USAID offices, the Ambassadors have agreed that this approach will avoid adding to their management burden.
- iv. **Cost Effectiveness & Accountability:** The implementation plan is specifically designed to be within REDSO/WCA's manageable interest. There is only a small shift in emphasis from providing support to 17 USAID posts to providing support to 10 USAID posts and implementing a regional project. This shift will require no increase in human resources and no redirection of our mandate to inform, monitor and coordinate activities on a regional basis throughout the 24 country West Africa region.
- v. **Foreign Policy Considerations:** Of the seven West Africa USAID posts that closed, six are NOT ineligible for assistance. Four of those six are expected to participate in the FHA-WCA project.

- vi. **Number of such programs:** The activities that were approved for continuation in the FY 94 close out plans were intended to bridge the period between bilateral program close out and the start-up of this regional project. These "bridging" activities will come to an end in September 1995, after which the only USAID assistance in the sector will be from this project.

Resolution: The two lists that were distributed at the meeting will be incorporated in the project paper as an annex prior to printing. The eligibility of the close out countries to participate in this regional project has been approved by the M Bureau, with the caveat that the number of activities impacting in close-out countries be held to the absolute minimum.

B. Eligibility of Countries to Receive Project Resources

Issue: One of the concerns that was addressed in the April 5 project issues meeting related to the eligibility of certain countries for assistance under this project.

Discussion: Six of the seven countries that were part of the post closing announcement in 1994 are still eligible for USAID assistance. However, there are restrictions that effect the eligibility of other countries in the region such as Liberia, The Gambia, Nigeria and Zaire. For countries such as The Gambia and Nigeria, a memo may need to be approved by the Administrator stating that it is in the US national interest to provide assistance in those countries. For those countries under Brooke or other statutory prohibitions to assistance, a policy determination may be required from the DAA/AFR stating that the various "notwithstanding" authorities apply. The immediate need for these special approvals is not anticipated and would not be identified until the grant applicants submit their proposals. Any future interest in project participation on the part of USAID/Nigeria, USAID/Liberia or USAID/Gambia is unknown at this time.

Resolution: In the RFA, REDSO/WCA will insert a caveat surrounding the possible restriction of providing assistance to specifically identified countries, i.e., The Gambia, Nigeria, Zaire and Liberia, for which there are statutory prohibitions to assistance. Appropriate approvals will be sought by REDSO/WCA before approving project activities in any of these countries.

C. The LOP Budget and the amount of Project Resources Attributed to Non-Presence Countries

Issue: The Project Committee questioned whether sufficient funding will be available to support the project, including the \$20 million worth of contraceptives identified in the Project Paper; and the allocation among the project components? What are alternative options to covering the cost of contraceptives over the life of the project; and what portion of the service delivery component might be allocated to the other components?

Discussion: After discussing three budget scenarios (the requested \$60.0 million, a 33% reduction and a 50% reduction), the chairperson announced that it was the Bureau's desire at this time to hold all operating units to previously agreed funding levels. Since \$40.0 million had been approved at the NAD review in June 1994, the project paper would be approved at that level. REDSO/WCA indicated that it would reallocate \$4.0 million from the service delivery component to contraceptive procurement. It would then have to accelerate the implementation of the donor coordination element of the project in order to find other sources of funding for contraceptives. The Global Bureau expressed its concern that although it is cheaper for other donors to supply contraceptives, the amount of funds set aside for contraceptives was minimal given the amount of lead time required to get other donors to deliver on new agreements.

The discussion then shifted to what portion of the revised budget (see Section II.C above) is going to the four close out countries. Project activities in the service delivery strengthening component, valued at \$20.0 million including contraceptives, will be carried out primarily in non-presence countries. While the

USAID presence posts generally have strategic objectives in the health and family planning sector and therefore have service delivery strengthening objectives already, there are several posts such as Guinea Bissau and Benin which do not have health and family planning SOs and which are eligible participants under this component.

Activities of the Training, Operations Research, and Information, Education and Communication components which are valued at \$17.0 million will be carried out as regional activities, working through regional institutions and delivering impact on a regional basis. These three components support the service delivery strengthening objectives of this project and of all bilateral USAID posts. It is doubtful at this time if a country specific budget attribution could be made for these three project components or for the \$3.0 million project management component which will provide technical advisory services to REDSO/WCA.

If one assumes that no more than \$20.0 million (service delivery) will be invested in the four close out posts over a five year period, then one can assume a country attribution of no more than \$1.0 million per year for each country. This amount is far less than past expenditures (\$14.0 million in FY 93 and \$22.0 million in FY 92.)

Resolution: REDSO/WCA agreed to track project earmarks to determine how much is attributable to individual country programs and how much is inseparable by country.

At the conclusion of the ECPR, the DAA/AFR solicited and received confirmation from the participants that all the ECPR issues had been satisfactorily discussed and resolved. Accordingly, the Family Health and AIDS - West and Central Africa Project (624-0440), with a five-year LOP and \$40 million grant budget, was cleared by USAID/W, per State 131592, dated May 31, 1995.

IV. **Waivers:** No waivers are required for this Project.

V. **Environmental Examination:** In the Project's Initial Environmental Examination, dated April 17, 1995, the Africa Bureau Environmental Officer found that categorical exclusions and a negative determination exempt this project from further environmental examination, according to 22CFR 216.2(c)(2) and 216.3(b). Activities involving the delivery of HIV/AIDS services should be implemented in a manner which accounts, where necessary, for the design and installation of proper waste disposal systems. Since it is not anticipated that these services will have a significant effect on the environment, such activities were recommended for a negative determination per 22CFR 216.3(a)(2)(iii).

VI. **Congressional Notification:** A Congressional Notification advising of the intention of USAID to obligate up to \$16.1 million in FY 95 expired without objection on July 13, 1995, per State 170573, dated July 17, 1995.

VII. **Budget Allowance:** State 98090, dated April 21, 1995, appropriated and allowed \$9.4 million of DFA Grant funds for obligation in FY 95 under the Family Health and AIDS - West and Central Africa Project (No. 624-0440). State 148228 appropriated and allowed an additional \$700,000 from the HHRAA Project, and State 159257 appropriated and allowed an additional \$3.425 million from the AFR Bureau population and health earmarks.

VIII. **Authority:** Pursuant to the revised Delegation of Authority No. 551, approved by AA/AFR on April 27, 1995, you have the authority to approve and authorize the Family Health and AIDS - West and Central Africa Project as described below.

IX. Recommendation: That, by signing below, and the attached PP facesheet, and the project authorization, you approve the Project Paper and authorize the Family Health and AIDS – West and Central Africa Project (624-0440), with a life-of-project budget of \$40 million (DFA Grant) for a five-year period beginning in fiscal year 1995.

Approved:

Kimberly A. Finan
Kimberly A. Finan
Acting Regional Director,
REDSO/WCA

Disapproved: _____

Date:

July 19, 1995

Annexes: State 98090, dated April 21, 1995
State 131592, dated May 31, 1995
State 148228, dated June 19, 1995
State 159257, dated July 1, 1995
State 170573, dated July 17, 1995

drafted:JWall⁰⁰⁴/PDE:06/08/95:Q:\PUBLIC\DOCS\FHA-WCA.DOC\ACTNMEMO.FNL

Action Memorandum to the Regional Director, REDSO/WCA
Approval and authorization of the FHA-WCA Project (No. 624-0440)

Clearance: PDE:JWall [Signature] Date 07/08/95
HHR:SBarr [Signature] Date 07/20/95
OP:JTaber [Signature] Date 7/11/95
RLA:RJohnson [Signature] Date 7/18/95
WAAC:TFallon [Signature] Date 7/18/95

FAMILY HEALTH AND AIDS -- WEST AND CENTRAL AFRICA PROJECT
Table of Contents

i.	Project Data Sheet	
ii.	Project Authorization	
iii.	Glossary of Terms	
iv.	Executive Summary	
v.	Project Design Team and Contributors	
I.	Background	1
II.	The Development Problem	2
III.	Constraints	5
	A. Lack of Strategic Planning and Programming	5
	B. Attention to Systems Constraints	6
	C. African Ownership of Health and Family Planning Programs	6
	D. Information, Education and Communications	7
	E. Use of Information for Decision-making	7
	F. Private Sector as Providers of Public Health/Family Planning Services	8
	G. Financial Constraints	8
	H. Programmatic Constraints to Maternal and Child Health, Family Planning, and HIV/AIDS Services in the Region	9
	1. Maternal and Child Health (MCH)	9
	2. Family Planning	9
	3. HIV/AIDS	10
IV.	Project Rationale	11
	A. USAID Strategy and Policies	11
	B. Relationship to Other Programs/USAID Comparative Advantage	12
	C. WCA Governments' Strategies and Policies	13
	D. West and Central Africa Regional Approach	13
V.	Project Strategy	15
	A. Major Principles	15
	B. Programs	17
	C. Components	18
	1. Geographic and Target Groups	18
	2. Implementation Mechanisms	19
VI.	Project Narrative	21
	A. Strategic Objective	21
	B. Project Goal and Purpose	21
	C. Expected Achievements/Accomplishments	21
	D. Project Description	23
	1. Project Components	23
	a. Service Delivery	23
	b. Information, Education, and Communication	25
	c. Training	25
	d. Operations Research	26
	2. Project Units/Sites	27
	3. Project Participants and Responsibilities	28
	4. Project Customers	28

D.	Key Assumptions and Risk Analysis	29
1.	Regional Political and Economic Instability	29
2.	Decline in Expenditures in the Sector	29
3.	Changes in Service Demand or Disease Pattern	29
E.	Monitoring and Evaluation Plan	30
1.	Monitoring Plan	30
2.	Evaluation Arrangements	31
VII.	Financial Plan	34
A.	Resource Requirements	34
B.	Obligation Plan	35
1.	Project Budget Elements	35
2.	Methods of Implementation and Financing	36
C.	Financial Sustainability	36
D.	USAID Management Costs	37
E.	Audit	37
VIII.	Implementation Plan	38
A.	Implementation Arrangements/Responsibilities	39
1.	Recipients' Project Management	39
2.	USAID Project Management	40
3.	Support Contract	41
4.	Project Planning	42
B.	Procurement Plan	42
1.	Assistance	42
2.	Commodity Procurement	43
3.	Training	43
C.	Implementation Schedule	43
IX.	Summary of Project Analyses	45
A.	Technical Analyses	45
1.	Family Planning	45
2.	Maternal and Child Health and Health Systems Analysis	46
3.	HIV/AIDS	47
4.	Social Marketing	48
B.	Administrative Analysis	50
C.	Regional Social and Cultural Soundness	50
D.	Economic Analysis	52
E.	Institutional Analysis	53
X.	Project Development Coordination	55
 Annexes:		
A.	NAD Cable and REDSO/WCA Response	
B.	Logical Framework	
C.	Statutory Checklist	
D.	IEE	
E.	RFA	
F-J	Various Analytical Reports (on file at REDSO/WCA)	
K.	Illustrative List of Best Practices	
L.	Illustrative List of Public and Private Organizations that could be involved in the FHA-WCA Project	

GLOSSARY OF TERMS

AFR/Bureau	Africa Bureau - USAID/Washington D.C.
AFR/SD	Africa Bureau/Sustainable Development
CA	Cooperating Agency
CBD	Community-based Distribution
CBI	Community-based Initiative
CPR	Contraceptive Prevalence Rate
CPSP	Country Program Strategic Plan
CS	Child Survival
DDC	Diarrheal Diseases Control
DFA	Development Fund for Africa
DHS	Demographic Health Survey
DLP	District Level Planning
EOPS	End of Project Status
EPI	Expanded Program on Immunization
FHA-WCA	Family Health and Aids -- West and Central Africa
FP	Family Planning
FSN	Foreign Service National
FTE	Full-time equivalent
FY	Fiscal Year
G/CA	Grants/Cooperative Agreements
GDP	Gross Domestic Product
G/PHN/FPS	Global Bureau/Center for Population, Health & Nutrition/Family Planning Services.
HB3	Handbook 3
HHR	Health and Human Resources Office, REDSO/WCA
HIV/AIDS	Human Immunovirus/Acquired Immune Disease Syndrome
HPNO	Health, Population & Nutrition Officer
IEC	Information, Education, Communication
IMR	Infant Mortality Rate
IQC	Indefinite Quantity Contract
LDC	Lesser Developed Country
LOP	Life of Project
MCH	Maternal and Child Health
MIS	Management Information Systems
MOH	Ministry of Health
M/OP	Bureau for Mangement/Office of Procurement
NGO	Non-Governmental Organization
OE	Operating Expenses
OMB	Office of Management and Budget
OP	Office of Procurement, REDSO/WCA
OR	Operations Research
OYB	Operating Year Budget
PACD	Project Activity Completion Date
PDE	Project Development and Engineering, REDSO/WCA
PHC	Primary Health Care
PSC	Personal Services Contract
PVO	Private Voluntary Organization

REDSO/WCA	Regional Economic Development Services Office/West and Central Africa
RFA	Request For Assistance
SEATS	Service Expansion and Technical Support
SD	Service Delivery
SM	Social Marketing
STD	Sexually Transmitted Disease
TA	Technical Assistance
TCDC	Technical Cooperation Between Developing Countries
TFR	Total Fertility Rate
UN	United Nations
URTNA	Union des Radios et des Télévisions Nationales Africaines (African Network of National Radios and Televisions)
USAID	United States Agency for International Development
USAID/G	United States Agency For International Development/Global Bureau
USAID/W	United States Agency for International Development/Washington D.C.
USDH	U.S. Direct Hire Employee
WAAC	West African Accounting Center, REDSO/WCA
WB	World Bank
WCA	West and Central Africa
WHO	World Health Organization
WHO/AFRO	World Health Organization/African Regional Office

EXECUTIVE SUMMARY AND RECOMMENDATIONS

RECOMMENDATION

The Regional Economic Development Services Office of West and Central Africa (REDSO/WCA) recommends authorization of the Family Health and AIDS -- West and Central Africa (FHA-WCA) Project for \$40 million total grant funding during the 5-year life-of-project.

BACKGROUND

The 260 million inhabitants of West and Central Africa's 24 nations face health risks far out of proportion to those experienced in other regions of the world. As that population continues to grow and urbanize at a rate that will see the total double by the year 2015, the already difficult situation will intensify. For example, trends in HIV/AIDS indicate that without successful prevention and control, adult and child mortality in the region will increase substantially in the next decade.

USAID has been one of the lead donors in the health and family planning sectors and has initiated and supported programs which have made real gains in extending life expectancy, reducing infant mortality rates, and stabilizing the incidence of HIV/AIDS in the region. Even as we are being compelled to reduce our bilateral presence in the region, we will continue to support promising programs in Senegal, Ghana, Mali, Niger, Guinea, and Nigeria.

THE PROBLEM

Unfortunately, disease does not respect national borders, and the signs are already developing that many of the gains of the past can be lost and much of the effectiveness of our continuing programs can be dissipated if we ignore the regional implications of some of WCA's most serious health problems. The evidence is clear that HIV/AIDS is being systematically distributed throughout much of the region by carriers who routinely travel widely and without regard to national boundaries. Population pressures building in one area lead to migration that affects many others, as well as to demands on the limited productive capacity of the region. Poor maternal and child health form part of a vicious cycle of poverty, high fertility rates, and still more debilitating poor health.

As USAID resources decline, forcing a search for more cost-effective solutions to such development problems, REDSO/WCA has recognized the need to identify proven technologies from around the region and creatively apply them to wrest the maximum possible health care delivery improvement from the remaining resources. At the same time, USAID senior management has encouraged program managers to seek out partner organizations in the private sector who have proven abilities to define new strategies for more effective interventions and identify proven techniques that produce broadly replicable, cost-effective results.

THE STRATEGY

The Family Health and AIDS -- West and Central Africa Project draws upon the knowledge and experience of institutions which have delivered, or supported the delivery of, health and family planning services in the region. The Project will invite U.S. non-governmental organizations to submit applications for cooperative agreements that we will award in four component areas: service delivery, IEC, training, and operations research. The applicants will be requested to submit comprehensive, integrated approaches to deal with developmentally debilitating transnational health and family planning problems in the broad program areas of maternal and child health, HIV/AIDS prevention and family planning.

The proposals received will be expected to address some of the following important project principles: (1) replicate cost-effective best practices, which will reduce duplication and waste, using strong African partners throughout the region and (2) examine and seize opportunities to cooperate with other donors and regional organizations in joint program planning and coordinated implementation for maximum positive impact in the region. The project seeks to ensure the sustainability of the most effective health and family planning policies and practices, thus improving the chances for significant long-term improvements in the health and population status of West and Central African people.

Given specific end-of-project status indicators, the cooperative agreement applicants will describe in their proposals the strategies they recommend, including the most appropriate target population groups, and commit to a project management, implementation and monitoring strategy of integrated service delivery, African capacity development, and sustainability. The selection criteria will reward organizations that offer low unit costs per beneficiary served, can document proven success in the target area, and propose a thoughtful strategy for both coordinating their activities with our other grantees and building the capacity of African organizations to assume ultimate responsibility for the delivery systems. At a minimum, this capacity-building activity must take the form of subgrants to such organizations for part of the project work and assistance in identifying and putting in place reliable sources of long-term financing. Our monitoring of their performance will determine if the project partners are achieving their promises.

PRECEPTS

The program assumes the existence of proven, cost-effective strategies that can and should be replicated. It also assumes the willingness and eventual capacity of African health professionals and provider organizations to take the lead responsibility for delivering those best practices. Finally, it assumes the willingness of providers and donors to work in a collaborative way to accomplish a common agenda of worthwhile outcomes.

MANAGEMENT AND EVALUATION PLAN

Each grantee will have primary responsibility for managing its own operations, pursuant to the plan approved at the time of grant award. In addition, the recipients will be tied together in a unified management and reporting structure in which not only they, but also key donor and regional organizations, including USAID, will have representation. The objective is a degree of coordination that will allow for maximum effectiveness in the choice of strategies for service delivery, information dissemination, training of providers and others, and operations research. By working with the organizations that are already on the ground in the region and have strong ties to the African organizations that operate here, and by an aggressive program of cross-project information-sharing, the project will create opportunities for economies of scale, coordination of activities, avoidance of duplication, and focus on the health strategies that offer the greatest return.

REDSO/WCA will oversee the project using existing staff drawn from its strong, multi-disciplinary base and a dedicated personal services contractor, augmented as needed by short term technical assistance from the most appropriate sources within and outside USAID.

Monitoring and evaluation of project results at the ultimate beneficiary level will be built into the activities of our partner organizations, the principal objective of our on-going REDSO/WCA project oversight, and the focus of interim and final, independent evaluations. Our flexible project design will allow us to capitalize on the monitoring and evaluation findings at all project levels to adjust quickly to lessons learned and changing circumstances. Annually updated work plans, in conjunction with annual performance reporting against objectives, will provide an opportunity for regular self assessment and re-direction by our recipients and also a regular decision point for REDSO/WCA as we assess any necessary revisions to assisted activities. Evaluations by an independent organization will be conducted at an appropriate intermediate point and at the conclusion of the project.

EXPECTED RESULTS

In the final analysis, this project is about recognizing who really has ownership of the health care delivery systems in West and Central Africa and giving them a new set of tools for managing those systems more efficiently and effectively. Building a new health infrastructure is beyond our means. Making the one that is already here work better and accomplish more is well within our means and is the logical next step for USAID at this time and in this region.

Part of recognizing our limitations is acknowledging that it is the organizations that will deliver health care in WCA that must both define what they can realistically accomplish with our assistance and deliver those results. This project facilitates that process and provides for accountability measures that will ensure that it happens, or that the barriers to success are identified early enough to allow USAID to shift its investment to more promising activities.

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Participating Countries

The project design team traveled to the following principal countries participating in the project:

Togo, Burkina Faso, Cameroon, Senegal, Mali and Côte d'Ivoire.

and interviewed:

- Ministries of Health officials
- Local NGOs
- International NGOs/PVOs
- United Nations Children Fund
- African Development Bank
- World Bank
- United Nations Fund for Population Activities
- KFW
- GTZ

I. BACKGROUND

"Certain factors play a critical role in keeping nations poor: a lack of resources; a dearth of skills; and economic, social and political systems that impede growth. Rapid population growth and poor health exacerbate every one of these conditions... By their nature and consequences, population and health are global problems. Diseases know no boundaries. Population pressure puts increasing stress on the Earth's already fragile environment." (March 1994 USAID Strategies for Sustainable Development)

This statement is particularly true of the West and Central Africa (WCA) region, where one must look beyond national borders to understand the origin and nature of human resource development problems. WCA comprises an area of approximately 11,311,000 square kilometers with a population of over 260 million. The 24 countries of the region, from Mauritania to Zaire and from Chad to Senegal, inherited colonial borders established with little regard for ethnicity or common cultural heritage. As the economic and political situation has evolved, these countries have generally shared the experience of poor internal and subregional economic growth, bouts of socio-political instability, and persistent institutional weakness and ineffectiveness. As a result of these factors, plus a fragile ecological balance which has exposed many inhabitants of the region to periodic droughts, crop failures and food shortages, the region has consistently underperformed in most indices of living standards when compared to other LDC regions of the world.

The national borders in WCA are artificial and porous, promoting a high volume of cross-border trade, and seasonal and permanent migration. As a result, critical health problems facing one country easily spread into neighboring countries. Communicable diseases and population growth are two problems in particular which must be viewed in a regional context. To be successful, a regional approach cannot leave out countries which play an important role in transnational movement of diseases within the region. If epidemiologic and demographic problems in some countries are ignored, it will undermine the health care and family planning delivery systems, and, thus, sustainable development in other countries in the region.

USAID is currently facing a difficult challenge to its assistance program in WCA. The Agency has been forced, in an era of declining resources, to make the difficult decision to remove its bilateral presence in 21 countries worldwide. This region has been disproportionately affected. Between 1994 and 1996 seven of 16 USAID posts will be closed. USAID will thus have nine field posts in the WCA region after FY 96. In 1994, at the beginning of this period, 14 of the 16 USAID bilateral programs in the region had strategic objectives in health and family planning. As field posts close, active projects will be terminated prior to their PACDs and, presumably, prior to the achievement of their objectives. USAID has invested a great deal to achieve population and health gains in these countries. The effort has produced important, if not widespread, results. These benefits, and perhaps most importantly the lessons learned, could be lost, and difficult to recapture, if USAID support is abruptly abandoned. The progress thus forfeited could undermine sustainable development in neighboring countries, as well.

II. THE DEVELOPMENT PROBLEM

The West and Central Africa (WCA) region lags behind in the dramatic improvements in health achieved by other developing countries during the past 40 years. Life expectancy at birth in developing countries increased from 40 to 63 years, but in 10 of the 24 countries in WCA, life expectancy remains less than 50 years. Whereas other regions of the developing world have achieved over 50 percent declines in infant mortality between 1960-1990, in West and Central Africa infant and child mortality has declined an average of 30 percent, and remains unacceptably high at an average of 111 deaths per 1,000 births. Even this slow pace of improvement in the infant mortality rate has slackened in recent years due to declining per capita incomes, instability from wars and natural disasters and declining donor support. Child mortality (ages 0-5) has also declined in Africa, from an average of 225 deaths per 1,000 births in 1960 to 180 deaths per 1,000 in 1985. Nonetheless, the median rate of child mortality from 1960 to 1985 was 60 deaths per 1,000 births higher in WCA than in eastern and southern Africa.

There are many causes for maternal, infant and child mortality in WCA, including principally: (1) high risk births; (2) diarrhea; (3) pneumonia; (4) vaccine-preventable diseases, especially measles, and (5) malaria. Malnutrition of the child and the mother contributes to the high fatality rates associated with these health problems. In addition, at the current levels of the AIDS epidemic, the mother to infant transmission of the HIV virus is estimated to increase infant and child mortality by about 5 deaths per thousand. The proportional mortality due to pediatric AIDS is expected to increase with the spread of the epidemic and as other causes of death decrease. Maternal mortality, death of women related to childbirth, is high for Africa as a whole, and there are indications that maternal mortality may be even higher in WCA, in some countries more than twice as high as that of sub-Saharan Africa. Unlike child mortality, maternal mortality can be attributed to inadequate pre-natal delivery and post-natal care. Maternal mortality contributes to increased infant and child mortality, and thus affects the welfare of the entire family.

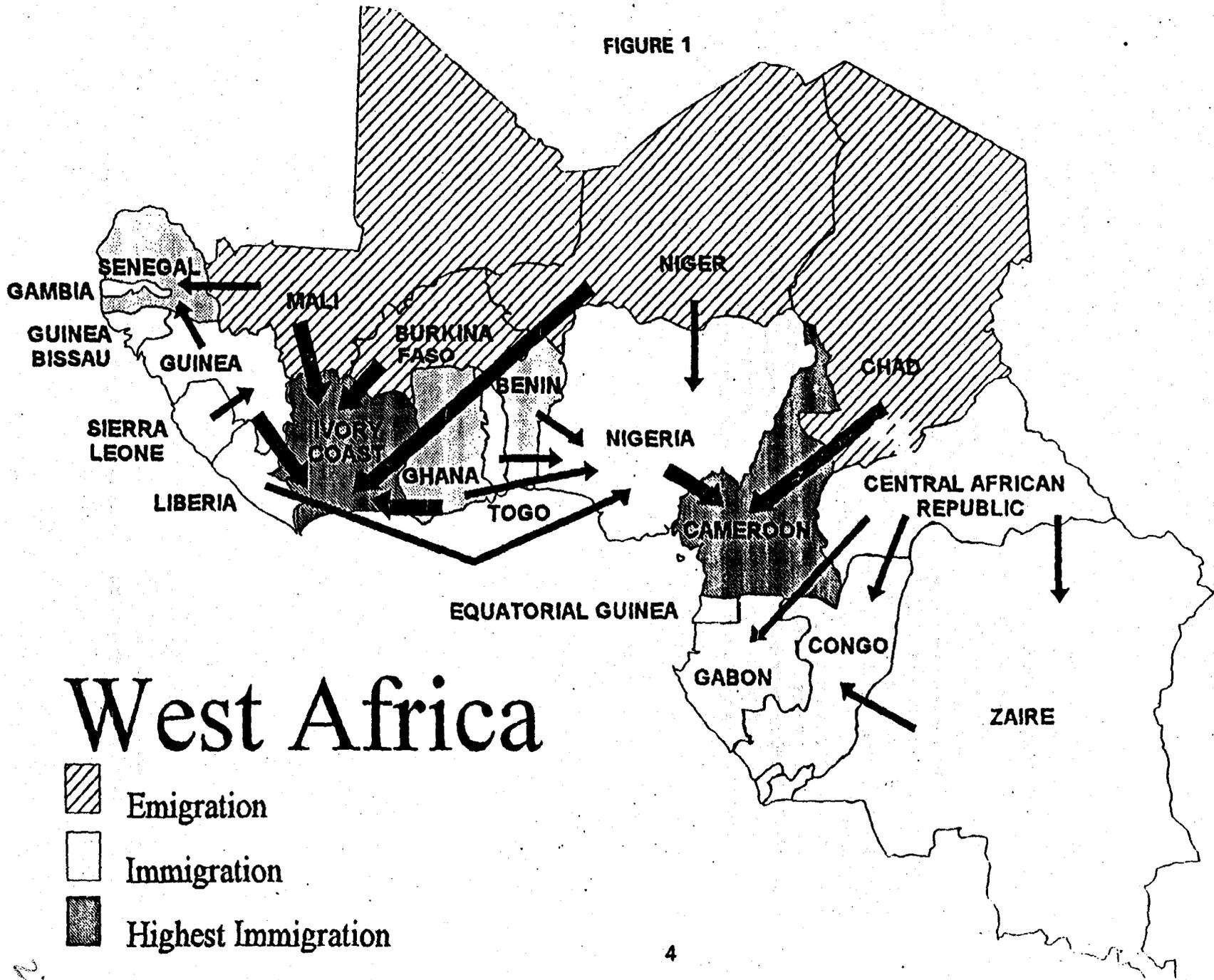
The HIV/AIDS threat in Africa continues to grow. As of December 1994, sub-Saharan Africa, with less than 10 percent of the world's population, accounted for 61 percent of all HIV infections worldwide, according to the World Health Organization. The cumulative number of HIV/AIDS infections in Africa was close to 11 million, an increase of 1.0 million over the year before. AIDS has become a leading cause of death in Abidjan, the center of the epidemic in West and Central Africa. By the year 2,000, 7.5 million African women will have become infected with HIV. The combination of seasonal and permanent migration for work contribute to the spread of HIV. Men migrate from their villages in interior countries to find work on large plantations and offshore oil rigs, and in mines and factories, often in other countries. Women also often migrate to areas where these men have congregated to earn income as commercial sex workers. A 1989 study of 11 villages in Senegal showed that among expatriates returning from countries with high rates of HIV, 27 percent of the males and 11 percent of the females tested positive for HIV/AIDS. On the other hand, less than 1 percent of those who had not traveled outside the

village in 10 years were infected¹. The epidemic continues to spread relentlessly and has now become a deadly health problem in countries in WCA that previously were not as severely affected as eastern and southern Africa. The net migration inflows and outflows are illustrated in Figure 1 on page 4.

Most countries of WCA have high population growth, i.e., more than 3 percent, which implies high total fertility. There is a growing adolescent population and an earlier average age for sexual relationships. Demographic pressures are closely tied to migration which links the countries of West and Central Africa. Immigration has contributed to overall population growth in coastal countries, and particularly to the growth of cities. For example, immigrants make up 33 percent of the population of Cote d'Ivoire, contributing one percent to the population growth rate of the country. It is anticipated that an additional 30 million immigrants will move from the interior of West and Central Africa to the coast between 1990 and 2020. Rural to urban migration rates in West and Central Africa are also expected to increase, from the current 33 percent to 40 percent by the year 2000. This migration pattern, along with the high population growth rates, will further strain the capacity of the health care delivery systems in the region. Migrants returning to interior Sahelian countries or travelling along coastal routes introduce sexually transmitted diseases (STDs) and HIV/AIDS to new populations. The economic crisis and political instability have increased both seasonal and permanent migration of large numbers of people seeking a livelihood, often to support families in their villages of origin.

¹ AIDS 1993,7:1261-1265: Temporary expatriate HIV-1 infection in rural Senegal. Kane, F et al.

FIGURE 1



III. CONSTRAINTS

There are numerous historical, political, socio-economic and technical constraints that contribute to the high population growth rate and poor health situation in West and Central Africa (WCA). The FHA-WCA Project will specifically address selected transnational problems and operational constraints under a regional mechanism, which opens new opportunities for people, governments and institutions in the region to work collaboratively.

Although the determinants of high infant and child mortality are related to the social, economic and cultural environment, numerous studies have shown that specific health interventions have contributed to a decline in mortality. More and better health services, and child survival programs in particular, are therefore considered to have had a significant role in the overall decline in child mortality in Africa. However, a lack of access to primary health care services is still a constraint to improving health in the region.

In addition, the quality of health services which do exist in WCA are questionable due to inadequate systems that support the delivery of services, including supervision, adequate training of health clinic staff and district management teams, provision of essential drugs, etc. Lack of knowledge about and access to modern family planning methods inhibit increased contraceptive use, which contributes to poor women's health. In addition, weak public institutions are further constrained by financial problems -- both of aggregate shortfalls and wasteful expenditures. The private sector is not an adequate alternative provider of services and is often impeded by government policies. Furthermore, the donors have unintentionally produced inefficiencies in the health systems from duplication and contradictions among their programs.

This section will not identify in detail all constraints facing the health care systems in WCA but rather identifies some planning, programming and operational constraints that need to first be taken into consideration and addressed if improvements in health status are to be continued and sustained:

A. Lack of Strategic Planning and Programming.

In WCA, as in other parts of the world, most family planning, child survival and HIV/AIDS programs have been developed and implemented vertically. In any one country, each program may have its own commodity logistics and distribution system, its own management information system, its own IEC component, its own training of trainers program. While some vertical programs have been successful in the developing world, these programs are being reexamined to identify opportunities for cost-effective integration which would improve the prospects for effectiveness and sustainability. Particularly in WCA, where only limited resources and infrastructure are available, it may be wasteful and inefficient to establish separate mechanisms to deliver services to similar geographical areas and target groups.

It is also much clearer now that individual program outcomes are dependent on the access to and effectiveness of complementary programs. For example, in

many WCA countries, maternal and child health public sector clinics are important channels for delivery of family planning services. If the basic maternal and child health services have limited outreach or low utilization because of poor quality, then the demand for family planning services will be limited. In WCA, high fertility is such an important constraint to child survival that birth spacing must be an integral part of maternal and child health programs. On the other hand, excessive infant and child mortality has significant impact on effective demand for family planning services and therefore maternal and child health services must be improved to increase child survival outcomes. Planning and programming these services in isolation can no longer continue if optimal impacts are to be achieved.

B. Attention to Systems Constraints.

In WCA, most modern health care is provided by Ministries of Health (MOH). Limited and unreliable supplies of medicines, contraceptives and equipment, combined with a lack of trained personnel and difficulties of deployment, all impede the expanded delivery of quality services, especially in rural areas. While planning data may show that the "infrastructure" is adequate for the provision of primary care to rural areas, the reality is that most health facilities are physically inadequate, understaffed, and under-equipped to provide acceptable services.

Thus strengthening of systems, including management information systems, commodity logistics systems, training and supervision must go hand-in-hand with developing the technical package of services. In some countries, planning and program development have focused on the technical contents of services and have not paid attention to the systems that are necessary to effectively implement the services. The Africa Bureau Child Survival Strategy emphasizes both an essential package of services for achieving impact as well as systems strengthening for ensuring sustainability.

C. African Ownership of Health and Family Planning Programs

Reliance on external financial support and technical assistance has contributed to a "passive" rather than "active" African leadership of the health sector. Because of the large need for external resources in the health sector, a multitude of donors are providing health sector support in each WCA country, often with different agendas and different intervention strategies. The host country governments and institutions have been unable to coordinate the external resources of the donor community. Limited management capacity and accountability in host country institutions encourage donors to establish their own contracting and disbursement mechanisms.

Because of a lack of specific MOH plans of action, clearly identified priorities and vision in many countries, the donors often establish program priorities based on their own mandates and home office priorities. Consequently, programs are often donor-driven rather than country-driven. Clearly donors and collaborating agencies must focus on developing real partnerships with host country institutions and increasing capacity-building to assist host country counterparts to take leadership roles in planning, designing, and managing programs.

D. Information, Education and Communication.

At all levels in WCA, information, education and communication (IEC) about better health, family planning and HIV/AIDS prevention practices are lacking, which ultimately affects the health care knowledge, attitudes and behavior of both clients and providers. Literacy rates for women are particularly low so that information must be packaged in ways that are understandable to the majority of the target population in many countries. Access to information has also been constrained by the limited communication channels, particularly for those living in rural areas.

Health care planners and providers have little understanding of client behavior and the real constraints to changing behavior. This information has been especially lacking in WCA. Both identification of new communication channels and better utilization of existing, more traditional ones are needed.

At the country-level, information flows to West Africa about experiences and successes, even from one country to another, have been limited. Exchanges between countries, although improving in recent years, is still behind other regions. There are only a few regional institutions that see their mandate as information-sharing in the region and their capacities are limited by existing communications channels and resources. Informational materials in French continue to be limited.

Improved information, education and communication are necessary adjuncts to a cost-effective health care and family planning system. Often these complementary elements of a service delivery program are planned and implemented in isolated, vertical programs. Knowledge and experience gained, and successes achieved, are not shared with similar programs around the region. Thus, the costs per beneficiary are elevated and, with limited resources, the coverage, capacity or quality of each of these elements suffers as a consequence. For example, appropriate IEC materials are scarce in WCA. Those materials that exist, for the most part, are unappealing, poorly targeted and confusing. The bottom-up, audience-centered message development process, characteristic of successful programs, is not commonly applied. In addition, culturally-sensitive behavioral research, required for preparation of well-targeted messages and planning of campaigns, is rarely conducted. These techniques can be learned from successful programs in the region. Finally, most IEC activities in West and Central Africa are being implemented on a pilot basis, and consequently, rarely achieve adequate national or regional distribution.

E. Use of Information for Decision-making.

Throughout the region, good research and analysis linked to program management and policy level decision-making is missing. Ministries of Health and private groups lack both trained staff and resources to carry out studies and analyses in a timely fashion. Therefore decisions are made without a solid information base. Given the generic problems faced by the countries, comparative studies across countries would enrich an understanding of the dynamics of particular problems, eg. migration and the transmission of HIV/AIDS, and the effectiveness of interventions carried out in both similar and

different conditions. Operations research already completed has been largely academic and is rarely synthesized or distributed to other institutions for practical, informed decision-making.

F. Private Sector as Providers of Public Health/Family Planning Services.

Trends toward "decentralized management," such as in Burkina Faso, Cameroon, Senegal, and toward private sector participation, such as in Burkina Faso, Cote d'Ivoire and Cameroon, can provide vehicles for further expansion of health and family planning services. While most African nations are currently unprepared to meet existing demand for health services with their public health programs, they are too often reluctant to support private sector solutions to closing the gap. This reflects not only the lack of political will, but also the fact that private sector health services, both for-profit and non-profit, are poorly developed in WCA. After promoting legislative changes to permit private health services, donors have begun supporting programs to encourage more involvement of the private sector, including NGOs.

The lack of capital for investment, as well as discouraging the efficient utilization of capable African professionals, also hinders the expansion of locally owned and managed private health care services. Furthermore, private practitioners have seldom been trained in the application of public health planning concepts, and they may lack the skills and opportunities to practice effective preventive health care. Finally, private practitioners lack statistical data to monitor the quality of care they provide against national standards. On the other hand, experienced private non-governmental organizations (NGOs) are often important, cost-effective health service providers in WCA, although often with wide variability in coverage and quality. In general, there are still no strong local grass-roots organizations providing community health services which can emulate the programs of the larger NGOs. A more favorable public policy environment is required to increase the participation of NGO service providers in the WCA health care systems.

G. Financial Constraints.

Financial constraints are critical to the increased access to and utilization of maternal and child health, family planning and HIV/AIDS prevention services. The economies of WCA countries are fragile and central government expenditures on health are low in relation to demand. The World Health Organization (WHO) recommends that countries spend a minimum of 10 percent of their national budgets on health annually, yet the levels in WCA countries range from 3 to 6 percent. Donors help to meet shortfalls in funding by contributing as much as 45 percent of total health expenditures in some countries. Bilateral, multilateral and international organizations, including USAID, play a critical role in the health sector in WCA region, contributing between 3 percent (high income countries) and 52 percent (low income countries) and a median of 32 percent of the total health expenditures in WCA, compared to 19 percent for all of Africa.

Even with an increased share of the GDP, most Ministries of Health will never be able to finance quality primary health services at the level commensurate to meet demand. Therefore, alternative resource mobilization strategies and public/private partnerships must be encouraged. With support from the Bamako Initiative, a number of countries are actually experiencing for the first time a sustained supply of essential drugs at the clinic level. However, the critical next step is to ensure adequate budgetary resources to the district to enable the district management team to supervise, plan, manage and evaluate clinic programs. Decentralization appears to be key to making health districts functional.

Countries need assistance to identify alternative resource mobilization strategies and Ministries of Health need coordinated donor efforts to support decentralization and budgetary reforms. Increased access and utilization of quality maternal and child health, family planning and HIV/AIDS prevention services in the public sector will also ultimately depend on improvements in the efficient allocation of health budget resources from tertiary care services to primary health care.

H. Programmatic Constraints to Maternal and Child Health, Family Planning, and HIV/AIDS Prevention Services in the Region.

1. Maternal and Child Health.

Most maternal and child health programs have been limited by the constraints identified in the previous sections. Vertical programming within maternal and child health programs has emphasized certain diseases over others and has resulted in the neglect of major contributors to child mortality, such as malaria and ARI. Non-attention to systems strengthening issues in the 1980s has resulted in non-sustainable gains in programs, such as EPI. Currently, increased attention is being given to improving commodity logistics, ensuring cost-recovery for essential drugs at the clinic level, improved management and supervision of services. A number of countries including Benin, Guinea, and Mali have extensive cost-recovery at the clinic level. A few maternal and child health programs are beginning to focus on a more integrated case management approach to the sick child that does combine diagnosis, treatment and counseling for malaria, measles, ARI, diarrhea and malnutrition. Trends towards decentralization of training and personnel management provide opportunities for linking district level planning, management information systems, supervision and training into broader approaches for improving the quality of care, not only for maternal and child services, but for other health services, such as HIV/AIDS and family planning. For WCA, coordinated donor support to major policy reforms, such as decentralization, increased allocation of financial resources to the district level, improved district level capacity to plan, manage and evaluate programs, is critical for improving access to and utilization of quality services.

2. Family Planning.

National family planning programs are classified by USAID/G according to their use of modern methods of contraception (measured by contraceptive prevalence

rate, or CPR): emergent (0-7 percent), launch (8-15 percent), growth (16-34 percent), consolidation (35-49 percent), mature (50 percent or higher). West and Central Africa, except Cape Verde and Ghana, is in the "emergent phase" of family planning programs. Various DHS conducted in WCA indicate that lack of information on family planning methods and lack of concern by males for family planning continue to be significant constraints to contraceptive use. For these and other reasons a large proportion of women (e.g. 20 percent in Burkina Faso) who wish to postpone their next birth are not using contraceptives. In addition, despite USAID support, family planning service availability is still lagging behind other maternal and child health services. Other donors have not been able to provide the expertise that USAID offers in areas of training, quality control, IEC and social marketing. This poses a serious problem for those countries where we have closed our Missions.

Often gaps between primary health and family planning services can be narrowed by identification and implementation of joint planning and programming systems and, whenever appropriate, operational integration.

3. HIV/AIDS.

In West and Central Africa, HIV/AIDS surveillance is very limited. HIV/AIDS testing and reporting is generally insufficient to provide an accurate picture of the epidemic. Sentinel (pre-selected population group) surveillance, in countries such as Cote d'Ivoire, is dependent upon the availability of donor resources. Effective STD programs, which are critical to HIV/AIDS prevention, remain poorly developed in WCA. Without significant strengthening of the health care system itself -- by training of personnel, development of appropriate treatment guidelines and availability of essential drugs, addition of new drugs to essential drug lists -- effective STD case management will remain an unattainable goal in WCA.

Awareness of HIV/AIDS is becoming more common in WCA. However, among many population groups, particularly those with little or no education and those which are linked to their culture and traditions, even high awareness and availability of condoms do not translate into extensive use. Successful vertical programs, such as social marketing of condoms, may reach a stage where linkages with community-based and counseling programs emerge as a critical determinant for condom use. In these instances, community participation is a key catalyst to greater use of contraceptives. In Burkina Faso, for example, which faces a rural and urban HIV/AIDS epidemic and has one of the most dynamic and successful social marketing programs in the region, less than 8 percent of men use condoms. In fact, most social marketing programs in WCA, although well established in urban areas, have weak linkages with community groups or health-based facilities. This is being increasingly recognized and, again in Burkina Faso, innovative actions are being taken involving the "griot" community. This important stratum of WCA societies disseminates information and plays a critical role in decision-making and behavior change.

IV. PROJECT RATIONALE

For over 10 years, health and family planning programs in West and Central Africa (WCA) have focused on a limited set of cost-effective interventions which have a relatively rapid impact on mortality of infants and children and mothers. During this period USAID has made a major contribution to primary health care and the provision of family planning services. In WCA the progress has been slow compared to other developing regions but successes have been demonstrated. The Agency now recognizes the need to bring a new perspective to its programs in this sector, addressing selected constraints as identified in the previous sector and encouraging linkages between activities in different geographic areas and in different subsectors.

A. USAID Strategy and Policies.

The USAID *Strategies for Sustainable Development* presents four mutually reinforcing strategies of economic growth, population and health, environment, and democracy. The Strategic Goal for stabilizing world population growth and protecting human health states:

"USAID will contribute to a cooperative global effort to stabilize world population growth and support women's reproductive rights...Over this decade, USAID also will contribute to a global health goal of halving current maternal mortality rates, reducing child mortality rates by one-third, and decreasing the rate of new HIV infections by 15 percent."

USAID's strategy in population and health calls for family planning programs that will provide access to a range of family planning methods; that will combine family planning programs with other services that enhance maternal and child health and survival; and that may be used to provide information and services that limit the spread of HIV/AIDS and other sexually transmitted diseases.

The overall goal of the Development Fund for Africa (DFA) is consistent with the Agency's "population growth and human health" strategy. Under the DFA guidelines, there are four strategic objectives. The one to reduce and redefine the role of the public sector, includes the sub-goal most relevant to this project -- "improve equity and efficiency in providing key public services, particularly health, family planning services, education and transportation infrastructure." To achieve that objective, USAID Missions are seeking better ways to commit host country leaders to voluntary family planning, and to tie, conceptually if not operationally, family planning programs with other development efforts, in education, rural income generation, and child survival. During the past five years, the Africa Bureau has provided over \$300 million for population, health, child survival and HIV/AIDS activities for Sub-Saharan Africa. The Global Bureau projects also focus predominantly on broad health and family planning issues which contribute to regional development. USAID has introduced new approaches to health and family planning service delivery and has led the donor community in developing innovative programs with international and local non-governmental organizations (NGOs). These efforts have made a difference, but tremendous challenges remain if progress is to be accelerated.

The Africa Bureau is developing a regional perspective on the long-term problems facing West and Central Africa, where linkages and interdependency among neighboring countries are particularly important in the health and family planning sector. The initial step in this planning effort was the Agency approval of the Sahel regional plan. This regional plan will be expanded when the West and Central Africa Strategic Plan is completed. This Project will form a key element in the AFR Bureau's implementation of its WCA regional strategy. As it stands now, most West and Central Africa field posts consider improved health and family planning to be high development priorities. The overwhelming proportion of current bilateral programs include health and population strategic objectives in their Country Program Strategic Plans.

B. Relationship to Other Programs\USAID Comparative Advantage.

There are multilateral, bilateral and non-governmental organizations (NGOs) working in the health-population-HIV/AIDS field in WCA. However, like the United States, other donors are experiencing reduced budgets in health for West Africa. Most donors are realizing that the resource needs are too large and problems too complex, that no one donor can do it all. Therefore there is much greater interest within the donor community to discuss combining resources, coordinating activities, working regionally, and conducting joint policy dialogue. The need for assistance in West and Central Africa is particularly great-- both for financial resources and for technical and managerial expertise.

During the last two years, the dynamics of donor assistance has changed considerably in Africa. The World Bank has become the largest donor in the health sector. However, actual project implementation and disbursements have been very slow and on-the-ground technical assistance capacity is still limited. UNICEF, which has been a lead donor in child survival, has been very influential in getting high level political commitments to health goals and has very strong grass-roots social mobilization skills. But they have reduced their financial support and technical capacity in a number of areas, such as EPI, as their budget for West Africa has been reduced and other priorities have come on their screen. It is clear that USAID provides technical expertise in a number of areas that no other donors are able to offer at this time. USAID has access to expertise in IEC, social marketing, contraceptive logistics, provider training, operations research, epidemiological surveillance, and management across all health sector program areas that are critically needed in West Africa. Although a number of donors have come forward to take over funding of activities in our closeout countries, no other donors are able to provide the technical expertise in those areas identified above.

USAID's traditional partners, the UN agencies and the World Bank, expect the US Government to stay engaged and to jointly dialogue on sectoral issues, particularly those that affect the region as a whole. The technical analyses, in Appendices F-J, discuss activities of the various donor organizations. With these numerous donors, coordination becomes paramount.

C. WCA Governments' Strategies and Policies.

WCA governments have made significant policy and programmatic reforms in the health sector. In fact, there has been a transformation in the commitment and support of African governments for primary health care, population and family planning policies and HIV/AIDS prevention. These changes have occurred with the assistance of several donors, including USAID. Following the World Summit for Children in 1990, many African governments adopted National Plans of Action for the Survival and Development of Children, indicating a commitment to Child Survival at a high level. The success of the International Conference on Population and Development in Cairo has further heightened regional awareness of population issues and bodes well for future programs. However, these political commitments and plans often omit many elements of the enabling environment for health, such as reallocation of funds, more cost-effective and equitable use of public funds, and better use of donor funds to build national capacities. Out of economic necessity, governments have only recently adopted public policies of decentralization, simultaneously promoting decentralized health program planning and implementation and giving authority for their management to local authorities. With close support from a variety of donors, including USAID, several countries in the region have undertaken decentralized planning processes in which operational priorities are established at the district level with a systematic involvement of the community. The willingness of WCA governments to decentralize responsibility and authority demonstrates the evolution toward an acceptance that not all the answers can be expected from centralized bureaucracies and that innovative approaches should be considered. The time is now optimal in West and Central Africa to fully engage with our African counterparts and other donors to move together on health care reforms and delivery of more effective programs.

D. West and Central Africa Regional Approach.

The FHA-WCA Project seeks to address cross-national needs that would be best met through regional activities as a complement to bilateral activities, such as identification and replication of best practices, research information exchange across countries, reduction of HIV/AIDS and other disease transmission. As mentioned in Section II, changing epidemiologic patterns of major diseases, such as malaria, measles, and particularly HIV/AIDS, shows that they cross borders all too easily and threaten the entire West and Central African region, which argues for a multi-country approach. Likewise most of the WCA countries are in the emergent phase of family planning, where a multi-country strategy offers a venue for exchanging views and ideas on generic issues such as restrictive national policy and legal systems and sharing of experiences on programmatic issues and problems. For example, bilateral provision of such commodities as contraceptives ignores, and may be frustrated by, porous borders and informal trade patterns (donor-provided condoms from Nigeria dominate the market in Togo), in addition to creating gaps in family planning access and use with real population consequences. Purely bilateral efforts may miss opportunities (and, in fact, may miss entire cohorts of "at-risk" populations) given regional migration patterns.

A regional approach also offers economies of scale in providing technical expertise and lowering management costs in the region. Technical input with special knowledge of the region can be offered to beneficiary populations without regard to borders. Such an approach is cost-effective and facilitates the transnational sharing of information and lessons learned. USAID has been a primary supporter of family planning, HIV/AIDS and maternal and child survival interventions in several countries where USAID posts have been or will soon be closed. These countries, if there is adequate transnational justification, can be supported under a regional project as USAID reassesses its long-term position in the health and population sector and, in furtherance of its objectives, its relationship to other donors operating in the region. The logic of approaching West and Central Africa as a region rather than as separate countries finally deals with the reality of this area with its porous borders and is also beginning to appeal to many donor agencies and private voluntary organizations (PVOs), a number of which are establishing regional offices for West and Central Africa.

V. PROJECT STRATEGY

During the intensive review for project design, REDSO/WCA examined the health and population problems in West and Central Africa and the constraints to improving the situation. Many of these constraints are being tackled with bilateral USAID and other donor-funded programs. However, the effectiveness of the USAID country-specific, bilateral strategy for the health and population sector in WCA is being weakened by the decline in assistance levels due to the closure of seven of 16 field posts during FY 94-96. Furthermore, the remaining nine programs will be negatively affected by the withdrawal of USAID assistance from neighboring countries because of the lack of continuity in the provision of health and family planning services to migrants who periodically revisit their countries of origin and because of the unregulated commerce in contraceptives and other health supplies across national borders. Following guidance provided by the technical and managerial consultants, REDSO/WCA considered and rejected a project designed around a package of country-specific activities with substantial contributions from Global and AFR Bureau resources which would deal with the traditional programmatic subdivisions of the sector -- family planning, HIV/AIDS prevention and maternal and child health -- in selected countries. The decision was made that a vertical program of independent, country-specific interventions would be beyond the scope of REDSO/WCA to manage effectively and would reduce the chances for achieving sustainable results with a regional impact.

The intensive review concluded that the project should provide a flexible, regional response to a series of related and geographically widespread constraints. The project resources will be awarded on a competitive basis as cooperative agreements to one or more experienced U.S. or international NGOs (hereinafter referred to as "recipients") to further overall development assistance objectives in the region that focus on increasing the availability and utilization of quality family planning, maternal and child health, and HIV/AIDS prevention services.

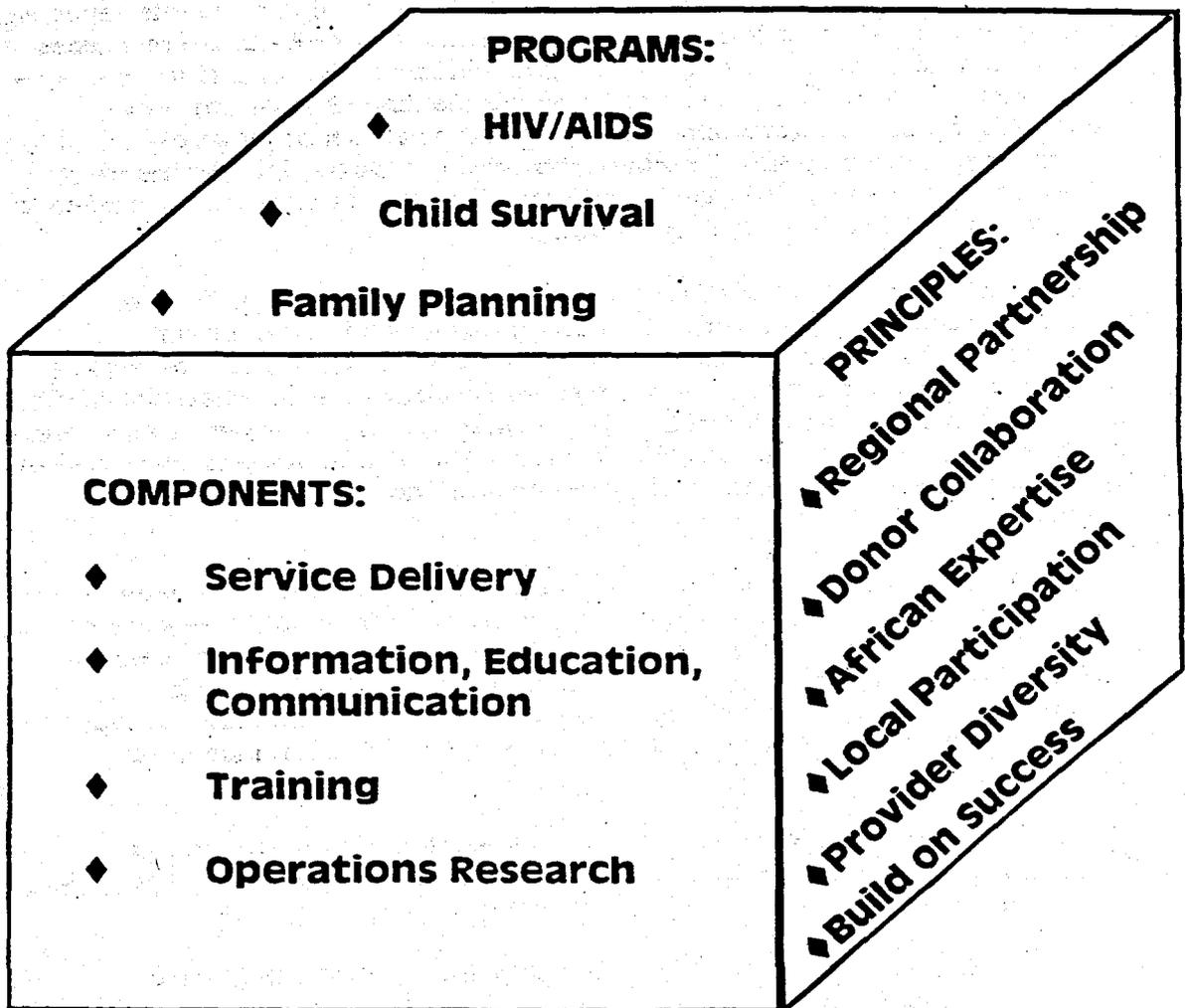
The graphic representation of the project concept, in the shape of a cube, presented as Figure 2 on page 16, illustrates the multi-faceted dimensions of this project and helps focus attention on the key principles, programmatic priorities and technical components of the project where USAID has a comparative advantage. Equally as important is the implementation strategy which offers an innovative approach to providing USAID assistance on a regional basis.

A. Major Principles. In order to address the key constraints, as identified in Section III, to improving health care status in the region, the project is designed based on the following principles:

- focusing on health and family planning problems that are transnational, have significant regional impact and would jeopardize the outcomes of bilateral programs;

FIGURE 2

BUILDING A CONCEPTUAL FRAMEWORK TO IMPROVE FAMILY HEALTH



- generating economies of scale by supporting regional initiatives where provision of information, technical expertise, training can be more cost-effective than individual country support;
- concentrating in areas where USAID has a comparative advantage, where no other donor is able to provide similar expertise;
- establishing innovative mechanisms for identifying, disseminating and promoting "best practices" across the region;
- building on proven cost-effective public health technical interventions. In this regard, the project will place emphasis on increasing demand and supply for family planning services, decreasing the sexual transmission of HIV in urban and rural areas where past USAID or other donor investments have already built a momentum for family planning and HIV/AIDS and maternal and child health programs;
- building on decentralized maternal and child health services to improve demand for family planning, HIV/AIDS and sexually transmitted disease (STD) services and thereby, taking advantage of common target populations and limited numbers of health facilities and health workers, reducing missed opportunities and improving sustainability of interventions;
- reducing duplication and inefficiencies in service delivery by strengthened linkages between family planning, maternal and child health and HIV/AIDS prevention programs and between facility-based and outreach activities in both the public and private sectors;
- encouraging capacity-building and fostering African ownership through strong partnerships between U.S. and African organizations with ongoing family planning, maternal and child health and HIV/AIDS prevention programs;
- increasing the efficient utilization of donor resources by increasing collaboration among donor organizations and with host countries; and
- increasing the cost-effectiveness of collaborating agency strategies by rewarding high output/low unit cost outcomes.

B. Programs.

The project will address the programmatic priorities -- family planning, HIV/AIDS, maternal and child health -- through increasing the availability and quality of family planning, maternal and child health and HIV/AIDS prevention services in the region. Emphasis is placed on increasing contraceptive prevalence and changing high risk sexual behavior since performance in family planning and HIV/AIDS prevention lags behind the other areas. However, all

34

services should be designed and delivered to improve the integration and linkages between maternal and child health, family planning and HIV/AIDS prevention activities -- both the technical packages of services and the support systems -- in order to increase impact and efficiencies in the context of the WCA region. Programs will not be planned or implemented as isolated vertical programs -- neither at the national, provincial, district, clinic nor community levels. In addition, emphasis will be placed with our donor and African partners on increasing the efficient use of PHN resources in the region through joint policy dialogue and program planning among donors and with host country institutions.

C. Components.

Specific technical areas that the project will support at the regional level include contraceptive logistics and distribution, information, education and communication (IEC), training and operations research (OR). These components were selected because of their importance to achieving project objectives at the regional level, the potential economies of scale that regional implementation will provide and the great importance of cross country information-sharing in these areas. Capacity-building and using local African institutions and consultants to carry out the strategies are of paramount importance. Developing a coordinated approach between programmatic areas is also an important objective.

The service delivery component will be the on-the-ground implementation aspect of the project with an emphasis on linking interventions and improving the availability and quality of family planning and HIV/AIDS prevention activities. Therefore, resources will be channeled to selected target areas -- potentially in four non-presence countries. This component will foster improved linkages between private and public sector programs and facility-based and community outreach. Joint donor and country planning will be essential to ensure that our programs will not stand-alone but rather will complement other systems strengthening, technical package improvement and policy reform efforts.

Increased, efficient use of donor resources through improved collaboration and joint planning and programming among the donors and with the host country is also a major component of this project. The recipients will be asked to discuss strategies with other donors at the regional and country-levels and to determine jointly where the gaps are in achieving project objectives and how best to address them either through project resources, other donor or host country resources. REDSO/WCA will play a lead role in the region in promoting improved donor coordination.

1. Geographic and Target Groups.

Three components, IEC, training and operations research will be designed and implemented on a regional basis to share information, strategies and technical expertise across all countries in West Africa. Project core resources will be channeled in particular to support the service delivery component in selected target areas. Cooperation from bilateral programs will permit the expansion of these activities in countries that have a USAID presence.

The service delivery component will focus on target areas in approximately three to four countries that do not have a USAID presence but will need these services to contribute to the prevention of health problems that will cross borders into other countries in the region. Intervention in these countries is justified by the regional impact of the efforts.

2. Implementation Mechanisms.

In order to achieve project objectives in the most cost-effective way, respond to the management constraints of a regional project, and ensure that the project provides the "best and brightest" and most relevant WCA technical support, REDSO/WCA will enter into partnerships with USPVOs willing to contribute to the development of West and Central Africa. The project will invite U.S. private voluntary organizations to submit applications for cooperative agreements that will be awarded in the four component areas: service delivery, IEC, training, and operations research. Given specific end-of-project status indicators, applicant organizations will be asked in the RFA to identify: the most cost-effective strategies for achieving these performance indicators; the most appropriate target groups; and, their commitment to a project strategy of integrated service delivery, African capacity development and sustainability. The selection criteria will reward organizations that offer low unit costs per beneficiary served, document their own proven successes in the target areas and propose a thoughtful strategy for both coordinating their activities with other donors and grantees and building the capacity of African organizations for assuming the ultimate responsibility for the activities.

The recipients will be required to observe several key principles which will make the transfer and application of these skills more cost-effective, including institution-building, selective integration of services, regional and national partnerships, provider diversity, best practices and regional and local participation. Partnerships with WCA participants and coordination with international organizations and donors, including the remaining USAID bilateral activities, will be an overarching theme of the project. Active coordination and information exchange will reduce the chances for duplication and waste of resources and signal the beginning of a long-term effort to plan and program in concert with other donors.

The recipients will use their original assistance proposals as the basis for planning project implementation. As the project progresses, they will periodically prepare and submit workplans, which will describe the results achieved in the previous period against the targets, analyze the reasons for success and failure and the lessons learned, and explain the activities and expected results for the upcoming period. REDSO/WCA will work with the recipients to determine program priorities, plan the associated activities and budget project resources accordingly. The workplans will have to acknowledge and be consistent with all other donor programs, including USAID bilateral programs, which are active in the region. The ability of the recipients to meet their self-imposed targets will serve as the basis for USAID evaluation of recipient and, ultimately, project success. This flexible project design will allow the recipients to direct resources where they will be most cost-effective,

whether USAID presence or non-presence countries; will allow USAID and the recipients to work cooperatively with all donors toward more comprehensive and productive program planning; and will allow the recipients to increase African participation and the long-term sustainability of project activities.

VI. PROJECT NARRATIVE

A. Strategic Objective.

REDSO/WCA's population and health strategic objective is to improve access to and use of family planning, maternal and child health and HIV/AIDS prevention services.

B. Project Goal and Purpose.

The goal of the Family Health and AIDS-West and Central Africa (FHA-WCA) Project is to reduce fertility and to promote women's health, to minimize the transmission of HIV/AIDS, and to reduce mortality of infants in the West and Central Africa region. The purpose of the project is to increase availability and use of quality family planning/women's health, HIV/AIDS and maternal and child survival services in concert with other donor and host country efforts, building on successful USAID-funded initiatives in the region. The project will focus on improving utilization and mobilization of existing donor and WCA resources using proven, cost-effective interventions, building on successful USAID and other donor experiences, and establishing appropriate mechanisms that will encourage an integrated approach to low-cost service delivery interventions.

This project is not intended to deal directly and fully with all constraints impeding progress toward improved family planning and women's health, HIV/AIDS and maternal and child health. However, the project will address priority constraints which are identified collaboratively by the recipients and their WCA partners. The end-of-project status (EOPS) indicators serve as benchmarks for assessment of recipient performance. The outputs, listed below, are illustrative, i.e. the proposals from the cooperative agreement applicants will contain the details of a program for the use of resources acquired with the \$40 million LOP budget and will describe how those resources will be directed toward the alleviation of the constraints described in Section III of this document. Baseline data will be gathered and organized during the initial stage of project implementation and used to prepare the first comprehensive work plan. Subsequently, data from continuous project monitoring will be used by the recipients and their partners to prepare progress report/work plan updates which will relate the results achieved during the just completed period and describe the activities planned for the next work plan period. The recipients and partners will seek input from other donors and WCA experts during preparation and review of the plan.

C. Expected Achievements/Accomplishments.

The EOPS indicators of achievement of the purpose will be increased use of family planning, changes in high risk sexual behavior, and more effective, efficient utilization of indigenous and donor resources. Overall quantitative targets for these purpose-level indicators by the end of the 5 year project are:

- Increased use of modern family planning methods by one percentage point per year among women of reproductive age, by the year 2000, in the project implementation target areas (likely including all or some of the following countries: Burkina Faso, Cameroon, Cote d'Ivoire and Togo);
- Increased proportion of men with multiple partners who report consistent use of condoms by at least 5 percentage points, by the year 2000, in the project implementation target areas; and
- More efficient, effective utilization and mobilization of donor resources for family planning, HIV/AIDS and maternal and child health.

The implementing agencies (recipients and their subgrantee partners) will be required to establish, with USAID review and approval, a comprehensive set of project outputs and negotiate adjustments to the above purpose-level targets. Until that time, the following list represents a set of outputs important to REDSO/WCA which will serve as an agenda for discussion with the recipients about a definitive list of output targets and indicators of accomplishment.

- Establish partnership programs among US and African institutions and organizations for regional, national, community- and health facility-based interventions in family planning and HIV/STD prevention;
- Strengthen decentralized health systems effectively supporting maternal and child health, family planning and HIV/AIDS programs in selected project targeted areas;
- Expand the product line of social marketing and use of contraceptive methods in a manner which reflects utilization of more effective methods;
- Increase knowledge about family planning modern methods and HIV/STD transmission and prevention;
- Increase CYP and new acceptors of family planning methods to match recipient targets; and
- Disseminate cost-effective diagnosis and treatment protocols for genital infections, AIDS-related diseases and maternal and child care target areas.

The illustrative project outputs are presented in greater detail in the logical framework in Annex B.

D. Project Description.

The project outputs described above will be achieved by the provision of technical assistance, training and contraceptive commodities to improve the cost-effectiveness of health and family planning service delivery institutions in WCA. The U.S. NGO recipients who will manage project implementation will work with African partners around the region under the provisions of subgrant agreements which will spell out the responsibilities and duties of both parties. Their performance will be monitored and evaluated by comparing actual accomplishments against the objectives contained in their work plans. The subsequent work plans will correct recognized weaknesses and adjust implementation activities toward the project objectives.

1. Project Components.

The FHA-WCA project consists of four interrelated components: one to improve the delivery of integrated family planning, HIV/AIDS and maternal and child health services, a second to effectively use information, education and communications (IEC) regional strategies, a third to strengthen and more effectively use African institutions and expertise through improved training strategies, and a fourth to use operations research to improve programs and to examine this experimental project and make adjustments throughout the life of the project. Technical assistance from the IEC, training and operations research components necessary for the service delivery component will be organized and provided by the respective recipient.

a. Service Delivery: Improved integrated family planning, HIV/AIDS and maternal and child health services.

The FHA-WCA Project will increase the supply and use of contraceptives and quality family planning, maternal and child health and STD/AIDS prevention services in the project targeted areas through strengthened linkages among social marketing programs, community organizations and the public and private health delivery systems. This is the one project component with significant focus on service-level interventions. The project will also support policy dialogue with host country governments, donors, African institutions and organizations on key social marketing, family planning, HIV/AIDS/STD and maternal and child health interventions. The selection of interventions will be determined through an assessment of the needs of the individual project targeted areas and the capacities of the institutions servicing those areas. However, because of the poor performance of family planning programs in WCA, the relatively modest involvement of other donors in this element of a primary health care (PHC) system, and the numerous opportunities for coordinated/integrated actions between family planning and HIV/AIDS programs, the heart of this component will be family planning and HIV/AIDS prevention.

The project will improve the cost-effectiveness of one or several support systems that are critical to provide integrated maternal and child health, family planning, and HIV/AIDS services (management and administration, supervision, monitoring and evaluation systems; information systems; financial management

systems; supply and logistics systems), by strengthening the executing organizations' systems. In general, the project recipients will not execute those functions themselves, although they might do so, such as with the provision of contraceptives, where the objective would still be to establish an adequate self-financed system for contraceptive supply. The project will seek to establish the capacity to ensure adequate service providers' skills, rather than directly financing training of providers. This would imply funding of activities such as training of trainers, improvement of training strategies, or development and production of training materials.

The Project will build on successful USAID and other donor projects in the region to support an effective partnership program among social marketing activities, and community-based and health facility-based interventions. In social marketing, for example, the Project will support a regional strategy for social marketing of contraceptives and condoms for HIV/AIDS prevention, with the involvement of U.S.-based organizations already active in the region in order to build on their respective skills, approaches and experience in social marketing. The U.S.-based social marketing organizations are expected to develop and/or maintain appropriate agreements with networks of African private and public firms, organizations and institutions. Market research results, and the operations research component will ensure appropriate emphasis on critical target groups. The recipients will gradually transfer responsibilities and expertise in social marketing, family planning, HIV/AIDS and maternal and child health to African institutions and organizations.

With respect to community-based and health facility-based interventions, the Project will use a best practices methodology to strengthen existing community-based interventions and improve quality of care in project target areas. The project will be flexible with respect to the activities it will support, in order to respond to needs identified at local level. This flexibility involves the capacity to identify priorities at national and district levels. The project will upgrade the skills in counseling, interpersonal relations and referral for health providers, community-based distribution agents and supervisors, peer educators, improving awareness and specific knowledge on family planning and HIV/AIDS, in collaboration with the IEC component. The project will also target clinical skills in family planning, ensure standardization of practice and quality assurance, and support the use of cost-effective diagnostic tools for case management.

Since one of the principal investments of the project is to improve the availability, accessibility and use of affordable condoms, and a range of contraceptives in project targeted areas, the project will ensure adequate contraceptive supply through USAID procurement and support mechanisms, and improve the logistics capacity to handle, store, and supply the contraceptives in project targeted countries. USAID will provide approximately \$4 million dollars of contraceptives.

b. Information, Education and Communication: improved regional networking and cost-effectiveness in IEC.

As FHA-WCA supports a regional and integrated approach to service delivery, it will also support the development of IEC strategies for effecting positive behavioral changes among the project target populations. Regional and country-level strategies which cut across programs are important to address coordination and oversight problems experienced in the WCA region. The FHA-WCA project will support a partnership program between a US organization and appropriate African organizations, through a cooperative agreement (CA), to develop a regional IEC strategy to support cost-effective implementation of project-supported IEC/counseling activities; develop and produce appropriate operational guidelines and materials in IEC/counseling to support integrated services; develop regional IEC networking in order to disseminate relevant regional experience and expertise; improve regional understanding of common, generic themes and issues in WCA, in collaboration with regional institutions such as the African Network of National Radios and Televisions (URTNA); and coordinate, schedule and provide demand-driven technical assistance in project targeted areas, using primarily African consultants.

IEC activities in the health and family planning area involve service providers. Therefore, there is an inherent overlap between this component and the training component. Given the key role of counseling in family planning, child survival and AIDS programs, the responsibilities in these two components will be clearly defined in the consolidated work plans of the different components.

c. Training: strengthened skills and use of African institutions and expertise.

An important thrust of FHA-WCA is to strengthen the use of African institutions, organizations, and experts for the design, implementation, and evaluation of family planning, HIV/AIDS, and maternal and child health activities. Despite the relatively large pool of trained Africans in West and Central Africa, specific expertise is lacking in key programmatic areas and administrative and financial management.

The project will address these problems by supporting a partnership program between US and African institutions under a G/CA, for the development of regional and national training strategies, plans and agendas; and the development of innovative in-service training strategies that may include training linked to supervision, or training based on quality assurance systems. To improve the viability of the West African partners, the project will provide technical assistance for the management and organizational development of African organizations involved in project implementation.

The project will identify, enhance and use existing viable training programs for regional impact, in partnership with African and US institutions. Regional training approaches will be developed by the FHA-WCA Project.

To be able to manage donor resources and private revenues, and diversify their funding sources, African institutions and experts must improve their knowledge and understanding of project management, generally accepted contracting mechanisms and requirements, and accounting and financial procedures which are accepted by most donors. In this regard, the project will take advantage of the expertise in REDSO/WCA's relevant divisions (OP, WAAC, PDE and legal offices) to plan and organize workshops in collaboration with the recipient for the training component.

The project will contribute to the development, dissemination, and update of a computerized database of African expertise, and upgrading of the skills of African consultants in collaboration with organizations such as the Federation of African Consultants. Another computerized registry will link African institutions and organizations involved in project implementation to the UNDP-like initiative, Technical Cooperation between Developing Countries (TCDC) program, which is developing and disseminating a roster of developing country institutions and the resources they offer.

d. Operations research: improved regional networking and data analysis for decision-making.

In most WCA countries, operations research (OR) to improve effectiveness of health and family planning programs is recognized as a priority by national institutions. Efforts are being made by governments and donors to improve OR capacity at all levels of the health system, including the district level. USAID-funded projects currently provide technical assistance and funding for OR activities in a large variety of technical areas and in several countries in the region. The FHA-WCA Project will complement the broad range of active in-country initiatives.

In addition to these national level activities, there are several reasons for developing operations research at the WCA regional level. First, many research questions are common to several WCA countries, and needs assessments and priority setting exercises can therefore be accomplished regionally. Selected studies may then be conducted by only one or a limited number of research centers. Second, multi-country and multi-centers research can make results more generalizable, or provide additional opportunities, such as increased number of cases and larger variability. Third, there is a multitude of secondary data in the WCA region, in health and population as well as in other fields. Large databases can be pooled and packaged, and provide opportunities for innovative and low-cost analyses. Smaller individual studies using similar data and design can also be pooled for analysis. Finally, data from quality operations research conducted in the region can be disseminated to research centers as well as other agencies.

The FHA-WCA will complement other donor initiatives in operations research through a G/CA supporting a partnership program between US-based and African institutions and a network of African consultants for:

- development of a common research agenda of WCA countries;
- analyses of secondary data and study results relevant to WCA problems;
- technical assistance and funding for multi-country and multi-location studies to improve health care;
- strengthening selected, viable Centers of Excellence for OR; and
- the design, testing, implementation and evaluation of mechanisms for donor and national collaboration.

An indicative list of research needs that may be addressed at the regional level include:

- integration of services, i.e. work flows, referrals and individual contact;
- community-based distribution of contraceptives;
- health financing, i.e. modes of payment; health insurance (future role of international companies; insurance systems based on local groups; impact of fee for services on utilization);
- private sector, i.e. relations with public sector, legislation, standards, and control;
- donor coordination, i.e. development and testing of effective, appropriate methods and tools for donor coordination; and
- impact of OR on program effectiveness.

On a limited basis, for discrete, complementary, OR activities relevant to the WCA region, Global Bureau projects will be used in order to take advantage of predominant capability, such as Demographic and Health Surveys.

Through the operations research component, the Project will examine possible mechanism(s) to involve our development partners and customers, among them donors and selected WCA decision makers and opinion leaders, in a forum for improving collaboration in family planning and health issues and programming funds. The most appropriate vehicle may be found to be strengthening existing coordination mechanisms, or, only if necessary, creating an "advisory board" with broad participation, such as WHO/AFRO or the World Bank, for better acceptability and sustainability of the coordination activities. This forum will promote an active donor network at the regional level and initiate appropriate studies in order to ensure effective and timely information-sharing, and facilitate the development of common concepts and coordinated actions. The recipient for operations research will provide assistance to this body to collaborate and coordinate technical and financial resources from other donors or African institutions.

2. Project Units/Sites.

Activities of the IEC, Training and Operations research components will be carried out as regional activities and must have impact in more than one country. Networking, training, information dissemination activities may include

all 24 countries in the region, including those with active USAID programs. These activities must be coordinated with the relevant USAID posts to avoid competition and redundancy, and to promote interaction and information exchange among the different countries and institutions. USAID posts will support the participation of their host country counterparts in FHA-WCA activities they identify as valuable for progress in their countries.

Project activities in the service delivery strengthening component will be carried out primarily in non-presence countries to avoid duplication. These activities will be selected for support based on strict criteria, including the following:

- direct relevance to Agency and project goals;
- impact on problems with regional significance;
- without an investment, outcomes of bilateral programs are jeopardized;
- not duplicated by another donor program, including bilateral USAID;
- demonstrable results achieved with previous USAID funding;
- integral element of a comprehensive primary health care program;
- potential for application throughout the WCA region;
- low cost and cost-effective intervention;
- local institutional capacity to continue activities after project ends;
- manageable without in-country USAID presence.

The donor collaboration activities will also enhance cooperation within the region, allowing all countries to take advantage of opportunities provided by this project and other donors.

3. Project Partners and Responsibilities.

The most active participants in the project will be public and private West African institutions that provide services in the region, and their international partners. Service providers at the local level will participate in technical and management training provided by local institutions, and will use the systems which are currently being developed and will be completed with support from this project. These specialized organizations, international donors and NGOs will participate in consolidated planning processes, develop systems, and supervise project implementation in the region. Project implementation then, will be an iterative process among the cooperating agencies, the West African partners, and USAID/REDSO.

4. Project Customers.

The ultimate project beneficiaries, children under five years old, their mothers, and sexually active adolescents and adults, will participate in project activities not only as recipients of improved services, but also as contributors to the design of services through community involvement, and IEC through focus groups, and evaluation of program quality through surveys and other studies.

E. Key Assumptions and Risk Analysis

1. Regional political and economic instability.

The political and economic stability of West and Central Africa will be critical to achieve the project purpose. The region appears to be making overall progress despite pockets of civil violence and economic breakdown, such as Liberia. If a natural or man made disaster with regional implications occurs, it could threaten achievement of project objectives. If the magnitude is such that migration increases and the traditional patterns of the flow among countries is disturbed, the ability of the health and family planning systems to deliver adequate services to meet changing demand will be threatened. Furthermore, physical threats to staff and destruction of infrastructure would result in the closure and curtailment of existing services. The project assumes, however, that political and economic progress, on average, will continue slowly but steadily through the 1990s and that, given the flexibility to select implementation sites and partners, the project can reconfigure rapidly to adjust to localized disturbances.

2. Decline in expenditures in the sector.

The continuation of current levels of foreign assistance will be crucial to achievement of the project purpose. Available statistics show that on average an estimated 19 percent of the total expenditures in 1990 were funded by foreign assistance; the balance was funded by public and private sources within the host countries. Projections generally appear favorable for continued opening of WCA economies, robust commodity prices, and higher rates of income growth, on average. Some of this extra income would be spent for health and family planning services. The increased domestic private revenues would compensate, to some degree, for possible "donor fatigue" or declines in overall foreign assistance levels. In fact, recent data shows that the proportion of public sector expenditures for the health sector in national budgets has actually increased slightly in recent years. Most national and local governments have pledged support at international conferences for the need to increase support to the health and family planning systems. However, if the governments fail to act on their pledges, if general market reform progress is slowed, and/or if commodity prices experience an unexpected fall, the favorable trends might prove unsustainable.

3. Changes in service demand or disease patterns.

The continuation of current patterns of disease transmission will be crucial to achievement of the project purpose. The most visible example of this is the transmission of the HIV/AIDS virus, which, in West and Central Africa, is overwhelmingly transmitted by unprotected sexual contact. If, for instance, the virus changed its transmission pattern the interventions which will be promoted by this project might prove to be ineffectual. While transmission patterns are not as dramatic for other diseases, any change in the respiratory or diarrheal disease characteristics, among others, as well as the appearance of any new or unknown threats to the general health of the region's population would also affect the probability of achieving the project purpose.

F. Monitoring and Evaluation Plan.

The REDSO/WCA/HHR staff assigned to the project will provide overall Mission monitoring. All evaluation activities will be coordinated with the REDSO/WCA/PDE evaluation officer, and USAID/W. Annual consolidated implementation plans and semi-annual reports prepared by the recipients will serve as principal project monitoring instruments. These will be complemented by at least one field trip per year by the REDSO project officer or designee to the project sites. The recipients, REDSO and other donors, will host an annual program review with all African partners, which will include an analysis of the achievement of outputs and purpose-level indicators.

The plan for monitoring and evaluation focuses on the need for remote monitoring of inputs, an on-going assessment of outputs, interim process evaluations of results and effectiveness, and a final impact evaluation. Program reviews will be conducted annually, in conjunction with the preparation of next year's work plan, to focus on process and problem resolution, and to revise implementation plans. These annual progress and work plan reviews will be supplemented with a mid-term evaluation to be conducted by an independent (not funded from cooperative agreement resources) evaluation team. The final impact evaluation will analyze many different data on regional mortality, fertility, service usage, coverage and efficiency, behavioral changes, and institutional capacity.

1. Monitoring Plan.

Immediately after award, the recipients will prepare a single, coordinated implementation plan, including monitoring plans which measure progress toward project goal and purpose achievement and set the analytical base for decisions about the validity of the project interventions and implementation plans, and identify the changes required to improve project performance. The recipients will be expected to gather sufficient data on a timely basis to justify changes in approved implementation plans. Data collected for the monitoring and evaluation will include financial reporting, beneficiary profiles and categories of services. The data will then be analyzed to permit AC/SI reporting, to assess gender, age and geographic patterns and to track cross sectoral support trends. The monitoring performed by the recipient agencies will be supplemented with annual progress reviews and independent evaluations to measure progress, assess overall REDSO/WCA and recipient project management and identify lessons learned. In this manner, the strategy and implementation of the project will be continually corrected and reinvigorated during the life of project.

a. Semi-Annual Reviews.

One consolidated report will be prepared by the recipients. It will describe the extent to which the project generates the outputs, will determine shortcomings, and will identify possible bottlenecks in implementation. These reports will be based on field data and site inspections and will correspond to the output and purpose indicators in the logical framework. The in-house semi-annual review will rely on reports from the recipients, describing progress in the

implementation of the agreed coordinated implementation plan and other pertinent information. REDSO will report progress to USAID/W/AFR and G.

b. Annual Program Review.

REDSO/WCA, supported by selected short-term consultants, the consultative group, our African partners, USAID/W and the recipients, will conduct an in-depth review of the coordinated work plan. The recipients will prepare a comprehensive report which will describe the progress of project implementation during the previous period and present the work plan, delineating activities and their schedules which are planned for the upcoming planning period, including any changes required to the project assumptions or general project framework to improve project performance. After review and approval by the USAID project team, the recipients will prepare a revised final version of the progress report and work plan to be shared with other donors, international and multinational institutions and important national and local entities and individuals.

2. Evaluation Arrangements.

An independent interim and a final evaluation of the project will be directly managed by the relevant REDSO/WCA staff, in conjunction with other donors. REDSO/WCA, in collaboration with USAID/W, will support two regional Demographic and Health Surveys (DHS) which will provide the necessary data to measure key project goal and purpose-level expected accomplishments including contraceptive prevalence, fertility and mortality rates, and condom use for HIV/AIDS and STD prevention. An illustrative evaluation schedule is provided in the accompanying table.

a. Interim Evaluation.

The interim evaluation will be conducted approximately three years after project authorization. The purpose of the evaluation will be to determine that the project has developed an adequate network of West and Central African partners to affect the output and purpose-level targets. The interim evaluation will provide information for the preparation of the next scheduled implementation plan, likely the fourth annual plan. The evaluation will involve extensive analysis of secondary data, supported by interviews with carefully selected local officials, WCA partners, regional institutions and other donors.

b. Final Evaluation.

The final evaluation will be conducted during the last year of the project. The purpose of the evaluation will be to review achievements in attaining goal and purpose-level objectives, and determine the degree to which the project has accomplished a sustainable and broadly diffused improvement in the capacity of West and Central African institutions to deliver or support health and family planning services to the population. Also the evaluation will include the effectiveness of the established assistance mechanisms in the context of no USAID presence. Furthermore, the final evaluation will examine the contribution

of the project to more coordinated and effective foreign assistance to the health and family planning effort in the region. The evaluators will provide detailed descriptions of the lessons learned from the project, as well as an assessment of the need for and likely benefits of a follow-on project, and their recommendations on how to maintain a productive partnership with West and Central African regional and national institutions which, together with other donors, can result in the devolution of financial and management responsibilities to indigenous entities. USAID will seek an experienced team of independent professionals, including other donors, to carry out the final project evaluation.

c. Gender Analysis.

The project will annually analyze and report on the impact of the participation of women and men in project activities: improvement in clinical and management skills; access to services; involvement in NGOs active in the project; and representation in program management and decision-making. To ensure that relevant data are collected in a gender desegregated data base, survey design teams will include a specialist in women in development monitoring and evaluation.

Illustrative Evaluation Schedule

EVALUATION ACTIVITY	DATE	TYPE	AGENCY	FUNDS	COMMENT
Regional DHS surveys	1995-1996	Special Study	Centrally funded	USAID/W	Will complement existing studies.
Situation analyses	1995-1996	Operations Research	Recipient for OR	FHA-WCA	FP, HIV/STD and MCH provider practices, and case management
Assessment of regional collaboration in WCA	1995-1996	Special study	Recipient for OR	FHA-WCA and USAID/W	Follow-up to Africa Bureau's Assessment of Donor coordination
Review of implementation plan	1996 and 1997	Secondary data review	REDSO, recipients and indep. consultants	FHA-WCA	Review of indicators, outputs, progress in attaining purpose level objectives, management and resources
Interim evaluation	1998	Indep. Program evaluation	REDSO and Advisory Brd	FHA-WCA	
Follow-up Regional DHS surveys	1999-2000	Special Study	Macro Int. under DHS project	USAID/W	
Follow-up Situation analysis	1999-2000	Operations Research	Recipient for OR	FHA-WCA	
Demand-driven follow-up studies on regional collaboration	1997-2000	Special studies	Recipient for OR	FHA-WCA and USAID/W	
Review of Implementation plan	1998 and 1999	Secondary data analysis	REDSO, Advisory Brd and Indepnt consultants	FHA-WCA	Review of indicators, outputs, progress in attaining purpose level objectives, management and resources
Final Evaluation	2000	Indepnt program evaluation	REDSO, Advisory Brd, USAID/W	FHA-WCA	

VII. FINANCIAL PLAN

A. Resource Requirements.

A total of \$40 million from the REDSO/WCA OYB will be obligated and expended to carry out the project purpose. The majority of the project budget will be used to fund approximately four cooperative agreements -- for service delivery; information, education and communication (IEC); regional training; and operations research (OR). Additional funding will be obligated outside these assistance instruments to finance the costs of independent evaluations and project management. In addition, recipients will be expected to contribute funding from their own resources towards the strengthening of African partners who will carry on their work beyond the life of the FHA-WCA Project. The exact amount will not be mandated in the RFA. In fact, the respondents will be asked to provide an amount which they believe is adequate to assist in the transition of their partners to positions of financial sustainability. USAID will supply contraceptives to the family planning service providers through established procurement systems and AFR Bureau budget allocations to the Global Bureau.

A table showing the Summary Cost Estimate and Financial Plan is presented below.

SUMMARY PROJECT FINANCIAL PLAN (in \$millions)

Budget Element	Illustrative		
	USAID	NGO Contribution	Total
<u>REDSO/WCA OYB</u>			
1. Service Delivery	16.0	2.5	18.5
2. Information, Education and Communication	5.5	1.0	6.5
3. Regional Training	6.0	1.0	7.0
4. Operations Research	5.5	0.5	6.0
5. Project Management	<u>3.0</u>	<u>0.0</u>	<u>3.0</u>
Total	36.0	5.0	41.0
<u>CENTRAL RESOURCES</u>			
6. Contraceptives	4.0		4.0
Total Project Costs	40.0	5.0	45.0

B. Obligation Plan

The majority of project funds will be obligated through Handbook 13 cooperative agreements with registered U.S. NGO/PVOs to implement the four components of the project. Each recipient may award subgrants to other duly registered U.S. and/or foreign NGOs to help them carry out the terms of the cooperative agreements. The assistance instruments will be incrementally funded, subject to the availability of USAID resources and achievements towards program objectives. Other funds will be obligated through contracts and/or grants to carry out project management functions. Project obligations are expected to take place in accordance with the obligation plan set forth below. Contraceptives will be supplied to the project concurrently.

OBLIGATIONS BY FISCAL YEAR

(in \$millions)

	1995	1996	1997	1998	1999	Total
1. Service Delivery	4.6	4.175	4.0	3.225	0.0	16.0
2. IEC	2.0	0.0	2.0	0.5	1.0	5.5
3. Regional Training	2.0	0.0	1.5	1.5	1.0	6.0
4. Operations Research	2.5	1.0	0.0	1.5	0.5	5.5
5. Project Management	<u>1.0</u>	<u>0.7</u>	<u>0.7</u>	<u>0.4</u>	<u>0.2</u>	<u>3.0</u>
Total Obligations	12.1	5.875	8.2	7.125	2.7	36.0
<hr/>						
Contraceptives	4.0	0.0	0.0	0.0	-	4.0

1. Project Budget Elements.

USAID funds will be obligated to each of the five project components through grants, cooperative agreements and/or contracts. OYB transfers to the Global Bureau may be effected for discrete activities. Recipients of USAID funds will carry out project activities in accordance with the terms set forth in the various obligating instruments. The types of activities to be funded under each project component were described in Section VI, Project Narrative. These activities are anticipated to involve lower cost inputs and interventions than USAID traditionally uses under bilateral assistance programs primarily because of project emphasis on the use of African expertise and best practices approaches learned from USAID experience throughout the region. Through the increased use of low cost interventions, and building on the recipients' and other donor resources, the Project will augment the outputs and results and increase the probability of long-term sustainability.

2. Methods of Implementation and Financing.

The funds to be provided to recipients under assistance instruments for service delivery, IEC, training and operations research will be released annually in accordance with standard procedures for federal letters of credit. Those USAID funds to be obligated through contracts under the project management budget element will be financed through direct payments to contractors. Resource transfers to centrally-funded projects are also anticipated under FHA-WCA to accomplish certain, select activities. No advances of USAID project funds or departures from USAID-preferred methods of financing (direct reimbursement, direct pay, letter of credit, and fixed amount reimbursement) are expected during the life of the FHA-WCA Project.

C. Financial Sustainability.

A critical consideration for the sustainability of FHA-WCA interventions involves assisting selected African partner institutions to improve and expand their operations in a cost-effective manner. The partners will use the aggregate savings from more cost-effective operations to finance the expansion of services, while minimizing the recurrent cost implications. However, it is understood that situations may arise where expansion of service capacity will require additional staff or other operational costs of a recurrent nature. In such situations, the cooperative agreement recipient and the African partner institution may mutually agree that temporary, project-funded operational support is appropriate, so long as it serves to expand and strengthen the manpower base and reach of the institution.

In addition, technical assistance and training will be provided by U.S.-based recipients to African institutions so that they can increase capacity, deliver better services, lower operating costs, or some combination of the three. Accordingly, should a recipient under the FHA-WCA Project fund recurrent operational costs of local institutions, technical assistance will concurrently be provided to ensure that the institution develops the internal capacity and cost recovery mechanisms to continue their expanded operations as project funding diminishes. Candidates for selection as partners who require large amounts of investment capital for infrastructure will not, unless other donor financing is secured, be selected as partners.

U.S.-based recipients will be expected to contribute from their own resources to achieve project goals and objectives. It is envisioned that much of this funding will be utilized to assist selected African partners during their transformation into relatively low cost, high quality, high volume service delivery institutions. As operational support from USAID subgrants dwindles, the U.S.-based institutions will utilize their funding contributions as a bridge until the African partners' cost-recovery systems have been fully implemented or other funding sources have been secured (prior to PACD).

The social marketing of contraceptives is an activity expected to continue beyond the life of the FHA-WCA project. However, a continued supply of USAID-funded commodities cannot be counted upon to sustain all the existing social

marketing programs. To address this matter, the service delivery recipient will assist African institutions to develop cost-recovery systems enabling them to purchase at least a portion of their contraceptive commodity requirements. Concurrently, USAID project management will work with other recipients during donor coordination efforts to identify alternative sources for contraceptive supply in order to continue social marketing programs after FHA-WCA Project assistance is terminated.

D. USAID Management Costs.

Under the project management budget element, USAID will expend approximately \$3.0 million in program funds over the life of the project to obtain the services of a PSC project manager and, possibly an IQC-type mechanism to finance studies and evaluations. In addition to the program-funded management costs, approximately \$550,000 in operating expenses (OE) have been identified which will directly pertain to the implementation of the project. It is estimated that the USDH occupying the newly SPARed deputy HPN Officer position in REDSO/WCA's Health and Human Resources Office will spend approximately half his/her time on FHA-WCA project implementation activities. An FSN program assistant will be similarly occupied with FHA-WCA Project responsibilities. Appropriate AFR/SD and Global Bureau staff will be invited to participate in project activities, particularly regional seminars and conferences, and will be incorporated into the evaluation teams on an as needed and as available basis. Indirect OE support normally provided by REDSO/WCA for USAID projects in the region -- contracting, project development, financial and legal -- is not factored into the OE support cost equation. It should be further noted that project recipients, grantees and contractors will be required to provide all administrative support and logistical arrangements for project-related activities in each country where activities are undertaken. Consequently, FHA-WCA will present no financial or administrative burden for the U.S. Embassy or other U.S. government agencies in non-presence countries.

E. Audit.

The audit implications for the FHA-WCA project primarily concern the institutional recipients. These recipients will be registered U.S. NGO/PVOs who will submit an annual A-133 audit to a cognizant agency of the U.S. government as monitored by M/OP in USAID/W. No bilateral agreements are anticipated. It is anticipated, however, that subgrants will be made by these NGOs to numerous qualified African partnership institutions. In accordance with OMB Circular A-133, and Handbook 13, the institutional recipient will ensure that audits are performed on any non-U.S. subgrantees receiving \$100,000 or more in project funds. USAID direct grants and contracts to local institutions are not anticipated under the project.

VIII. IMPLEMENTATION PLAN

A. Implementation Arrangements/Responsibilities.

The FHA-WCA Project will be implemented at the WCA regional, national, and, where appropriate, at the sub-national level. Given that the problems addressed by the project transcend national borders in West and Central Africa (WCA), and that none of the regional organizations that currently exist can manage all of the activities proposed, REDSO/WCA cannot have a single agreement with only one recipient/implementing agency. It is also not feasible for REDSO/WCA to enter into individual agreements with the development customers and partners active at all the levels. Consequently, REDSO/WCA will enter into cooperative agreements with U.S. organizations to implement each of the cross-cutting components: Services Delivery, IEC, Training and Operations Research. African experts and institutions will play an integral role in the implementation of the project interventions. The substantial involvement clause of the cooperative agreements will permit REDSO/WCA to participate actively during the formation of a unified management structure and the design of a system of consolidated reporting of program progress and accomplishments. As project implementation proceeds REDSO/WCA involvement will include review and approval of annual work plans and budgets, including project outputs, procurement planning, status of subgrantees and progress toward achievement of purpose-level targets. The relationships between the various institutional participants in the project is illustrated in Figure 3, page 39.

1. Recipients' Project Management.

The cooperative agreement recipients will be responsible for the management of project activities, with guidance and oversight of USAID under the leadership of REDSO/WCA.

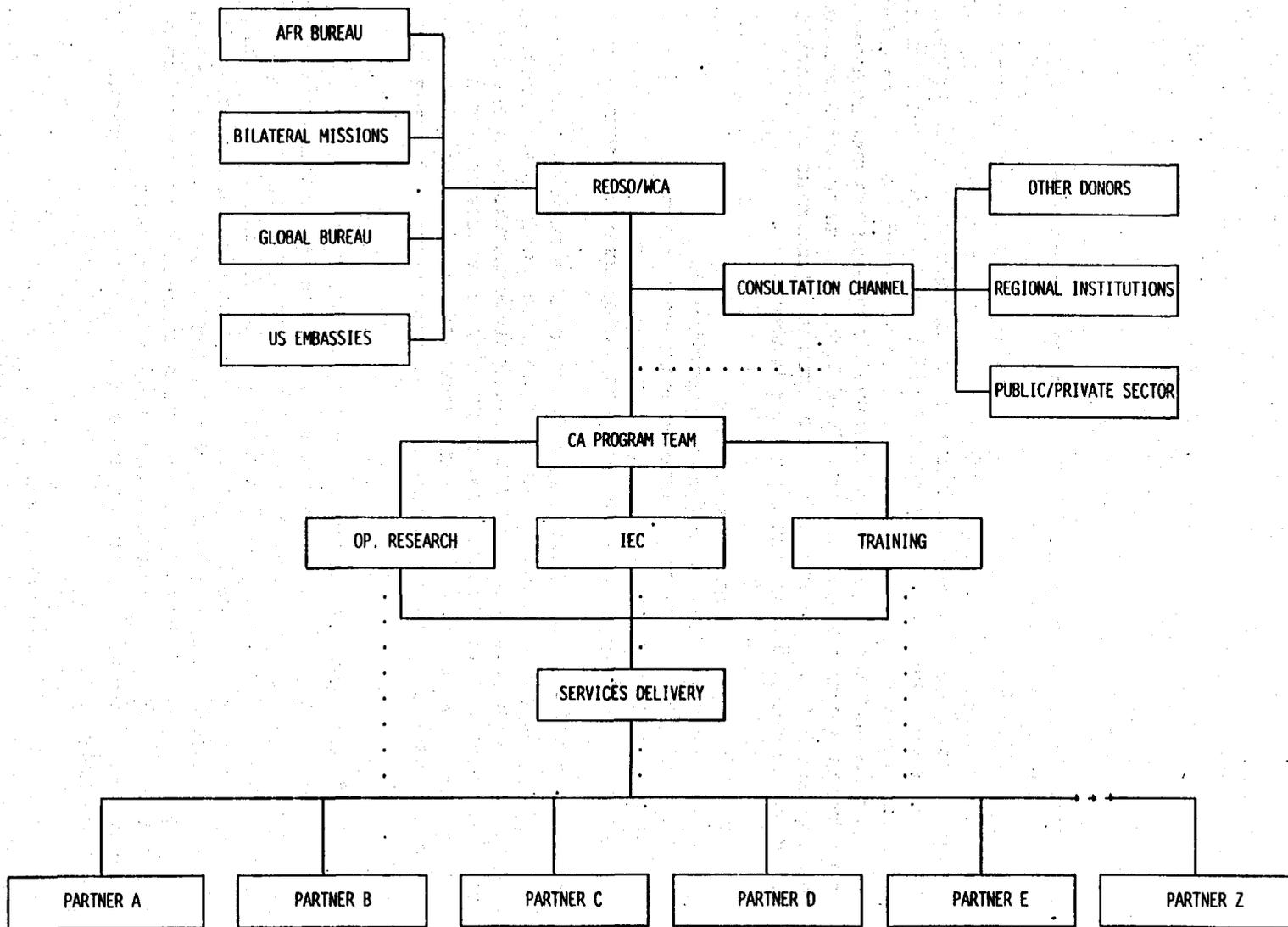
a. Development Partners and Customers.

As described in Section VI.D.1., Project Components, the Operations Research component will develop and test mechanisms for involving our development partners and customers in project implementation. This may include establishing an advisory board composed of representatives of the recipients, other donors, customer groups, and USAID/REDSO or using existing consultative group networks, if they are found to be adaptable to meet project needs. The participation of an advisory board or consultative group in different implementation activities is described below.

b. Cooperative Agreement Program Team.

The recipients will be required to describe how they will merge the activities of the different components and form a management team structure which is capable of directing the planning, implementation and evaluation of each component and integrate these activities into a unified approach to achieve the project objectives. In collaboration with their subgrant WCA partner institutions,

FHA-WCA PROJECT
 Figure 3
 ORGANIZATIONAL RELATIONSHIPS



56

the recipients will be responsible, individually and as a unit, for carrying out the project purpose, with strategic planning guidance from the USAID project team, and for developing and updating detailed annual work plans. The work plans will set forth the nature and amount of technical assistance, training, commodities and, in limited cases, operating budget support to be supplied to the WCA partners to enhance their performance.

2. USAID Project Management.

The responsible office in REDSO/WCA will be the Health and Human Resources Office (HHR). HHR is divided into a health and population division, and a human resources development division, and is directed by the Assistant Director/HHR. A new USDH Health Development Officer position has been established. The incumbent, as part of his/her regular duties, will serve as the USDH Project Officer for this project. A program-funded PSC health officer will be responsible for project monitoring and implementation as defined in HB 13. The HHR/HPN Program Assistant will devote approximately 50 percent of his/her time to project implementation tasks. Other HHR/HPN staff will carry out project related tasks, as required. An illustrative list of the management tasks which will be carried by the REDSO/WCA staff is presented below.

- Donor coordination (see below);
- Policy dialogue with host country officials;
- Reviewing and advising on recipient work plans;
- Implementation monitoring and site visits;
- Managing independent monitoring, analysis and evaluation;

The USDH HPNO and the PSC will have the principal responsibility for representing REDSO in the donor networking and coordination functions of the project. This implies regular contact with regional representatives of other donor organizations based in Abidjan, frequent correspondence with representatives outside of Abidjan, and participation in all donor round-table activities and fora organized for collaborative programming of funds in the sector.

A USAID Project Team will be formed, chaired by the USAID Project Officer, and including the Project Development Officer assigned to the project, a Controller's representative, a Regional Contracting Officer, a Regional Legal Advisor, and members from USAID/W/G/PHN/FSP, and AFR/SD. REDSO/WCA will share with USAID/W pertinent information, including funding priorities and needs, and impact of donor collaboration in West and Central Africa. It is expected that the strengthened networking will provide a rational process for the allocation of USAID funds (field and central) and other donors' resources to UN organizations, international organizations and bilateral health programs in West and Central Africa.

3. Support Contract.

To enhance REDSO's ability to perform the project management activities, REDSO will contract with a U.S. firm for technical support services through a

competitive process. The contractor will provide REDSO/HHR with technical assistance in computerized management information systems, limited short-term technical support to prepare studies and reports on project issues, research and analysis of health and population data, non-contraceptive commodity procurement, monitoring and evaluation tasks, including conducting the interim and final evaluations, and organizational support services related to REDSO's management, supervision and monitoring of the FHA-WCA project and related activities. It is expected that the majority of the technical input provided by the contractor will be by short-term technical specialists/experts, rather than by full time core staff. The preparation, storage, dissemination, and computerized tracking of information, including secondary data from other sources, will be a significant portion of the effort. No core staff, either at headquarters or in-country would be required under this contract. Work orders would be issued to the contractor only as needs are identified. This contract in no way substitutes for REDSO's responsibilities in project management and supervision of recipients.

4. Project Planning.

REDSO and the recipients will host an annual planning/evaluation meeting, involving the development customers, partners and the entire project management team. Participants at this meeting will analyze the previous year's implementation plan, identifying critical constraints, and suggesting means of resolving them. Based on that analysis and on the strategic goals, purpose and objectives of the project, participants will program the following year's activities. The recipients will develop a consolidated annual work plan, including any major changes in planned activities, which will be presented for approval to REDSO. On a semiannual basis the recipients will prepare consolidated reports on progress and achievements. These reports will be provided to all interested development partners.

B. Procurement Plan.

All funds under this project are grant funds. All goods and services for the project will be procured from USAID Geographic Code 000 or from Code 935 countries, in accordance with the DFA procurement guidance. To the extent possible, all commodity procurement, with the exception of the contraceptive commodities, will be included in the cooperative agreements.

1. Assistance.

The project will finance assistance instruments in Services Delivery (SD), Information, Education and Communications (IEC), Training, and Operations Research, to achieve the objectives of this project. REDSO/WCA/OP will be responsible for awarding the cooperative agreements through a competitive process. A full and open competition will be conducted to find the most highly qualified U.S. PVOs to perform the project. A Request for Applications (RFA) will be issued that invites application in any or all of the four project components. Those applications will be reviewed against the published evaluation criteria for the component applied for. Applicants will be required to

present both a technical plan of operations that is responsive to USAID's priorities and a realistic budget to carry out that plan. Furthermore, applications must include a minimum of 10 percent substantive participation at the prime recipient level by one or more organizations that qualify for Gray Amendment consideration under the FAA.

Negotiations will be conducted as necessary to clarify elements of an application or to resolve any concerns that may arise in the course of the evaluation. This may include either technical or budgetary issues. An award will be made to the organization that presents the best proposal in each individual component. If one organization emerges as the best in more than one component, it will be entitled to receive the award in all components in which it excels. In an effort to assure that there are many contributors to the Project, the service delivery component awardee will be eliminated from consideration for any of the other three cooperative agreement awards. Given the substantial breadth of activities contemplated, there may be several institutions collaborating on each application. Gray Amendment entities will be encouraged to associate themselves with organizations developing the cooperative agreement applications.

Criteria for selection of the recipients will include, but may not be limited to:

Organization

- Financial and technical reliability;
- Demonstrated commitment and expertise for work in Africa;
- Documentation of current relationships and agreements with governments and other WCA institutions which will ensure the applicant's ability to operate in the region without the payment of identifiable taxes and customs duties;
- Ability and experience of the recipients in donor coordination and resource mobilization;

Personnel

- Technical and managerial expertise of technical assistance (TA) staff;
- Technical and managerial expertise of backstopping staff;
- Flexibility in technical and managerial expertise;
- Long-term TA with broad expertise and field experience ;
- Short-term TA with specialized knowledge;

Application Program Description

- Demonstrated understanding of challenges of the project;
- Overall strategic plan;
- Specific component strategies (SD, IEC, Training, OR);
- Coordination mechanisms among project components;
- Donor coordination strategy;
- Institution-building strategy for using and strengthening African

- expertise and institutions;
- Mechanisms for ensuring project emphasis on family planning;
- Management plan;
- Evaluation plan and anticipated results-verifiable indicators of project impact and success;
- A budget for the proposed program, including human resources, commodities, training, and operational costs;
- Procurement plan; and
- Training plan.

Limited technical assistance will also be obtained through existing grants and contracts between USAID/G and technical assistance firms and organizations when the centrally funded contractors have predominant capability and appropriate mechanisms are available accessing their services. These may include demographic and health surveys, contraceptive procurement projections, specific short-term assistance required on a one time basis, or support for REDSO management of the project, such as a population follow.

2. Commodity Procurement.

The only commodities to be directly procured by USAID will be contraceptive commodities, including condoms for AIDS prevention. Approximately \$4 million of contraceptives will be ordered during the life of the project. The Service Delivery Component implementing organization will define annual contraceptive needs, which REDSO will communicate to the Africa Bureau. Funds will be transferred directly from the Africa Bureau in an annual OYB transfer to G/PHN/CPSD for the year's requirements. These funds will be in addition to the LOP funding of this project. REDSO/HHR will prepare the contraceptive procurement cable to G/PHN/CPSD, indicating specifications, consignees, and shipping instructions. The recipients will be responsible for all customs clearance, reception reporting, and distribution of commodities. For other commodities, the recipients will provide an annual procurement plan, indicating the project commodities they expect to buy under the G/CA, and the procedures they will follow.

3. Training.

All training to achieve the objectives of the project will be identified, designed and provided by the recipients. At this point it is expected that all training will be within the WCA region. However, should a recipient identify the need for short-term off-shore training, it will follow the requirements of Handbook 10 for participant training. A detailed training plan and schedule will be an integral part of the combined annual plan.

C. Implementation Schedule.

The first year of the project will be largely devoted to selection of cooperative agreement recipients, identification of their African institutional partners and formal agreements with them, agreements between the recipients and governments to permit programming within their jurisdictions, and the design of

the procedures for involving partners and customers in the data gathering, analysis and planning for annual, consolidated implementation and reporting plans.

Equally important, given the innovative and complex character of this project, the first year of project implementation will develop and carry out critical activities in the USAID close-out country plans (Cote d'Ivoire, Burkina Faso, Togo and Cameroon). The Project supported activities in these countries will be consistent with the USAID/W approved close-out plans, compatible with the FHA-WCA Project strategy and objectives, and which meet Agency criteria for activities in non-presence countries. The services delivery component will develop the procedures for the identification, selection and funding of any activities to be implemented in close-out countries.

The key dates in the project implementation schedule are:

PP review in USAID/W	April 15, 1995
RFA distributed	May 1, 1995
Project PSC SOW distributed	June 1, 1995
PP approved and authorized	May 15, 1995
Conference with applicants held in Washington	June 1, 1995
Conference with applicants held in Abidjan	June 8, 1995
Closing date for receipt of proposals	June 30, 1995
Cooperative agreements signed	August 30, 1995
Field operations begun	October 15, 1995
Project PSC recruited and in place	November 15, 1995
Consolidated annual work plan for CY 96 approved	December 30, 1995
Regional DHS	1995-1996
Mid-Term Evaluation	May-June 1998
Regional DHS	1999-2000
Final Evaluation	May-June 2000
PACD	September 30, 2000

IX. SUMMARIES OF ANALYSES

A. Technical Analyses.

REDSO/WCA commissioned several technical analyses under the assumption that the project would be organized around the traditional technical components of family planning, maternal and child health, and AIDS prevention. During the field work of the specialists, they all came to the conclusion that the project should be organized according to the cross-cutting themes of strengthening service delivery, IEC, training, and operations research. Based on this recommendation, REDSO reconfigured the project. Nonetheless, the analyses were prepared as originally designed and contracted.

1. Family Planning.

Using the framework developed by the G/PHN/FP Services Division, the report indicated that all close-out countries (except Cape Verde) were in the "emergent phase" of family planning programs. Nevertheless, the report recognized that momentum was established through USAID's efforts during the last 10 years. Important demographic, social-cultural, economic, political and health sector factors have limited the use of family planning modern methods. These include: the ever growing adolescent population and the declining age of menarche, the status of women, the high level of migration, centralized program management, reliance on external financial support and technical assistance, limited and unreliable supplies, the limited method mix and poor quality of care.

The report recommends:

- Expansion of contraceptive method mix to increase region-wide availability of the long-term methods;
- Increased access to integrated family health services in rural areas through community-based initiatives;
- Increased awareness, especially among men, of importance of "child spacing" for improving health and welfare of both mothers and children;
- Development of cadres of trainers for improving clinical services and management and supervision of integrated family planning activities; and
- Development of regional data bases.

Recommendations for each component include:

Operations Research: The Project should develop collaborative partnerships with existing institutions, projects, and individuals with experience and expertise in the operations research domain, with eventual transference of roles and responsibilities to African agencies for providing necessary OR technical assistance as needed in the region. Research should focus on identification of resources available in the region for meeting women's health/family planning needs; and select activities to demonstrate/test the most cost-effective and efficient models for expansion of the method mix, CBI, training of trainers, development and delivery of appropriate IEC messages.

Information, Education, Communication: The Project should identify existing institutions, projects, groups or media channels already delivering effective IEC messages, and increase their coverage or capability in the region.

Areas of focus should include:

- Development of culturally appropriate, relevant and understandable family planning messages;
- Raised awareness and knowledge about contraceptive availability and use;
- Raised awareness and knowledge of practices which will lead to improved health and welfare of mothers and children including utilization of child survival (CS), women's health/family planning services; and
- Messages targeted especially to men, adolescents, and rural residents.

Training: The availability of quality family planning services is highly dependent upon trained and qualified service providers (Midwives, family planning Program directors, regional government directors, existing training institutions).

Budgetary limitations may necessitate limiting activities to 1) "training of trainers" programs and 2) expansion of already developed curriculum models. The Project should work with existing training institutions or identify successful training programs to serve as sites for regional training activities. Quality and sustainability of the training sites will be important criteria for project success.

Service Delivery: The FHA-WCA Project should focus on Community-based Initiatives (CBI) and Social Marketing (SM). All activities require a continuous and reliable contraceptive supply, intensive coordination with IEC and training activities, and that all interventions and activities be "informed" (assessed, monitored and evaluated) by OR.

2. Maternal and Child Health and Health Systems Analysis.

The report includes a discussion of basic definitions and concepts related to maternal and child health (MCH) and health systems in Africa, based on the observation that similar terminology is used with different meanings, by experts of different backgrounds. To better understand the technical nature of this project, readers might find this helpful.

The report recommends a focus on selected successful activities in the close-out countries at the beginning of the project period, in order to provide a timely opportunity to continue funding to selected successful activities, while new regional and in-country activities are identified.

The report recommends and describes the following implementation strategies:

1. The overall project operational plan should be based on in-country District Level Planning (DLP) processes, and support to WCA countries in their efforts to establish such decentralized planning activities. The report recommends specific activities for support and criteria for selection.
2. While the project should aim primarily at supporting integrated maternal and child health services at the District level, focussed maternal and child health programs should also be strengthened at the central level.

3. Although the priority for one or another intervention covered by the FHA-WCA Project should be determined at the local level, the project should maintain an overall emphasis on family planning. This particular recommendation is made because of the poor development of those services in WCA and the relatively poor involvement of other donors in this component of primary health care.
4. WCA institutions should be strengthened in their capacity to implement project-sponsored activities during and beyond the period of the Project.
5. The FHA-WCA Project should actively develop donor coordination at the technical level, through assistance to the host-country governments, and also through managerial mechanisms internal to the project.
6. Although the public sector is in general the first provider of maternal and child health services in WCA, the project should promote the development of the private sector, through partnerships with commercial, for-profit as well as non-profit organizations.
7. The project should promote interventions which target high-risk socioeconomic groups in order to maximize effectiveness and equity.
8. Training, IEC and Operations Research should have primarily a role at the WCA regional level, and also in providing technical assistance for selected in-country activities.

3. HIV/AIDS.

The HIV/AIDS epidemic continues to spread relentlessly and has now become a deadly health problem in countries in West Africa that previously were not as severely affected as East and Southern Africa. The report points to several constraints to HIV/AIDS prevention including the following:

- government bureaucracies;
- limited West African governments' experience with NGOs until recent years;
- to the perception by health workers that they cannot diagnose and treat AIDS and HIV disease because HIV testing and AIDS treatment initially centralized;
- overburdened health systems which are not readily incorporating HIV prevention into their primary care and health education programming.
- the vertical, separate nature of HIV/AIDS programs within ministries of health, which has restricted the involvement of other sectors in HIV prevention; and
- that activities are nearly completely donor dependent.

Other specific technical problems and gaps are described below.

- Quality behavioral research is not generally used to develop messages and interventions. Most IEC materials and activities in West Africa are being implemented on a pilot basis, rarely achieving adequate national or regional coverage. IEC materials and activities would benefit greatly from technical assistance to enhance creativity and effectiveness.
- Very few services were identified that provide ongoing supportive counseling for people with HIV and their families.

64

- In many countries, guidelines for medical management of STD have not been developed and disseminated much less taught to clinicians. Without significant strengthening of the health care system itself, STD case management is far from reality in West African health systems.

Despite regional constraints, problems and gaps in HIV/AIDS programming, there are definitely strengths in the region. In some countries, the national AIDS control programs are providing leadership within the government and have mobilized funding from a variety of sources for a wide range of HIV/AIDS activities. Policies governing HIV testing have been established. There are cadres of volunteers in many sectors, especially among the youth, who can be tapped for peer education as well as for community-based services. There are experts within West Africa in all sectors of HIV prevention and support.

Recommended strategies included in the report are IEC, training in counseling, strengthening service delivery through support to condom social marketing and specific community-based initiatives, and operations research related to all of the above. In addition, in the event of additional funding, training in epidemiology should be continued.

4. Social Marketing.

In West and Central Africa there are two major players in social marketing: PSI and SOMARC. To date, where these organizations have projects, USAID has wholly or partly funded activities, as well as supplying products. The effect of the close out on those markets where social marketing organizations have on-going operations has been dramatic. Because of delays and uncertainty, programs have slowed down in recent months. In some instances, new donors have been found but, inevitably, there has been some hiatus in activities and Social Marketing contractors' management focus has been diverted from the projects' operations into seeking continued long-term support, with concomitant security for the projects.

Social marketing has been shown to be very effective in selling condoms, especially where this has been in conjunction with marketing positioning against AIDS and STDs. Nonetheless, the usage rate is still very low.

Where programs have run into trouble has been in areas of sensitivity with certain religious and cultural groups, and where governments and bureaucracies have interfered. Other constraints to social marketing include:

- legislation which demands that certain products only be sold through pharmacies and in some instances require prescription;
- cultural constraints which play a part in the ease or difficulty of marketing some products in a very public way;
- lack of transportation and infrastructure in the landlocked countries of West and Central Africa;
- limited access to broadcast media which inhibits the use of mass media; and
- in the close out markets where there have been problems, the lack of adequate USAID leverage may constrain program progress.

Opportunities for social marketing programs include the following items.

- Lessons learned from in country experience of condom SM should be transferred to the marketing of oral contraceptives where appropriate.
- The close out of the missions presents the opportunity for examination of ways of bettering social marketing programs among countries, especially in strategy, communication propositions, media, pricing of product, branding, IEC, training, MIS and operations research. Human resource development is one area which has been sadly underdeveloped within some existing SM programs. There is much potential for cross training within the same SM group at field level and many representatives would benefit from shared experiences with colleagues from other countries.

Many donors are now beginning to look at West/Central Africa on a regional basis. Donors such as World Bank and KFW are showing interest in social marketing activities and are both defining the geographic scope of their regional activity in the same way that USAID does. Given limited resources, it is essential that USAID collaborate with these other two organizations to ensure that similar aims are being targeted, similar philosophies and strategies are being developed and that all the requirements for successful SM activities are being met in a coordinated, non-overlapping fashion.

Recommendations include the following points.

- USAID/REDSO should continue to support social marketing activities in the region, as being the most cost-effective way of maintaining the momentum and as the function most likely to make the necessary impact on consumers and habits in the region.
- USAID/REDSO should be responsible for defining the strategy for addressing the problems of HIV/AIDS/STD, family planning/women's health, maternal and child health and survival in the region, together with the functional operators and an advisory team drawn from the interested countries in the region.
- USAID/REDSO should be the responsible body for ensuring coordination of social marketing programs in the region. This coordination should be with other donors working on social marketing and also other projects working in the health care fields and the specific countries nominated by this project.
- There is a need to extend distribution of products into more rural areas. Links should be established with other operators in the field of CBI, or created within the ambit of the SM groups, in order to complement the SM distribution already achieved.

B. Administrative Analysis.

The environment in which the project will operate is large and diverse, with many West and Central African partners at varying stages of development. The importance of a flexible approach to project implementation will require a balance of clear guidance from REDSO/WCA along with the freedom to respond quickly to a changing implementation environment. These project design characteristics shape the final choice of project management structure.

The report considered the following alternative management structures for the project:

1. Internal REDSO/WCA management of the project with the support of a team of US/FSN PSCs. This alternative would be too demanding of limited REDSO/WCA staff resources, including the ability to recruit and hire PSCs.
2. A single cooperative agreement recipient. This alternative was rejected because of programmatic disadvantages for selecting one recipient, thus effectively reducing competition and reducing the chance for innovation and creativity during project implementation.
3. Multiple cooperative agreement recipients. This alternative, the one proposed in this project paper, demands an explicit mandate for implementing agency coordination. It facilitates "peer review" to promote cross-fertilization and synergy, subjecting proposed actions to technical and managerial challenges from competing viewpoints.

C. Regional Social and Cultural Soundness.

The recommendations in the social soundness analysis represent an attempt to achieve a greater geographical and technical focus the planning and implementation. The individual sections in the social analysis contain separate recommendations in the text and in a table format. Following are highlights from the sections of the analysis.

1. Integration. An immediate pre-condition to integration is a functional and decentralized health system, which brings with it a host of behavioral change demands. Health professionals must be trained as managers skilled in planning, programming, and budgeting, and to take responsibility for the generation and support of demand for services, including outreach and interpersonal communication techniques and how to coordinate with NGOs and existing networks. If integrated programs are to adopt a client-orientation, health staff will require technical training (such as in family planning methods and counseling) to provide services or to refer their clients. Institutionalizing the integrated approach of family planning and maternal and child health also has implications for the curriculum in the medical profession.
2. The community and the health system. Community involvement in health systems strengthening is being promoted, often in conjunction with the decentralization of the health system. The sociocultural variations of disparate

regions, provinces, and districts, for instance, are difficult to incorporate into a centralized planning system. Community involvement facilitates more rapid and comprehensive identification of health needs and expectations; a more accurate identification of economically-differentiated households; and a greater tendency to use non-conventional methods of information dissemination and education.

3. **Cultural factors.** Ethnic diversity characterizes the region and also individual countries. Some countries have as many as 250 ethnic groups that fall under one of the major cluster groups. Cluster groups themselves have common ancestors, belong to the same major language family and cut across artificial political boundaries.

4. **Religion.** Muslims account for an average of 40 percent of the aggregate population. Frequently, Muslim and Christian populations have a certain spatial distribution within a country, with Muslims predominating in the northern reaches of the country, such as in Cameroon, Nigeria, and Togo. Similarly, the influence of Christianity is generally higher in the coastal, more southern areas. Animism, which originated in the forest zone, tends to be concentrated there. A specifically important role of religion, as it relates to this project, is that it yields leaders at the community and national levels who exert a great degree of influence that extends to views and attitudes on human reproduction, health, and the role of women in society.

5. **Beliefs.** Motivations for having large numbers of children in West Africa are grounded in traditional beliefs and practices as well as a supporting social structure. Traditions and beliefs, while influenced by modernization, a more integrated economy, and urbanization, exhibit a staying power that requires generations to adjust to new realities, albeit some longer than others. A host of influences surround a couple's fertility choices, even when women know of family planning methods and wish to space their births. The ideal family size is, traditionally, not pre-determined, and women neither empowered nor socialized to decide unilaterally how many children to have. Reproductive choice is a modern concept for the vast majority of African women. In fact, the woman's fertility in traditional societies is considered the husband's concern and responsibility, and is often governed by lineage and inheritance. The same decision-making process applies to use of contraceptives. When partners discuss family planning, generally the man's preference dominates. Popular use of traditional medicine and adherence to traditional beliefs and interpretations of illnesses, constitute a critical element in the motivations of individuals and groups to rely on, or be willing to pay for, public or private health services.

6. **Beneficiaries.** Health centers, health care professionals, and participating communities are all direct and indirect beneficiaries, depending on the level at which technical assistance is provided. Another group of indirect beneficiaries are the target populations receiving preventive and curative care. These target groups will differ, depending on the program.

D. Economic Analysis.

There are significant opportunities for productive investment in WCA health systems. WCA health sector investment and expenditure in 1990 was roughly \$3.9 billion (\$15 per capita), or 4 percent of GDP. Assuming that half these expenditures (\$2 billion) are on basic health care, the returns to health investment are considered high given that the economic cost of illness or injury in these countries is estimated to be 15 percent of GDP [BHA, p.25] or over \$15 billion per year.

The most critical need in WCA is for external investment and technology to increase the efficiency of the existing health care system. At the current cost of \$30 per person with access to basic health care, it would cost \$8 billion to provide universal coverage in WCA. If costs could be reduced to \$13, as proposed by The World Bank in "Better Health in Africa", the total cost for a WCA population of 340 million in the year 2005 would be roughly \$4.5 billion or an additional \$2.5 billion per year more than in 1990. This suggests a potential cost saving of roughly \$3.5 billion per year from investment in improving the efficiency of the WCA basic health care system, rather than expansion of existing inefficient services to provide universal coverage.

WCA private health expenditures are \$8 per capita, the public sector provides \$5 per capita, and external aid supports \$2 per capita or roughly \$500 million per year. Between 1994-1996, rural household and public sector expenditures on health care are expected to increase, while external aid may not increase. With modest sustained economic growth in WCA and an efficient health care system, it is feasible that annual public and private basic health care expenditures could increase between 1990 and the year 2005 by \$2 billion per year. This would leave an external funding gap of only \$500 million per year or \$2 per capita in low income WCA countries.

The \$40 million project budget will allow average LOP expenditures of \$0.13 per person per year to improve the efficiency of health systems serving 60 million people in 400 WCA local health service areas. This cost per capita is comparable to costs under components of bilateral projects with similar objectives. USAID bilateral programs are spending between \$0.01 in (Burkina Faso) and \$0.14 (Ghana) per person per year to improve the efficiency of national health systems. A target population of 60 million people represents 75 percent of the entire WCA population expressing a demand (based on the most recent DHS surveys) for the integrated services to be supported by the project. There are four economic justifications for this project: 1) the economic impact of expanding use of health services; 2) addressing externalities due to spillover effects that cross national boundaries; 3) cost savings based on economies of scale in production of specialized health systems inputs, and 4) cost savings based on economies of scope and scale in assistance management. Based on these economic justifications, it is reasonable to expect that a significant impact on the efficiency of regional health systems can be achieved through FHA-WCA.

E. Local Institutional Capacity.

In view of the objective to build local capacity across the wide spectrum of project implementation, a few considerations regarding the landscape of pertinent local institutions are in order. The first relates to general trends in how relevant local institutions are organized. There are at least three different groupings of host country institutions:

1. National-level associations that come under the supervision of a ministry and that are focused on family planning promotion and contraceptive supply;
2. Large associations that are, or have been, paired with international NGOs or donor-funded regional projects, such as SEATS, and have a technical area focus, such as family planning or HIV/AIDS prevention and education; and
3. A wide spectrum of health-oriented NGOs, some of which have obtained funding from donors or worked with international NGOs in individual countries.

Some countries have organized to create an umbrella NGO organization, specifically aimed at improving coordination among them and the impact of their operations.

Obviously, those organizations which have had experience working with donor agencies, international NGOs, and regional projects have a comparative advantage as project partners. Two problems emerge, however, given the character of these institutions: (1) most of them are organized along sectoral lines, e.g., family planning, HIV/AIDS prevention, rather than programmatic lines, such as IEC systems strengthening; and (2) apart from those which are already regionally-oriented, most institutions are country-based, thus, the selection of collaborating institutions or institutions to be strengthened may be cumbersome. In terms of the first consideration, sectorally-oriented institutions may be upgraded to assume a programmatic function. The project must address these issues by creating and/or strengthening mechanisms to link the vertical institutions through the recipients and the Project recognizes the need, particularly with service delivery institutions, to deal with country-specific programs.

In general, the principal African implementing institutions will need to develop relationships with other institutions in "target" countries to ensure bottom-up driven interventions that reflect local level needs. The contributions of a broad spectrum of NGOs and indigenous community-based organizations -- church groups, women's groups, and myriad welfare-oriented organizations -- will strengthen community-based initiatives or community-based distribution of products and services. Many NGOs, especially church groups, operate clinics and locate in areas where "at-risk" or "high-risk" target groups are not being served by public or private profit-making health and family planning services. Various unregistered indigenous groups at a more grassroots level than NGOs

may actually have chosen not to register as NGOs and represent a spontaneous response to a local-level need rather than to donor funding. The project should work with subgrantee partners to encourage constructive cooperation among grassroots organizations.

X. PROJECT DEVELOPMENT COORDINATION

REDSO/WCA representatives initiated contact about the project with potential interested parties in West and Central Africa (WCA) in September and October 1994. At that time, a team of seven consultants traveled to six countries to investigate the health and family planning problems there. While visiting these countries the team members interviewed host country officials, usually the Minister of Health, other donor representatives and NGO/PVO directors. The team members discussed with them the possible objectives and structure of a regional project of support to the health and family planning sector. The feedback obtained by the consultants was used in preparing their reports and the basis for building the project design.

REDSO/WCA staff has discussed with and received support from representatives of UN agencies, the World Bank and CIDA for the project objectives. REDSO/WCA senior management has also discussed the Project Paper with the Ambassador and embassy staff in participating non-presence countries. As a criterion for evaluation of the cooperative agreement proposals, the cooperative agreement evaluation criteria will reward candidates who have experience in working independently, i.e. without U.S. embassy or USAID field post support, with host country governments in the region. No special conditions or covenants will be included in the cooperative agreements, beyond the substantial involvement clause.

NAD ECPR GUIDANCE CABLE

FHA-WCA Project Paper Responses

1. **ISSUE # 1: Geographic Focus -- Should the project be closeout-specific or broadly regional?**

Discussion: The project strategy is based on the idea that under present development conditions within the HPN sector and the decline in USAID resources for African programs a regional strategy is the most cost-effective. At the same time, there are compelling arguments for project interventions which reach non-presence countries, beyond the need to support "bridge" funding following closeouts of certain bilateral programs in the region. However, decisions about where and how to provide project assistance will be based on the broad regional concept incorporated into the project design. The STRATEGY section of the Project Paper provides further analysis of this issue.

2. **ISSUE # 2: Project Purpose and Scope -- Is it too broad?**

The Project Purpose reviewed in the NAD read as follows: "to increase contraceptive prevalence, reduce the spread of the AIDS virus, and, where feasible, reduce mortality of mothers, children, and infants." The Project Purpose has been modified to read as follows: "to increase availability and use of quality family planning/reproductive health, HIV/AIDS and maternal/child survival services in concert with other donor and host country efforts, building on successful USAID-funded initiatives in the region." This purpose is more focussed on what is of manageable interest to REDSO/WCA in managing project implementation and incorporates the concern expressed in the ECPR to involve other donors.

3. **ISSUE # 3: Impact -- Will the strategies and interventions be able to achieve the project purpose?**

The project analyses concluded that the project purpose was doable. The concept of performance based assistance upon which the project design rests will provide the incentives necessary to ensure that project implementation is planned and executed with the results targets always in mind.

4. **ISSUE # 4: Implementation Mechanism -- Are NGOs appropriate for reaching project objectives and for meeting the needs of bilateral HPN program closeouts?**

The project design process has led REDSO/WCA to the select a mechanism for project implementation which will engage the knowledge and experience of qualified NGOs, in partnership with international, regional and local institutions, to undertake broadly regional objectives. The project recognizes the need to ensure a smooth transition of closeout programs, where such programs are justifiable in regional and transnational terms, to fit within the structure of the FHA-

WCA Project. The transition may mean that the activities which are carried on beyond the immediate closeout period are not copies of the original project. The residual activity will be consistent with the strategy and objectives of this project.

5. ISSUE # 5: Gray Amendment -- How is their participation provided for?

See Section VIII B, Procurement Plan, of the Project Paper and Section XX of the draft Request for Assistance in Annex E.

6. ISSUE # 6: Design Issues -- (a) gap analysis, (b) cross-cutting components, (c) integration, (d) reproductive health, (e) African institutions.

(a) Gap Analysis: A team of experts was contracted to perform technical analyses which addressed the gaps issue. Their reports are attached as Annexes F-J. The analyses identified gaps and where USAID had comparative advantages.

(b) Project Cross-Cutting Components: The cross-cutting components were chosen after REDSO/WCA was satisfied that strong linkages with the project program areas were built into the description/design of these components.

(c) Integration: The project design encourages joint planning and programming of strategies across the various program areas as well as the project components. The project implementation will focus on developing synergies among these various elements of the project.

(d) Reproductive Health (broader women's health issues): Given the West and Central Africa performance, the weak status of family planning, restricted total resources and limited management capacity, REDSO/WCA decided that the project must focus its efforts and deal with family planning, rather than a broader concept of reproductive, or women's, health.

(e) The project analyses identified numerous African institutions which could be incorporated into the project as partners.

7. ISSUE # 7: Commodities -- How will they be handled within the project?

Contraceptive commodities will be purchased by the centralized contraceptive procurement mechanism with funds transferred for this purpose from the AFR Bureau budget to meet the needs for contraceptive supplies in Africa.

8. ISSUE # 8: Project Design Process -- Is the next step in the design process a PP?

Yes.

ANNEX B

FAMILY PLANNING AND AIDS PROJECT-WEST AND CENTRAL AFRICA LOGICAL FRAMEWORK

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Goal: To reduce high fertility, infant, child and maternal mortality, and limit the transmission of HIV in project targeted areas.</p> <p>Purpose: To increase availability and use of quality FP, HIV/AIDS/STD and Child Survival services in concert with other donor and host country efforts and building on successful USAID-funded initiatives in the project targeted areas.²</p>	<ul style="list-style-type: none"> - Average TFR reduced from 6.5 to 6.0 - Average IMR reduced from 98/1000 to 83/1000 - Measles vaccination coverage maintained at 50-65% - Average rate of HIV incidence maintained at no more than 1 percent among the adult population. <ol style="list-style-type: none"> 1. Modern CPR increased by 1 percentage point per year among WCA target countries 2. Proportion of men with multiple partners who report consistent use of condoms increased by at least 5 percentage points over baseline figures in WCA target countries 3. Improved utilization and mobilization of other donor resources for FP, HIV/AIDS and MCH in the region 	<ul style="list-style-type: none"> - Regional Demographic and Health Surveys - Regional Demographic and Health Surveys - WHO expanded program on immunization information system - BUCEN HIV/AIDS Surveillance Data Base <ol style="list-style-type: none"> 1. Regional DHS 2. Regional DHS and consumer surveys 3. Regional situation analysis of donor and host country collaboration 	<ul style="list-style-type: none"> - Political and Economic stability maintained in the region - Continued political and resource commitment from Host Governments for FP, HIV/AIDS and MCH - USAID centrally funded DHS and BUCEN projects continue to be supported - Other donors will continue to support FP, AIDS and MCH activities that complement the REDSO/WCA program - Emphasis in Social Marketing programs on using condoms as a means of decreasing the spread of HIV/AIDS maintained - Predominant mode of HIV transmission will continue to be sexual contact

² The first two EOPS indicators represent the benchmarks against which cooperative agreement recipient progress will be measured. The final EOPS indicator is an objective toward which USAID and the recipients will strive for together.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Outputs³:</p> <p>I. Improved delivery of Family Planning, HIV/AIDS and MCH Services in project targeted countries</p> <p>1. Established regional partnership programs between US based and African institutions and organizations to support delivery of integrated FP, HIV/AIDS and MCH services</p> <p>2. Improved demand for FP and HIV/AIDS/STD services.</p> <p>3. Improved services of FP and HIV/AIDS/STD activities.</p> <p>4. Improved cost-effectiveness of service delivery interventions</p> <p>5. Active regional donor network established.</p> <p>II. Improved regional networking in I.E.C, training and operations research related interventions to support project implementation.</p> <p>1. Established regional partnership programs between US based and African institutions and organizations to support IEC, training and operations research in the project targeted areas</p> <p>2. Improved development of culturally-sensitive IEC/counseling and training materials, and analysis of secondary data building on best practices in WCA</p> <p>3. Viable regional IEC training and operations research centers strengthened for supporting the</p>	<p>1.1 Social marketing programs linked with community- and health based interventions related to FP, HIV/AIDS and MCH</p> <p>1.2 Decentralized health systems strengthened in selected targeted areas</p> <p>2. Significant increase in knowledge related to Family planning modern methods and HIV/STD transmission and prevention</p> <p>3.1. Product line of Social Marketing expanded</p> <p>3.2. Condoms sales, CYP and number of new acceptors of family planning methods increased to reflect achievement of agreed project targets with recipients</p> <p>3.3 Best practices on cost-effective diagnosis and treatment algorithms for genital infections, AIDS related diseases and child care disseminated and used in project targeted areas</p> <p>4. Unit cost of selected service delivery activities decreased to reflect utilization of low cost-effective interventions</p> <p>5.1 Joint reviews and evaluations of respective donor supported programs</p> <p>5.2 Improved regional mechanisms for donor collaboration.</p> <p>1. Collaborative program planning, system management, project implementation and results evaluation among US and African institutions</p> <p>2-3.1. Regionally accepted IEC/counseling and training strategies developed and disseminated</p> <p>2-3.2. Customized integrated IEC/counseling and training frameworks, plans, guidelines and materials developed and disseminated</p>	<p>1.1. Signed agreements among implementing organizations and approved integrated annual implementation plans</p> <p>1.1 and 1.2 Regional situation analysis on FP, AIDS/STD and MCH</p> <p>2.1. Recipients consumer surveys</p> <p>2.2. Regional DHS</p> <p>3.1 Recipients sales reports</p> <p>3.2 Recipients sales and service statistics reports</p> <p>3.3 Regional situation analysis</p> <p>4. Costs per CYP and recipient records</p> <p>5.1 REDSO/WCA project management reports</p> <p>5.2 Regional situation analysis and Recipients semi-annual reports</p> <p>Recipient reports</p> <p>Recipient reports</p> <p>Recipient reports</p>	<p>- Other donors will continue to support FP, AIDS and MCH activities that complement the REDSO/WCA program</p> <p>- Social Marketing Grantee obtain permission in targeted countries to include orals in Social Marketing programs</p> <p>- Supply of condoms and pills in the region from other donors continue as at present and in the same progressive volume</p> <p>- Contraceptives Prices are not changed radically , nor is there any devaluation of currencies in project targeted areas or neighboring countries</p>

³ The implementing agencies (recipients and subgrantees) will be required to establish, with USAID review and approval, a comprehensive set of project outputs derived from the contents of this logframe. Until that time, the following list represents a set of outputs important to REDSO/WCA which will serve as an agenda for discussion with the recipients about a definitive list of output targets and indicators of accomplishment.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Inputs :</p> <p>\$4 Million worth of contraceptives</p> <p>\$16 Million to support integrated service delivery</p> <p>\$5.5 Million for improved networking in IEC</p> <p>\$5.5 Million for Regional training</p> <p>\$6 Million to support Data analysis, operations research and donor coordination</p> <p>\$3 Million for project management</p>	<p>OYB transfers performed</p> <p>Budgeted amounts obligated and expended through CA/grants with US-based organizations for Service delivery, IEC, training and operations research</p> <p>REDSO/WCA Project management unit established</p>	<p>OYB transfer and reports on contraceptive shipment cables</p> <p>Contracting documents and financial records</p> <p>Employment contract and financial records</p>	<p>- Planned Funding available</p> <p>- Central Contraceptive Procurement Project continue to exist</p>

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) Yes, through the promotion of private provision of family planning services and social marketing of contraceptives and other medical products.
- c) N/A
- d) N/A
- e) N/A
- f) N/A

2. U.S. Private Trade and Investment

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

N/A

3. Congressional Notification

a. **General requirement (FY 1994 Appropriations Act Sec. 515; 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)?

A Congressional Notification will be submitted prior to obligation of funds.

b. **Special notification requirement (FY 1994 Appropriations Act Sec. 520):** Are all activities proposed for obligation subject to prior congressional notification?

Yes

c. **Notice of account transfer (FY 1994 Appropriations Act Sec. 509):** 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 1994 Appropriations Act Sec. 537(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 (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?

N/A

5. Legislative Action (FAA Sec. 611(a)(2)): If legislative action is required within recipient country with respect to an obligation in excess of \$500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?

N/A

6. Water Resources (FAA Sec. 611(b)): 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.)

N/A

7. Cash Transfer/Nonproject Sector Assistance Requirements (FY 1994 Appropriations Act Sec. 537). If assistance is in the form of a cash transfer or nonproject sector assistance:

N/A

a. Separate account: Are all such cash payments to be maintained by the country in a separate account and not commingled with any other funds (unless such requirements are waived by Congressional notice for nonproject sector assistance)?

N/A

b. **Local currencies:** 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 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?

N/A

(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

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

N/A

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) Yes, through the promotion of private provision of family planning services and social marketing of contraceptives and other medical products.
- c) N/A
- d) N/A
- e) N/A
- f) N/A

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

N/A

11. Local Currencies.

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

N/A

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

12. Trade Restrictions

a. Surplus Commodities (FY 1994 Appropriations Act Sec. 513(a)): If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?

N/A

b. Textiles (Lautenberg Amendment) (FY 1994 Appropriations Act Sec. 513(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 (FY 1991 Appropriations Act Sec. 533(c)(3)(as referenced in section 532(d) of the FY 1993

N/A

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 1994 Appropriations Act Sec. 568):** 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 Project activities will be implemented by U.S. and foreign PVOs or NGOs. All necessary requirements will be met before assistance is provided.

b. **Funding sources (FY 1994 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 that any participating PVOs are in compliance.

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

Confirmation of the date of signing the obligating cooperative agreements will be cabled to USAID/W within the required 60 day period.

16. Metric System (Omnibus Trade and Competitiveness Act of 1988 Sec. 5164, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec. 2, and as implemented through A.I.D. policy): Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

Yes

17. Abortions (FAA Sec. 104(f); FY 1994 Appropriations Act, Title II, under heading "Population, DA," and Sec. 518):

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? (As a legal matter, DA only.) YES

e. In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning? (As a legal matter, DA only.) 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

18. Cooperatives (FAA Sec. 111): Will assistance help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life? N/A

19. U.S.-Owned Foreign Currencies

a. Use of currencies (FAA Secs. 612(b), 636(h); FY 1994 Appropriations Act

Secs. 503, 505): 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

20. 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?

Provisions will be made in the RFAs for small business participation.

b. U.S. procurement (FAA Sec. 604(a)): 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

N/A

parity? (Exception where commodity financed could not reasonably be procured in U.S.)

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, technical assistance will be furnished on a cooperative grant basis by private enterprise.

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. Consulting services
(FY 1994 Appropriations Act Sec. 567): 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

j. 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

k. Competitive Selection Procedures (FAA Sec. 601(e)): Will the assistance utilize competitive selection? YES

procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

I. Chemical Weapons (FY 1994 Appropriations Act Sec. 569): Will the assistance be used to finance the procurement of chemicals that may be used for chemical weapons production?

NO

-21. Construction

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

N/A

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

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

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

N/A

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

YES

24. Narcotics

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

N/A

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

YES

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

YES

26. Police and Prisons (FAA Sec. 660): Will assistance preclude use of financing to provide training, advice, or any financial support for police, prisons, or other law

YES

enforcement forces, except for narcotics programs?

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

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

29. Export of Nuclear Resources (FY 1994 Appropriations Act Sec. 506): Will assistance preclude use of financing to finance the export of nuclear equipment, fuel, or technology? YES

30. Publicity or Propaganda (FY 1994 Appropriations Act Sec. 557): 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? NO

31. Marine Insurance (FY 1994 Appropriations Act Sec. 531): Will any A.I.D. contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U.S. marine insurance companies have a fair opportunity to bid for marine insurance when such insurance is necessary or appropriate? YES

32. Exchange for Prohibited Act (FY 1994 Appropriations Act Sec. 533): Will any assistance be provided to any foreign government (including any instrumentality or agency thereof), foreign person, or United States person in exchange for that foreign government or person undertaking any action which is, if carried out by the United States Government, a United States official or employee, expressly prohibited by a provision of United States law?

NO

33. Commitment of Funds (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?

NO

34. Impact on U.S. Jobs (FY 1994 Appropriations Act, Sec. 547):

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

NO

Trade Act of 1974, of workers in the recipient country, or will assistance be for the informal sector, micro or small-scale enterprise, or smallholder agriculture?

B. CRITERIA APPLICABLE TO DEVELOPMENT ASSISTANCE ONLY

1. Agricultural Exports (Bumpers Amendment) (FY 1994 Appropriations Act Sec. 513(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 1994 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 promotes community-based initiatives, and aims to establish an indigenous capacity to provide a strengthened service delivery for family planning services, HIV/AIDS prevention, conduct operations research and utilize African training centers to improve these skills.

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

YES

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

- a) N/A
- b) N/A
- c) Reducing population growth and the spread of HIV/AIDS is essential for economic growth in the West and Central Africa region.
- d) The project is directly aimed at improving maternal and child health and reducing maternal mortality.
- e) The project will assist in the establishment of regional centers and promote coordination and cooperation by the countries in the region.

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

Not Applicable, as this is a regional project comprising several RLDCs.

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?

The purpose of the project is to increase the availability and use of family planning, HIV/AIDS and Child survival services. Poor women have the least access to these services, so this project will directly benefit them.

9. 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

10. Disadvantaged Enterprises (FY 1994 Appropriations Act Sec. 558): 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)?

Special provisions will be made in the Requests for Assistance to assure the participation of HBCUs, and PVOs which are economically and socially disadvantaged.

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

N/A

12. **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.J.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

N/A

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 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

NO

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; (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

13. **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

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

N/A

15. **Deobligation/Reobligation (FY 1994 Appropriations Act Sec. 510):** 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, should deob/reob be required during the LOP.

16. 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

17. Development Objectives (FAA Secs. 102(a), 111, 113, 281(a)): Extent to which activity will: (1) effectively involve the poor in development, by expanding access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (2) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and

1) N/A

2) N/A

3) Reducing population growth and the spread of HIV/AIDS is essential for economic growth in the West and Central Africa region.

4) The project is directly aimed at improving maternal and child health and reducing maternal mortality.

5) The project will assist in the establishment of

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?

regional centers and promote coordination and cooperation by the countries in the region.

18. 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

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

Under the Child Survival activities, appropriate breastfeeding and weaning of infants will be promoted; in addition micro-nutrients supplementation programs may be supported.

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

19. 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 has been placed on integrating family planning, HIV/AIDS and child survival delivery services at the lowest level of the health system, as well as within social marketing and community based initiatives.

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

22. **Capital Projects (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?

N/A

C. CRITERIA APPLICABLE TO ECONOMIC SUPPORT FUNDS ONLY

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

N/A

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

3. **Commodity Grants/Separate Accounts (FAA Sec. 609):** If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? (For FY 1994, this provision is superseded by the separate account requirements of FY 1994 Appropriations Act Sec. 537(a), see Sec. 537(a)(5).)

4. Generation and Use of Local Currencies (FAA Sec. 531(d)): Will ESF funds made available for commodity import programs or other program assistance be used to generate local currencies? If so, will at least 50 percent of such local currencies be available to support activities consistent with the objectives of FAA sections 103 through 106? (For FY 1994, this provision is superseded by the separate account requirements of FY 1994 Appropriations Act Sec. 537(a), see Sec. 537(a)(5).)

5. Capital Projects (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. Note, as well, that although a comparable provision does not appear in the FY 94 Appropriations Act, the FY 93 provision applies to, among other things, 2-year ESF funds which could be obligated in FY 94.)

DRAFTER:GC/LP:BLester:12/27/93:cheklist.94

ANNEX D

Initial Environmental Examination

PROGRAM/PROJECT DATA:

Program Number:

Project Number:

Country/Region: REDSO/WCA, WEST & CENTRAL AFRICA REGIONAL

Program/Project Title: FAMILY HEALTH AND AIDS - WEST & CENTRAL AFRICA

Funding Begin: FY 95 Funding End: FY 00 LOP Amount: \$ 60,000,000

IEE Prepared By: Katherine Jones-Patron, Health and Human Resources

Date Prepared: 1/15/95

ENVIRONMENTAL ACTION RECOMMENDED: (place X where applicable)

Categorical Exclusion: XXX Negative Determination: XXX

Positive Determination: _____ Deferral: _____

ADDITIONAL ELEMENTS: (place X where applicable)

EMEMP: _____ CONDITIONS _____ PVO/NGO: XXX

Summary of findings:

It is recommended that those project components that involve nutrition, health care or population and family planning services receive a categorical exclusion as per 22 CFR 216.2(c)(2)(viii). Training and technical assistance aspects of the Project that are designed to improve planning, management and budgeting of the involved agencies should likewise receive a categorical exclusion based on Section 216.2(c)(2)(i).

Activities involving the delivery of HIV/AIDS services will be implemented in a manner which accounts for, where necessary, the design and installation of proper waste disposal systems for materials used in the testing for HIV (e.g. syringes). It is not anticipated that activities associated with these services will have a significant effect on the environment, and they are therefore, recommended for a negative determination as per 22 CFR 216.3(a)(2)(iii).

No pesticide will be procured or used in this project.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED: (type name under signature line)

CLEARANCE:

Regional Director:

(Draft)

Date: 3/6/95

Willard Pearson

CONCURRENCE:

Bureau Environmental
Officer:

John J. Gaudet

CLEARANCE:

Date: 4/17/95

General Counsel
(Africa Bureau):

Date: 10 March 95

ADDITIONAL CLEARANCES: (type name under signature line)

Regional Environmental
Officer:

(Draft)

Date: 3/6/95

Wayne McDonald

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/PROJECT DATA:

Program Number:

Project Number:

Country/Region: REDSO/WCA, WEST & CENTRAL AFRICA REGIONAL

Program/Project Title: FAMILY HEALTH AND AIDS - WEST & CENTRAL AFRICA

I. BACKGROUND AND PROJECT DESCRIPTION:

The goal of the Family Health and AIDS-West and Central Africa (FHA-WCA) Project is to reduce fertility and to promote reproductive health, to minimize the transmission of HIV/AIDS, and to reduce mortality of infants in the West and Central Africa region. The goal level performance indicators are to reduce the average total fertility in project targeted countries¹ from 6.5 to 6.00, maintain the average rate of HIV incidence at no more than 1 percent among the project targeted adult population and reduce average infant mortality rate from about 98 per 1000 to 83 per 1000 in project targeted countries².

The purpose of the project is to increase availability and use of quality family planning/reproductive health, HIV/AIDS and maternal/child survival services in concert with other donor and host country efforts, building on successful USAID-funded initiatives in the region.

The activities of this program consist of four (4) major interrelated components: (1) improved regional delivery of integrated family planning, HIV/AIDS and MCH services, (2) improved regional networking in IEC, (3) strengthened use of African institutions and expertise, (4) strengthened regional capacity in data analysis and dissemination.

1. Improved regional delivery of integrated family planning, HIV/AIDS and MCH services

Strengthened linkages among social marketing programs, community organizations and health delivery system will provide large opportunities to increase the supply of contraceptives and FP and STD/AIDS services in the project targeted areas. Accordingly, FHA-WCA will build on the early successes of social marketing projects in the region to support a partnership program among regional social marketing activities, community- and health facility-based interventions in project targeted areas, under a single cooperative agreement.

¹ Countries include Burkina Faso, Cameroon, Chad, Cote d'Ivoire and Togo

² Countries include Burkina Faso, Cameroon, Chad, Cote d'Ivoire and Togo

With respect to social marketing, FHA-WCA will specifically support the cooperative agreement recipient to develop and implement a regional strategy to social marketing of contraceptives and condoms for HIV/AIDS prevention. The project will encourage, to the extent possible, the involvement of all U.S.-based organizations already active in the region in order to build on their respective strengths, approaches and experience to social marketing and maintain an healthy competition. With respect to community- and health facility-based interventions, FHA-WCA will support the cooperative agreement recipient in maintaining, strengthening and developing existing community-based interventions and improving quality of care in project targeted areas. These may include: community-based distribution of contraceptives, targeted peer education interventions, upgrading providers' skills and provision of technical assistance for the strengthening of health systems in project targeted areas.

It is expected that project funded technical assistance packages necessary for the service delivery component will be organized and provided by the respective cooperative agreement recipients in IEC, training and operations research. The FHA-WCA project will provide funding for about \$20 million dollars worth of contraceptives for the project targeted during LOP.

2. Information, Education and Communication: improved regional networking and cost-effectiveness in IEC

As FHA-WCA supports a regional and integrated approach to service delivery, it is important to support the development of IEC strategies at the regional and country level in order to alleviate coordination and oversight issues experienced in the WCA region and increase the cost effectiveness of IEC interventions.

Accordingly, FHA-WCA will support, under a cooperative agreement (CA), a partnership program between a U.S. organization and appropriate African institutions and organizations to develop and implement a regional networking strategy.

3. Training: strengthened expertise and use of African institutions and expertise

An important thrust of FHA-WCA is to strengthen the use of African institutions, organizations, and experts for the design, implementation, and evaluation of FP, HIV/AIDS, and MCH activities. However, despite the relatively large pool of trained Africans in West and Central Africa, specific expertise is lacking in key programmatic areas and administrative and financial management. The project will address these problems by supporting a partnership program between a U.S. and African institutions under a cooperative agreement to develop regional and national training strategies and plans, and implement appropriate training activities in improve African institutional capabilities.

4. Operations research: improved regional networking and data analysis for decision making

There are currently a multitude of important secondary data and study results, most of them relevant to most WCA countries, that, better analyzed, presented, and disseminated, could significantly improve the decision making processes and effectiveness of FP, HIV/AIDS, and MCH programs in the region. At the same time, there are persistent problems and issues, specific and common to most WCA countries, that need to be addressed by the project in order to improve the effectiveness of project design and implementation and management. The FHA-WCA will complement other donor initiatives in these areas under a cooperative agreement by supporting a partnership program between U.S.-based and African institutions for the analysis of current data, the development of a common research agenda, the conduct of multi-country studies and design and implementation of donor and host country collaboration.

II. COUNTRY AND ENVIRONMENTAL INFORMATION (BASELINE INFORMATION):

The program activities could conceivably take place within any of the west and central African countries. Because of such a wide variability with respect to the environmental profile of this region, the information provided in this section will be of a general summary nature and brief.

The potential area covered by the activities of this project include 24 countries of west and central Africa. The environment of this area ranges from dense tropical rainforest in central Africa to dry sahelian desert, with several different types of closed and open forest and savanna ecosystems in between. Sixteen of the countries have a coastline, the others are landlocked, with either rail or road access to the coast. Rainfall averages from less than 200mm in desert zone to over 4000mm in the dense tropical forest zone.

Two of Africa's largest river systems are located in west and central Africa, the Zaire river in central Africa and the Niger river in west Africa. Other important river systems are the Senegal, Gambia, Volta, Ogooue, Sangha and Comoe. In addition there are important inland wetlands, the Niger delta in Mali, Lake Chad, Oursi in Burkina Faso and Delta du Saloum in Senegal. An important coastal mangrove ecosystem also exist from Zaire to Nigeria and from Cote d'Ivoire to Senegal.

The areas biodiversity (mammals, birds, insects, reptiles, fish, and native vegetation) is rich and widespread, but increasingly declining due primarily to loss of habitat. Approximately 64 national parks serve as the principal zones of biodiversity conservation.

The principal threats to the environment are increasing and expanding populations and their resulting impact upon the natural resource base through land clearing for agriculture and unsustainable resource extraction (logging, mining, and fishing).

III. EVALUATION OF PROGRAM/PROJECT ISSUES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL:

It is not expected that the activities of this project will have a significant effect on the environment. However, the delivery of HIV/AIDS services raises concerns with respect to the proper handling and disposal of waste products associated with products utilized for the testing and monitoring of HIV/AIDS patients. It is recommended that cooperative agreements for delivery of such services include activities which increase awareness on the part of public health authorities and institutions to develop appropriate and safe waste disposal systems for HIV/AIDS activities.

IV. ENVIRONMENTAL DETERMINATIONS

A threshold decision of categorical exclusion and negative determination is recommended for the activities of this project.

V. RECOMMENDED MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

With respect to monitoring and evaluation, the cooperative agreement recipients will monitor the number of health institutions, with which they work, noting who adopts and implements appropriate waste disposal system for HIV/AIDS services.

It is not anticipated that any mitigative measures will be required as a result of this project.

V. SUMMARY FINDINGS

This project is recommended for a categorical exclusion for the activities involving training and technical assistance in the areas of nutrition, health care or population and family planning services. A negative determination is recommended for activities relating to the provision of services for HIV/AIDS.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

REQUEST FOR APPLICATIONS

624-95-A-003

FAMILY HEALTH AND AIDS

IN

WEST AND CENTRAL AFRICA

APPLICATION DEADLINE: JULY 17, 1995

3:30 PM LOCAL TIME

REGIONAL ECONOMIC DEVELOPMENT SERVICES OFFICE

WEST AND CENTRAL AFRICA

ABIDJAN, IVORY COAST

1/3

INDEX

- A. Background
- B. Project Goal, Purpose, and Objectives
- C. Eligibility Requirements
- D. Project Guidelines
 - 1. Overall Guidelines
 - 2. Requirements
 - 3. Project Priorities
 - 4. Statement of Substantial Involvement
- E. Application Instructions
 - 1. Service Delivery Component
 - 2. IEC Component
 - 3. Training Component
 - 4. Operations Research Component
- F. Review Criteria
 - 1. Service Delivery Component
 - 2. IEC Component
 - 3. Training Component
 - 4. Operations Research Component
- G. Review Procedures
- H. Application Preparation and Submission Instructions
- I. Applicable General Provisions

REQUEST FOR APPLICATIONS

A. Background

USAID is facing a challenge to its assistance program in West and Central Africa. The agency has been forced, in an era of declining resources, to make the difficult decision to reduce its bilateral presence in the region. By the end of FY 96, USAID expects to have nine (excluding the Gambia) field posts in the West and Central Africa region, which comprises 24 countries. At the same time the latest data on social indicators, particularly in health and population, demonstrate continued poor health and the need for continued donor assistance to the people living in the region.

In 1994, 14 of the 16 USAID bilateral programs in the region had strategic objectives related to health and family planning. The early termination of uncompleted projects in the seven non-presence countries prior to the achievement of their intended targets will jeopardize the probability that similar projects in the nine neighboring countries with continuing USAID assistance programs will be able to meet their targets.

At the same time, REDSO/WCA strongly believes that the termination of these bilateral projects provides an important opportunity to develop innovative approaches to invest increasingly limited resources in a cost effective manner. With this objective in mind, this \$40 million project is designed as a regional mechanism to increase the cost effectiveness of USAID resources. The Services Delivery component is intended primarily for those countries of WCA where USAID no longer maintains a presence or for countries without strategic objectives in population and health; other components will be carried out as regional activities, working through regional institutions and delivering impact on a regional basis.

REDSO/WCA recognizes that, in spite of improvements achieved during the past 30 years, thanks in part to past USAID assistance, West and Central Africa has lost ground relative to other LDC regions. The reason for this relative deterioration is rooted not just in unforeseen regional calamities or in the shortcomings of nation building. Perhaps just as importantly, progress has been stifled by the limited investments made for strengthening African institutions and organizations and utilizing the wealth of regional knowledge about lessons learned and best practices. Changing that would permit West Africans to establish a learning environment in their own professional surroundings. For that reason, the design of this project complements the traditional strategy of country specific, institutionally restricted activities.

The project will examine and address transnational and common health and family

planning problems and promote appropriate strategies based on replication of cost effective methods across the WCA region. The premise of the project is that innovative strategies for delivery and support of health and family planning services have been successfully tested in this and other regions.

B. Project goal, purpose, and objectives

The goal of this project is to reduce fertility and to promote reproductive health, to limit the spread of HIV/AIDS, and to reduce mortality of infants in WCA.

The purpose is to increase availability and use of quality FP/RH, HIV/AIDS/STD and maternal and child health services in concert with other donor and host country efforts in targeted areas of West and Central Africa.

Specifically, the project seeks to:

- * increase the use of modern family planning methods among women of reproductive age by one percentage point per year by the year 2000 in project targeted areas.
- * increase the proportion of men with multiple partners who report consistent use of condoms by at least 5 percentage points over baseline figures in project targeted areas.

The objectives of the project are to support:

- partnership programs between US and African organizations to:
 - improve the regional delivery of cost-effective integrated (N.B. As used here, "integrated" refers to linkage or coordination of services, as well as to integrated services delivery) FP/RH, HIV/AIDS/STD and MCH services in project targeted countries;
 - coordinate the provision of technical assistance and support regional networking in IEC, training, and operations research for the delivery of cost effective, integrated FP/RH, HIV/AIDS, and MCH services;
 - increase African ownership of policy setting, program planning and implementation, system management, and results evaluation and dissemination functions;
 - increase linkages between U.S. based HBCU's and minority PVO's with West African institutions and NGO's;

- promotion of an active donor network and improvement of the utilization of regional and host country resources in the region.

C. Eligibility requirements

To be eligible for funding under the FHA-WCA project, an organization must:

1. be a U.S. based institution registered with USAID;
2. receive annual financial support from sources other than the U.S. government;
3. have a current, direct or indirect country presence through an African partner organization, either private or public sector, in at least one of the following countries (Cote d'Ivoire, Ghana, Burkina Faso, Senegal, Mali, Niger, Togo, Benin, Cameroon, Guinea);
4. agree to participate fully in the coordination activities required of participant organizations; and
5. either be, or establish a partnership relationship with, one or more Gray Amendment-eligible organizations for purposes of this project.

D. Project guidelines

1. Overall guidelines

The RFA is divided into four sections--Service Delivery, IEC, Training, and Operations Research. The applicant may submit in any one or combination of the components for which the applicant organization or consortium of organizations is qualified, but please note that the recipient of the award in the Service Delivery component is not eligible for an additional award under any of the three remaining components.

Cooperative agreements will be established with the US institution or consortium of institutions selected to support the service delivery component and with up to three additional organizations for the IEC, Training, and Operations Research components.

A unified management structure for the coordinated and consolidated implementation of the project will be established by representatives of the selected institutions immediately after award. The objective of this unified structure is to institute a high degree of project-wide coordination and information sharing, including coordinated reporting on impact

measures and on management and evaluation of project performance.

There is an intent to call on field support resources to augment project resources and on USAID Global Bureau partners, as appropriate, to supplement this project.

Costs related to the purchase of contraceptives should not be budgeted. REDSO/WCA will procure, or assist in securing from other donor sources, the needed contraceptives based on the agreed estimates.

Organizations that are interested in applying for the Service Delivery component are encouraged to communicate with prospective applicants for the IEC, Training, and Operations Research components to coordinate development of their respective proposals, and vice versa.

2. Requirements

All proposals must:

- a. be consistent with USAID policies in the population and health sector;
- b. be consistent with targeted host countries' policies and goals in child survival;
- c. be developed collaboratively with the key African organizations in West and Central Africa that the U.S. institution plans to involve in project implementation. Proposals should include evidence of the participation of the African organizations in the proposal development.
- d. include a written commitment to collaborate with the other US and African organizations involved in the project for the development and implementation of a unified management, evaluation, and reporting structure and coordinated annual plans among all selected partners and propose a specific strategy for such on-going collaboration throughout the life of the project, including monitoring plans to establish coordinated program impact.
- e. be limited to activities that are manageable without USAID presence and be regional in nature.
- f. include a minimum of 10 percent substantive participation by one or more organizations that qualify for special funding consideration under the Gray Amendment to the Foreign Assistance Act, at the prime recipient level.

There are statutory prohibitions to USAID assistance to certain countries in the region, i.e., the Gambia, Liberia, Nigeria, and Zaire. USAID-funded activities in these countries require the explicit, prior approval of the USAID Administrator.

The organization, or members of a consortium, that receives the award for the Service Delivery component is (are) not eligible to receive an award in the other three components. One or more award(s) may be made for any combination of the three remaining components.

3. Project priorities

Priority will be given to applications that:

a. include credible, innovative approaches, strategies, and interventions to address critical factors that limit the availability and use of quality FP/RH, HIV/AIDS and Child Survival services;

b. develop strategies based on an analysis of unit cost for outputs or outcomes of service delivery linked to the objective of supporting sustainable interventions;

c. build primarily on African expertise for the provision of technical assistance and propose a credible timeline for transferring project responsibilities to African organizations over the life of the project, while building linkages between U.S. Historically Black Colleges and Universities, minority-owned business organizations, and minority controlled PVO's and African organizations;

d. are designed in collaboration with other applicants, as appropriate, and provide evidence of a firm commitment to on-going integrated management and collaboration with the other recipients, throughout the life of the project;

e. contribute significantly, in kind and financially, to achieving project objectives;

f. include activities that were demonstrably successful under previous USAID and other donor funding;

4. Statement of Substantial Involvement

The establishment and effective functioning of a unified structure for the overall management of the project and the development of a system of consolidated reporting of the activities and achievements of the project are a very high priority of USAID and central to the concept of the project. REDSO/WCA will participate actively at the beginning of the project in the establishment of the unified management structure and

the system of consolidated reporting of program accomplishments. Once these systems are in place and functioning properly, the REDSO/WCA participation in them will be reduced to a monitoring role.

REDSO/WCA will be responsible for arranging for the purchase and shipment of contraceptive commodities required to meet the agreed needs of project participants, or will assist in securing such commodities from other donor sources.

No further involvement, beyond that associated with normal grant administration, is anticipated at this time. This routine involvement is expected to include review and approval of the unified five-year and annual implementation plans, and associated budgets, as part of the annual funding review. As part of that review, attention will focus particularly on project achievements and outputs, the procurement plans for long and short-term technical assistance, and the status of sub-agreements between U.S. and African partners, particularly as they relate to the status of the transfer of responsibilities to the African partners.

REDSO/WCA will also, to the extent practicable, provide technical assistance to the project participants upon their request. Expert resources are available to assist in such areas as facilitating policy dialogue and the assessment and training of African organizations in institutional development, including accountability, financial management, project development, contracting, and health care financing.

E. Application Instructions

1. For a partnership program to improve the delivery of integrated FP/RH, HIV/AIDS and MCH services.

The objective of this agreement is to support a partnership program between US and African institutions to:

- improve quality and cost effectiveness of HIV/AIDS, family planning, and MCH services;
- address primarily transnational HIV/AIDS and family planning problems, and on a more limited scale, maternal and child health problems, that have significant regional impact and where USAID has a comparative advantage;
- identify and replicate "best practices" from the region to address these problems in order to capture economies of scale and reduce duplication and waste;
- strengthen health systems and institutions to provide linked or integrated HIV/AIDS, family planning, and MCH services; and

- build the capacity of African partners to take over responsibility for implementing and sustaining these programs.

1.1 Organizational background

- Briefly describe all US and African organizations which will be involved in the program implementation, including the organizations' general purpose, annual budget, major sectors of involvement, and organizational structure. Please highlight any partners that qualify as Gray Amendment organizations.
- Provide an organizational chart for all organizations and clearly delineate where the staff responsible for the program fit into the overall organization and the source of funding. If applicable, show the linkages among headquarters, regional office, and field personnel.
- List separately (in an appendix, if desired) all current and planned USAID and non USAID-funded family planning and health program/projects including HIV/AIDS and MCH, and for each indicate the source of funding, country, effective dates, main interventions, and total budget for the project. For project (s) funded by USAID, also include the grant/cooperative agreement/contract number, the level of USAID funding provided, and the status of each project. For projects funded by other sources, include the status of each project or program.
- Describe the organizations' experience with FP/RH, HIV/AIDS, and/or MCH in WCA. Discuss your organization's experience with integrated service delivery and the institutional, administrative, and local context in which efforts were being made. Describe your organizations' experience related to building capacity of African institutions.
- Describe your organizations' current expertise in FP/RH, HIV/AIDS prevention, and MCH, including expertise in community mobilization and participation;
- Describe your organizations' capacity in monitoring and evaluating large, complex projects;
- Describe the US organization's capacity to build partnership programs with African organizations and to provide technical and administrative backstopping of all proposed interventions in FP/RH, HIV/AIDS, and/or MCH.
- Describe the US organizations' current agreements and working relationships with host country governments and organizations.
- In view of your preceding statements regarding the organizations' capacity, describe the challenges faced by your organizations with respect to this

proposed regional project that will require particular attention and how you intend to monitor and address these challenges.

1.2 Detailed field project description

a. Identification of Important Health and Demographic Problems and Constraints

- describe and discuss the health and demographic problems and constraints under the three technical areas (FP/RH, HIV/AIDS, and MCH) in WCA.

b. Expected achievements by the end of the project

- discuss the project target areas and measurable results expected by the end of the FHA-WCA project namely:

- * increase in the use of modern family planning methods among women of reproductive age by one percentage point per year by the year 2000 in project targeted areas.

- * Increase in the proportion of men with multiple partners who report consistent use of condoms by at least five percentage points over baseline figures in project targeted areas.

Are these expected measurable results low or high? Please provide a detailed analysis to support your case which addresses programmatic and institutional elements not limited to the following:

- current level of CPR, condom use, and other FP/RH, HIV/AIDS, and MCH related indicators;
- past achievements of the targeted countries;
- resources available for FP/RH, HIV/AIDS, and MCH programs;
- host country policies;
- in-country and regional institutional capabilities,
- available technologies and approaches;
- experience from other African and developing countries;
- constraints and opportunities associated with the regional project.

- Estimate the amount and types of modern contraceptives that your proposed project will require and specify the method mix to achieve your proposed targets. Specify the expected method mix to be achieved by the end of the project in the project targeted countries. The baseline data to be used for the estimations of the contraceptives needed in the four indicative countries, Cote

d'Ivoire, Burkina Faso, Togo and Cameroon are presented in annex.

- State the measurable results that your organizations expect to achieve over the life of the FHA-WCA project in increasing the use of modern family planning methods among women of reproductive age and the proportion of men with multiple partners who report consistent use of condoms. These results should include at least the following:

- Number of users by method and by year;
- New acceptors by method by year;
- Contraceptive consumption by method and by year;
- Total CYP per year;
- Contraceptive prevalence rate among women of reproductive age;
- Total fertility rate;
- Increase in specific knowledge related to family planning methods and HIV/STD transmission or prevention;
- Increase in the consistent use of condoms among men with multiple partners.

- list other measurable outputs expected to be achieved each year of the project.

c. Strategy and Interventions

- Provide a description and rationale of the organizations' proposed strategy to achieve the expected results, including the criteria by which you would select your interventions. The proposed strategy should also reflect:

- focused utilization and maximum efficiency in the use of project resources, given the vastness of the region's health and demographic problems;
- rationale for the proposed geographic scope of the project and target groups and target geographic areas.
- how the project will deal with the identified potential constraints that may impede the achievement of the project objectives.

- describe the activities that will be undertaken to improve the delivery of integrated Family Planning, HIV/AIDS, and MCH services in each of the targeted areas. Describe for the proposed activities:

- the rationale;
- what will be done;

- who will do it; and
- how often it will be done.

- indicate the areas to be covered by the project interventions, the target groups of the project, and your estimate of the size of the beneficiary population in the project targeted areas.

- indicate the responsibilities of the public and private organizations that will be involved in the project and estimate the number of public and private health facilities to be supported directly or indirectly by the project. Provide the rationale for the selection of these organizations and health facilities;

- describe how you plan to integrate proposed activities into the ongoing projects or programs in WCA.

- discuss specific constraints that may impede the achievement of the project objectives and describe how the project will deal with them.

1.3 Work plan

- Propose a five-year plan of action including a detailed first year action plan.

1.4 Financial plan and sustainability strategy

Propose a \$16 million five-year budget including a detailed \$2.7 million first year budget which should reflect the following:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional, and country offices and programs;
- the breakdown of all costs according to each U.S. and African organization involved in the program;
- the costs associated with external, non-African, long-term and short-term assistance and those associated with technical assistance from African expertise;
- the breakdown of the financial and in-kind contributions of the U.S. and African organizations according to the program elements;
- the financial contribution of other USAID and non-USAID donors according to the program element;

- your procurement plan for commodities

Discuss the cost-effectiveness of the proposed service delivery program related interventions, including per unit or per capita costs for outputs or outcomes for previous and proposed interventions.

Discuss your plan for sustainability of the benefits of the project following the completion of USAID and other donor funding, and how progress towards sustainability will be monitored. In this discussion, include:

- the current capacity, including financial, human, and material resources of the U.S. organization and its various partners to sustain key REDSO/WCA-funded activities after the completion of the agreement;
- how the project will address financial sustainability;
- the expected financial and in-kind contributions of your organizations over the life of the project;
- an estimate of the recurrent costs associated with the REDSO/WCA-funded activities over the life of the project.
- an estimate of the annual recurring operating costs for the five year period following the project completion.

1.5 Program management

- describe how the various implementing organizations of the service delivery component will coordinate their respective involvement in the FHA-WCA project. Describe the management plan for administering and monitoring all of the organizations' FP and health projects, including those proposed under this program.
- propose implementation and management arrangements including various options (if any) for a coordinated implementation of the up to four cooperative agreements;
- describe what your organizations expect as support from REDSO/WCA;
- propose your views and recommendations on the need to promote an active donor network and improve the utilization of regional and host country resources in the project targeted areas. What are the available options to improve donor collaboration? What specific mechanisms (if any) should be established?

1.6 Program monitoring and evaluation

- Describe the strategy and health information systems that will be used to monitor ongoing project activities. The evaluation strategy should reflect attention to gender issues. Identify which indicators will be tracked for each intervention. Identify the type of data, how it will be collected, the frequency of collection, who will collect it, and who will use it.
- Describe how your organization will use information from the monitoring and evaluation system for dissemination purposes and improving decision making in project targeted areas.

2. Agreement for partnership programs to improve regional networking and cost effectiveness in IEC.

The objective of this agreement is to support a partnership program between US and African institutions to:

- improve quality and cost-effectiveness of IEC strategies and interventions in project targeted areas;
- disseminate regional experience and expertise in IEC;
- improve regional understanding of and coordinate actions on common, generic themes and issues in FP/RH, HIV/AIDS, MCH and IEC; and
- coordinate, schedule, and provide technical assistance as requested by the recipients for Service Delivery, Training, and Operations Research to support IEC/counseling activities for behavioral changes in project targeted areas.

2.1 Organizational background

- Briefly describe all US and African organizations which will be involved in the program implementation, including the organizations' general purpose, annual budget, major sectors of involvement, and organizational structure. Please highlight any partners that qualify as Gray Amendment organizations.
- List separately (in an appendix, if desired) all current and planned USAID and non-USAID funded IEC related FP/RH, HIV/AIDS and /or MCH program/projects and for each indicate the source of funding, country, effective dates, main interventions, and total budget for the project. For project(s) funded by USAID, also include the grant/cooperative agreement/contract number, the level of USAID funding provided, and the status of each project. For projects funded

by other sources, include the status of each project or program.

- Provide an organizational chart for all organizations and clearly delineate where the staff responsible for the program fit into the overall organization. If applicable, show the linkages among headquarters, regional office, and field personnel.

- Describe the organizations' experience with FP, HIV/AIDS, and/or MCH related IEC interventions in the WCA region (if any). Discuss your organization's experience with integrated IEC strategies and interventions and the institutional, administrative, and local context in which efforts were being made. Describe your organizations' experience in building capacity of African organizations in IEC.

- Describe your organizations' current expertise in social and behavioral sciences and in community mobilization and participation, and your knowledge base in African culture;

- Describe your organizations' capacity in monitoring and evaluation;

- Describe the US organizations' capacity to build partnership programs with African organizations and to provide technical and administrative backstopping of all proposed IEC related interventions in FP/RH, HIV/AIDS, and/or MCH.

- Describe and document the US organizations' current agreements and working relationships with host country governments and organizations.

- In view of your preceding statements regarding the organizations' capacity, describe the challenges faced by your organizations with respect to this proposed regional project that will require particular attention and how you intend to monitor and address these challenges.

2.2 Detailed field project description

a. Identification of important Health and Demographic related IEC problems and constraints.

- Discuss the IEC problems and constraints under the three technical areas (FP/RH, HIV/AIDS and MCH) in WCA.

b. Expected outputs

- State the measurable results that your organizations expect to achieve by the end of the regional project with respect to the objectives of the partnership

program for IEC. List the outputs and measurable results expected to be achieved each year of the project, with per unit costs to the project.

c. Strategy and Interventions

- Provide a description and rationale of the organizations' proposed IEC strategy in WCA to achieve the expected outputs. The proposed strategy should also reflect:

- focused utilization and maximum efficiency in the use of project resources, given the vastness of the region's health and demographic problems;

- rationale for the proposed geographic scope of the project proposed interventions;

- how the organizations will specifically address the identified and potential constraints.

- Describe the activities that will be undertaken to achieve the partnership program's objectives in IEC. Describe for the proposed activities:

- the rationale;

- what will be done;

- who will do it; and

- how often it will be done.

- Describe how you plan to integrate proposed activities into existing projects or programs in WCA:

2.3 Work plan

- Propose a five-year plan of action including a detailed first year action plan.

2.4 Financial plan and Sustainability Strategy

- Propose a \$5.5 million five-year budget, including a first year detailed \$1.5 million budget which should reflect the following:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional, and country offices and programs;

- the breakdown of all costs according to each US and African organization involved in the program;
- an estimate of the technical assistance cost necessary to meet the agreement objectives, excluding those costs related to direct support to the recipients for service delivery. Please disaggregate the costs associated with external, non-African, long-term and short-term assistance and those associated with technical assistance from African expertise;
- the breakdown of the financial and in-kind contributions of the US and African organizations according to the program elements;
- the financial contribution of other USAID and non-USAID donors according to the program elements;
- discuss the cost-effectiveness of the proposed IEC program related interventions.
- discuss your plan for sustainability of the benefits of the project following the completion of USAID and other donor funding, and how progress towards sustainability will be monitored. In this discussion, include:
 - the current capacity, including financial, human, and material resources of the US organization and its various partners to sustain key REDSO/WCA funded activities after the completion of the agreement;
 - how the project will address financial sustainability;
 - the expected financial and in-kind contributions of your organizations over the life of the project;
 - an estimate of the recurrent costs associated with the REDSO/WCA funded activities over the life of the project.
 - an estimate of the annual recurring costs associated with the project activities in the five years following the end of USAID support.

2.5 Program management

- describe how the various implementing IEC organizations will coordinate their respective involvement in the FHA-WCA project. Describe the management plan for administering and monitoring all of the organizations' IEC related FP and Health projects in WCA.

129

- propose implementation and management arrangements including various options (if any) for a coordinated implementation of the up to four agreements;
- describe what you expect as support from REDSO/WCA;
- propose your views and recommendations on the need to promote an active donor network and improve the utilization of regional and host country resources in the project targeted areas. What are the available options to improve donor collaboration? What specific mechanisms (if any) should be established?

2.6 Program monitoring and evaluation

- Describe the strategy and health information system that will be used to monitor ongoing project activities. Identify which indicators will be tracked for each intervention. Identify the type of data, how it will be collected, the frequency of collection, who will collect it, and who will use it.
- Describe how your organization will use information from the monitoring and evaluation system for dissemination purposes and improving decision making in WCA.

3. Partnership programs to strengthen skills and use of African institutions and expertise.

The objective of this agreement is to support a partnership program between US and African institutions to:

- develop cost-effective regional and national training strategies and plans;
- improve the viability of the African organizations involved in project implementation;
- identify, enhance, and use existing viable training programs for regional impact;
- develop, disseminate, and update a computerized data base of African expertise, and upgrade the skills of the consultants;
- improve African institutions' and experts' knowledge and understanding of project management, generally accepted contracting mechanisms and requirements, and accounting and financial procedures, to enable them to be successful implementing organizations;

130

- coordinate, schedule, and provide technical assistance as requested by the recipients for Service Delivery, IEC and Operations Research to support training activities in project targeted countries;

3.1 Organizational background

- Briefly describe all US and African organizations which will be involved in the program implementation, including the organizations' general purpose, annual budget, major sectors of involvement, and organizational structure. Please highlight any partners that qualify as Gray Amendment organizations.

- Provide an organizational chart for all organizations and clearly delineate where the staff responsible for the program fit into the overall organization and the source of funding. If applicable, show the linkages among headquarters, regional office, and field personnel.

- List separately (in an appendix, if desired) all current and planned USAID and non USAID funded family planning and health program/projects including HIV/AIDS and MCH, and for each indicate the source of funding, country, effective dates, main interventions and total budget for the project. For project(s) funded by USAID, also include the grant/cooperative agreement/contract number, the level of USAID funding provided, and the status of each project. For project funded by other sources, include the status of each project or program.

- Describe the organizations' experience with training related FP, HIV/AIDS and/or MCH in WCA, including experience in community mobilization and participation and organizational development related training activities.

- Describe your organization's experience with integrated training strategies and interventions and the institutional, administrative, and local context in which efforts were being made.

- Describe your organizations' overall capacity including expertise in training activities-related community mobilization and participation, organizational development, monitoring, and evaluation;

- Please describe the US organizations' capacity to build partnership programs with African organizations and to provide technical and administrative backstopping of all proposed training related interventions in FP/RH, HIV/AIDS, and/or MCH.

- Describe the US organizations' current agreements and working relationships with host country governments and organizations.

- In view of your preceding statements regarding the organizations' capacity, describe the challenges faced by your organizations with respect to this proposed regional projects that will require particular attention and how you intend to monitor and address these challenges.

3.2 Detailed field project description

a. Identification of Important Health and Demographic related training issues, problems and constraints:

- discuss the training problems and constraints under the three technical areas (FP/RH, HIV/AIDS and MCH) in WCA.

b. Expected outputs

- state the measurable results that your organizations expect by the end of the project with respect to the objectives of the partnership program for training related interventions. List the outputs and measurable results expected to be achieved each year of the project.

c. Strategy and Interventions

- provide a description and rationale of the organizations' proposed strategy to achieve the expected outputs. The proposed strategy should also reflect:

- focused utilization and maximum efficiency in the use of project resources, given the vastness of the region's health and demographic problems and needs;

- rationale for the proposed geographic scope of the proposed interventions;

- how the organizations will specifically address the identified and potential constraints.

- describe the activities that will be undertaken to strengthen expertise and use African institutions and expertise. Describe for the proposed activities:

-the rationale;

-what will be done;

- who will do it; and
- how often it will be done.

- describe how you plan to integrate proposed activities into existing projects or programs in WCA.

- identify and discuss potential constraints that may impede the achievement of the project objectives and describe how the project will deal with them.

3.3 Work plan

- Propose a five-year plan of action including a detailed first year action plan.

3.4 Financial Plan and Sustainability Strategy

- Propose an indicative \$6.0 million five-year budget, including a detailed \$1.5 million first year budget which should reflect the following:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and country offices and programs;
- the breakdown of all costs according to each US and African organization involved in the program;
- an estimate of the technical assistance costs necessary to meet the agreement objectives, excluding those cost related to direct support to the recipients for service delivery. Please disaggregate the costs associated with external, non-African long-term and short-term assistance and those associated with technical assistance from African expertise;
- the breakdown of the financial and in-kind contributions of the US and African organizations according to the program elements;
- the financial contribution of other USAID and non-USAID donors according to the program element;
- discuss the cost-effectiveness of the proposed training program related interventions.
- discuss your plan for sustainability of the benefits of the project following the completion of USAID and other donor funding, and how progress towards

sustainability will be monitored. In this discussion, include:

- the current capacity, including financial, human, and material resources of the US organization and its various partners to sustain key REDSO/WCA funded activities after the completion of the agreement;
- how the project will address financial sustainability;
- the expected financial and in-kind contributions of your organizations over the life of the project;
- an estimate of the recurrent costs associated with the REDSO/WCA funded activities over the life of the project.
- an estimate of the annual recurring costs associated with the project activities in the five years following the end of USAID support.

3.5 Program management

- Please describe how the various training organizations will coordinate their respective involvement in the proposed training related interventions. Describe the management plan for administering and monitoring all of the organizations' training activities including those proposed under this program.
- propose implementation and management arrangements including various options (if any) for a coordinated implementation of the up to four cooperative agreements;
- describe what you expect as support from REDSO/WCA;
- propose your views and recommendations on the need to promote an active donor network and improve the utilization of regional and host country resources in the project targeted areas. What are the available options to improve donor collaboration? What specific mechanisms (if any) should be established?

3.6 Program monitoring and evaluation

- Describe the strategy and health information system that will be used to monitor ongoing project activities. Identify which indicators will be tracked for each interventions. Identify the type of data, how it will be collected, the frequency of collection, who will collect it, and who will use it.
- Describe how your organization will use information from the monitoring and

organization involved in the program;

- an estimate of the technical assistance cost necessary to meet the agreement objectives, excluding those cost related to direct support to the recipients for Service Delivery. Please disaggregate the costs associated with external, non-African long-term and short-term assistance and those associated with technical assistance from African expertise;

- the costs associated with the support to the design, implementation, and evaluation of donor and host country collaboration activities in WCA, including most appropriate coordinating mechanisms.

- the breakdown of the financial and in-kind contributions of the US and African organizations, according to the program elements;

- the financial contribution of other USAID and non-USAID donors according to the program element.

- Discuss the cost-effectiveness of the proposed operations research program related interventions.

- Discuss your plan for sustainability of the benefits of the project following the completion of USAID and other donor funding, and how progress towards sustainability will be monitored. In this discussion, include:

- the current capacity, including financial, human, and material resources of the US organization and its various partners to sustain key REDSO/WCA funded activities after the completion of the agreement;

- how the project will address financial sustainability;

- the expected financial and in-kind contributions of your organizations over the life of the project;

- an estimate of the recurring costs associated with the REDSO/WCA funded activities over the life of the project.

- an estimate of the annual recurring costs associated with the project activities in the five years following the end of USAID support.

4.5 Program management

- Describe how the various implementing organizations will coordinate their

- provide a description and rationale of the organizations' proposed strategy to achieve the expected outputs. The proposed strategy should also reflect:

- focused utilization and maximum efficiency in the use of project resources, given the vastness of the region's health and demographic problems and needs in operations research;

- rationale for the proposed geographic scope of the proposed interventions;

- how the organizations will specifically address the identified and potential constraints.

- describe the activities that will be undertaken to improve regional networking in OR and data analysis for decision-making. Describe for the proposed activities:

- rationale;

- what will be done;

- who will do it; and

- how often it will be done.

- describe how you plan to integrate proposed activities into existing projects or programs in WCA.

- identify and discuss potential constraints that may impede the achievement of the project objectives and describe how the project will deal with them.

4.3 Work plan

- Propose a five-year plan of action including a detailed first year action plan.

4.4 Financial Plan and Sustainability Strategy

- Propose a \$5.5 million five-year budget, including a detailed \$1.0 million first year budget which should reflect the following:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and country offices and programs;

- the breakdown of all costs according to each US and African

agreement/contract number, the level of USAID funding provided, and the status of each project. For projects funded by other sources, include the status of each project or program.

- Describe the organizations' prior experience with operations research related FP, HIV/AIDS and/or MCH in WCA and integrated service delivery and analyze the institutional, administrative, and local context in which efforts were being made. Describe your organizations' current experience in operations research related to community mobilization and participation;

- Describe the organizations' prior experience in supporting donor collaboration;

- Describe your organizations' capacity and experience in monitoring and evaluation;

- Please describe the US organizations' capacity to build partnership programs with African organizations and to provide technical and administrative backstopping of all proposed or related interventions in FP/RH, HIV/AIDS and/or MCH.

- Describe the US organizations' current agreements and working relationships with host country governments and organizations.

- In view of your preceding statements regarding the organizations' capacity, describe the challenges faced by your organizations with respect to this proposed regional project that will require particular attention and how you intend to monitor and address these challenges.

4.2. Detailed field project description

a. Identification of important Health and Demographic related operations research issues and problems and constraints;

- discuss the operations research problems and constraints under the three technical areas (FP/RH, HIV/AIDS and MCH) in WCA.

b. Expected outputs

- state the measurable results that your organizations expect to achieve with respect to the objectives of the operations research program related interventions. List the outputs and measurable results expected to be achieved each year of the project.

c. Strategy and interventions

evaluation system for dissemination purposes and improving decision making in WCA.

4. Partnership programs to improve regional networking in Operations Research and data analysis for decision making.

The objective of this agreement is to support a partnership program between US and African institutions to:

- perform analysis of and disseminate secondary data and study results relevant to project targeted countries;
- support multi-country and multi-center studies;
- identify, enhance, and use existing viable centers of excellence for operations research;
- support the design, implementation and evaluation of donor and host country collaboration activities in WCA, including most appropriate coordinating mechanisms.
- coordinate, schedule, and provide technical assistance as requested by the recipients for Service Delivery, Training and IEC to support Operations Research in WCA;

4.1 Organizational background

- Briefly describe all US and African organizations which will be involved in the program implementation, including the organizations' general purpose, annual budget, major sectors of involvement, method of operation, and organizational structure. Please highlight any partners that qualify as Gray Amendment organizations, including historically black colleges and universities.
- Provide an organizational chart for all organizations and clearly delineate where the staff responsible for the program fit into the overall organization and the source of funding. If applicable, show the linkages among headquarters, regional office, and field personnel.
- List separately (in an appendix, if desired) all current and planned USAID and non USAID funded family planning and health program/projects including HIV/AIDS and MCH, and for each indicate the source of funding, country, effective dates, main interventions and total budget for the project. For project(s) funded by USAID, also include the grant/cooperative

respective involvement in the proposed program. Describe the management plan for administering and monitoring all of the organizations' FP and health projects-related operations research, including those proposed under this project.

- Propose implementation and management arrangements including various options (if any) for a coordinated implementation of the up to four agreements;

- describe what you expect as support from REDSO/WCA;

- propose your views and recommendations on the need to promote an active donor network and improve the utilization of regional and host country resources in the project targeted areas. What are the available options to improve donor collaboration? What specific mechanisms (if any) should be established?

4.6 Program monitoring and evaluation

- Describe the strategy and health information system that will be used to monitor ongoing project activities. Identify which indicators will be tracked for each interventions. Identify the type of data, how it will be collected, the frequency of collection, who will collect it, and who will use it.

- Describe how your organization will use information from the monitoring and evaluation system for dissemination purposes and improving decision making in WCA.

F. Review Criteria

The proposals will be rated against criteria organized under the following headings:

4.1 Review criteria for partnership program to improve the delivery of integrated FP/RH, HIV/AIDS and MCH services.

a. Organizational background: 60 points

- Experience, including lessons learned:

- in developing, implementing, and managing country, regional, or large, complex project(s) in Africa;

- in designing, implementing, and evaluating integrated FP/RH, HIV/AIDS, and MCH services or linking various FP/RH, HIV/AIDS, and MCH related interventions;

- in addressing policy issues related to improving availability and use of FP/RH, HIV/AIDS, and MCH services and commodities;

- in developing policies and strategies for proven sustainable interventions;
- in promoting an in-house African perspective of FP, HIV/AIDS, and MCH issues;
- in community mobilization and participation;

Sub-total: 18 points

- Current presence in Africa, and in West and Central Africa in particular;
- Ability and experience of proposed staffing;
- Capacity in service delivery interventions, including program monitoring and evaluation; staff with local and French language capability;
- Demonstrated success in improving availability and use of FP, HIV/AIDS, and MCH services and commodities in WCA, including various costs per couple year of protection (CYP) achieved in various WCA countries and total costs per person served in target populations;
- Documented collaborative experience with other US organizations;
- Documented achievements to date in improving capacity of and transferring responsibilities to African institutions or organizations for program design, implementation, and evaluation including:
 - documented current agreements and working relationships with host country governments and organizations;
 - funds invested in WCA during the past five years excluding overhead and non-African long and short-term technical costs;
- Proven capacity to generate donor funding and implement multi-donor funded programs;

Subtotal 42 points

b. Proposed program: 40 points

- appropriateness and analytical strength of proposed strategy and criteria for selecting interventions, countries, and sub-regional areas to achieve identified outcomes, exhibiting a demonstrated understanding of: the health and demographic problems and constraints in WCA; and other donor and USAID support;
- innovative approaches and strategies in program design, and

140

technical interventions that will benefit from economies of scale and economies of scope to lower per unit costs;

- management plan, including proposed unified management and reporting structure and strategies of the potential cooperative agreement recipients;

- magnitude of the end-of-project results and outputs, including clear targets and measurable indicators related to program objectives and resources;

- technical soundness of the monitoring and evaluation plan;

- strategy for sustainability, including financial and in-kind contributions;

- costs per couple and contraceptive year of protection (excluding costs of contraceptives) over the life of the project;

- degree to which the proposed budget reflects use of and support to African expertise and organizations;

- degree to which the proposed project incorporates the substantive participation of Gray Amendment-eligible organizations;

- proposed ideas and mechanisms to most effectively utilize donor resources in West and Central Africa.

4.2 Review criteria for partnership program to improve regional networking and cost effectiveness in IEC.

a. Organizational background: 60 points

- Experience, including lessons learned in:

- developing, implementing, and managing country, regional, or large, complex project(s) of FP/RH, HIV/AIDS and MCH related IEC programs in WCA;

- community mobilization and participation;

- program monitoring and evaluation;

- developing policies and strategies for sustainable interventions;

- promoting an in-house African perspective of FP, HIV/AIDS, and MCH related IEC issues;

Sub total: 18 points

- Current presence in Africa, and in West and Central Africa in particular;
- Ability and experience of proposed staffing;
- Capacity in IEC, including expertise in social and behavioral sciences, community mobilization and participation, program monitoring and evaluation; knowledge base in African culture;
- Achievements to date in:
 - improving quality and cost-effectiveness of IEC strategies and interventions in project targeted areas, including costs per person in target populations;
 - unit costs for increasing efficiency in IEC;
 - disseminating regional experience and expertise in IEC;
 - improving regional understanding of, and coordinating actions on, common, generic themes and issues in FP/RH, HIV/AIDS, MCH and IEC.
- documented collaborative experience with other US organizations;
- documented achievements to date in improving capacity of and transferring responsibilities to African institutions or organizations for program design, implementation, and evaluation including:
 - documented current agreements and working relationships with host country governments and organizations;
 - funds invested in WCA during the past five years, excluding overhead and non-African long and short-term technical costs;
- demonstrated capacity to generate donor funding and implement multi-donor funded programs;

Sub-total: 42 points

b. Proposed program: 40 points

- appropriateness and analytical strength of proposed strategy and criteria for selecting interventions, countries, and sub-regional areas to achieve identified outcomes, exhibiting a demonstrated

understanding of the IEC related health and demographic problems and constraints in WCA;

- innovative approaches and strategies in program design, and technical interventions that benefit from economies of scale and scope to lower per unit costs;

- management plan, including proposed unified management and reporting structure and strategies of the potential cooperative agreement recipients;

- magnitude of the end-of-project results and outputs, including clear targets and measurable indicators related to program objectives and resources;

- technical soundness of the monitoring and evaluation plan;

- strategy for sustainability, including financial and in-kind contributions;

- degree to which proposed budget reflects use of and support to African expertise and organizations;

- degree to which the proposed project incorporates the substantive involvement of Gray Amendment-eligible organizations;

- proposed ideas and mechanisms to most effectively utilize donor resources in West and Central Africa.

- costs per unit or person in target population

4.3 Review criteria for partnership program in training to strengthen expertise and use of African institutions

a. Organizational background: 60 points

- Experience in:

- developing, implementing and managing country, regional, or large, complex FP/RH, HIV/AIDS and MCH related training programs in WCA;

- program monitoring and evaluation;

- developing policies and strategies for sustainable training

interventions;

- promoting an in-house African perspective of FP, HIV/AIDS, and MCH related training issues.

Sub-total: 18 points

- Current presence in Africa, and in West and Central Africa in particular;
- Ability and experience of proposed staffing;
- Capacity in training, including expertise in organizational development and program monitoring and evaluation; staff with local and French language capability;
- Demonstrated success in:
 - developing cost-effective regional and national training strategies and plans;
 - improving the viability of the African organizations involved in project implementation;
 - identifying, enhancing, and using existing viable training programs for regional impact;
 - developing, disseminating, and updating a computerized data base of African expertise, and upgrading the skills of the consultants;
- Documented collaborative experience with other US organizations;
- Documented achievements to date in improving capacity of and transferring responsibilities to African institutions or organizations for program design, implementation and evaluation including:
 - documented current agreements and working relationships with host country governments and organizations;
 - funds invested in WCA during the past five years, excluding overhead and non-African long and short-term technical costs;
- proven capacity to generate donor funding and implement multi-donor funded programs;

Sub-total: 42 points

b. Proposed program: 40 points

- appropriateness and analytical strength of proposed strategy and criteria for selecting interventions, countries, and sub-regional areas to achieve identified outcomes, exhibiting a demonstrated understanding of the training related health and demographic problems and constraints in WCA;
- innovative approaches and strategies in program design, and technical interventions that identify economies of scale and scope to lower per unit costs;
- management plan, including proposed unified management and reporting structure and strategies of the potential cooperative agreement recipients;
- magnitude of the end-of-project results and outputs, including clear targets and measurable indicators related to program objectives and resources;
- technical soundness of the monitoring and evaluation plan;
- strategy for sustainability, including financial and in-kind contributions;
- degree to which the proposed budget reflects use of and support to African expertise and organizations;
- degree to which the proposed project incorporates the substantive involvement of Gray Amendment-eligible organizations;
- proposed ideas and mechanisms to most effectively utilize donor resources in West and Central Africa.

4.4 Review criteria for partnership program in Operations Research to improve regional networking and data analysis for decision making

a. Organizational background: 60 points

- Experience in:
 - developing, implementing, and managing country, regional or large, complex FP/RH, HIV/AIDS and MCH related operations research programs in WCA;
 - program monitoring and evaluation;

145

- developing policies and strategies for sustainable interventions;
- supporting the design, implementation, and evaluation of donor and host country collaboration activities in WCA and other regions, including most appropriate coordinating mechanisms;
- promoting an in-house African perspective of FP, HIV/AIDS, and MCH related operations research issues.

Sub-total: 18 points

- Current presence in Africa, and in West and Central Africa in particular;
- Ability and experience of proposed staffing;
- Capacity in supporting operations research; staff with local and French language capability;
- Achievements to date in:
 - performing analysis of and disseminating secondary data and study results relevant to WCA;
 - supporting multi-country and multi-center studies;
 - identifying, enhancing, and using existing viable WCA centers of excellence for OR;
 - supporting the design, implementation, and evaluation of donor and host country collaboration activities in WCA and other regions, including most appropriate coordinating mechanisms;
- documented collaborative experience with other US organizations;
- documented achievements to date in improving capacity of and transferring responsibilities to African institutions or organizations for program design, implementation and evaluation including:
 - documented current agreements and working relationships with host country governments and organizations;
 - funds invested in WCA during the past five years, excluding overhead and non-African long and short-term technical costs;
 - capacity to generate donor funding and implement multi-donor funded programs;

Sub-total: 42 points

b. Proposed program: 40 points

- appropriateness and analytical strength of proposed strategy and criteria for selecting interventions, countries, and sub-regional areas to achieve identified outcomes, exhibiting a demonstrated understanding of the operations research related health and demographic problems and constraints in WCA;
- innovative approaches and strategies in program design and technical interventions;
- management plan, including proposed unified management and reporting structure and strategies of the potential cooperative agreement recipients;
- magnitude of the end-of-project results and outputs, including clear targets and measurable indicators related to program objectives and resources;
- technical soundness of the monitoring and evaluation plan;
- strategy for sustainability, including financial and in-kind contributions;
- degree to which the proposed budget reflects use of and support to African expertise and organizations;
- degree to which the proposed project incorporates the substantive involvement of Gray Amendment-eligible organizations;
- proposed ideas and mechanisms to most effectively utilize donor resources in West and Central Africa.

G. Review Procedures

All applications received in accordance with the application submission instructions above will be reviewed by a team of primarily Federal reviewers in strict conformity with the review criteria set forth above. The Financial Plan portion of all applications under consideration for award will be reviewed for conformity to the allowable cost principles set forth in the OMB Circular that applies to the applicant organization. Prior to any award decision, the Agreements Officer may request a pre-award survey of the applicant organization(s) to determine their financial management capabilities and to confirm all factors of eligibility for this project.

Upon completion of its initial review of applications, REDSO/WCA will, as it deems necessary and appropriate, conduct discussions with those applicants whose application remains under serious consideration for award. The decision to conduct such discussions should not be considered to reflect a final decision as to which organizations will receive an award, but rather is part of the evaluation process.

The final decision on which applications will receive an award will be made by the Director, REDSO/WCA, after consideration of the results of the technical review and all other factors set forth in this RFA. The decision on awards will be made and announced prior to September 30, 1995.

H. Application Preparation and Submission Instructions

No specific form or format has been prescribed for submission of applications pursuant to this RFA. Applicants are encouraged to use the format that they prefer to comprehensively respond to the project guidelines, application instructions, and review criteria set forth herein.

Page Limit

In order to facilitate the review of applications, all applicants are asked to limit the narrative portion of their application to a maximum of 100 pages per component applied for. Additional materials, if appropriate, may be included in annexes to the application.

Applicants must complete and submit with the original of their application the Representations and Certifications required by statute, executive order, or regulation which are attached hereto. These representations and certifications pertain to requirements for nondiscrimination in federally assisted programs, reporting of lobbying activities, and debarment or suspension from federally assisted program participation.

To facilitate duplication for review purposes, applicants are asked to submit the original of their application printed on one side only and unbound.

All applications must be submitted in an original and two copies to the following address:

By mail

John R. Taber
REDSO/WCA/OP
01 BP 1712
Abidjan 01

By Courier

John R. Taber
REDSO/WCA/OP
Le Vallon, Deux Plateaux
Abidjan 01, Cote d'Ivoire

Ivory Coast

To be considered timely, applications must be complete and must be received at the above address no later than 3:30 PM, local time, on July 17, 1995. Applications that are received after that time will not be considered.

USAID Contact: Any questions concerning this RFA or the program in general should be referred to the Agreement Officer named above. Written inquiries may be directed to the above address, or via the Internet to cagordon@usaid.gov prior to June 19, 1995 and to jtaber@usaid.gov after June 19.

PRE-APPLICATION CONFERENCE

To facilitate the clarification of any questions that may arise concerning this Request for Applications and project, REDSO/WCA has scheduled a pre-application conference, to be conducted in Arlington, VA on June 9, 1995. The meeting will take place between 9:00 AM and Noon in the 16th floor conference room of the Gannett Towers Building at 1100 Wilson Boulevard. A second pre-application conference will be held in Abidjan on June 19, 1995, beginning at 1:30 PM. That meeting will take place at the REDSO/WCA offices at Le Vallon, Deux Plateaux. Both conferences will cover the same information and it is neither necessary nor desirable that a prospective applicant organization participate in both.

To assist us in planning, REDSO/WCA would appreciate early expressions of interest and preference as to location. Also, to ensure that the most comprehensive responses possible are provided to your technical questions, we encourage written pre-submission of questions to the USAID Contact set forth above.

H. Applicable General Provisions

The awards made pursuant to this RFA will be subject to the requirements of 22 CFR Part 226 "Administration of Assistance Awards to U.S. Non-Governmental Organizations", and the Mandatory Standard Provisions for U.S., Nongovernmental Grantees and applicable Optional Standard Provisions for U.S. NonGovernmental Grantees, as set forth in USAID Handbook 13, Appendix 4C. A copy of the standard provisions is attached hereto for ease of reference. Additional special provisions will be added, as required, based on the results of the application review and negotiation process.

ANNEX
RFA 624-95-A-003

Please consider the following assumptions to estimate the following among WRA:

- contraceptive types and needs;
- number of users per method;
- number of new acceptors by method; and,
- total CYP per year in project targeted areas.

1.) CYP values:

2.5/IUD; 150 condoms/CYP; 13 cycles orals/CYP; 100 VFTs/CYP;
4 injectables/CYP

3.) Method mix and selected determinants of fertility in 1994.

	Burkina Faso	Cameroon	Cote d'Ivoire	Togo
Condom	20.0%	23.8%	21.7%	17.6%
Female sterilization	7.0%	23.9%	0%	17.6%
Injectables	2.0%	9.5%	8.3%	5.8%
IUD	17.0%	7.1%	1.7%	17.6%
Oral	52.0%	28.6%	63.3%	17.6%
Vaginal Tablets	2.0%	7.1%	5.0%	23.8%
Number of WRA	2,272,000	2,952,000	3,076,000	951,000
% WRA Married	100%	100%	100%	100%
Post Partum	13.1 months	13.1 months	13.1 months	13.1 months
Total Abortion Rate	0.0%	0.0%	0.0%	0.0%
Sterility	3%	3%	3.0%	3.0%
TFR	6.9	5.8	6.6	6.9
CPR	5%	5%	4.0%	5%

If you were to include geographic areas other than Burkina Faso, Cameroon, Cote d'Ivoire and Togo, please specify your assumptions and source of data.

25

ILLUSTRATIVE LIST OF BEST PRACTICES

Service Delivery

Community-based distribution of contraceptives in rural Mali: Partnership program among Population Council, Plan International-PIVOT (federation of local NGOs), CARE and SOMARC.

- demonstrated the value of formative research in improving community-based interventions, increasing contraceptive prevalence from 5% to 15% in selected rural areas in 4 years

Partnership program in Burkina among the Cooperative League of USA (CLUSA), village organizations and health centers for community financing of health care.

- built on expertise of non-health organization in social mobilization and resource generation.

Collaboration among USAID/Cameroon, GTZ, SEATS, INTRAH, Save the Children, Care and the FVO/CS Support Program to decentralize management of primary health care and integrate family planning.

- multi-donor collaboration to capitalize on respective comparative advantages.

Integration of family planning services into private factory-based health centers in Senegal through cooperation of SANFAM (a local NGO), USAID and MSH.

- increased male involvement in family planning.

Integrated self-financed EPI in Benin and Guinea.

- continued increase in immunization coverage despite declines in external funding.

Expansion of social marketing product line to include oral contraceptives (OCs) in Cameroon, Togo and Mali.

- broke prohibitive prescription practices for OCs, thereby significantly increasing their availability.

IEC/Counseling

Building on African traditional communication strategies: PSI's experience with the "griot" community in Burkina Faso.

- mobilized more than 10,000 women of Bobo-Dioulasso in the fight against AIDS during the "Women's Day" on March 8.

Using peer educators for HIV prevention: taxi and truck drivers

in Togo with CARE; students and the commercial sex workers with AIDSCAP in Cameroon.

- improved specific knowledge about AIDS and condom use.

HIV voluntary testing and counseling programs in Cameroon.

- by encouraging use of volunteer counselors, increased cost-efficiency and promoted sustainability.

Training.

Use of social marketing program in Ghana to coordinate training of private pharmacists and chemical sellers, using STD treatment algorithms developed and tested by the national AIDS control program.

- improved STD case management skills of private sector providers--they see the largest number of STD patients.

Establishment of centers of excellence such as multi-donor funded CDC's regional training program on epidemiology in Abidjan.

- developed cost-effective and relevant training program.

Use of the Zoe model (an anatomical female model) for training and evaluation of IUD insertion skills. (Guinee, Benin and Ghana).

- offered alternative for improving skills in cases where client load is insufficient.

Training in reproductive health of traditional birth attendants in Ghana.

- improved skills of important service providers in semi-urban and rural areas and increased access to safe delivery.

Partnerships and Capacity-building

Partnership for Demographic and Health Surveys between Macro and the network of National Institutes of Statistics in Senegal, Mali, Togo, Cote d'Ivoire.

- used external technical assistance appropriately to build and complement African expertise in selected critical areas.

Partnership on HIV-2 related research between Harvard and the University Teaching Hospital of Senegal.

- facilitated linkages of Senegalese expertise with international research networks and assisted in resource mobilization initiatives.

ILLUSTRATIVE LIST OF PUBLIC AND PRIVATE AFRICAN ORGANIZATIONS THAT COULD BE INVOLVED IN THE FHA-WCA PROJECT

1. International Planned Parenthood Private Family Planning Federation affiliates in West and Central Africa.

2. Private organizations involved in HIV/AIDS interventions

- ESPOIR-Cote d'Ivoire (Reference center for HIV voluntary HIV testing and counseling). Cote d'Ivoire.
- Centre d'Assistance Medicale (Reference center for AIDS case management and counseling). Cote d'Ivoire.
- Society of African Women against AIDS affiliates (Senegal, Cameroon, Burkina, Ghana, Nigeria)
- RED Cross affiliates. (Cameroon, Togo)
- Federations of local NGOs (Burkina, Mali, Togo, Senegal)
- Networks of People living with HIV/AIDS. (Cameroon, Cote d'Ivoire, Togo).

3. Training and Research centers such as:

- Organisation de Coordination et de Cooperation contre les Grandes Endemies (OCCGE) and its antenna. (Cameroon, Burkina, CAR)
- Le Dantec University Teaching Hospital-(Center for contraceptive technology and HIV related operations research). (Senegal)
- Treichville Teaching hospital- Cote d'Ivoire-RETRO-CI (Reference center in epidemiology)
- Benin Teaching hospital-Department of gynecology-Togo (Contraceptive technology)
- Centre Universitaire des Sciences de la Santé-University Teaching hospital-Cameroon. (FP/Reproductive health)
- Yalgado National Teaching Hospital. Burkina.
- Centre d'Etudes et de Recherche en Population et Development (CERPOD). Mali.
- National Institutes for Statistics. (Senegal, Togo, Burkina, Mali, Cameroon, Cote d'Ivoire).
- ORANA (Organisation Regional pour l'Alimentation et la Nutrition en Afrique). (Senegal)
- Institut National d'Ethno-sociologie (University of Abidjan. Cote d'Ivoire)
- Institute of research and Study of Behavior (IRESCO-Cameroon)
- Centre Regional Pour l'Alimentation et la Nutrition (CRAN). Togo
- ORT training center of the Treichville University Teaching Hospital.

(Cote d'Ivoire)

- CESAG (Centre Supérieur d'Administration et de Gestion).
Administration and Management. Senegal.

- National School for Social Development and Health (ENDSS)-For Nurses
and Social Workers. Senegal.

- Centre d'Etudes Supérieures en Soins Infirmiers (CESSI)- Yaounde-
Cameroon. (Nursing school)

-Centre de formation et de developement des Services de Sante (Nursing school)-
Burkina.

4. Public Health Institutions:

- National Public Health Institute (INSP)- Cote d'Ivoire

- National School for Health and Development (ENDESS). (University of
Dakar). Senegal.

- Ministries of Health and National AIDS control Programs in West and
Central Africa.

6. Current private African partners of PSI and Future Group:

ECOFORM (Cote d'Ivoire), Societe Intermedical (Togo), PROMACO (Burkina Faso),
Ghana Social Marketing foundation in Ghana, SOMARC's partner in Mali and
Senegal, PSI's partners in Cameroon and Togo.

7. Network of Regional African Radios and Televisions (URTNA)

8. Networks of African expertise

- Federation of African consultants (FCA)- Abidjan. Cote d'Ivoire.

- Panafrican Association of Anthropologists- Yaounde. Cameroon. (Data
collection and research).

- African AIDS research Network (West and Central Africa). (Senegal,
Burkina, Nigeria, Mali, Cote d'Ivoire).

9. Other Networks of women organizations

- Comité d'Etudes sur les Femmes, la Famille et l'Environnement en
Afrique. (Committee for studies on Women, family and Environment in
Africa). Senegal

- Women and Infant Nutrition Support (WINS)/ Institute of Breastfeeding
and Nutrition. Gambia.

- Association Burkinabe de l'Allaitement Maternal. Burkina.

10. Villages and small business associations

11. Networks of Christian Health Centers and Hospitals