

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET	1. TRANSACTION CODE <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number	DOCUMENT CODE 3
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2. COUNTRY/ENTITY SENEGAL	3. PROJECT NUMBER 685-0217
4. BUREAU/OFFICE AFR	5. PROJECT TITLE (maximum 40 characters) Family Health

6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 03 01 84	7. ESTIMATED DATE OF OBLIGATION (Under 'B:' below, enter 1, 2, 3, or 4) A. Initial FY 79 B. Quarter 3 C. Final FY 82
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8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY 82			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant) SH	()	()	(1,890)	(1,100)	(790)	(1,890)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country					330	330
Other Donor(s)						
TOTALS			1,890	1,100	1,120	2,220

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) SH	443B	440		1,382.5		500		1,890	
(2)									
(3)									
(4)									
TOTALS									

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)				11. SECONDARY PURPOSE CODE			
453	46()	PVON	TNG				
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)							
A. Code	DEL	PVON	TNG				
B. Amount		202	260				

13. PROJECT PURPOSE (maximum 480 characters)

To develop a family planning institution capable of developing policies and directing a national program in family planning; to create a milieu favorable to family planning by supporting an information, education and communication program; and to define and implement a system for providing family planning services.

14. SCHEDULED EVALUATIONS Interim MM YY MM YY Final MM YY 03 83 1 0 83	15. SOURCE/ORIGIN OF GOODS AND SERVICES <input checked="" type="checkbox"/> 000 <input checked="" type="checkbox"/> 941 <input type="checkbox"/> Local <input type="checkbox"/> Other (Specify)
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16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)
1. Change in project administrative structure to include Promotion Humaine and ASBEF
 2. Addition of U.S. technical assistant as Population Advisor/Project Manager
 3. Addition of management and leadership training and a project management unit
 4. Revision of implementation plan and timeframe of project
 5. Increase in life of project funding by \$500,000

17. APPROVED BY	Signature Title: David Shear Director, USAID/Senegal	Date Signed MM DD YY	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY
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INSTRUCTIONS

The approved Project Data Sheet summarizes basic data on the project and must provide reliable data for entry into the Country Program Data Bank (CPDB). As a general rule blocks 1 thru 16 are to be completed by the originating office or bureau. It is the responsibility of the reviewing bureau to assume that whenever the original Project Data Sheet is revised, the Project Data Sheet conforms to the revision.

Block 1 - Enter the appropriate letter code in the box, if a change, indicate the Amendment Number.

Block 2 - Enter the name of the Country, Regional or other Entity.

Block 3 - Enter the Project Number assigned by the field mission or an AID/W bureau.

Block 4 - Enter the sponsoring Bureau/Office Symbol and Code. (See Handbook 3, Appendix 5A, Table 1, Page 1 for guidance.)

Block 5 - Enter the Project Title (stay within brackets; limit to 40 characters).

Block 6 - Enter the Estimated Project Assistance Completion Date. (See AIDTO Circular A-26 dated 1/26/78, paragraph C, Page 2.)

Block 7A. - Enter the FY for the first obligation of AID funds for the project.

Block 7B. - Enter the quarter of FY for the first AID funds obligation.

Block 7C. - Enter the FY for the last AID funds obligations.

Block 8 - Enter the amounts from the 'Summary Cost Estimates' and 'Financial Table' of the Project Data Sheet.

NOTE: The L/C column must show the estimated U.S. dollars to be used for the financing of local costs by AID on the lines corresponding to AID.

Block 9 - Enter the amounts and details from the Project Data Sheet section reflecting the estimated rate of use of AID funds.

Block 9A. - Use the Alpha Code. (See Handbook 3, Appendix 5A, Table 2, Page 2 for guidance.)

Blocks 9B., C1. & C2. - See Handbook 3, Appendix 5B for guidance. The total of columns 1 and 2 of F must equal the AID appropriated funds total of 8G.

Blocks 10 and 11 - See Handbook 3, Appendix 5B for guidance.

Block 12 - Enter the codes and amounts attributable to each concern for Life of Project. (See Handbook 3, Appendix 5B, Attachment C for coding.)

Block 13 - Enter the Project Purpose as it appears in the approved PID Facesheet, or as modified during the project development and reflected in the Project Data Sheet.

Block 14 - Enter the evaluation(s) scheduled in this section.

Block 15 - Enter the information related to the procurement taken from the appropriate section of the Project Data Sheet.

Block 16 - This block is to be used with requests for the amendment of a project.

Block 17 - This block is to be signed and dated by the Authorizing Official of the originating office. The Project Data Sheet will not be reviewed if this Data Sheet is not signed and dated. Do not initial.

Block 18 - This date is to be provided by the office or bureau responsible for the processing of the document covered by this Data Sheet.

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I. Summary Description of Project Paper Amendment

A. Introduction

This amendment to the USAID/Senegal Family Health Project increases the potential for achievement of the two principal short term project objectives: basic institution building and policy formulation.

The amendment reflects substantive changes in the organization of family planning activities that have taken place in Senegal since the Family Planning Project Paper (685-0217) was approved on March 9, 1979. While the original Project Paper was sound in its overall objectives, it contained certain falacious assumptions about the Government of Senegal (GOS) administrative structure and lacked necessary project management inputs to the extent that project implementation never got underway. This amendment, then, is intended to bring the project in line with current GOS policy and administrative structure and provide for project management requirements.

B. Background, Progress and Evaluation Findings

When the Government of Senegal decided to place responsibility for family planning coordination in the orbit of Promotion Humaine in October 1979, the original project strategy that called for the use of the personnel and facilities of the Ministry of Health had to be revised to include a leadership as well as a collaborative role for Promotion Humaine. Since 1979 two Government Ministries--each responsible for certain aspects of family planning matters--have been attempting to establish a working relationship, and to initiate the training and service activities described in the project.

In February/March 1981, a USAID Population Assessment Team visited Senegal to evaluate the overall situation in the country with regard to population matters, and to address the specific obstacles to implementing the family planning program. This team found that in spite of the difficulties surrounding project implementation, there was evidence of a substantial and increasing demand within the urban areas of Dakar and Pikine for family planning services, and some knowledge and interest in controlling fertility in the rural areas of Sine Saloum and the Casamance. In effect, there was more interest in, and demand for, family planning services in 1981 than when the original Project Paper was written.

1. Family Planning Demand and Use of MCH Facilities

The family planning clinic at Medina (Dakar), in which three midwives, one nurse and one social worker offer services under the supervision of the clinic director, has seen a steadily increasing number of family planning clients since opening in 1977. According to the testimony of the midwives, the clients have come from areas around Dakar as well as Cap Vert and other regions. As recorded the total visits by year were:

1977 - 202
1978 - 907
1979 - 3832
1980 - 6540

The number of acceptors by method is not available for the period 1977-79, though the following table records the services given in 1980.

Pill - 1923
IUD - 809
Noristerat - 149
Infertility work-ups - 107
Pregnancy tests - 60

Not all the clients would indicate their marital status. Of those who did respond, 460 were married, 79 were single and 110 divorced. It should be recorded that the family planning clinic is on the second floor of the Medina clinic, and that there are no signs directing women to the center. The only publicity is by word of mouth. (Reportedly a large number of condoms were distributed but no figures are available).

Visits to Pikine (near Dakar), three rural villages in the Casamance and a health post and village health hut in the Sine Saloum did not generate any data on demand, but discussions on fertility issues with health personnel and village leaders (heads of women's groups) indicate that there is some willingness by women to replace the old fertility regulating practices with modern methods, and at least a willingness among those visited to include family planning methods within the local health service program.

The data on visits to maternal child health clinics in 1980 in the four regions where other USAID development programs are underway indicate that a considerable amount of service is being provided and that the maternal child health clinic structure provides an important avenue for service delivery. According to the annual report (1980) of the maternal child health service of the Government of Senegal, more than 45,000 women made prenatal visits to maternal child health centers in the regions of Cap Vert (26,000), Casamance (5,000), Fleuve (6,000) and Sine Saloum (11,000). Additionally, there were more than 40,000 visits for infant care; in most cases these children were brought by their mothers. If each woman made two visits for infant care, more than 20,000 women visited the centers. Therefore, perhaps as many as 60,000 women visited maternal child health centers in the four regions in 1980. (This figure does not include the number of births that took place at maternity centers, and it is suggested that there were many more births than prenatal visits).

These figures indicate that a significant number of women in the fertile age group are using maternal child health services, and suggest that family planning information and services may be welcome in this setting. The Government of Senegal is "supportive" of family planning within the maternal child health context and, when provided in this setting, women appear to be using the service.

2. Project Administration

While implementation of the Family Health Project has been delayed by the unclear division of responsibilities between Promotion Humaine and the Ministry of Health, recent positive developments suggest that the two ministries are coming together to resolve their differences. On April 9, 1981, the Secretary of State for Promotion Humaine wrote to the USAID/Dakar Mission Director, expressing her satisfaction at the establishment of a fruitful collaboration between her Ministry and the Ministry of Health and attaching a rough outline of a work plan for implementing the project. Discussions that have taken place subsequent to the submission of the work plan indicate that the Government is now prepared to begin to implement the project and is prepared to amend the original grant agreement to incorporate two elements (the role of the population adviser and support for ASBEF), to strengthen the project management component and to revise other elements of the original Project Paper to improve project implementation (See Annex C for the request for assistance by Promotion Humaine).

C. Relationship of Amendment to Existing Project Activities

The objectives of the original project--family health institution building aimed at reducing unwanted fertility and developing demographic policies consistent with GOS economic and social development objectives--remain unchanged. In order to achieve these objectives, the original project consisted of the following activities: 1) train nurses, midwives and associated personnel in family health counselling, referral and techniques; 2) I.E.C. program in family health in place and functioning; 3) a commodities logistics system in place and functioning efficiently; 4) family planning part of curricula at medical training facilities; 5) clinical facilities renovated or improved where required; 6) reporting system on family planning established and providing adequate data.

The amendment preserves the above activities as the core of the project while contributing a new project management structure, an additional U.S. technical assistant and support for a private Senegalese organization (ASBEF). As a result of these actions, revisions in the project timeframe and implementation plan (24 month extension), and life of project funding (\$500,000 increase) are required

The original Project Agreement (Pro Ag) was signed, as all USAID/GOS Proags are, by the Ministry of Finance representing the GOS. USAID proposes to prepare a simple amendment to the Proag and to submit it once again to the Ministry of Finance for signature.

1. Le Secretariat d'Etat a la Promotion Humaine

In a letter of May 7, 1980 to David Shear, the USAID/Dakar Mission Director, Prime Minister Abdou Diouf designated the Secretariat d'Etat a la Promotion Humaine (SEPH) as the Government ministry responsible for defining and coordinating the Government of Senegal's national plan for family planning.

The original Family Health Project Paper stated that "the Ministry of Health (MOH) shall have overall responsibility for the project on behalf of the cooperating country and a senior official of the Ministry of Health will be assigned to direct and supervise implementation of the Project throughout its duration". Since subsequent action by the Government of Senegal has transferred overall project responsibility from the Ministry of Health to the Secretariat d'Etat a la Promotion Humaine, it is necessary to amend the original Project Paper to include the role of Promotion Humaine.

Because of the divided responsibility for family planning in Senegal with Promotion Humaine coordinating overall family planning activities and the Ministry of Health undertaking most implementation activities through the MCH clinics, it is necessary to define and establish a management unit that can coordinate the resources of Promotion Humaine and the Ministry of Health and implement the project in the most efficient and cost effective manner. This project amendment calls for the establishment of that Family Planning Unit-- separate from, but consisting of, personnel from Promotion Humaine and the Ministry of Health, as well as the U.S. technical assistance mentioned in the original Project Paper. The Family Planning Unit will be charged with planning, implementing and evaluating the family planning activities set forth in the Project Paper and amendment.

2. Association Senegalaise pour le Bien-Etre Familial (ASBEF)

In July 1980, after a long period of inactivity, the Senegalese Family Planning Association, ASBEF, was reorganized. Mme. Maimouna Kane, Sec-retaire d'Etat a la Promotion Humaine, was instrumental in reactivating this private, non-governmental association. Since 1980, the Association has conducted a family planning training course for nurse-midwives, sampled the attitude of the marabouts (Islamic religious leaders), and opened a small Model Family Planning Clinic in the association's headquarters.

Considering the successes of voluntary associations in the private sector in other countries, and endorsing the recommendations of a USAID Population Assessment Team that visited Senegal in February/March 1981, this amendment provides support to ASBEF. This organization was not operationally effective when the Project Paper was written. If ASBEF is given the financial assistance, training and programmatic support called for in this amendment, it will complement and make a significant contribution to the national-level population program.

3. Population Advisor

This amendment provides support for a U.S. technical assistant who will be responsible for facilitating the implementation of the Family Health Project as well as for coordinating the provision of USAID resources in population assistance to Senegal. This person will be responsible for making the personnel of USAID/Dakar aware of the demographic implication of other development activities. The Population Advisor will also assist in analyzing and assessing the dimension of demographic change in Senegal and the impact of the family planning services.

The USAID Population Assessment Team strongly recommended that a Population Advisor be added to the staff of USAID/Dakar in order to allow the Mission and the Government of Senegal to proceed on a broad front to build up a solid population constituency. The Population Advisor will be called on to advise on coordination of the provision of USAID centrally-funded training and research projects and the design of additional bilateral population projects. This person will also review the population implications of the Mission's total development program, and promote USAID collaboration with other population agencies and organizations working in Senegal.

In summary, this amendment adds vital elements that were missing in the original project and revises other project elements to establish a first phase (24 months) effort of what is envisioned to be a long-term (9 years) population program to make medically sound and culturally acceptable child-spacing services available throughout Senegal.

4. Summary Project Design

A. Project Goal

The Project long term Goal is to improve the quality of life and health of the Senegalese (especially women) by reducing the degree of unwanted fertility in the country.

B. Project Purpose

The purpose of the Family Health Project is to develop a family planning administrative structure capable of directing a national program in family planning, to create a milieu favorable to family planning by supporting an Information, Education and Communication program, and to define and implement a system for providing family planning services.

C. Project Outputs

1. The Family Planning Unit will be established, its staff trained and in the process of successfully planning, implementing and evaluating the commodities ordering, clinical and non-clinical training, and family planning service programs called for in this project.

2. Family planning clinical and non-clinical curricula will be developed and incorporated in the professional nursing, midwifery and social work schools in Senegal.

3. 50 nurse-midwives and female nurses and 30 auxiliaires will be trained and offering family planning clinical services.

4. 50 social workers will be trained in family planning Information Education and Communication techniques, and will be working in communities.

5. Family planning services will be provided at 10 Primary MCH centers, 34 maternities, 4 VD centers, 1 ASBEF model clinic and 1 university dispensary within the project region (Cap-Vert, Sine Saloum, Thies, and Casamance). As outlined below, certain of these facilities will need renovation before service delivery can begin.

6. The expansion of the activities of ASBEF to include the development of a clinical service program, an information, education and communication program, staff training and selected activities focused in the private sector that can assist the Government of Senegal in defining the space and direction of the national family planning program.

D. Project Inputs

In order to achieve the above outputs the following resources will be required:

1. two US long-term technical consultants at a cost of US \$330,000;
2. eight person/months of short-term consulting at a cost of US \$120,000;
3. a commodities budget of US \$534,000;
4. a renovation budget of US \$214,000;
5. a training budget of US \$280,000;
6. a budget of US \$250,000 for local administrative costs;
7. an inflation and contingency budget of US \$192,000.

II. Description of Project Activities

The project will support those activities called for in the original Project Paper and will: (1) develop leaders and managers; (2) train service providers and motivators/communicators; (3) fund the pioneering activities of ASBEF which will involve and extend private sector resources; and (4) assess, upgrade and expand family planning services through the existing units of Senegal's extensive but modestly equipped health care system.

A. Family Planning Unit: Leadership and Management Training

Leadership and management are key elements in any service delivery program, and neither is adequately developed at present. While there are a number of physicians, nurse-midwives and nurses trained in modern contraceptive techniques and working in government maternity and modern child health centers, there is no management structure currently available that combines the collective talents of Promotion Humaine and the Ministry of Health nor are the existing personnel trained and prepared to coordinate the integration of family planning services in the total maternal child health program. Without proper management and good planning, it will be difficult to incorporate family planning services into the existing health structure, especially when little is known about the overall operation of the GOS MCH system.

A family Planning Unit will be established and charged with planning, implementing and evaluating the activities of Phase I. The Unit will have a core management staff consisting of a project manager from Promotion Humaine-- the GOS bureau responsible for family planning--and trainers/project administrators representing the clinical and non-clinical aspects of family planning. These trainers/administrators will be members of Promotion Humaine and the Ministry of Health. The management staff will be assisted by a clerk, secretaries (2) and an accountant (see diagram below).

Family Planning Unit
Project Director (GOS/PH)
Population Adviser/Project Coordinator
(US Technical Assistant)

Nurse-midwife (GOS/MOH)
Administration/training

Nurse-midwife (GOS/MOH)
Administration/training

Health educator (GOS/PH)
Administration/training

Health educator (U.S.)
Administration/training

Clerk (GOS)
Commodities clearing, storage
distribution, ordering and receipt

Full time Senegalese Accountant
to manage the local account which
will be created as part of the project

Secretary (GOS)
Project correspondence

Secretary (Senegalese)
General and project correspondence

The Unit will be an ad hoc structure, established to coordinate the planning and implementation of project tasks, and to facilitate cooperation between the two GOS ministries involved in family planning. The Unit will hold frequent planning and review sessions; some of these will be attended by personnel of ASBEF who will present summaries of activities and plans.

During Phase I of the project, GOS members of the Unit will likely depend heavily on the technical assistance provided by the long and short-term consultants. As the Unit gains the experience and capacity to direct the overall program less long-term technical assistance will be required.

The Director of the unit, Mr. Oumar Marone, is a senior member of the cabinet of the Secretariat D'Etat a La Promotion Humaine (SEPH). The head of the SEPH has essentially ministerial status and she personally seconded Mr. Marone to be Project Director. The coordinating unit will be directly under the authority of the SEPH and Mr. Marone will report to the head of SEPH.

The Project Director, Mr. Marone, will have full administrative authority regarding all aspects of the project as long as his decisions and policies are consistent with the terms of the project agreement and GOS and USAID policies. USAID/Senegal has taken care in initial letters of implementation (written under the terms of the initial project agreement) to explain in detail USAID's Fiscal and Commodity Procurement regulations.

Although the Project Director will theoretically have full authority vis-a-vis project implementation, he and USAID are acutely aware that his decisions must, in practice, have the blessing of the responsible Ministry of Health (MOH) authorities, as well as his SEPH superior, if the project is to be successful.

The project coordinating unit will have no direct role to play beyond the subject project. The Director will, however, represent the project's interest before all organizations with an interest in population and family planning issues in Senegal. He would, for example, be responsible for assuring the USAID financed project was complementary, not duplicative, of the proposed UNFPA financed project.

The coordinating unit will undoubtedly continue to exist for the duration of USAID financing for Family Planning Service delivery programs in Senegal. This financing is currently conceived of as a multi-phase, 5 to 10 years process and thus USAID Senegal expects the unit to exist well beyond the life of the amended project.

USAID and the GOS believe that the creation of this coordinating unit is absolutely essential to avoid misunderstandings between the three principal participants -- the SEPH, the MOH, and USAID. Although directly under the authority of the SEPH, the unit will be located in its own offices well across town from the SEPH office. This physical separation is believed to be essential to assure a neutral environment for the discussion of potentially difficult issues among the principal participants. This physical separation is also important to assure that the Project Director is not consumed with routine SEPH business. The creation of this semi-autonomous coordinating unit allows the Ministry of Health to assign personnel to the project without having to assign them directly to the SEPH, which the MOH would not like to do.

B. Training Service Providers

The nurse-midwife training program defined in the original Project Paper is entirely appropriate if it takes place in the context of the other activities recommended. However, in relation to the training itself, several points need to be emphasized. First, record-keeping needs to be kept as simple as possible. The records described in the Project Paper appear too complex for available personnel to collect or analyze. Second, the topic of infertility must be given more attention. While the incidence may be no more than 3 percent (Senegal Fertility Survey), infertility is considered a "major" public health problem. Sub-fertility is equated with infertility. Nurse-midwives regularly deal with women in polygamous unions, who because they have fewer children than other wives, risk divorce. The midwives must be prepared to deal with this problem. While there will be some tendency to deal with this matter on an individual curative basis, emphasis should be given to broader, public health preventive measures. Whether family planning methods can be useful techniques in resolving suspected infertility problems should be explored.

Third, an effort will be made to select and train supervisors from among the student nurse-midwives. If there are several, each should be given some management training. Moreover, the project will provide the means necessary for the supervisors to travel (per diems) and conduct adequate surveillance procedures.

C. Assessment and Upgrading of Existing Maternal Child Health Centers and Maternities.

Baseline information on the personnel, equipment and supplies, medicines and other consumable commodities, and patient profile, volume and service demand throughout the maternal child health clinic system will be collected. Information on patient characteristics and patterns of use are needed to provide essential data on levels of demand. This information on patient characteristics and patterns of use are needed to provide essential data on levels of demand. This information will also indicate the management skills and trained personnel required to meet the demand. As indicated in the original project paper, the assessment will begin in the urban-based maternal child health/family planning centers before moving to the rural areas.

An assessment of the current system's strengths, deficiencies and impact of the population desiring services is also required in order to determine whether, and in what manner, family planning services can be integrated successfully. This is not to suggest that family planning services will not be added until an assessment of the total maternal child health system is complete. Rather, the assessment will be carried out in stages by a Senegalese Team. The facilities will then be upgraded and the services integrated as conditions allow.

The assessment of the existing structure will consider the current responsibilities of present child clinical and non-clinical service personnel, and suggest the number and category of persons who require additional training, as well as the number of additional personnel that need to be trained. The names and clinic locations of the nurse-midwives trained in the Santa Cruz program are available but there is minimal information on the quality of service currently provided or the need in terms of client demand for additional personnel.

This assessment will begin in the Cap Vert region and move to the other regions as management, staff availability, equipment and supplies, and client demand warrant and as suggested in the original project paper. The following maternal child health centers will be visited in the first assessment: Medina Primary Maternal Child Health Center, Abass Ndao Maternity, Le Dantec Maternity and Maternal Child Health, and Rufisque Primary Maternal Child Health Center. Each of these centers has at least one Santa Cruz trained midwife, and all are offering pediatric, pre and post-natal services, including some family planning. Analysis of these operations will provide information on the "best case" of maternal child health/family planning services in Senegal.

Assessment of other maternity/maternal child health centers will begin once the first study is complete. This study process would continue until all the centers in the project area have been evaluated. Since the time frame for Phase I of the amended project is shorter than anticipated in the original Project Paper, the secondary MCH centers will not be included in the assessment until Phase II.

Naturally, recommendations for action will follow each assessment and be implemented as soon as possible. The assessment team will suggest simple renovations, within the limits of the resources available, and capable of being carried out in a manner that ensures the briefest period possible between review and the implementation of services.

Supplies necessary to equip the first group of maternal child health/ family health centers surveyed will be ordered with the supplies for the model clinic at ASBEF (noted below). These will be made available as needed. Supplies other than family planning commodities and equipment will be ordered and received. Vitamins, oral rehydration solutions, vaccines and foods supplements are necessary components. (It is necessary to emphasize, as the Minister of Health already has, that if the family planning program is to be truly integrated into maternal child health, the components of maternal and child health will have to be strengthened).

The basic steps that need to be taken to provide family planning services are generally simple. Conversations with government officials and some documents suggest that the Ministry of Health may be under the impression that extensive renovations are required before family planning can be offered. Since this issue will certainly come up in negotiations with the Ministry, some basic guidelines will be established to assist those who will be assessing the clinics and those negotiating with the government. The following guidelines are suggested:

a. Family planning information and certain supplies (of orals, condoms, vaginals and injectables) require no additional room or equipment. These services can be initiated as soon as trained personnel and supplies are available. However, many locations (particularly those serving as reference points) should be able to supply IUD's as well. Since this is a medical intervention, although often done by paramedical personnel, simple equipment is required and medical back-up must be readily available. An insertion kit, material for sterilization (probably by solution), and an adequate table, light and stool are needed for a gynecological examination and IUD insertion.

b. The existing pre-natal consultation rooms could be used for family planning service delivery including IUD.

c. Adequate room is generally available, but the space often requires painting and cleaning. Posters on nutrition, family planning and other maternal child health themes are needed.

d. General organization and operational procedures (schedules, job description, use of time and space) for all maternal child health centers need to be reviewed and revised. Record keeping procedures will be reviewed; simplicity will be stressed. Procedures to ensure maximum coverage of women in the fertile age group should be established. An effort will be made to identify and follow-up women in the high-risk category.

D. Status of Natural Fertility Awareness Methods

Under this project, the staff of the Family Health Unit will undertake a study of fertility awareness methods in general and specifically the cultural acceptability and practicality of such methods. If it is determined that such methods would be viable, they will be included in the training package for Senegalese personnel.

No A.I.D. funds will be used to purchase or otherwise directly support any product or use of any product that is not approved for use in the United States, including the injectable known as Depo Privera.

E. Support for Information, Education and Communication (IEC) Activities

The communication means and personnel needed to promote family planning activities are available in Senegal, but largely unexploited. Efforts will be made to develop these communication channels, to motivate and train personnel, and to develop appropriate messages.

Since religious and governmental leaders have repeatedly stressed the point that family planning services should be provided as a health measure, messages will be developed that emphasize the positive impact of family planning, as child-spacing, on the health of mothers and their children. In this connection, promotional materials aimed at reaching women in the fertile age group, as well as course and informational material designed to reach students and opinion-makers, will mention family planning as a necessary health component of each maternal and child activity. The message will strive to form in the mind of the potential client, student or member of the local elite, that there is a direct and positive relationship between family planning and good nutritional practices, obstetric and well-baby care. Messages on nutrition for nursing mothers will talk about the quality of food, its preparation, breast-feeding and child-spacing. Good maternal care will be described as including pre and post-natal care, proper diet and child spacing. Healthy children will be defined as vaccinated at appropriate intervals, well-fed and properly spaced. In other words, the message will be based on the universal desire of parents to have healthy children by emphasizing the role that family planning plays in ensuring good health.

In the early stages of the campaign to encourage the practice of family planning, the message will be designed to reach health providers to whom the community comes for care, and those at all levels of society who shape the opinions of others. Women's clubs, professional associations, unions, and many other groups fall into the latter category.

Since the repeal of the 1920 law banning the sale and promotion of contraceptives, the media (especially radio) can be used to deliver more printed references on the importance of family planning. Senegalese radio and TV have recently begun to carry the message of child-spacing. There is, however, nothing in the local papers or, with one or two exceptions (Medina clinic and ASBEF), on posters attached to the walls of maternal child health clinics.

In addition to developing the message and taking advantage of the media to reach the general population, personnel in both the public and private sectors will be trained and motivated to understand and promote family planning as a good health practice. The Ministry of Health has 420 midwives, 1124 male nurses, 935 female nurses and 303 social workers (1978). While a number are attached to hospitals and/or involved in clinical work in health centers, a large group of paramedical personnel is in day-to-day contact with pregnant, newly delivered, nursing and high-risk mothers. A number of these will be trained in information, education, and communication techniques and given simple teaching aids illustrating the intimate relationship between health/family planning and nutrition.

The personnel of Promotion Humaine are in touch with people, especially women and youth in the rural areas, through such structures as "maisons familiales, maternities rurales, centres d'enseignement moyen pratiques, foyer des jeunes," etc. Promotion Humaine also has responsibility in the national maternal child health/family planning program for promoting the family planning services provided through the maternal child health clinic network. Regional and local personnel will be trained and given necessary teaching aids, motivational and demonstration material.

ASBEF can also play an important role in generating support for family planning activities (see the section following). In fact, ASBEF has already begun a campaign that uses radio, 30 minutes weekly and TV 15 minutes weekly, to bring the message of family planning, as child-spacing, to Senegalese society.

F. U.S. Technical Assistance

a. Population Adviser/Project Coordinator

In addition to the one long-term technical assistant called for in the original project paper (summarized in next section below), a senior population person will be a key element in the successful implementation of project activities. This person will coordinate the provision of USAID resources in population to the Government of Senegal and will also be responsible for making USAID/Dakar aware of the demographic implications of other development activities. The adviser must have an understanding of population/family planning research of both an operational and survey variety and sufficient background in economics and rural development to assist USAID and, if called upon, the Government of Senegal, in assessing the relationship between demographic growth and other development variables. This person should be fluent in French/English and have experience in managing maternal and child health/family planning projects. Finally, this person should be familiar with USAID procedures and the resources available under centrally-funded projects. (See Annex F. Scope of Work for Technical Assistance).

b. Health Education/Trainer

In place of the Project Administrator described in the Project Paper--several of whose responsibilities will be performed by the Population Advisor--the amended project calls for the services of a Health Educator who can provide technical assistance in the overall organization of the information, education and communication aspects of the project. This person will be responsible for the development of in-service training as required for all categories of personnel, and curriculum development for all non-clinical family planning instructional and motivational programs. This person must have a degree and experience in public health education communication as applied to MCH/family planning, and French speaking fluency sufficient to give lectures and demonstrations and to write and review instructions and other technical material.

G. Support for ABSEF Activities

Family planning activities within the private sector have been limited to service delivery by a few private clinics, doctors and midwives, and some pharmacies. No systematic effort has been organized to provide family planning information and motivation to the public at large or to special groups, e.g., youth, workers, medical communities, etc. The family planning message has been essentially confined in the "word of mouth" channel.

In July 1980 the Senegalese Family Planning Association (ASBEF), was revitalized. ASBEF is composed of a board of twelve high ranking officials and personalities from the private sector. Mme Tamaro Diallo, the President of ASBEF, is a technical advisor to the President of Senegal. Although rather new, ASBEF has already begun the following activities:

- radio broadcasts of family planning messages (30 minutes a week) and
- survey-interviews of the principal religious leaders (marabouts) in the eight regions of the country. (No written report of this survey has yet been published. Indications are that the marabouts are in favor of family planning for birth spacing purposes but opposed to abortion and sterilization).

While ASBEF is a non-governmental private family planning association affiliated with the IPPF-London, it is closely but unofficially linked with Promotion Humaine. The Director of the Promotion Humaine's office for Bien-Etre Familial is in the ASBEF headquarters. Promotion Humaine pays the rent of ASBEF's headquarters (1,000,000 CFA/month). Promotion Humaine is also the governmental sponsor (Ministere de tutelle) of ASBEF and, as such, acts in an advisory capacity to ensure that ASBEF's activities are in keeping with the overall governmental policy on family planning. This close link makes it imperative that Promotion Humaine be kept abreast of any plans to support ASBEF activities.

USAID will provide support in such a way as to emphasize the private, independent nature of ASBEF's role. Although not well defined in terms of operational targets, the overall objectives of ASBEF are:

- to provide comprehensive maternal and child health/family planning services to a model clinic in Dakar. ASBEF also wants to explore ways to provide maternal and child health/family planning in the Ministry of Health facilities in the regions;
- to motivate, educate and inform the population on birth-spacing and contraceptive practice;
- to create a regional ASBEF in each province of the country (8) and
- to train personnel in maternal and child health/family planning service delivery and information, education and communication techniques.

Specific program plans and initiatives appropriate for ASBEF are considered below. These will be specified in greater detail in the Grant Proposal now being prepared by ASBEF for AID funding.

1. Training

ASBEF is both a consumer and provider of training. Once appropriate training has been given to ASBEF personnel, the association has the potential to train regional officials from different ministries in the objectives and programmatic activities of family planning. The family planning association can teach practical ways for personnel from government departments to participate in information, education and communication, and service delivery programs. Preliminary instruction will be provided in a seminar held at ASBEF headquarters in Dakar for 40 - 50 representatives from such ministries:

Health
Promotion Humaine
Education
Youth and Sports and
Social Action.

During Phase I, seminars will only be held in the four regions of the country. In time, a series of eight regional seminars will be held.

2. Outreach to Religious Leaders

The Executive Director of ASBEF has conducted a series of interviews with the "grands marabouts" of Senegal. As is widely recognized, these religious leaders have enormous influence on the lives of their many followers. If each has a favorable attitude toward "child-spacing" practices, as reported, it is worthwhile to compile and analyze the information on the interviews, and to

publish a summary. This report should be discussed with the marabouts, and their advice should be solicited on the design of the communication program suitable for reaching potential acceptors. A continuing cycle of visits will be made to the marabouts in order to keep them abreast of developments in family planning and to solicit their assistance.

3. Outreach to the General Public: Use of radio, newspapers, television

ASBEF already has a program underway to reach the general public through radio and television. The radio spots have been on the air for some months but no motivational use has yet been made of either television or the newspaper. Since the radio is the medium that most effectively reaches the average Senegalese, additional support will be provided to enable ASBEF to acquire more air time and to produce additional spots.

Support will also be given to enable ASBEF to prepare and publish notes on family planning in Le Soleil, the national newspaper, and to produce programs for television. Materials placed in the newspaper will inform the reader of the general activities of ASBEF, and provide addresses (with phone numbers) where additional information and services can be obtained.

4. Outreach to the Private Medical Community

As a private non-governmental organization, ASBEF is well-placed to host seminars attended by private practitioners. During these seminars, the following topics could be discussed:

- benefit of birth-spacing from the point of view of the health of the mothers and children;
- medical indications of contraceptives; and
- updated knowledge of efficacy, side effects and safety of various modern contraceptive methods.

The meetings scheduled to take place in the project area during Phase I will provide an opportunity to conduct a small "on the spot" survey on the knowledge and attitude of the medical community toward family planning, as well as to collect information on the type and amount of family planning services delivered in the private sector. Participants will share information on their experience offering family planning services in Senegal, and explore the possibility of establishing a cooperative service program in which ASBEF would be a referral agency.

5. Program Specific Research

ASBEF is well-placed to conduct a survey of the private clinics and pharmacies operating in the urban areas of Senegal (Dakar, Thies, Kaolack,

Ziguinchor). A survey will be designated to obtain more information on the availability, cost and sales of modern and traditional contraceptive methods. This survey will be done by Senegalese researchers supervised by ASBEF personnel. It will determine the extent of demand and the prospect for establishing widespread commercial distribution of contraceptives.

While it is appealing to propose that commercial sales of contraceptives will be significant and cost-effective, there is still no evidence to suggest that there is a sizeable market among members of the lower socio-economic levels of Senegalese society. Still, it is appropriate to begin to assess the current level of demand and the prospects for launching a contraceptive retail sales program.

Information on private sector services in family planning is wholly lacking. Yet, there are a number of clinics in Dakar and other urban centers that are advertising and offering family planning services. A survey will be done to obtain more information on their experience.

6. Service Delivery

a. Model clinic: The ABSEF model clinic will be equipped, but also relocated. While there is no objection to giving ASBEF the means to offer services, it seems pointless to open a clinic at the association's current headquarters, which is two blocks from the Le Building Administration in one of the most luxurious sections of Dakar. The clinic will be moved to a location where it can offer a modest amount of service to urban clientele from the lower socio-economic ranks. The center will be used as a training site for nurse-midwives interested in learning family planning methodology. It will also be developed as a base from which to conduct operations research on interventions appropriate for introducing family planning as child-spacing into upgraded maternal child health and maternity centers in urban and later in rural areas of Senegal.

b. University clinic: The dispensary at the University of Dakar is visited by a number of students who require information and services related to reproductive health. ASBEF will provide family planning clinical and non-clinical training to one staff person, stock the clinic with an appropriate supply of contraceptives, and equip a modest laboratory with the supplies needed to do the blood and urine analyses needed to detect and treat venereal disease.

Through ASBEF's assistance, the clinic will be able to provide needed family planning information and services, as well as a sense of the importance of family planning in general health care. This message will be received by students who come from all the countries in francophone West Africa.

III. Implementation Plan

The Secretariat d'Etat a la Promotion Humaine (SEPH), the Ministry of Public Health (MOH) and the Association Senegalaise pour le Bien Etre Familial (ASBEF) will be responsible for implementing project activities under two separate agreements. A project agreement (ProAg) with the Government of Senegal will provide support for the activities of Promotion Humaine and the Ministry of Public Health -- the official Government agencies responsible for coordinating, implementing and evaluating the national family planning program. A Grant with ASBEF will allow this private association to strengthen its programmatic activities to reach the private and quasi-private sectors in Senegal.

The Amended Project encompasses a 24-month exercise period, and the original strategy of beginning the training and service activities in the urban and peri-urban areas before moving to the rural areas remains operational.

USAID/Senegal believes that achieving the goals of the amended project in the proposed 24-month time frame is feasible. The 24-month period will begin with the signature of the project agreement in Senegal.

A. Management Plan

The degree of project success will be directly related to the ability of personnel the Government assigns to the management staff of the Family Planning Unit. Assisted by the U.S. technical assistants, these personnel will be responsible for carrying out the assignments defined in Phase I. The Family Planning Unit will operate under the supervision of Promotion Humaine. Non-clinical assignments will be carried out by the personnel of Promotion Humaine; clinical activities will be defined and implemented by the personnel of the Ministry of Health, Division of Family Planning Services. (Since ASBEF is a private rather than a government agency, it will not be an official member of the Family Planning Unit but will certainly coordinate its activities in close cooperation with those of the Unit).

Ultimate responsibility for monitoring all aspects of the project rests with USAID/Senegal and will be the responsibility of the USAID health officer. Day-to-day responsibility for monitoring of all project activities including accounting and fiscal issues will be the responsibility of the Project Director. He will be assisted by a full time accountant who will be hired using project funds and trained by the USAID Controller's Office. The Controller's Office will be available to consult with the project manager or the accountant as necessary and will review project accounting procedures on a periodic basis.

The contract hired management specialist will serve as a staff advisor to both the Senegalese Project Director and to the USAID Health Officer on issues of project monitoring. MOH personnel will have no direct role in project monitoring other than that which exists de Facto by having assigned personnel to the project. However, as noted above, the MOH will have to be in basic agreement with the nature of project implementation if the project is to succeed.

The USAID Health Officer is currently working with Mr. John Azar of IPPF, the Director of UNFPA, and representatives from the Pathfinder Fund to coordinate the design and implementation of our respective inputs into the provision of Family Planning Services in Senegal. Once the project is fully operational, this is a role that will be assumed to a considerable degree by the Project Director and the USAID technical assistant to the project manager.

The stability and effectiveness of the Family Planning Unit will directly effect the quality and impact of the program. It is essential therefore, that the Government personnel charged with defining, implementing, coordinating and evaluating the family planning program be thoroughly trained in all aspects of family planning activities. Initial efforts will be directed toward building a strong administrative base.

Government personnel will be trained and assisted by US personnel with expertise in management training and the administration of large-scale programs in public health/family planning. The long-term technicians financed by the project will be supported under Institutional Contracts or Personal Service Contracts between AID and the institution or individual.

As soon as the U.S. technical assistants are recruited, the GOS management personnel have been designated, and the support staff hired, the Family Planning Unit will begin a planning process during which the definition, implementation schedule and evaluation procedures for commodities procurement, clinical and non-clinical family planning training, the assessment and renovation of the MCH, VD and maternity units, and the provision of family planning services will be stipulated. Short-term consultants with expertise in the design of logistics systems, the training of nurse-midwives and the upgrading of health centers to include family planning services -- available through IQCs and other centrally-funded contracts which AID may have with US institutions -- will assist in the planning process.

The Family Planning Unit will refine the implementation schedule during the planning cycle. The Project Director will be responsible for assuring that the schedule of activities are initiated in a timely manner. The Project Director will have final responsibility for all administrative matters (customs clearance, country permissions, etc). He will be closely assisted by the Population Adviser/Project Coordinator. Similarly, GOS personnel of the Family Planning Unit charged with directing the clinical and non-clinical training programs and supervising the training and service programs, as well as the ordering, receipt, storage and distribution of the commodities, will have primary responsibility for their areas.

ASBEF will also develop a plan that will be carried out:

- the recruitment and training of information, education and communication staff,
- the relocation of the Model Clinic
- the renovation and staffing of the University Dispensary
- the training program for nurse-midwives and private MDs, and
- the outreach programs to the students, general public and marabouts.

ASBEF personnel involved in the planning of programmatic activities will be assisted by the US technical assistants and short-term consultants available to the Family Planning Unit. The implementation plan developed during the planning cycle, will be executed under the direct supervision of the Executive Secretary of ASBEF.

The renovation of service centers will be as modest and functional as possible. With the exception of the relocation and equipping of the ASBEF Model Clinic, repairs carried out on the MCH, VD and maternity centers will constitute little more than installing fixtures, repairing doors and windows, patching and painting walls, and building shelves. The Family Planning Unit will direct the work on the Government centers using established procedures. The ASBEF directorate will be in charge of renovating the Model Clinic and establishing the University dispensary within the budget provided by the Grant.

B. Procurement Plan

All procurement of goods and services under this project will be the responsibility of the Project Director of the Family Planning Unit. The Director will sign appropriate PIOs and work orders for the Government of Senegal. The Family Planning Unit will also coordinate the procurement of items to be used by ASBEF.

1. Commodities

It is planned that the Afro-American Purchasing Center (AAPC) will procure all commodities for the project, except for those items that are centrally-funded or separate items under GSA contracts. AAPC is fully qualified to act as a procurement agent. AAPC has significant experience in procuring goods for the Government of Senegal, including the Ministry of Health (MOH), and has AID's approval to act in this capacity. AAPC fee is negotiable and will be determined prior to initiating any procurement activities. If the Government so requests, USAID/Dakar and/or any other U.S. Government Agency is eligible and qualified to act as procurement agent.

Local procurement of commodities will be done by the responsible staff of the Family Planning Unit and, where ASBEF is concerned, the Executive Secretary. AID has reviewed these procurement procedures and considers them adequate to protect AID's interests in obtaining reasonable representation of manufacturers and fair prices. Regarding the procurement of contraceptives, USAID now has a short term technical consultant working with the MOH and SEPH to develop a plan for commodity procurement storage and distribution in the context of the SEPH Project. This consultant has been thoroughly briefed by Mr. Toni Boni of ST/POP.

The following commodities will be purchased for the project: contraceptives, medicines, medical equipment and instruments, office furniture, and audio-visual equipment. (A listing of commodities and price estimates is found in Section V, Financial Plan). All the contraceptives and most of the medicines will be ordered from the U.S. Gynecologic instruments will also be ordered from the U.S., as well as necessary metal office and clinical furniture. Wooden furniture will be purchased locally. Audio-visual equipment will be obtained from the U.S., except for printed material in French or local languages which will be obtained locally or from African countries.

2. Personnel Recruitment and Support

The Family Health Project will finance the services of two long-term technical assistants for 18 months each and 8 person-months of short-term assistance. Promotion Humaine has requested that USAID contract directly for this technical assistance. The personnel will be obtained through Institutional Contracts or Personal Services Contracts between AID and the institution or individual. Short-term technical assistance will be obtained through Indefinite Quantity Contracts and other opened centrally-funded contract arrangements with institutions that have the skills needed by the project.

The project will also finance the services of one secretary and one clerk who will work in the Family Planning Unit.

3. Vehicles

Since it is considered impractical to order American manufactured vehicles, because of the six months required for delivery from the U.S., a procurement waiver to purchase vehicles under Code 941 is requested. It is expected that vehicles (volkswagens) assembled in Brazil will be procured from the one American representative (GMC) in Dakar.

4. Procurement Codes

A. The eligible geographic code for procurement for this project is U.S. only (Code 000) unless otherwise waived.

B. Local cost and shelf item procurement will be conducted in accordance with the policies and procedures as outlined in Chapter 18, Handbook 1B.

IV. Financial Plan

A. Explanation of Cost Elements

The total cost to AID for this project is expected to be \$1.9 million.

The Government of Senegal will finance approximately \$330,000 in personnel and direct project support costs. (See Summary Financial Plan). The GOS contribution is approximately 15% of the total project cost.

1. Technical Assistance. Three person years of technical assistance has been calculated at \$110,000 per person year. A detailed breakdown of this figure is provided as table VII A, Average Annual Technical Assistance Cost.

For the 8 person months of short-term consultants under the project, \$15,000 per person month has been budgeted. This is based on an average salary of \$170/day, a \$100/day Dakar per diem, a \$1,500 round trip airfare, Defense Base Act Insurance and 100% institutional overhead.

2. Training. Training financed by the project will be both in and out of country. Personnel from Promotion Humaine and the Ministry of Health will be trained in family planning clinical and non-clinical techniques; instructors will come from these ministries as well as ASBEF. There will be short-term training (3-5 days) using a conference/seminar format, and more extensive training (2-3 weeks) employing classroom and clinical pedagogy. More than 130 individuals will be trained. Study trips to the U.S. or third countries will be arranged.

The amount budgeted on training (\$280,000) includes support for seminars, workshops and conferences, and the supplies necessary to conduct the seminars.

Family Planning clinical and non-clinical training through seminars and workshops conducted by PH and MOH personnel, equipped with supplies and necessary training aids	\$200,000
Short term training outside of Senegal	30,000
Family planning clinical and non-clinical training using seminars and conferences and conducted by ASBEF	50,000

A detailed proposal on training is being prepared by the ministries and the private voluntary organization involved in the project.

3. Commodities. A range of commodities will be purchased over the 24 months of the project. The list below constitutes a gross estimate of the total by category. A final detailed commodity list will be prepared by members of the Family Planning Unit and consultants during the 2-month planning phase of the project.

C. Project Timing Chart

Work Statements Month 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19-24

I. Administrative Development

Project paper approved
Recruit US TAs, GOS and
 local staff
Sign Project Amendment
 with GOS and OPG with
 ASBEF
Arrival US TAs
Staff of Family Planning
 Unit trained
ASBEF clinic relocated
Planning Period
Revision of Plan and
 staff procedures

II. Project Implementation

Commodities (recurs every 6 months)
 estimated
 ordered
 received
 stocked
 distributed
Training cycle (recurs every month)
 recruit trainees
 train
 supervise
 retrain

Assess/renovated PH/MOH and
 assess (recurring process)
 write renovation orders
 complete and inspect
ASBEF outreach programs
 MDs in 4 regions
 marabouts
 general public
 est. university clinic
GOS family planning service
 assess services units/sta
 (continued process)

D. Schedule of Project Activities

Month 0

Month 1

Project Paper approved
Recruit US technical assistants, GOS and local staff
Sign Project Agreement with GOS
Execute Grant Agreement with ASBEF

Month 2

Month 3

Arrival of US technical assistants
Family Planning Unit staffed, staff procedures developed
and staff trained
ASBEF relocates Model Clinic to Grand Dakar
Arrival of two short term consultants (1 months each)
to assist in planning process

Month 4

Planning period: estimate commodities ordering, receipt
storage and distribution system-define training procedures
for clinical and non-clinical personnel-develop procedures
for assessing and renovating PH and MOH units-determine
outlines of service delivery plan
ASBEF begins conference/workshops for private physicians in
first region - repeats every third month until four
conferences for physicians have been held in regions
of Cap-Vert, Thies, Sine-Saloum and Casamance

Month 5

Continue and complete planning
Estimate and order contractives/commodities(repeat every
six months)
Begin clinic/PH center renovation assessments and write
work orders
ASBEF launches intensified public awareness campaign
using radio, television and print
ASBEF begins outreach program to marabouts - continues
every third month through four cycles
Receive and store commodities - procedures recur every
six months
Assess performance of persons trained - recurs every
other month
Complete renovation of series of MOH/PH units and
inspect - recurs every other month

Month 6

Recruit trainees for first training course (on-going
recruitment takes place every other month)
Begin to visit and assess on-going family planning services/
begin service promotion strategy - establish super-
vision and evaluation procedures for clinical and
non-clinical services
Begin training of clinical and non-clinical personnel
Begin renovations of MOH/PH facilities

Continue assessment of family planning services on monthly basis - monthly supervision and bi-monthly evaluation of personnel performance and clinic achievements

ASBEF establishes University Clinic (U.of Dakar)

Month 12

Internal evaluation of Family Planning Unit - ASBEF (commodities procurement, storage, etc/training programs/family planning services/I.E. and C. program)

Month 13

Revise procedures and operations as determined by internal evaluation

Month 18

Arrival of 2 short-term consultants (one month) to conduct project evaluation
Prepare for implementation of Phase II activities
Evaluation of project

Month 19

Submission of recommendations for Project Identification Document for Phase II Project

Month 22

Project Paper for 3-year grant to GOS written New grant for 3 years for ASBEF written

Month 24

Complete final assessment of operations of GOS Family Planning Unit/Program activities of ASBEF

I. <u>Equipment</u>	\$188,000
- vehicles, 8 GMC Volkswagens (code 941 waiver) and 25% spare parts (\$6,000/\$1,500)	60,000
- clinical equipment: examining tables, medical instruments, etc.	50,000
- office equipment: metal desks, files, etc	20,000
- audio-visual equipment: projectors, films slides, flipcharts, recorders, etc	58,000
2. <u>Supplies</u>	177,000
- contraceptives	137,000
condoms, 14, 000 gross	
pills, 354,000 cycles	
IUDs, 10,000 devices and 10,000 inserters	
diaphragms, 700	
foam, 2,400 bottles	
- medicines: vaccines, antibiotics, vitamins/iron antihelmenthics	40,000
3. <u>Packing, shipping and insurance (50% of \$304,000)</u>	\$152,000
4. Total for Commodities	\$517,000

Renovation. The exact renovation requirements will be determined by a team composed of members of the Family Planning Unit, the GOS Ministere de l'Equipment and the USAID/Dakar Office of Engineering. The renovation strategy suggested in the original project paper is still valid. Renovations will be kept to the minimum necessary to upgrade the centers and incorporate family planning clinical services and/or Information, Education or Communication programs.

MOH: 10 MCH centers, 4 VD centers, 34 maternities approximately \$3,000/center	\$144,000
Promotion Humaine: 20 foyers des jeunes (femmes) at approximately \$3,000/center	60,000
ASBEF: Model clinic in Grand Dakar University Clinic	6,000 <u>4,000</u>
TOTAL	\$214,000

5. Operating Costs. The project will pay limited GOS operating support cost for local travel, office expenses, vehicle maintenance and gas/oil. The amount paid will be in accordance with USAID/Dakar policy on project indemnities. The amount of project support has been budgeted as follows:

- vehicle maintenance	65,000
- office expenses (rent, electricity, water, etc)	59,000
- local personnel (1 secretary, 1 clerk, 1 nurse/midwife)	50,000
- local travel: per diem at 3,500 CFA and 2,500 CFA per day depending on rank	40,000
TOTAL	214,000

6. Evaluation. The in-depth evaluation to be conducted 18 months after the project begins will be done by short-term consultants supported by the technical assistance amounts noted above, and by AID personnel or other consultants available under centrally-funded projects.

B. Summary Cost Estimate and Financial Plan (000s US \$;
(all figures are rounded up)

Item	1981	1982	1983	Total
A. Technical Assistance				
Long-term technicians	30	200	100	330
Short-term technicians		60	60	120
B. Training *		150	130	280
C. Commodities				
equipment		124	134	258
supplies		125	133	251
D. Renovation *		107	107	214
E. Operating Cost *		110	125	235
SUBTOTAL	30	879	789	1,698
F. Inflation/contingency (12%)		100	92	192
TOTAL	30	979	881	1,890

Project : GOS contribution

Item	1981	1982	1983	Total
A. Personnel	24	104	104	232
Project Director				
Nurse-midwife				
Animateur/ Health educator				
Clerk/Secretary/Accountant				
B. Facilities/Medicines	20	50	28	98
TOTAL	44	154	132	330

C. <u>Project Expenditure Schedule</u>	<u>A.I.D.</u>	<u>GOS</u>	<u>Total</u>
1981	30	44	74
1982	979	154	1,133
1983	881	132	1,013
TOTAL	1,890	330	2,220

* Local currency costs.

D. BUDGET SUMMARY BY ORGANIZATION (000s US \$)

	Technical Assistance (Family H. Unit)	Ministère de la Santé Publique	Promotion Humaine	ASBE?
I. Technical Assistance				
Project Coordinator	165			
Animateur	165			
8 person/months consultants	120			
II. Training				
Clinical/non-clinical		105	105	70
III. Commodities				
A. 8 vehicles		30	30	0
B. clinical equipment		50	0	0
C. office equipment		7.5	7.5	5
D. audio-visual equipment		0	50	8
E. contraceptives		130	0	7
F. medicines		40	0	0
G. shipping, insurance		111	29	12
Sub-total		358.5	116.5	32
IV Renovation		144	60	10
V. Operating Costs		99.5	94.5	40
VI Inflation. Contingency (12%)		73	74	48
Total (1,900)	450	790	450	200

Table VII A

Average Annual Technical Assistance Cost FY 81

The estimate of the average cost of one person year of long-term technical assistance assures an average assignment of 3 years and an average family size of 2 adults and 1 child of primary school age.

A. Salary	30,000
B. Transportation (1 roundtrip/yr. at \$1800 x 3 persons)	5,400
C. Household Effects transportation (surface and air)	5,000
D. U.S. storage	600
E. Post Differential (15%)	4,500
F. Post Cost of Living Allowance (10%)	3,000
G. Education allowance	1,500
H. Defense Base Insurance (9%)	2,700
I. Housing rental	18,000
J. Utilities, minor repairs, guardians, etc.	9,000
K. Temporary Lodging	1,000
L. Retirement, FICA (16%)	2,880
M. In-country travel	2,920
	<hr/>
	86,500
N. Miscellaneous (27%)	23,500
	<hr/>
Total	\$110,000

V. Project Analyses

Detailed Economic, Recurrent Cost, Social and Administrative analyses were undertaken during the original Project Paper design effort. These analyses are summarized below. During the amendment review effort, the Project Committee examined these analyses, and with certain minor modifications, concluded that they remained valid.

A. Economic Analysis

The economic analysis presented in the original Project Paper (pages 34-39b) maintained that integration of family planning as an integral part of maternal and child health could achieve significant beneficial effects such as reduction of maternal/child death rates, decline in birth rates, and, hence, improved per capita income. The analysis argued that family planning programs were, therefore, economically important with the magnitude of beneficial impacts being closely related to the size of the national program being implemented. These assertions are supported by the numerous tables attached to the economic analysis which project the possible effect of family health programs on birth rates in Senegal.

The AID Family Health Project is, in and of itself, a very limited undertaking. It's significance is that of any pilot program which attempts to create institutions capable of sustaining greater activity and shape policy in a positive manner. Thus, while this project (in its initial phase) will not alone produce major impacts, it is an absolute minimum first step required to produce substantive change in due course.

USAID/Senegal is convinced that the approach to supporting delivery of family planning services in Senegal proposed in the amended Project Paper is the least expensive one practical at this time. Two strategies other than the one adopted were considered. The adopted strategy involved gradual implementation beginning in the Cap Vert and Sine Saloum regions and extending into the Thies and Casamance regions during the second year of the project. The adopted strategy also calls for close integration of the family planning services into the ongoing Maternal and Child Health (MCH) services of the Ministry of Health (MOH).

One alternative strategy proposed creating an independent family planning service in the MOH to implement the program. USAID estimates that such a strategy would involve the placement of an additional midwife at the level of each of the 22 departmental health centers and major MCH centers in the four target regions. Each midwife earns approximately \$300 per month. USAID estimates that approximately 30,000 women will be successfully contracepting at the end of this two year project. These additional personnel costs would raise the cost to the GOS per contracepting woman by \$5.28 or approximately 1575 FCFA.

The alternative of a family planning service independent of the MCH service in the MOH was considered because AID experience in Latin America and Asia during the early years of program implementation in those areas demonstrated that independently administered programs were more effective and

efficient in terms of the total number of successfully contracepting women that were recruited into the programs. Both senior MOH officials and the population at large believe that the primary, if not only, important justification for family planning is the improvement of maternal and infant well being. Therefore, USAID does not believe that a strategy involving the creation of an independent family planning service would result in more women becoming successful contraceptors. Hence, there would be no cost efficiencies to this approach. Even had USAID believed that minimal cost efficiencies would have resulted, this option would probably have been rejected because of Senegal's urgent need to reduce its personnel payroll. The continuation of the IMF Stand-by Agreement depends on Senegal's ability to effect payroll reductions.

The second alternative considered was beginning to provide services in all four target regions during the first year of the project, instead of providing services in the Thies and Casamance regions during year two of the project. This would have resulted in an additional one year of amortization and operating expenses for four vehicles and per diem for supervisory personnel. The additional amortization and operating expenses for the vehicles would have amounted to approximately \$20,000 and the additional per diem would have cost approximately \$1,700 for the two regions. The additional cost would amount to approximately \$1.57 more per acceptor. USAID believes that developing the management systems which will assure a maximally productive collaboration between MOH personnel and personnel from the Secretariat d'Etat a La Promotion Humaine (SEPH) will be difficult and will require a significant period of time. USAID also believes that a larger percent of women from the Sine Saloum and Cap Vert regions than from the Casamance and the Thies regions will want to contracept due to the greater degree of urbanization. Hence, the expected early managerial inefficiencies and relatively lower acceptor rates for the regions of Thies and Casamance dictate against making the additional investment described above to begin activities in these regions during the first year of the project.

B. Recurrent Costs

A recurrent cost analysis appears in the original Project Paper pages 39-39-a. The analysis includes the following estimates of annual recurrent costs (minus contraceptive commodities) to the GOS:

1. <u>New Personnel</u> to become charged to MOH at		
1 statistician		600,000
2 secretaries at 600,000	cfa	1,200,000
4 Drivers at 600,000	cfa	<u>2,400,000</u>
		4,200,000 cfa = \$ 20,000
2. <u>Drugs and antiseptics</u> (to maintain levels established in PP)		\$ 20,000
3. <u>Operating Costs.</u>		3,000
Mileage of FP vehicles transportation by trucks		7,000
Amortization of 4 vehicles at \$5,000 over 5 years		4,000
Amortization of clinical equipment (per year)		13,000
Amortization of audiovisual and educ. material		4,000
Evaluation of statistics		<u>3,000</u>
		34,000
4. <u>Training</u>		
Retraining and special seminars		<u>5,000</u>
		\$ 79,000

With respect to contraceptives, the following projection is made:

1. Contraceptives

Estimated minimal requirements for contraceptives are as follows:

Pills	260,000 cycles/yr	65,000
IUD's	3,000 pieces/yr	3,000
Condoms	5,000 gross/yr	35,000
Foams and jellies		<u>5,000</u>
		Total \$ 108,000

It is not reasonable to expect the GOS to assume the costs of contraceptives immediately as the three-year phase one concludes. The project aims ultimately at establishing a system of non-clinical distribution and sales, first in the urban areas, by the end of the second three-year phase. Costs of contraceptives would be assumed by the users, at least in part.

For purposes of this analysis, it is assumed that donor financing will be available to cover the costs of contraceptives for clinical and non-clinical distribution during the next 10 years. Recapitulation of costs introduced by the Project and which become recurrent costs to the GOS show the following:

Personnel: new	\$ 20,000
Drugs and antiseptics	20,000
Operating costs	34,000
Training	<u>5,000</u>
	\$ 79,000 per year

The yearly recurrent cost of \$79,000 to be incurred by the GOS as a result of agreeing to this project represents a small percentage of the total MOH annual budget of approximately \$25 million.

C. Social Analysis

An extensive social analysis was undertaken as part of the original Project Paper design effort (Annex 6). In summary, the analysis concluded that:

1. Family planning should be integrated with other health care. Information about family planning can be imparted along with information about nutrition, vaccinations, etc. If special hours are set aside in the afternoon for family planning consultation the topic of sterility should also be included.

2. Family planning should be offered as the way for those who already have a family to control their situation. It should not be expressed in terms of ideal family size. The pill and IUDs should be offered initially as alternatives to the acceptor. A project should not, in its initial phases, push condoms within the context of marriage.

3. A project is more likely to succeed in large urban areas in Senegal than in rural areas for economic, religious, political, bureaucratic, and social reasons.

4. An urban family planning project would have spread effects beyond the urban areas through the urban-rural network. Diffusion of knowledge of family planning through this network would allow the rural population more time to accept the concept of family planning and for demand to develop. The existing demand in rural areas can be met by referral to urban centers.

5. The social impact and distribution of benefits of a family planning project in urban areas will be greatest among the urban poor and the uneducated since the well-to-do and intellectuals already have access to and to some extent use family planning.

6. In ethnic groups where the woman must support herself and her children the women and children will be the clearest beneficiaries of family planning. In groups where men support their wives and children the whole family will benefit. A family planning project in urban areas is more likely to benefit the entire family because a large number of urban women do not earn an income.

7. A family planning project has a better chance of success among ethnic groups with certain cultural characteristics. These cultural traits are compatible with family planning:

- a. Long space between births is the ideal.
- b. Short post-partum sex taboo

- c. Nursing for a long time is the ideal
- d. Pregnancy while nursing is considered shameful
- e. Islam is not strong
- f. Women have some economic independence
- g. The society has not customarily regarded women as emotional and jural minors but as capable of decision-making.

The greater the coincidence of any of these traits in one society, the greater the chance of success.

8. A higher rate of response can be expected if permission of the husband is not required; since women benefit most directly from family planning they will accept it more quickly than men.

9. A family planning project is more likely to succeed where there is a fairly adequate health infrastructure because there is a better chance that infant and child mortality may be lessened, thus reducing the people's desire for additional children as replacements.

10. A family planning project should avoid using the terms "limitation de naissances" and "planning familial" and use instead "espacement de naissances", "protection maternelle et infantile", "sante familiale", and "regulation de la sante familiale".

11. When a rural family planning project is undertaken, to ensure participation it should be done in the framework of administrative reform, using village maternities, dispensaries, etc., and traditional midwives as well as the Government health structure.

12. Family planning rural areas will initially benefit the "intellectuals" (civil servants and other Government employees, students, merchants), who are already interested in family planning. The farmers will benefit as they begin to accept the idea of family planning.

D. Administrative Analysis

The following administrative analysis appears in the original Project Paper and remains valid.

The key inputs of the MOH to provide health services are channelled through eight health regions comprising approximately 642 facilities (Table 3). These facilities include hospitals (11), health centers (34), maternity centers (74), health posts (439), leper centers (11), maternal and child health centers (66), and endemic disease control centers (7). Some 105 of these facilities are private (13 maternities and 92 health posts). In this existing extensive network of health facilities, each health region has a jurisdiction delineated by a well-defined geographic area and the number of people estimated to be living in that geographic area.

Data available indicate that health regions with the highest proportion of urban population are those with more facilities, more administrative control and more medical and paramedical personnel attending public health services.

To counteract the lack of modern facilities (hospitals, health centers) and the limited supply of qualified medical staff (physicians) being provided to less urbanized areas, the Ministry has made some efforts to extend public health services through the system of health posts, maternity centers, maternal and child care centers, and paramedical staff (midwives, nurses, auxiliary nurses and matrons). This system has expanded to the point where the number of paramedical persons is more than 14 times (14.4 times) that of physicians. Thus, it appears that the delegation of public health functions to paramedical personnel is remarkably important in Senegal and to any family planning efforts to be undertaken nationwide in the future. It is this network of paramedical personnel in the rural areas which form the nuclear staff for eventually providing family planning counseling and services to the rural population.

The Medina MCH Center will form the core of the family planning personnel training and logistics systems. The Director of the Medina Clinic, Dr. Kane, has recently been appointed Family Planning Coordinator in the Ministry of Health and is, at the same time, the Senegalese Project Director for the AID-financed project. Midwives already trained at Santa Cruz and elsewhere will receive further intensive training and will form the backbone of the FP instructional staff.

Medina has currently on its staff a midwife and an aide who are dispensing family planning counseling and services. There are also numerous clerks and administrators already on the staff at Medina who will be called upon to administer the expanded family planning effort.

At the present time the operational costs of the program will be minimal. The MOH has assured the Project Paper Design Team that funds will be included in their annual budget to bear the costs of the GOS contribution.

VI. Evaluation Plan

Phase I is designed to introduce the idea and practice of family planning to the Senegalese. During this phase primary attention will be focused on developing the national family planning management structure, training clinical and non-clinical staff and renovating and equipping the family planning service centers. While some family planning services will certainly be delivered, the coverage achieved will not be sufficient to affect any change in the birth rate, and it is difficult to project acceptance and usage of modern contraceptives by as few as 1% of the women in the fertile age group. Given the brevity of Phase I and the novelty of family planning in Senegal, it would be rash to project widespread acceptance and use. It will be difficult enough to accomplish the management, training and administrative tasks needed to develop a firm base on which to build the national service program in family planning.

Since developing the administrative base will take precedence over delivering family planning services in Phase I, evaluation of the organizational structure and the process by which it plans and implements programs will be necessary.

Evaluation of the quantity and quality of training provided should be assessed through a careful comparison of the understanding and performance of trained clinical and non-clinical personnel. Evaluation should be done by comparing the performance of individuals within any category of personnel to each other, not to some outside standard. A close analysis of the commodities ordering, storage, distribution, use and re-ordering procedures and operations will also be done at the close of Phase I.

Although it is not anticipated that services will be widely available and accepted in Phase I, it will be important to assess the service trends within the operating family planning centers (public and private), the general attitudes toward family planning within the community, and the trends in contraceptive sales.

Data on sales can be obtained from pharmacies. Since the pharmacies will be surveyed at the start of Phase I by ASBEF, and the MCH, VD and maternities will be assessed and renovated by Ministry of Health personnel at the same time, a baseline will be established against which subsequent activities can be measured. Promotion Humaine's assessment of community attitudes at the time of project implementation will enable a comparison with the family planning knowledge, attitude and practice of the community at the close of Phase I.

In summary, the three elements of the program will all be evaluated at the close of Phase I: (1) management, (2) training and (3) family planning services and information. The Activities of Phase II will be defined in large measure using the evaluation finding of Phase I.

Evaluation of project activities will be conducted 18 months after project launch. An internal evaluation of the administrative operations of the Family Planning Unit, the training programs, logistics system and family planning services will be done in month 12 to assess the progress of the project and to suggest necessary revisions. The evaluation in month 18 will review project activities, assess the impact of the project and make recommendations for a project identification document for a Phase II project.

The evaluation will be carried out by short-term consultants available through IQCs and centrally-funded projects, and AID personnel. The staff of the Family Planning Unit will participate in the evaluations in order to obtain experience in conducting evaluations. In short, the evaluation process will be used to analyse the project and to give the Senegalese project staff some training in evaluation methodology.

VII. Conditions Precedent

The Amendment to the Project Agreement will contain the following conditions precedent:

1. The GOS will establish a Family Planning Unit which will plan, implement and evaluate project activities.
2. The GOS will appoint a project director who will be the director of the Family Planning Unit and will have authority to execute project implementation orders and activities.
3. The GOS will designate personnel in the Secretariat d'Etat a la Promotion Humaine and the Ministere de la Sante Publique as liaison officials with the Family Planning Unit for purposes of assuring the Family Planning Unit access to facilities and service personnel of these agencies.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Annexe A1

Life of Project :
From FY 79 to FY 82
Total US Funding \$1.9 million
Date Prepared June 1981

Project Title & Number Family Health Project (685-0217)

PAGE 1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal : The broader objective to which this project contributes :</p> <p>To improve the quality of life and health of Senegalese (especially women) by <u>reducing unwanted fertility.</u></p>	<p>Measures of Goal Achievement</p> <ol style="list-style-type: none"> 1. Decrease rates of infant mortality and morbidity. 2. Decrease in the fertility rate. 	<p>GOS statistical data and the statistical reports and projections of other international agencies (e.g. World Bank, UNFPA, etc.)</p>	<p>Assumptions for Achieving goal targets :</p> <ol style="list-style-type: none"> 1. General social and economic conditions create a favorable environment for reducing fertility rates 2. GOS will continue to emphasize the importance of family planning as a means to achieve economic development. 3. Other International donors will increasingly recognize the relationship between reduced fertility and the success of other development projects, and will provide funds for population programs in Senegal. 4. In planning and administering health programs GOS will include fp components.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Annex A2

Life of Project :
From FY 79 to FY 81
Total US Funding: 1.9 million
Date Prepared: June 1981

Project Title & Number : Family Health Project (685-0217)

PAGE 2

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose :</p> <ol style="list-style-type: none"> 1. Family Planning Unit functioning effectively. 2. Development of a milieu favorable to family planning through training and Information, Education, and Communication (I.E. and C.) programs. 3. Development of system for providing family planning services. 	<p>Conditions that will indicate purpose has been achieved : End of project status :</p> <ol style="list-style-type: none"> 1. Family Planning Unit Operating effectively as determined by process and organizational evaluation. Family Planning Unit will have generated a series of work plans and implemented and evaluated activities in relation to the plan. 2. Increasingly positive trends of family planning practice over period of the project. 3. Family planning services available in 10 MCH centers 34 maternities, 4 VD centers, 1 ASBEF Model Clinic and 1 University clinic. 30 foyers des jeunes equipped with I.E. and C. material and staff 	<ol style="list-style-type: none"> 1. Evaluation process. 2. Knowledge Attitude and Practice (K.A.P.) assessments of general community in the project area 3. Routine project reports. 	<p>Assumptions for achieving purpose :</p> <ol style="list-style-type: none"> 1. Willingness and ability of MOH and PH personnel to work together to plan and implement activities. 2. Working through ASBEF and PH to build a constituency in family planning is appropriate. 3. A significant % of the Senegalese population is receptive to the idea and practice of family planning.

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Annexe A3

Life of Project :
From FY 79 to FY 81
Total US Funding 1.9 million
Date Prepared June 1981

Project Title & Number Family Health Project (685-0217)

PAGE 3

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Outputs :</p> <ol style="list-style-type: none"> 1. Management : Family Planning Unit established : commodities ordered training system, and family planning reporting system defined. 2. Training : family planning clinical and non-clinical curricula developed, trained nurse-midwives, female nurses and midwives offering family planning services, and personnel trained in I.E. and C. family planning techniques. 3. Family Planning Services provided 	<p>Magnitude of Outputs</p> <ol style="list-style-type: none"> 1. A Family Planning Unit established and operating effectively in Dakar. 2. Incorporation of 2 basic curricula in professional schools of nursing, midwifery and social work, 50 nurse-midwives and female nurses and 30 auxiliaries trained, 50 social workers of PH trained. 3. 10 MCH centers, 34 maternities, 4 VD centers, 1 University dispensary and 1 ASBEF Model Clinic equipped and staffed and in operation. 	<p>Annual report and evaluation</p> <p>Annual report, supervision and evaluation</p> <p>Physical inspection</p>	<p>Assumptions for achieving Outputs :</p> <ol style="list-style-type: none"> 1. GOS provides personnel, operating support and facilities 2. Personnel available for training and capable of utilizing training effectively.

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Annexe A1

Life of Project ;
From FY 79 to FY 81
Total US Funding \$1.908 million
Date Prepared : June 1981

Project Title & Number Family Health Project (685-0217)

PAGE 4

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS						
Inputs :	Implementation Target (Type and Quantity) :		Assumptions providing inputs						
1. Technical Assistance 2 long-term technicians 8 person months of consultancy	<table border="0"> <tr> <td>USAID</td> <td>GOS</td> </tr> <tr> <td>\$330,000</td> <td></td> </tr> <tr> <td>\$120,000</td> <td></td> </tr> </table>	USAID	GOS	\$330,000		\$120,000		Implementation Reports	Inputs are provided as planned
USAID	GOS								
\$330,000									
\$120,000									
2. Training (in/out of country)	\$280,000	.	.						
3. Commodities equipment (vehicles, clinical equipment, medicine, audio-visual equipment and contraceptives)	\$534,000 \$ 98,000	.	.						
4. Renovation (48 centers of MOH, 20 centers of Promotion Humaine and 2 ASBEF clinics)	\$214,000	.	.						
5. Operating Expenses (vehicle maintenance, office expense, local personnel, local travel)	\$249,000 \$232,000	.	.						
6. Inflation/contingency	\$200,000	.	.						
(See detailed analysis of inputs in Financial Plan)									

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Annexe B1

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable generally to projects with FAA funds and project criteria applicable to individual fund sources: Development Assistance (with a subcategory for criteria applicable only to loans); and Economic Support Fund.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE?
HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PRODUCT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 79 App. Act Unnumbered; FAA Sec. 653 (b); Sec. 634A. (a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure)?

The Project was included in the FY79 and subsequent Congressional Presentations. If required, an advice of Program Change will be sent to Congress concerning the changes and increase in funding resulting from the PP amendment.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

Yes. This has been done

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

No further legislative action is required. The Senegalese National Assembly legalized contraception, on December 24, 1980.

4. FAA Sec. 611(b); FY 79 App. Act Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1973?

NA

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

Yes

6. FAA Sec. 209. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

The project will include collaboration with other donors on family planning matters. The present USAID project, designed to cover four regions of the country, will be complemented by the activities of the UNFPA project that will focus on the other four regions.

Annexe B2

A.

7. FAA Sec. 601(a). Information and conclusions whether project 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.

The objective of this project is to make medically sound and culturally acceptable family planning services available in Senegal. During subsequent phases of this project, it is anticipated that contraceptives will be distributed through private commercial channels.

8. FAA Sec. 601(b). Information and conclusion 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).

Procurement of goods and services from the U.S. is expected to total \$900,000 out of a total budget of \$1.9 million.

9. FAA Sec. 612(b); Sec. 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 to meet the cost of contractual and other services.

The local contribution will be made in the form of salaries for the personnel involved in the project, and the GOS facilities that will be placed at the disposition of the project personnel.

10. 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?

The US owns no excess CFA currency in Senegal

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

NO

12. FY 79 App. Act Sec. 608. 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?

Not applicable

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(b); 111; 113; 281a. 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, 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

The project will enable poor urban and rural Senegalese to avert unwanted births. Services will be provided through MCH centers, maternities and VD centers. In later phases of the family planning project in Senegal, services will be available to villagers within their own communities through village-based health systems which are directed by and benefit local populations.

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Annexe B3

B.1.a.

basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (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?

b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: (include only applicable paragraph which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.)

(1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers;

(2) [104] for population planning under sec. 104(b) or health under sec. 104(c); if so, 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 research.

(3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development;

(4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is:

(i) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations;

(ii) to help alleviate energy problems;

(iii) research into, and evaluation of, economic development processes and techniques;

(iv) reconstruction after natural or manmade disaster;

Not applicable. Project is funded from section I2I, Sahel Development Program. However, the project will provide free family planning counseling and services through MCH centers, maternities and VD centers. The project offers free services to poor women who are seeking effective means to control fertility. Nurse-midwives trained by the project will be the primary service provider. In time other health auxiliaries will be trained and motivated to reach women dwelling in the most remote rural areas of the country.

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Annexe B4

A.1.b.(4).

(v) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(vi) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

c. [107] Is appropriate effort placed on use of appropriate technology?

d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

e. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to the Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

f. FAA Sec. 201(b). Describe extent to which program 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 civil education and training in skills required for effective participation in governmental and political processes essential to self-government.

g. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase or productive capacities and self-sustaining economic growth?

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan, including reasonableness of repayment prospects.

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

This requirement does not apply to the Sahel Development Appropriation. Still, the Government of Senegal will contribute funds to the project in the form of salaries for project personnel (midwives, nurses, animateurs, etc.) and the use of facilities for training personnel and offering services/

Not applicable

(f) and (g) over

Not applicable

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Annexe B5

B.

3. Project Criteria Solely for Economic Support Fund

Not applicable

a. FAA Sec. 531(a). Will this assistance support promote economic or political stability? To the extent possible, does it reflect the policy directions of section 102?

b. FAA Sec. 533. Will assistance under this chapter be used for military, or paramilitary activities?

5C(3) - STANDARD ITEM CHECKLIST

Listed below are statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by imposing limits on certain uses of funds.

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

- 1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of goods and services financed? Yes
- 2. FAA Sec. 604(a). Will all commodity procurement financed be from the U.S. except as otherwise determined by the President or under delegation from him? Yes
- 3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will agreement require that marine insurance be placed in the United States on commodities financed? Senegal does not discriminate against US marine insurance companies
- 4. FAA Sec. 604(e). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? No offshore procurement of an agricultural commodity is foreseen.
- 5. FAA Sec. 608(a). Will U.S. Government excess personal property be utilized wherever practicable in lieu of the procurement of new items? Yes. USAID/Dakar Project Support Office will determine the procurement procedure
- 6. FAA Sec. 603. (a) Compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum 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 that such vessels are available at fair and reasonable rates. Yes. The project agreement will contain this requirement
- 7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished to the fullest extent practicable as goods and professional and other services from private enterprise on a contract basis? If the Technical assistance will be provided through institutional or personal service contracts.

A.7.

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

Yes.

8. International Air Transport. Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will provision be made that U.S.-flag carriers will be utilized to the extent such service is available?

Yes. This provision will be included.

9. FY 79 App. Act Sec. 105. Does the contract for procurement contain a provision authorizing the termination of such contract for the convenience of the United States?

B. Construction

Construction will not be financed by this project.

1. FAA Sec. 601(d). If a capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interest?

Not applicable

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

Not applicable

3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the United States not exceed \$100 million?

Not applicable

C. Other Restrictions

1. FAA Sec. 122 (e). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter?

Not applicable

2. 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?

Comptroller General will have audit rights.

3. FAA Sec. 620(h). Do arrangements preclude promoting or assisting the foreign aid projects or activities of Communist-bloc countries, contrary to the best interests of the United States?

Yes.

4. FAA Sec. 636(i). Is financing not permitted to be used, without waiver, for purchase, long-term lease, or exchange of motor vehicle manufactured outside the United States, or guaranty of such transaction?

Yes.

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Annexe B8

5. Will arrangements preclude use of financing:
- a. FAA Sec. 104(f). To pay for performance of abortions or to motivate or coerce persons to practice abortions, to pay for performance of involuntary sterilization, or to coerce or provide financial incentive to any person to undergo sterilization?
 - b. FAA Sec. 620(g). To compensate owners for expropriated nationalized property?
 - c. FAA Sec. 660. To finance police training or other law enforcement assistance, except for narcotics programs?
 - d. FAA Sec. 662. For CIA activities?
 - e. FY 79 App. Act Sec. 104. To pay pensions, etc., for military personnel?
 - f. FY 79 App. Act Sec. 106. To pay U.N. assessments?
 - g. FY 79 App. Act Sec. 107. To carry out provisions of FAA sections 209(d) and 251(h)? (Transfer of FAA funds to multilateral organizations for lending.)
 - h. FY 79 App. Act Sec. 112. To finance the export of nuclear equipment, fuel, or technology or to train foreign nations in nuclear fields?
 - i. FY 79 App. Act Sec. 601. To be used for publicity on propaganda purposes within United States not authorized by the Congress?

Items a. through i. below are precluded from support under this project.

SECRETARIAT D'ETAT
A LA PROMOTION HUMAINE

Dakar, le 30 JUIL 1981 1981

Handwritten initials: JSD

*Le Secrétaire d'Etat
à la Promotion Humaine*

A Monsieur David SHEAR
Directeur de l'USAID

DAKAR

JUL 31 1981

ACTION
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Monsieur le Directeur,

J'ai le plaisir d'accuser réception de votre lettre AID/RHO/81-290 en date du 1er juillet 1981, relative au projet de Santé familiale.

Aussi, je voudrais, d'une part, par la présente, confirmer mon accord sur le choix des régions qui devront abriter ledit projet dans sa phase initiale (Cap-Vert, Sine Saloum, Thiès et Casamance) et, d'autre part, de marquer quant à la définition et la répartition des fonctions entre le personnel de la Promotion Humaine et celui du Ministère de la Santé. Et ce, en application de la lettre d'instructions n° 967/PM/SP du 25 octobre 1979, de Monsieur le Premier Ministre qui confère au Secrétariat d'Etat à la Promotion humaine la responsabilité de la gestion de l'ensemble du projet.

S'agissant du degré d'assistance technique nécessaire à la mise en oeuvre du projet mes réserves sont dissipées dans la mesure où la limite de dix-huit mois constitue une échéance au terme de laquelle interviendra une évaluation de l'exécution du projet. Il sera, alors, possible, à ce moment, d'adopter une position réaliste dans le seul intérêt de celui-ci.

En ce qui concerne les consultants à court terme qu'il soit entendu qu'il ne devra pas être jeté d'exclusive sur les praticiens sénégalais qui sont susceptibles d'apporter une contribution appréciable au projet.

Action n° : _____

Action taken . Date . _____

Tel : _____ TOUJOURS _____

NAN . _____ Other : _____

.../...

Given file WTD/HR Attachments

Enfin s'agissant de la cellule de planning familial dont vous me faites tenir le profil dans un document annexe, le Ministère de la Santé et le Secrétariat d'Etat à la Promotion humaine soucieux de mettre sur pied une équipe homogène et dynamique détacheront le personnel prévu.

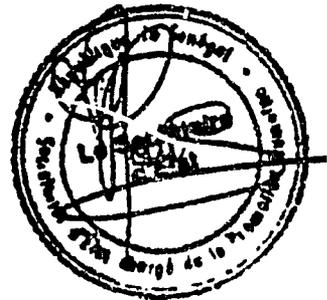
Dans ce sens, il est impératif d'ajouter à l'effectif proposé

- a) un responsable du Ministère de la Santé chargé de coordonner et de superviser l'ensemble du volet santé
- b) de transférer au Commis (G.S.) les fonctions de commande de matériel aux Etats-Unis, afin de rendre la gestion cohérente;
- c) de modifier le profil du Commis sénégalais (Assistance technique) en agent du Ministère de la santé, utile au projet.

Sous réserve de ces aménagements souhaitables, collectivement formulés par le Ministère de la Santé et le Secrétariat d'Etat à la Promotion humaine, je donne mon approbation définitive sur les propositions contenues dans votre lettre précitée en souhaitant que le projet de Santé familiale démarre dans les meilleurs délais.

A ce propos, je voudrais vous informer que, d'ores et déjà, c'est-à-dire, plus tôt que prévu, les locaux destinés à abriter le projet sont disponibles.

Je vous prie de croire, Monsieur le Directeur, à l'assurance de ma haute considération.



Mme Maimouna KANE

MISSION DIRECTOR'S 611 (e) CERTIFICATION

I. PROJECT DATA

- A. Country : Senegal
- B. Project : Family Health Planning (685-0217)
- C. Funding : \$ 1.9 million
- D. Life of Project : 18 months

II. JUSTIFICATION

During the last few years, Senegal's development has been slowed by decreasing yields, degradation of the environment, rising population, and other factors influencing both production and consumption. Taking note of the important impact of high population growth on economic development and on the health and well being of its population, the Government of Senegal has recently modified national population policy and has established an administrative structure to undertake family planning activities. The Government appears to have the resolve to carry out the new family planning effort, but requires external financing to support these efforts.

III. CERTIFICATION:

As the principal officer for the Agency for International Development in Senegal, I affirm that, in my judgement, Senegal has both the financial capability and human resources to effectively maintain and utilize the goods and services being provided by the Family Health Project (685-0217).

David Shear
Director
USAID/Senegal

David Shear

Signature

9/6/81
Date

ANNEX E

CATEGORICAL EXCLUSION FROM ENVIRONMENTAL PROCEDURES

Project Location : Senegal
Project Title : Family Health Project (685-0217)
Funding : \$ 1.9 Million

Project Description:

The project is the first phase of a long-range population program to make medically sound and culturally acceptable child-spacing services (family planning) available throughout Senegal. The project provides financing for (1) the establishment of a Family Planning Unit that will train GOS administrative personnel, and direct a Government Family Planning Program, (2) the development of family planning clinical and non-clinical curricula and the training of clinical and non-clinical personnel in family planning techniques, (3) the development and implementation of a clinical family planning service delivery system, and (4) the expansion of the clinical service, information, education and communication programs of the Association Sénégalaise pour le Bien-Etre Familial (A.S.B.E.F).

Class of Action:

The project is within the class of action of categorical exclusions under A.I.D. Environmental Procedures 216.2 (c) (2) (viii) for programs involving nutrition, health care or population and family planning services.

Determination: David Shear
Director, USAID/Senegal

Approved David Shear

Disapproved _____

Date 8/6/81

Concurrence:

Africa Bureau
Environmental Officer

Approved James S. Foster

Disapproved _____

Date 23 Nov 81

Clearance:
GC/AFR:LDeSoto

[Signature]

Annex F 1

Scope of Work for Technical Assistants

1. Objective. The objective is to provide technical assistance to the Family Planning Unit of the Government of Senegal. Technical assistance will be utilized to assist the Government in the development, implementation and evaluation of coherent national family planning program. Long and short-term technical assistance will be required;

2. Location. The long-term technical assistants will be based in Dakar and use office facilities provided by the Secretariat d'Etat à la Promotion Humaine to house the Family Planning Unit. The short-term consultants will also use the facilities of the Family Planning Unit when conducting the planning, training and evaluation exercises called for in the Project Paper Amendment.

3. Job Descriptions

a. Population Adviser/Project Coordinator. This long-term (18 months) assistant will work directly with the Project Administrator of The Family Planning Unit, and be responsible for coordinating the provision of resources noted in the project. This person will participate with other Mission and cooperating country staff in planning, designing, implementing and monitoring project activities. The Population Adviser/Project Coordinator will provide policy, management and technical advice on required family planning, education and information delivery system. When requested, this person will provide technical assistance to host country officials in coordinating and integrating in the national programs the efforts of international organizations and other organizations concerned with health, nutrition, population, family planning, maternal and child care.

The Population Adviser/Project Coordinator will be responsible for overseeing the provision of USAID centrally-funded population assistance to interested GOS agencies and private voluntary organizations (e.g. ASBEF) working in the field population/family planning in Senegal.

The Population Adviser/Project Coordinator will work with USAID/Dakar Mission staff to review other AID projects and strategies to determine their direct and indirect impact on fertility in Senegal.

Finally, this person will be team-leader for the other technical assistants provided under the project. The Project Coordinator will serve as administrative leader of the technical assistance team, provide liaison with GOS and USAID/Dakar, and assist the Government of Senegal in selecting project counterparts and trainers.

Qualifications. Necessary qualifications and experience are a graduate degree in public health, fluency in french, and extensive experience in the administrative and management of broad public health/family planning service programs at the national, state or large municipality level. Experience in the development, implementation and evaluation of family planning service programs in a third world country is also desirable.

b. Health Educator/Animateur

This technical assistant will work under the direction of the team leader and in close collaboration with the Senegalese counterpart responsible for the information, education and communication program pertaining to family planning.

This technical assistant will participate in the development of the curricula necessary to train personnel who will instruct Senegalese on the technique and importance of family planning. This person will also train personnel of Promotion Humaine (animateurs) through formal course-work and/or short term training sessions/workshops. Finally, this technical assistant will coordinate the development of motivational materials used to inform and motivate the general public.

Although the main duties of the health educator/animateur will be to train leaders in order to build up an institutional capacity to develop and organize the family planning program, this person will also participate in the general operation and administration of the overall program in order to have a keen perception of the needs, resources, obstacles, and to induce Senegalese to take the preventive and curative measures needed to insure smooth operation and continuous development.

Qualifications.

Necessary qualifications are a degree and experience in public health education/communication as applied to maternal and child health and family planning, fluency in French, and management and teaching experience. This person should also have experience in international service programs in public health/family planning.

c. Short-term consultants

Eight person-months of short-term consultants will be provided. Consultants will be required during the planning and evaluation phases of this 18-month project. The project will call upon persons with expertise in the planning and evaluation of management structures, logistics systems, clinical and non-clinical training programs, and service delivery programs. The consultants will have extensive experience in the management issues of national family planning programs in developing countries.

French language capability is desirable.

A specific scope of work for each consultant will be defined by the team leader and approved by the GOS and USAID.