

PD 881870

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AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add  
 C = Change  
 D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

Burkina Faso

3. PROJECT NUMBER

686-0260

4. BUREAU/OFFICE

AFRICA

06

5. PROJECT TITLE (maximum 40 characters)

Family Planning Support

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY  
06 30 89

7. ESTIMATED DATE OF OBLIGATION

(Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 86

B. Quarter 3

C. Final FY 89

8. COSTS (\$000 OR EQUIVALENT \$1 = 300 FCFA)

A. FUNDING SOURCE	FIRST FY 86			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	1,012	29	1,041	1,202	48	1,250
(Grant)	(1,012)	(29)	(1,041)	(1,202)	(48)	(1,250)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
2.						
Host Country		72	72		288	288
Other Donor(s)						
<b>TOTALS</b>	<b>1,012</b>	<b>101</b>	<b>1,113</b>	<b>1,202</b>	<b>336</b>	<b>1,538</b>

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) SH	442	460		-	-	1,041	-	1,250	-
(2)									
(3)									
(4)									
<b>TOTALS</b>				<b>-</b>	<b>-</b>	<b>1,041</b>	<b>-</b>	<b>1,250</b>	<b>-</b>

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

440 450

11. SECONDARY PURPOSE CODE

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

A. Code TNG  
B. Amount 225

13. PROJECT PURPOSE (maximum 480 characters)

The purpose of the project is to reinforce the institutional capability of Burkinabe family welfare and health structures to develop and execute improved programs for child spacing information and services.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY  
1 0 8 8

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000  941  Local  Other (Specify)

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

17. APPROVED BY	Signature Herbert N. Miller	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY 05 15 86
	Title Director, USAID/Burkina	

ACTION MEMORANDUM FOR THE DIRECTOR

FROM: <sup>LR</sup> Leslie B. Curtin, Health and Population  
Development Officer/OHR

SUBJECT: Project Authorization  
Family Planning Support Project (686-0260)

**Problem:** Your approval is requested for a grant of \$1,250,000 from Section 121 of the Foreign Assistance Act (Sahel Development Program Appropriation) to the Government of Burkina (GOB) for the Family Planning Support Project (686-0260). Under Africa Bureau Delegation of Authority 140, you may authorize this project for \$1,250,000, of which \$1,041,000 will be obligated in FY 1986, and \$209,000 will be obligated in FY 1987.

**Background:** Although the GOB has not yet articulated a formal population policy, the creation of a National Population Council and the goals stated in the Five Year Health Plan, 1986-1990 signal the readiness of the GOB to integrate family planning services into the national maternal and child health program. In responding to needs expressed by the GOB toward this effort, USAID/Burkina conducted a population needs assessment in October 1983 and developed a Mission Population Strategy Statement. In April 1984, AID/W approved a Project Identification Document for a \$4.4 million bilateral population planning project, and a Project Paper design team came to Burkina in October 1984. Due to budgetary constraints prevailing in late 1984 as a result of strained political relations between the U.S. Government and the GOB, the project design effort was interrupted.

Design work resumed in late 1985. At that time the Mission was expecting \$1.9 million in its FY 1986 bilateral Operating Year Budget, as well as an initial projection of \$5 million in bilateral funds for FY 1987. As a result of the Gramm-Rudman exercise, the Mission was notified in January 1986 that its bilateral budget for FY's 1986 and 1987 was reduced to \$1 million for each year. As a result, the scope of the project was reduced from that elaborated in the PID. Changes in the responsibilities of ministries involved in family planning also necessitated changes in the structure and beneficiaries of the project. The present project focuses on two of the four program components elaborated in the PID: 1) training of health and family welfare professionals, and 2) information, education, and communication (IEC) activities. The population policy development component and the family planning service delivery component, formerly included in the PID, are no longer part of this project. These activities will be undertaken over the next three years using available centrally-funded resources in order to complete the USAID population strategy in Burkina.

The present project is the result of fruitful discussions held between USAID, the Ministry of Public Health (MOPH), and the Ministry of Family Welfare (MOFW) over the past three years. This project responds to priority assistance needed to successfully integrate child spacing information and services into the national maternal and child health delivery system.

Discussion: The purpose of this three-year project is to reinforce the institutional capability of Burkinabe family welfare and health structures to develop and execute improved programs for child spacing information and services. This project is perceived as a Phase I effort to assist the GOB in developing a strong public sector foundation from which to expand, nationwide, an integrated maternal and child health/family planning (MCH/FP) information and service program. The project is directed toward the immediate development of various levels of leadership within the MOPH and MOFW, the two primary GOB agencies mandated to provide and coordinate integrated MCH/FP services. Armed by theoretical and practical on-the-job training as well as extensive experience, MOPH and MOFW personnel are expected to be in a better position to plan, conduct, and evaluate child spacing program activities.

More importantly, the project will assist the MOPH and MOFW in putting into place improved program strategies and management systems (e.g., training systems, management and logistic systems, and communication/education approaches) which will be essential to future program success. It is expected that the experience gained during this initial period will establish a strong base from which future activities can be generated.

Primary activities are to be implemented through a funding arrangement between the appropriate ministry and two highly qualified U.S. Cooperating Agencies who have Cooperative Agreements with ST/POP. Specifically, Johns Hopkins University, through a USAID/Burkina "buy-in" with the Population Communication Services (PCS) Project (936-3004), will work with the MOFW to develop and execute an innovative IEC plan of action. The University of North Carolina's Program for International Training in Health (INTRAH), through a USAID/Burkina "buy-in" with the Family Planning Training for Paramedical Auxiliary and Community (PAC) Personnel II Project (936-3031), will work with the MOPH to plan and implement a full range of technical training activities.

The life-of-project funding will be \$1,250,000, of which \$1,041,000 is planned for obligation in FY 1986. The following table illustrates the financial inputs:

Life-of-Project AID Funding by Inputs (\$000's)

<u>Inputs</u>	<u>LOP Funding</u>
Technical Assistance	\$ 500
Training	380
Information/Education	200
Commodities/Supplies	80
Evaluations	30
Contingency	60
	<u>\$1,250</u>

The GOB plans to contribute \$288,000 or 19 per cent of a total project cost of \$1,538,000. The GOB contribution will cover salaries and health facilities.

The Mission Committee met on March 6, 1986 and concluded from the analyses of the Project Paper that:

- (1) the project approach is technically and economically sound, socially acceptable and administratively feasible;
- (2) the technical design and cost estimates are reasonable and adequately planned, thereby satisfying the requirements of Section 611 (a) of the Foreign Assistance Act, as amended;
- (3) the timing and funding of the project activities are appropriately scheduled and the implementation plan is realistic, and established a reasonable timeframe for carrying out the project; and
- (4) sufficient planning has been made for the monitoring and evaluation of project progress.

An Initial Environmental Examination (IEE) was completed at the PID stage with the recommendation for a Categorical Exclusion. The Africa Bureau Environmental Officer concurred in the PID approval cable which is included in Annex I.

The authorized source of commodities will be countries designated within Geographic Code 941 and the host country except for a small amount (approximately \$8,000) for available shelf items. No waivers will be required.

The Project Agreement will contain a Condition Precedent requesting the name of the person designated by the Ministry of Public Health and the name of the person designated by the Ministry of Family Welfare to serve as Project Directors. An additional Condition requests the name of the model maternal and child health clinic to be renovated and the assignment of personnel to augment the clinic's existing staff.

Recommendation: That you sign the attached Project Authorization thereby approving life-of-project financing of \$1,250,000.

Attachments:

- 1) Project Authorization
- 2) Project Paper

Clearances:

REDSO/WCA: Population Officer, J. Holfeld JMH Date: 3/16/86  
Project Development Officer, E. Rauch ER Date: 3/19/86  
Legal Advisor, W. Mitchell WJM, Date: 3/21/86  
Commodity Management Officer, T. Stephens TS Date: 3/19/86

USAID/Burkina: OHR, J. Ford JF Date: 4/1/86

OPR, W. Saulters WS Date: 4/1/86

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**PROJECT AUTHORIZATION**

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Name of Country : Burkina Faso  
Name of Project : Family Planning Support  
Number of Project: 686-0260

1. Pursuant to Section 121 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Family Planning Support Project for Burkina Faso, involving planned obligations not to exceed \$1,250,000 in grant funds over a three year period from the date of authorization, subject to the availability of funds in accordance with the AID Operating Year Budget/Allotment Process, to help finance foreign exchange and local currency costs for the Project.

2. The purpose of the project is to reinforce the institutional capability of Burkinabe family welfare and health agencies to develop and execute improved programs for child spacing information and services. This project is designed to lay the groundwork for an expanded family planning program in Burkina.

The proposed training and information/education activities are the human resource investments needed in advance of any major service delivery effort. Through this project, AID will finance technical assistance, training, information/education, minor renovation and commodities.

3. The Project Agreement which may be negotiated and executed by the officer to whom such authority is delegated, in accordance with AID regulations and Delegations of Authority, shall be subject to the following essential terms, covenants, and major conditions, together with such other terms and conditions as AID may deem appropriate:

a. Source and Origin of Goods and Services

Goods and services, except for ocean shipping, financed by AID under the project, shall have their source and origin in Burkina or within AID Geographical Code 941, except as AID may otherwise agree in writing.

Ocean shipping financed by AID under the project shall, except as AID may otherwise agree in writing, be financed only on flag vessels of the United States.

b. Conditions Precedent

Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Government will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

1. A statement of the name of the person holding or acting in the offices of the Government specified in Section 8.2. Representatives, and of any additional representatives, together with a specimen signature of each person specified in such statement;

5

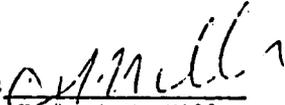
2. A statement of the name of the person from the Ministry of Health and the name of the person from the Ministry of Family Welfare who have been designated Project Directors for their respective ministries' activities as described in Annex I of the Project Agreement. These individuals will work with two U.S. cooperating agencies, International Training Program in Health (INTRAH) of the University of North Carolina, and Population Communication Services (PCS) of the Johns Hopkins University, respectively.

3. Prior to the disbursement of funds for project activities related to the model Maternal Child Health/Family Planning Center, the Government of Burkina shall furnish to AID the name of the center selected to serve as the model MCH center and training facility as well as the names of the obstetrics/gynecology physician, laboratory technician and laboratory nurse assigned by the Ministry of Health to augment the center's existing staff.

c. Covenants

1. The implementing Government of Burkina agencies and AID agree to conduct at least one external formal evaluation prior to the end of the project. The evaluation will evaluate progress toward attainment of the objectives of the project; identify and evaluate problem areas and constraints which inhibited attainment of the specified objectives; assess how such information may be used to resolve such problems and constraints in a possible Phase II; and evaluate the overall impact of the project.

2. The Government of Burkina agrees to permit selected staff to participate fully in training activities funded under the project and upon completion of that training, to be assigned to tasks appropriate to that training.

Signature:   
Name: Herbert N. Miller  
Title: Director, USAID/Burkina

Date: 5/30/86

Drafter: LCurtin   
Clearances: OHR: JFord   
OFM: JTuleja   
OPR: DMackenzie 

FAMILY PLANNING SUPPORT  
(686-0260)

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**ANNEX I. STANDARD ATTACHMENTS**

- A. Logical Framework Matrix
- B. PID Guidance Cable
- C. Project Checklist

**ANNEX II: PROJECT DEVELOPMENT ATTACHMENT:**

- A. Government of Burkina Requests for Assistance
  - Exhibit 1: MOPH Request for Contraceptive Supply
  - Exhibit 2: MOPH Request for Clinic Equipment and Supply
  - Exhibit 3: MOPH Request for Training Materials
  - Exhibit 4: MOPW Request for IEC Support

**B. Administrative and Organizational Structure and Policies**

- Exhibit 1: Summary of Burkina Institutions Involved in Family Planning
- Exhibit 2: Ministry of Public Health and Ministry of Family Welfare Organigrams
- Exhibit 3: Theoretical Health Structures in Burkina
- Exhibit 4: National Health Policy
- Exhibit 5: Mandate for Directorate for Maternal and Child Health
- Exhibit 6: Existing Health Structure and Personnel
- Exhibit 7: Plan of Action for Family Planning in Burkina
- Exhibit 8: Summary Work Plan of Family Planning Activities

**C. Other Donor Activities**

- Exhibit 1: International Donor Activities
- Exhibit 2: AID Centrally-funded Activities

**D. Curricula Guidelines**

- Exhibit 1: Pre-service Curriculum for Registered Nurses and Midwives
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**E. Illustrative Specifications and Budgets for Procurement**

- Exhibit 1: U.S. Purchase of Equipment for MCH/FP Clinic
- Exhibit 2: U.S. Purchase of Expendable Supplies for MCH/FP Clinic
- Exhibit 3: Local Purchase of Equipment for MCH/FP Clinic
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- Exhibit 5: U.S. Purchase of IEC Materials
- Exhibit 6: U.S. Purchase of Training Resource Materials

**F. Estimated Contraceptive Use in Burkina**

- Exhibit 1: Estimated Contraceptive Use in Burkina
- Exhibit 2: Notes on Contraceptive Use Projections

**G. Personal Services Contractor**

- Exhibit 1: Scope of Work
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**H. Cost Analysis of Family Planning Services**

- Exhibit 1: Births Averted This Budget Year**
- Exhibit 2: Total Product and Service Costs  
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- Exhibit 6: Total Other Costs This Budget Year**
- Exhibit 7: Total Cost per Birth Averted**
- Exhibit 8: Earnings from Contraceptive Sales**

LIST OF ACRONYMS

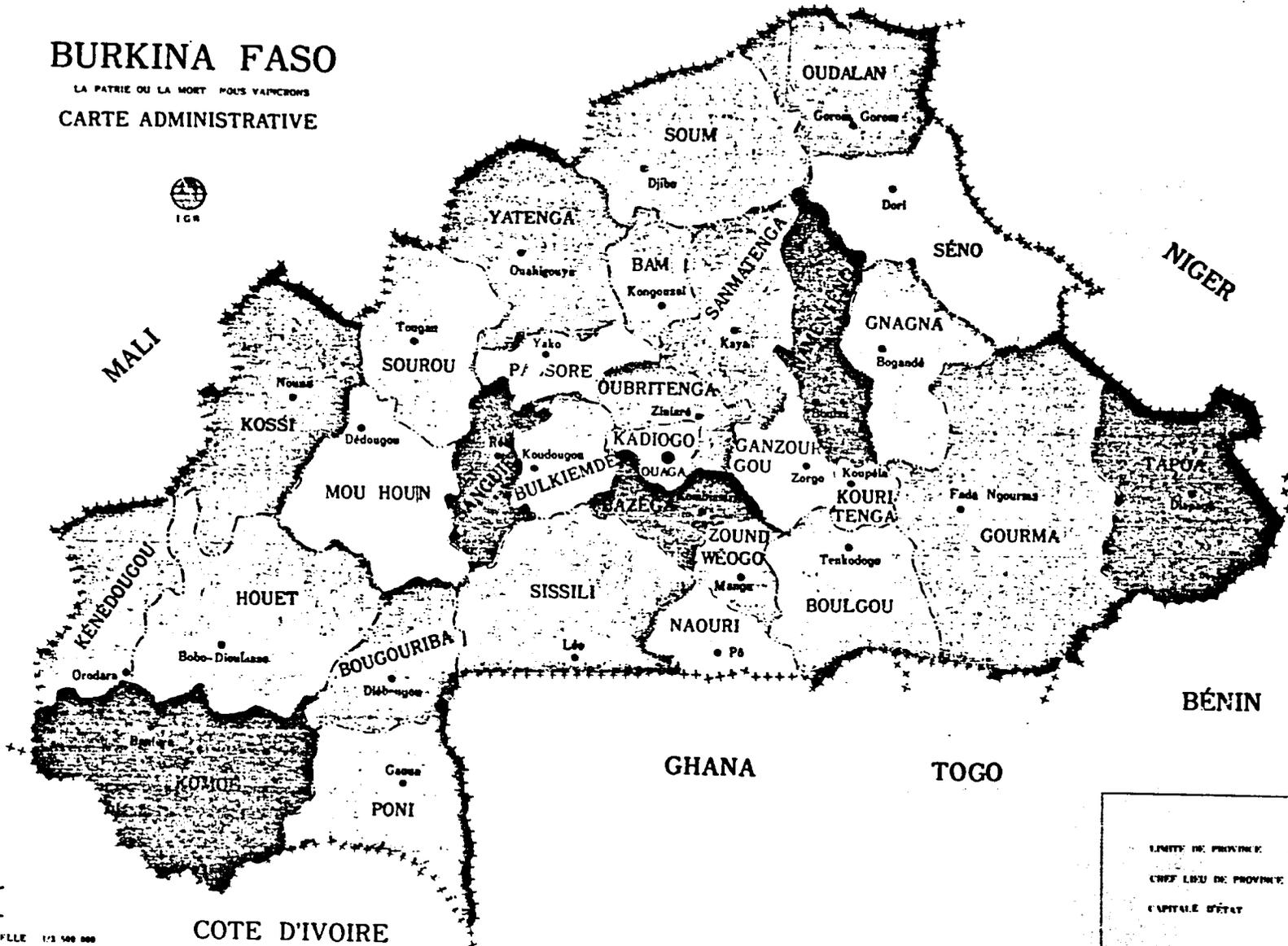
ABBEF	Association for the Well-Being of the Family/ Association Burkinabe pour le Bien-etre Familial
ABSF	Burkina Midwives Association/Association Burkinabe des Sage-femmes
AFR	Africa Bureau (A.I.D.)
AID/W	Agency for International Development/Washington
AVSC	Association for Voluntary Surgical Contraception
BUCEN	U.S. Bureau of the Census
CDR	Committee for the Defense of the Revolution
CEDPA	Center for Development and Population Activities
CM	Centre Medical
CSPS	Centre de Sante et de Promotion Sociale
DA	Development Assistance
DEPSS	Directorate of Studies, Planning and Health Statistics/Direction des Etudes, de la Planification, et de la Statistique Sanitaire
DPF	Directorate of Family Planning/Direction de la Planification Familiale
DSME	Directorate of Maternal and Child Health/Direction de la Sante de la Mere et de l'Enfant
FPIA	Family Planning International Assistance
FSI	Foreign Service Institute
FY	Fiscal Year
GOB	Government of Burkina
GOBI-PPF	<u>G</u> rowth Monitoring, <u>O</u> ral Rehydration, <u>B</u> reast-Feeding, <u>I</u> mmunization, <u>F</u> ood Supplementation, <u>F</u> amily Planning, <u>F</u> emale Education
GDP	Gross Domestic Product
HSPC	Health and Social Promotion Center
IBRD	International Bank for Reconstruction and Development/World Bank
IEC	Information, Education, Communication
IFPLP	International Federation for Family Life Promotion
IMPACT	Innovative Materials for Population Action
IMR	Infant Mortality Rate
INAPA	National Institute for Literacy and Training of Adults/Institut National de l'Alphabetisation et de Formation des Adultes
INSD	National Institute of Statistics and Demography/ Institut National de la Statistique et de la Demographie
INTRAH	International Training in Health Program, University of North Carolina
IPPF	International Planned Parenthood Federation
IQC	Indefinite Quantity Contract
ISTI	International Science and Technology Institute, Inc.
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics (Contraceptive) Knowledge, Attitude, and Practice
KAP	Less Developed Country
LDC	Medical Center
MC	Maternal and Child Health/Family Planning
MCH/FP	Ministry of Family Welfare and National Solidarity/ Ministere de l'Essor Familial et de la Solidarite Nationale
MOPW	

MONE	Ministry of National Education/Ministere de l'Education Nationale
MOIC	Ministry of Information and Culture/Ministere de l'Information et de la Culture
MOPPD	Ministry of Planning and Popular Development/Ministere de la Planification et du Developpement Populaire
MOPH	Ministry of Public Health/Ministere de la Sante Publique
NFP	Natural Family Planning
NPC	National Population Council
NSPH	National School of Public Health
OYB	Operating Year Budget
PCS	Johns Hopkins University Population Communication Services
PID	Project Identification Document
PSA	Procurement Services Agent
PSC	Personal Services Contractor
PSP	Primary Health Post/Poste de Sante Primaire
RAPID	Resources for Awareness of Population Impact on Development Project
SDSS	Sahel Development Strategy Statement
SPI	Sahel Population Initiatives Project
SRFMP	Sahel Regional Financial Management Project
STD	Sexually Transmitted Disease
S&T/POP	Bureau of Science and Technology, Office of Population
UNFPA	United Nations Fund for Population Activities
USAID	U.S. Agency for International Development/Burkina
UNICEF	United Nations Children's Fund

# BURKINA FASO

LA PATRIE OU LA MORT POUR VAINCRE

## CARTE ADMINISTRATIVE



ECHELLE 1/3 500 000

COTE D'IVOIRE

LIMITES DE PROVINCES	---
CHEF LIEU DE PROVINCE	•
CAPITALE D'ÉTAT	●

DE TONKIN 1964

## BASIC POPULATION AND HEALTH INDICATORS

Area .....	274,122 sq km (8)
Resident population (1985 preliminary).....	7,919,895 (6)
Resident population (1975).....	5,638,203 (5) *
Percent urban (1983).....	11% (2)
Percent under 15.....	45% (1)
Percent over 64.....	3% (1)
Total fertility rate.....	6.5 live births per women (3)
Rate of natural increase.....	2.6% (1)
Population doubling time.....	27 years (1)
Crude birth rate.....	48 per 1000 pop. (1)
Crude death rate.....	22 per 1000 population (1)
Life expectancy at birth (rural area).....	33 years (4)
Life expectancy at birth (urban area).....	45 years (4)
Maternal mortality rate	
for unassisted delivery (80%).....	6 per 1000 live births (4)
Infant mortality rate.....	180 per 1000 live births (4)
Proportion of children dying before	
age 5.....	30% (5)
Population per physician (1984).....	38,382 (4)
Population per registered nurse (1984).....	10,724 (4)
Population per midwife (1984).....	28,661 (4)
Population per hospital bed (1984).....	1,104 (3)
Percent of population with access	
to safe water.....	25% (5)
Average daily per capita calorie supply.....	79% of required standard (2)
Average daily per capita protein consumption.....	56 grams(100% of standard)(10)
Average daily per capita animal protein	
consumption.....	4 grams (as of late 1970s) (5)
Average daily per capita fat consumption.....	17 grams (34% of standard)(10)
Male literacy rate (1984).....	11.4% (8)
Female literacy rate (1984).....	3.6% (8)
Percent enrollment in primary	
school (1984).....	20.4 (3)
GNP per capita (1983).....	US\$180 (9)
Government and other Donors per capita	
expenditures in health (1981).....	US\$9.00 (7)
GOB expenditures in health as percentage of	
national budget (1981).....	6.6% (7)
Exchange rate (early 1986).....	US\$1 = 300 F CFA

\* There is evidence of an undercount in the 1975 census

### SOURCES :

- (1) 1985 World Population Data Sheet, Population Reference Bureau, Inc. 1985
- (2) World Development Report, World Bank 1985
- (3) Annuaire Statistique du Burkina Faso - INSD, Ministry of planning, Dec. 1985
- (4) Five Year Health Plan, 1986-1990, Ministry of Health, July 1985.
- (5) Upper Volta Health and Nutrition Sector Review, World Bank, November 1982
- (6) Preliminary 1985 census figure, Ministry of Planning, 1986
- (7) Directorate of Planning and Health Statistics
- (8) National Institute for Statistics and Demography, Ministry of Planning
- (9) Report and recommendation for a Health Services Development project in Burkina Faso, World Bank, May 1985
- (10) Enquete anthropometrique et de consommation alimentaire dans l'ORD de l'Est Fada N'Gourma, 1981, Ministry of Rural Development

## EXECUTIVE SUMMARY

Although the GOB has not yet articulated a formal population policy, the creation of a National Population Council and the goals stated in the Five Year Health Plan, 1986-1990 signal the readiness of the GOB to integrate family planning services into the national maternal and child health program. In responding to needs expressed by the GOB toward this effort, USAID/Burkina conducted a population needs assessment in October 1983 and developed a Mission Population Strategy Statement. In April 1984, AID/W approved a Project Identification Document for a \$4.4 million bilateral population planning project, and a Project Paper design team came to Burkina in October 1984. Due to budgetary constraints prevailing in late 1984 as a result of strained political relations between the U.S. Government and the GOB, the project design effort was interrupted.

Design work resumed in late 1985. At that time the Mission was expecting \$1.9 million in its FY 1986 bilateral Operating Year Budget, as well as an initial projection of \$5 million in bilateral funds for FY 1987. As a result of the Gramm-Rudman exercise, the Mission was notified in January 1986 that its bilateral budget for FY's 1986 and 1987 was reduced to \$1 million for each year. As a result, the scope of the project was reduced from that elaborated in the PID. Changes in the responsibilities of ministries involved in family planning also necessitated changes in the structure and beneficiaries of the project.

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The purpose of this three-year project is to reinforce the institutional capability of Burkinabe family welfare and health structures to develop and execute improved programs for child spacing information and services. This project is a Phase I effort to assist the GOB in developing a strong public sector foundation from which to expand, nationwide, an integrated maternal and child health/family planning (MCH/FP) information and service program. The project is directed toward the immediate development of various levels of leadership within the MOPH and MOFW, two primary GOB agencies mandated to provide and coordinate integrated MCH/FP services. Armed by theoretical and practical on-the-job training as well as extensive experience, MOPH and MOFW personnel are expected to be in a better position to plan, conduct, and evaluate child spacing program activities.

More importantly, the project should assist the MOPH and MOFW in putting into place improved program strategies and management systems (e.g., training systems, management and logistic systems, and communication/education approaches) which will be essential to future program success. It is expected that the experience gained during this initial period will establish a strong base from which future activities can be generated.

Given the limited financial resources available under this project, it focuses primarily on two program components: 1) training of health and family welfare professionals, and 2) information, education, and communication (IEC) activities.

In collaboration with the University of North Carolina Program for International Training in Health, the MOPH will:

- . conduct a needs assessment to determine institutional training needs and to develop a plan of action for meeting those needs.
- . develop a pre-service expanded family planning unit to be integrated into the overall curriculum of the National Schools of Public Health in Ouagadougou and Bobo-Dioulasso.
- . organize and develop a national training team of at least 10 experts (five from MOPH, five from MOPW) who will serve as the trainers for various pre-service/in-service training.
- . implement a series of 2-4 week theoretical and practical courses for physicians, nurses, and midwives to develop clinical and management skills for the service delivery staff in 40 project sites in 14 provinces. Over the three project years, it is expected that 175 clinical staff will be trained in 6-10 training courses.

Complementary to these training activities conducted in collaboration with INTRAH, USAID will provide support for out-of-country clinical/management training for at least 4 participants per year; and will supply necessary audio/visual, training resources, and teaching materials to support various training activities.

In collaboration with the Johns Hopkins University, Population Communication Services, the MOPW will:

- . conduct an assessment of IEC needs and develop an IEC plan of action.
- . develop and/or reproduce IEC materials to support clinic-based and community education activities. Materials to be developed include the following:
  - teaching aid(s) for service providers to explain the various family planning methods;
  - logo sign to designate service sites;
  - logo decals for publicity purposes;
  - posters with various responsible parenthood/child-spacing themes;

The life-of-project funding will be \$1,250,000 of which \$1,041,000 will be obligated in FY 86. The following table illustrates the financial inputs:

Life-of-Project AID Funding by Inputs (\$000's)

<u>Inputs</u>	<u>LOP Funding</u>
Technical Assistance	\$ 500
Training	380
Information/Education	200
Commodities/Supplies	80
Evaluations	30
Contingency	60
	<u>\$1,250</u>

The GOB plans to contribute \$288,000 or 19 percent of a total project cost of \$1,538,000. The GOB contribution will cover salaries and health facilities.

An Initial Environmental Examination (IEE) was completed at the PID stage with the recommendation for a Categorical Exclusion. The Africa Bureau Environmental Officer concurred. The PID approval cable is in Annex I.

The authorized source of commodities will be countries designated within Geographic Code 941 and the host country except for a small amount (approximately \$8,000) for available shelf items. No waivers will be required.

The Project Agreement will contain a Condition Precedent requesting the name of the person designated by the Ministry of Public Health and the name of the person designated by the Ministry of Family Welfare to serve as Project Directors. An additional Condition requests the name of the model maternal and child health clinic to be renovated and the assignment of personnel to augment the clinic's existing staff.

Project Paper design team:  
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## PART I -- PROJECT RATIONALE

### A. Statement of Problem

A brief glance at the Basic Population and Health Indicators sheet presented at the beginning of this document reveals the pervasiveness of development problems facing Burkina Faso. The population endures one of the earth's more inhospitable environments, with an unfavorable climate, poor soil, and scarce water resources. Two straight years of low and erratic rainfall have led to food production shortages. Less than one person in ten can read and write. Primary school enrollment, an indicator of future human resource development and potential, at one in five is the lowest in the world for countries over 1 million persons. Burkina's health and nutrition indicators are equally disturbing: only one physician is available for over 38,000 persons; 18 percent of infants die before their first birthday; and the average per capita calorie supply is only 79 percent of the international standard. These problems are exacerbated by rapid population growth which is putting substantial pressures on the existing health, education, and economic infrastructure. With a total fertility rate of 6.5 live births per woman and a 2.6 percent annual rate of natural increase, the population would double in 27 years. Rapid population growth is slowing the development process by increasing the investments needed to simply maintain the current low standards of health care, education, and food availability per capita.

Like most governments in the region, the Government of Burkina (GOB) has historically viewed a large population as a positive resource and considered demographic problems only in terms of migration, particularly in-migration to the densely populated central plateau, and emigration to neighboring Ivory Coast. There has been a growing realization on the part of the GOB, however, that fertility and population trends represent important factors in health and development. Repeated pregnancies, without a sufficient duration of spacing, have a substantial negative effect on the health of women and infants. Short spacing between births contributes to the poor nutritional status of mothers and children, and results in very high infant and maternal mortality rates. In Burkina, as in other developing countries, children younger than age 15 and women in their childbearing years make up two-thirds of the population, so the health of women and children is an important part of national health.

The political will to improve maternal and child health has been reflected in various political speeches made by President Thomas Sankara. In 1983, a National Population Council (NPC) was created within the Ministry of Planning and Popular Development (MOPPD) to develop a national population policy which responds to the health, social and economic ramifications of rapid population growth and large migratory movements. Although the NPC has not yet become fully operational, its creation signals the readiness of the GOB to undertake population/family planning activities suited to the Burkinabe context. More recently, the

GOB has approved a Five Year National Health Plan in which family planning will be integrated into the Ministry of Public Health's (MOPH) maternal and child health activities in an effort to reduce maternal and child mortality by half by the year 1990. In addition, in 1984, the Ministry of Family Welfare and National Solidarity (MOPFW) was mandated to coordinate all family planning activities in Burkina and to sensitize the population regarding the benefits of child spacing for family well-being. A Directorate of Family Planning has been created for this purpose.

The MOPH's Directorate of Maternal and Child Health/Family Planning (DSME) began delivering family planning services in urban maternal and child health/family planning (MCH/FP) clinics in February 1985. Obstacles to the successful implementation and expansion of the GOB's family planning program include:

- a weak health and social service delivery infrastructure;
- a lack of trained personnel at both the planning and service delivery level;
- a lack of equipment, materials, and supplies; and
- a lack of knowledge by the majority of Burkinabe residents concerning the availability of modern contraceptive methods.

B. Relationship to GOB MCH/FP Sector Strategy

Limited GOB financial resources hinder the most basic maintenance of the current health service delivery structure, so strategies to integrate and expand family planning services have to be based on optimal utilization of existing resources. Following USAID/Burkina's extensive discussions with various ministries concerned with population and family planning to determine ways of assisting the GOB to enlarge the scope of MCH/FP activities, it was determined that priority activities at this time include:

- strengthening the central and regional planning, management, and implementation capacities in MCH/FP within the MOPH;
- enlarging the cadre of personnel trained in MCH/FP techniques and delivery; and
- and expanding information, education and communication (IEC) activities in population and family health.

This three-year project is envisaged as a Phase I activity on which to build future extended service delivery systems. It proposes to address central issues of management, planning and training, as well as information and education. Activities have been designed so as to strengthen and complement other MCH/FP activities being undertaken in Burkina at this time.

### C. Relationship to Other MCH/FP Projects in Burkina

For the past several years, USAID has drawn heavily on resources available from AID Office of Population (S&T/POP) to respond to the GOB's expressed priorities in MCH/FP. Several organizations who have contracts or subagreements with ST/POP have signed agreements with MOPH and MOFW: Family Planning International Assistance, Columbia University, Johns Hopkins University, Association for Voluntary Surgical Contraception, and International Federation for Family Life Promotion. The projects being undertaken by these organizations are described in Annex II. The United Nations Fund for Population Activities (UNFPA) is the other major donor in this sector, and has recently completed a Phase I MCH/FP services project, also described in Annex II. These projects have tested various service delivery and IEC strategies, have gathered baseline data on contraceptive attitudes, and have provided training to service providers.

Experience gained has proven that both MOPH and MOFW are eager to continue the momentum that has been initiated to improve the quality of family planning services and information available to Burkinabe men and women. The proposed project has been developed jointly with GOB officials, with UNFPA, and with other AID-financed donors in order to address priority needs that are unsupported elsewhere.

Over the next several years it is anticipated that USAID/Burkina will continue to draw on resources available from ST/POP in the areas of population policy development, operations research, and service delivery. These complementary activities, which may not be supported under the bilateral project, will ensure a complete population/family planning portfolio in Burkina.

### D. Relationship to AID Policy and Strategy

The AID Policy Paper on Population Assistance of September, 1982 clearly states AID policy objectives as follows: "Family Planning programs are essential elements of the U.S. development assistance strategy, and the administration has reaffirmed a 20-year U.S. commitment to voluntary family planning efforts. The objective of the AID population assistance program is twofold: (1) to enhance the freedom of individuals in lesser developed countries to choose voluntarily the number and spacing of their children; and (2) to encourage population growth consistent with the growth of economic resources and productivity."

The June 1985 Strategic Plan of AID: Blueprint for Development reaffirms that "AID's objective is to respond to the desires of couples to have the knowledge and ability to make informed decisions about the timing and spacing of their children...These decisions affect many aspects of family welfare, not the least of which is the health of the mother and children...AID seeks to increase access to safe, effective and inexpensive means of voluntary family planning in all countries and the initiation of family planning programs in countries presently lacking them."

In a speech to the American Enterprise Institute in November, 1985, the AID Administrator is quoted as follows: "I want to reiterate the important impact which voluntary family planning services have upon

developing countries. For the family, the ability to determine freely and responsibly the number and spacing of one's own children is basic. For a mother, the ability to space or limit her pregnancies may mean the difference between illness and health, between life and death. For children to be reasonably spaced may mean the chance of adequate nutrition or even the chance to survive at all. For the family, fewer, well spaced pregnancies may mean the chance for educational opportunities for all children. For parents, it may mean control over their own decisions. It may also mean the avoidance of the tragic abortion which is often the last resort of desperate parents. For a father and mother coping with poverty and the disintegration of traditional support systems, it may mean a lessening of strains on the family structure. For these reasons alone, international family planning programs should be supported. Finally, we believe that experiences in Asia and Africa have something to say about family planning and economic growth. Accordingly we see family planning and economic policies as mutually supportive components of economic growth."

The above statements are only a few representative examples of U.S. continued commitment to child spacing programs. Unquestionably, support of family planning programs is a priority for the Agency. The activities proposed under this project fit well within the overall directives and policy guidelines of the Agency.

In addition, the project purpose is entirely consistent with the April, 1984 Sahel Development Strategy Statement (SDSS) with respect to the timeliness and appropriateness of launching initiatives to impact on population growth. The SDSS specifically encourages the strengthening of public and private institutions to more effectively implement population policies and programs. Specific activities recommended in the SDSS are as follows:

- family planning training for service personnel;
- establishment of family planning clinics;
- improvements in management of family planning commodities;
- educational programs aimed at health/social worker and patient consultations; and
- establishment of functional record-keeping and follow-up systems.

Each of these activities has been addressed in the design of this project.

## PART II -- PROJECT DESCRIPTION

### A. Project Goal

The goal of this project is to increase the availability of child spacing information and services in an effort to improve the well-being of Burkinabe families.

### B. Project Purpose

The purpose of this project is to reinforce the institutional capability of Burkinabe family welfare and health structures to develop and execute improved programs for child spacing information and services.

### C. Project Strategy

The strategy of the project design is as follows:

#### 1. Institutional Development of Existing GOB Agencies

This three-year project is perceived as a Phase I effort to assist the GOB in developing a strong public sector foundation from which to expand, nationwide, an integrated MCH/FP information and service program. The project is directed toward the immediate development of various levels of leadership within the MOPH and MOFW, two primary GOB agencies mandated to provide and coordinate integrated MCH/FP services. Armed by theoretical and practical on-the-job training as well as extensive experience, MOPH and MOFW personnel are expected to be in a better position to plan, conduct, and evaluate child spacing program activities. More importantly, the project should assist the MOPH and MOFW in putting into place improved program strategies and management systems (e.g., training systems, management and logistic systems, and communication/education approaches) which will be essential to future program success. It is expected that the experience gained during this initial period will establish a strong base from which future activities can be generated.

#### 2. Focused Project Activities

Given the limited financial resources available under this project, it focuses primarily on two program components: 1) training and 2) information, education, and communication (IEC). Primary activities are to be implemented through a funding arrangement between the appropriate ministry and a highly qualified US cooperating agency. Specifically, Johns Hopkins University Population Communication Services (PCS) will work with the MOFW to develop and execute an innovative IEC plan of action. The University of North Carolina Program for International Training in Health (INTRAH) will work with the MOPH to plan and implement a full range of technical training activities.

#### 3. Strategy Development

The project is designed to be the first of a phased series of activities. This initial phase will seek to test and refine the service

support components--training, management systems, commodity support--necessary to expand clinic-based services. In addition, the project will test community education and alternative outreach/referral strategies. It is anticipated that in a follow-on Phase II project the activities and approaches developed and tested during Phase I will be incorporated into the public health and family welfare system throughout the country.

#### 4. Public Sector Focus

Over 50 percent of all medical services in Burkina are provided through government facilities so this project focuses on the development of the public sector MCH/FP program. Private sector organizations will be involved inasmuch as they will receive training for their personnel, contraceptive commodities, and IEC materials, and will participate in selected community education activities. Once policies and systems are clearly established and more funds available, extension to the private sector may occur in a later phase.

#### 5. Coordination and Collaboration

This project constitutes only a part of GOB's total effort in MCH/FP. To maximize limited available resources and to avoid program duplication, this project will be closely coordinated with other USAID centrally-funded projects as well as with multilateral donor efforts (eg. the World Bank, UNFPA, and UNICEF). Moreover, the executing agencies, the MOPH and the MOPW, will continue to coordinate with appropriate private organizations and the other ministries involved in family planning programs such as the MOPPD, Ministry of Information and Culture (MOIC), and Ministry of National Education (MONE).

#### D. End-of-Project Status

At the end of this project the following conditions will exist to indicate that the project purpose--reinforcement of institutional capabilities to develop and execute improved child spacing information and service delivery activities--has been met:

##### 1. Existing Functional Management Units for Family Planning Activities

Functional management and supervisory units for family planning will exist in both the MOPH and the MOPW. These two units will have trained personnel experienced in program planning and implementation. The MOPH will be responsible primarily for clinical/technical training and service activities. The MOPW will be responsible for overall coordination of IEC activities, client referral and outreach. These ministries will coordinate closely to avoid duplication of effort.

##### 2. A Model Clinic for Child Spacing Activities

A model clinic in Ouagadougou under the auspices of the MOPH will exist. This clinic facility will be upgraded and the staff will be trained to provide an exemplary site for service delivery. The clinic will be used as a key referral site, for practical training of health and social agents, as well as a site to pretest and evaluate IEC approaches.

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### 3. A Cadre of Trained Personnel for Child Spacing Activities

Through short-term training, a cadre of administrative, clinical, and educational personnel will be available to plan, manage, and execute various family planning activities. Specifically, over 300 MOPH and MOPW staff members will be trained: 10 program planners/trainers; 165 physicians, nurses and/or midwives in clinical skills; and 140 family welfare and health agents in counseling and communication skills.

To prepare health professionals over the long-term, family planning units will be integrated into the health preparatory school curricula. An expanded family planning module will be included in the curriculum of the National School of Public Health (NSPH) in Ouagadougou which graduates state registered nurses (infirmiers d'état) and midwives. In addition, an expanded family planning module will be included in the curriculum of the Bobo-Dioulasso branch of the NSPH which graduates practical nurses (infirmiers brevetés), auxiliary midwives, and health itinerant agents.

### 4. A Tested IEC Program for Clients and the Community

During the life of the project, focus will be placed on developing and refining IEC approaches for client and community education. By the end of the project, an IEC program will be in place. Various IEC messages and communication channels will be developed and tested. Support IEC materials will be developed, pretested, reproduced and distributed. IEC community outreach and referral programs will be developed and operational on an experimental basis.

### 5. Family Planning Services Available at the National, Regional and Provincial Facilities

Family planning services will be available at national, regional and provincial level MOPH health facilities. Basic child spacing services will be available at the model clinic in Ouagadougou, the national hospitals in Ouagadougou and Bobo-Dioulasso, as well as at regional hospitals in Ouahigouya, Tenkodogo, Fada-N'Gourma, Gaoua, Koudougou. In addition, 34 health structures in 14 provinces will provide family planning information and services. To ensure service delivery at all priority sites, the project will provide training for key staff, adequate contraceptive supplies, and appropriate IEC materials. In addition, the project will establish a referral system which links the MOPW outreach program to the MOPH child spacing services. Through the MOPH service system at the national, regional and provincial level it is expected that modern family planning methods will be used by at least 40,000 couples by the end of the project. Program participation will be completely voluntary. A full range of contraceptive services will be provided, including hormonal methods, IUDs, barrier methods (condoms and spermicides), as well as natural family planning. As abortion is illegal, no abortion or abortion-related services will be included in the program.

## E. Project Activities and Outputs

### 1. Training Activities

Under this project, AID assistance will be used to finance human resource development. The purpose of the proposed training activities will be to develop in-country expertise in planning, execution, and evaluation of MCH/FP information and service delivery programs. Training activities will be conducted by the MOPH under a subcontract with INTRAH and through participant training supported by direct USAID funds.

#### a) INTRAH/MOPH Training Activities

INTRAH and the MOPH will conduct a needs assessment to determine specific institutional training requirements for Burkina. The collaborating agencies will then develop a plan of action for meeting those needs. A specific subcontract between INTRAH and the MOPH will be developed which will state specific program objectives, delineate activities, and outline implementing agency responsibilities. Specific activities which are expected to be included under this subcontract are as follows:

##### ● Development of a National Training Team:

The MOPH, in collaboration with the MOPW, will develop a national training team. Ten individuals, five from the MOPH and five from the MOPW, will be designated to serve as training team members. These individuals will work as a group in developing in-country training curricula; in participating as trainers and resource people in training courses; in assisting with on-the-job training and monitoring; and in supervising, evaluating and improving overall in-country training activities. The MOPH training team members will be selected from already clinically trained personnel. Both MOPH and MOPW trainers will be considered leaders in their respective disciplines. The trainers will also be in a position to participate in on-going training activities as required. During the first year, the national training team will be trained as trainers, and will organize and implement at least one in-country contraceptive update course. In subsequent years, the trainers will conduct 2-3 courses per year. The team will meet approximately every six months to evaluate existing training curricula and to develop improved training techniques and approaches.

##### ● Implementation of In-service Training Course.

The MOPH will develop and implement a series of 2-4 week theoretical and practical courses for clinical staff training. Participants will be selected from 14 project priority sites. The basic course will be a two-week theoretical course followed by a two week practicum. A service delivery team e.g., physician, nurse and midwife, from each priority site will attend the two-week theoretical course, and one of the three (physician or midwife) will be selected to participate in the second part practicum. As the in-country family planning caseload increases, additional clinic team members will be able to participate in the second part practical course. The basic course curriculum will include

clinical aspects of MCH/FP service delivery, management of clinic services, as well as record keeping and evaluation. Over the life of the project, it is expected that over 165 clinical staff members and 110 family welfare educators will be trained in basic family planning skills. This number represents about 16 percent of the top level health professionals and 30 percent of the family welfare educators who need training.

● **Development of Pre-service Training Curricula.**

The MOPH will develop pre-service family planning modules to be integrated into the overall curricula of the National Schools of Public Health in Ouagadougou and Bobo-Dioulasso. Two specific curricula will be developed; a) one theoretical and practical course to be incorporated into the current three year program for midwives and registered nurses; and b) one basic theoretical course to be incorporated, respectively, into the two and one year program for practical nurses and auxiliary midwives. Once incorporated into the curricula, approximately 40 midwife and registered nurse graduates per year, and 120 practical nurse and auxiliary midwife graduates per year will have advanced training in family planning service delivery. With trained personnel entering service sites, on-the-job training can then be devoted to improving and updating skills rather than initial skill development. The project will also provide training/resource materials which will be housed at the National School of Public Health for use in both the pre-service and in-service training.

b) Participant Training

Over the course of the project, USAID will provide support for at least 18 participants for out-of-country training (either U.S. based or third country). Participants to be selected from both the MOPH and MOPW will be considered potential key actors for Phase I and II. Training will include development of clinical as well as management/supervision skills. Possible courses include: "Family Planning Program Management," University of California/Santa Cruz; "Family Planning IEC," University of California/Santa Cruz; "Supervision and Evaluation as Management Tools," CEDPA; "Family Planning, Nutrition and Primary Health Care for Africa: Program Design, Management and Evaluation," Columbia University; and "Nurse Family Planning Clinical Skills," JHPIEGO/Dakar or JHPIEGO/Tunisia. In addition, other centrally-funded projects (JHPIEGO, FPIA, Pathfinder, CEDPA, etc.) will be encouraged to support Burkinabe participants to special courses, workshops and conferences.

2. Information, Education and Communication Activities (IEC)

AID assistance will support a full range of IEC activities. The primary purpose of these educational efforts will be to develop and nurture continued leadership and community support for child spacing programs in Burkina; to inform the public of the benefits of child spacing; to advise potential users of where services are available; and to help clients choose an appropriate contraceptive method and to use it properly.

PCS has already established a working relationship with the MOPW and a current subagreement between PCS and the MOPW is now in effect (October 1, 1985 - March 1, 1987). The activities conducted to date include training in interpersonal communications, materials development and purchase, design of a national family planning logo and three local family planning posters, and production of a family planning film. The activities proposed under this project will enable the MOPW to expand current activities. In addition, this project will build on the IEC experience gained to date and enhance the collaborative spirit which has been developed between PCS and the MOPW.

For this project, PCS and the MOPW will develop a continuation IEC plan for expanded activities. A specific follow-on subagreement between PCS and the MOPW will be developed which will define specific program objectives, delineate activities and outline implementing agency responsibilities. Specific activities which are expected to be included under this subagreement are as follows:

- Development of IEC Materials.

The MOPW, in collaboration with the MOPH, will be responsible for developing or reproducing IEC materials to support clinic-based and community education activities. Materials to be developed include logo signs and decals which will designate service sites and to be used for promotion purposes; posters with various responsible parenthood/child spacing themes; brochures for clients on various methods; panyas and T-shirts for program promotion. PCS will also purchase teaching aids for the clinic health workers and family educators. These aids will enable them to explain better to their clients the concepts of child spacing and the various methods. Such teaching aids include flip charts and anatomical models. All materials developed in-country will be carefully designed, pre-tested, and evaluated as to their cultural and social acceptability.

- IEC Training for Frontline Workers.

The MOPW, in collaboration with the MOPH, will organize a series of two-week workshops for development of IEC communication skills. The workshops will be directed toward improving interpersonal communication skills of family welfare educators and frontline health workers, midwives, and nurses. The workshops will include training in family planning counseling, organization of small group discussions, public speaking, using audio-visual and other support materials, conducting focus group discussions, pre-testing materials/lectures, and simple record keeping as a tool for assessing the impact of a communication program. Over the life of the project it is expected that 140 workers (an equal number each from the MOPW and MOPH) will be trained in 6-8 courses. The MOPW participants (70) will represent about 19 percent of all family welfare educators.

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● **Development of a Community Education Program.**

The MOFW, in collaboration with the other ministries and associations involved in FP activities, will conduct a series of family planning orientation seminars to present and discuss various health and family planning themes. The format will vary according to target group but will include workshops, roundtable discussions, causerie-débat presentations, and community meetings. The target audience will be leaders of various special interest groups. As men play an important role in family life decision making, these community meetings will serve as an important avenue to reach male audiences. The overall purpose of these meetings will be to build-up broad based community support for child spacing activities. Over the course of the project, it is expected that at least 20 community meetings will be held.

● **Development of a Theatrical Mode for IEC Presentations.**

Dramatic performances have traditionally played an important communication role in Burkina. The MOFW, in collaboration with other ministries, such as the Ministry of Education, will support the development and presentation of dramatic skits and plays to communicate basic health and family planning messages. The audience will be the general public, but the skits will be directed toward young adults just beginning their families. This communication channel has already been effectively used for vaccination, sexual education, and nutrition campaigns, and is expected to be equally effective for child spacing/family life themes. Over the course of the project, it is expected that at least 24 performances will be conducted, reaching 5,000 - 10,000 people.

**3. Service Delivery Support**

This project is not directed toward supporting service activities per se but rather toward providing the essentials and management systems necessary for service delivery. The basic assumption is that when trained personnel, contraceptive supplies, and IEC materials are provided within a structured and organized system, then basic services can be provided. Under this project, the MOPH will identify priority service sites including the two national hospitals, five regional hospitals and 34 delivery points in 14 provinces (see Table 1). For these priority sites, clinical and IEC staff will be trained, and ample contraceptive supplies and IEC materials will be provided. With these basics, it is expected that services on a modest scale can begin.

More importantly, the project will focus on the development of the organizational and management systems necessary for family planning program implementation. It is expected that once these systems have been tested in the priority sites and are in place, then program replication

and expansion nationwide can be initiated. Expansion of successful systems will be part of the Phase II effort. Emphasis during this phase will be on development, testing and refining of service delivery systems. Specific service delivery support activities which will occur under this project include:

- Development of Essential Management Systems.

USAID will provide, as requested, to both the MOPH and MOFW short-term technical assistance for systems development. USAID will work with both ministries to identify specific management needs and develop a plan for technical assistance. From preliminary discussions, it is anticipated that technical assistance will be requested for organizational development; service program planning; personnel management and supervision; budgeting and financial management; service quality assurance; development of clinic protocols and service standing orders; record keeping and evaluation. As part of a record management system, client record forms and registers, as well as clinic supply and referral forms, will be developed, pre-tested and printed.

- Development of Model Clinic.

The project will provide funds to assist the MOPH in renovating and equipping a model clinic. The MOPH will select a facility to serve as the model clinic and training facility. The renovation will include painting, cleaning, minor repairs, and minor structural changes to allow for better client flow. The equipment set will be basic expendable and non-expendable items that are needed for family planning service delivery. It is expected that this center will serve as a model service site as well as a practical training facility. If additional funds become available, other priority sites will be selected for minor renovation and equipment.

#### F. Beneficiaries

The immediate beneficiaries of this project are the administrative and technical staff of the MOPH and the MOFW who will receive technical assistance, training and general support required for the planning development and evaluation of the child spacing activities. In addition, 165 service providers--physicians, nurses, midwives--will benefit by clinical training, materials and commodity support. More than 140 social educators and health agents will also benefit by communications training and IEC material support. Within the community, 1,000 key leaders of the various special interest groups will be exposed to various family planning themes and messages through the special workshops and orientation sessions. Finally, the general public (5,000 - 10,000) will be exposed to health and family planning messages through community drama presentations.

The ultimate beneficiaries of this project are the Burkinabe couples, who as a result of IEC activities and the improved availability of services, choose to adopt new family health practices. Couples will be provided with improved access to means to space their children. By the end of the project, it is expected that Burkina will have a contraceptive prevalence rate of 3 percent or at least 40,000 couples using some modern contraceptive method.

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TABLE 1

## PRIORITY SITES FOR PROJECT ASSISTANCE

PROVINCE	NATIONAL HOSPITAL	REGIONAL HOSPITAL	MEDICAL CENTER	CSPS + DISP/MAT	MATERNITY	PUB. HEALTH SCHOOL
Kadiogo (Ouaga)	1	-	2	4	3	1
Houet (Bobo)	1	-	2	8	3	
Bam (Kongoussi)				1		
Boulgou (Tenkodogo)		1		1		
Ganzourgou (Zorgho)				1		
Gourma (Pada N'Gourma)		1		1		
Nanouri (Po)				1		
Namentenga (Boulsa)				1		
Passore (Yako)				1		
Poni (Gaoua)		1		1		
Yatenga (Ouahigouya)		1		1		
Zoundweogo (Manga)				1		
Boulkiemde (Koudougou)		1		1		
Sanmatenga (Kaya)				1		
<b>TOTAL: 14 PROVINCES</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>24</b>	<b>6</b>	<b>2</b>

NB: Actual service delivery sites to be selected after needs assessment.

G. Inputs

The life-of-project funding will be \$1,250,000 of which \$1,041,000 will be obligated in FY 86. The following table illustrates the financial inputs:

Life-of-Project AID Funding by Inputs (\$000's)

<u>Inputs</u>	<u>LOP Funding</u>
Technical Assistance	500
Training	380
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Evaluations	30
Contingency	60
	<u>\$1,250</u>

The GOB plans to contribute \$288,000 or 19 percent of a total project cost of \$1,538,000. The GOB contribution will cover salaries and health facilities.

Budget breakdowns are included in the tables which follow.

BUDGET TABLE

F U N C T I O N		A M O U N T (U S \$)
1. <u>Technical Assistance</u>		500,000
Personal Services Contractor: (30 person months)	360,000	
Short-term Technical Assistance: (7 person months)	140,000	
2. <u>Training</u>		380,000
Out-of-Country	180,000	
Buy-in with INTRAH	200,000	
3. <u>I.E.C.</u>		200,000
Buy-in with PCS	200,000	
4. <u>Clinic Development</u>		80,000
Renovation: 1 clinic	32,000	
Supplies and Equipment: 1 clinic	20,000	
IUD Kits: 41 sites	18,000	
Client Forms	10,000	
5. <u>Evaluation</u>		30,000
	SUBTOTAL	1,140,000
	Contingency and Inflation	60,000
	G R A N D T O T A L	1,250,000

## PROJECT INPUTS BY YEAR

INPUTS	BUDGET BY YEAR (\$000's)			
	Year 1	Year 2	Year 3	Total
<b>-----</b>				
<b>USAID/Burkina:</b>				
A. Technical Assistance				
1. Long term (30 pm)	100	123	137	360
2. Short-term (7 pm)	40	60	40	140
B. Training				
1. In-country MOH training (INTRAH buy-in)	70	70	60	200
2. Short-term out-of-country (\$10,000 x 18 pm)	60	60	60	180
C. Information, Education				
1. In-country MOFW IEC activities (PCS buy-in)	70	70	60	200
D. Renovation of Model Clinic	32	0	0	32
E. Commodities for Model Clinic and Priority Sites	38	0	0	38
F. Printing of Forms	4	3	3	10
G. Evaluation/Audit	0	0	30	30
H. Contingencies/Inflation	20	20	20	60
<b>USAID/BURKINA TOTAL INPUTS</b>	<b>434</b>	<b>406</b>	<b>410</b>	<b>1,250</b>
<b>-----</b>				
<b>Government of Burkina:</b>				
A. Salaries				
1. Training time	28	28	28	84
2. Services time	24	48	72	144
B. Facilities	20	20	20	60
<b>TOTAL GOB INPUTS</b>	<b>72</b>	<b>96</b>	<b>120</b>	<b>288</b>
<b>-----</b>				

## PROJECT INPUTS BY FOREIGN EXCHANGE AND LOCAL CURRENCY

INPUTS	BUDGET BY YEAR (\$000'S)							
	Year 1		Year 2		Year 3		Total	
	FX	LC	FX	LC	FX	LC	FX	LC
USAID/Burkina:								
A. Technical Assistance								
1. Long term (30 pm)	100	-	123	-	137	-	360	-
2. Short-term (7 pm)	40	-	60	-	40	-	140	-
B. Training								
1. In-country MOPH training (INTRAH buy-in)*	70	-	70	-	60	-	200	-
2. Short-term out-of-country (\$10,000 x 18 pm)	60	-	60	-	60	-	180	-
C. Information, Education								
1. In-country MOPH IEC activities (PCS buy-in)*	70	-	70	-	60	-	200	-
D. Renovation of Model Clinic	-	32	-	-	-	-	-	32
E. Commodities for Model Clinic and Priority Sites	32	6	-	-	-	-	32	6
F. Printing of Forms	-	4	-	3	-	3	-	10
G. Evaluation/Audit	-	-	-	-	30	-	30	-
H. Contingencies/Inflation	20	-	20	-	20	-	60	-
USAID/BURKINA TOTAL INPUTS	392	42	403	3	407	3	1,202	48
Government of Burkina:								
A. Salaries								
1. Training time	-	28	-	28	-	28	-	84
2. Services time	-	24	-	48	-	72	-	144
B. Facilities	-	20	-	20	-	20	-	60
TOTAL GOB INPUTS	-	72	-	96	-	120	-	288

\* LC to be administered by PCS & INTRAH will be specified in subagreements.

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## PART III -- IMPLEMENTATION ARRANGEMENTS

### A. Project Management

#### 1. Administration and Coordination

Project administration will be divided between PCS, INTRAH and USAID/Burkina:

##### a) Population Communication Services

Through a subagreement between the MOPW and PCS, the Project will provide an estimated \$200,000 in funds for support of IEC activities in Burkina. PCS will administer these funds and monitor IEC related activities conducted by the MOPW. After a project development visit, PCS will negotiate and execute a subagreement with the MOPW which will elaborate the project activities and budget; delineate a work schedule; and define specific roles and responsibilities of the Project Director and Project staff. PCS will provide technical assistance as defined in the subagreement for implementation of the IEC component; monitor progress of project activities; set up an acceptable accounting system and monitor foreign exchange and local currency expenditures; procure U.S. IEC equipment/materials; and ensure that all interested parties are kept informed of progress in the IEC component.

##### b) Program for International Training in Health

Through a subagreement between the MOPH and INTRAH, the Project will provide an estimated \$200,000 in funds for support of training activities in Burkina. INTRAH will administer these funds and monitor training-related activities conducted by the MOPH. After a needs assessment visit, INTRAH will negotiate and execute a subcontract with the MOPH which will elaborate the project activities and budget; delineate an implementation schedule; and define specific roles and responsibilities of the Project Director and Project staff. INTRAH will provide technical assistance as required to train personnel; monitor progress of project activities; set up an acceptable accounting system and monitor foreign exchange and local currency expenditures; procure U.S. training resource materials and supplies; and keep all interest parties informed of progress in the training component.

##### c) USAID/Burkina

USAID will administer project funds and coordinate project activities as they relate to renovation and equipping of the model clinic site; short-term technical assistance; out-of-country participant training; and project evaluation. The USAID role will consist of monitoring and coordinating overall project inputs including those of INTRAH and PCS; identifying and arranging for a Personal Services Contractor; identifying and arranging for short-term U.S. technical assistance; procuring locally-purchased and U.S.-purchased items not procured by PCS or INTRAH; contracting for in-country renovation and arranging direct payment to local suppliers; ensuring that all U.S. requirements and conditions are met; and keeping all necessary parties informed of overall project progress.

For administration, USAID/Burkina will arrange for the recruitment, payment and support of a long-term technician to coordinate, manage, and monitor AID-supported population activities in Burkina, including this mission project and a carefully designed portfolio of centrally-funded activities. Specifically the contractor will be assigned to USAID to be responsible for overall project management and monitoring, and to provide technical input and assistance as required. The contractor will also begin to collect and analyze data needed for the design of Phase II and will plan and organize all necessary documentation for Phase II activities. A full job description is provided in Annex II.

## 2. Project Monitoring

USAID/Burkina will monitor the implementation of all project activities on a continuous basis. The participating cooperating agencies, PCS and INTRAH, will be required to brief/debrief USAID during all project site visits; provide USAID with trip reports summarizing observations, conclusions, recommendations and decisions; provide USAID with routine project activities reports; and provide to USAID additional project information as requested.

Short-term technical consultants will also be required to brief/debrief USAID during their technical assignments and provide USAID with appropriate consultant reports.

For participant training, the training institution will be requested to complete a trainee report. In addition, after completion of training, participants will be requested to prepare a brief statement to USAID on their training experience and its applicability to their anticipated work.

USAID/Burkina will also conduct periodical internal project reviews and will arrange for one external evaluation.

## B. Budget Summary and Financial Management

The proposed project is a three-year, \$1.25 million effort designed to lay the groundwork for population activities in Burkina. The proposed training and IEC activities are the human resource investments needed in advance of any major service delivery program. Although the project budget is small, the activities are clearly and narrowly focused to maximize improvements in Burkina's ability to move ahead in the population sector. At the same time, the project minimizes the administrative burden placed on the Mission. The project includes three mechanisms for disbursing funds:

- Hiring of a personal services contractor to oversee AID-funded activities in Burkina Faso. Project support for the PSC (\$360,000) will have a synergistic effect because an active coordinator will be able to maximize the inflow of centrally-funded assistance. This centrally-funded input will be extremely important in addressing areas not covered by this project, such as policy development, operations research, and commodities distribution.

● Buy-ins to relevant S&T/POP projects. Specifically, this project will add funds to two centrally-funded cooperating agencies, INTRAH and PCS. Both of these groups have extensive experience in developing countries and, more specifically, in West Africa. \$200,000 will be added to each centrally-funded cooperating agency contract for specific project activities in Burkina.

● Direct Mission procurement of other goods and services. The Mission will manage \$140,000 for the procurement of short-term technical assistance, estimated to be seven person-months at \$20,000 per month; \$180,000 for the out-of-country participant training; \$32,000 for the procurement of clinic materials and supplies to be purchased in the U.S. by an IQC/PSA; \$48,000 in local currency purchases for renovation of the model clinic, procurement of local equipment and supplies for the model clinic, and printing of forms; and \$30,000 for the project evaluation.

The GOB will also be making a substantial contribution to project efforts. The GOB contribution will amount to \$288,000 over the life of project, or approximately 19 percent of total expenditures. GOB contributions fall in three categories: 1) \$84,000 in staff time to cover attendance at the 17.4 person-years of training planned for the project; 2) \$144,000 in staff time to cover a projected 5 percent increase in family planning service delivery; and 3) \$60,000 for the use of clinic space, utilities, supplies, etc.

The project will be authorized in the third quarter of FY 86. Recruitment of the personnel services contractor will begin immediately and is expected to take about six months. The buy-ins with INTRAH and PCS will also be initiated immediately after project authorization. It will take an estimated 3-6 months for the cooperating agencies to negotiate their subcontract and/or subagreement with the GOB. All materials for the model clinic will be ordered in year one and should be in-country 3-6 months after being ordered.

None of the Mission-managed funds will be disbursed directly by the GOB. Funds managed by INTRAH or PCS which are given to the GOB for disbursement must meet the financial accountability and reporting requirements as indicated in section 121(D) of the Foreign Assistance Act. Limited assistance for the development and maintenance of the financial accountability procedures required by section 121(D) can be obtained from the Sahel Regional Financial Management Project (SRFMP)—a regional USAID project which helps grantees establish AID-approved accounting systems. Responsibility for the proper accounting of funds managed by INTRAH or PCS rests with the cooperating agency.

The issue of recurrent costs is addressed in the Economic Analysis. In summary, this project will add slightly to GOB recurrent cost burden. Although no additional GOB staff will specifically be added during the life of the project, GOB will have to cover the cost of additional staff time for family planning activities.

### C. Consideration of Small and Disadvantaged Firms

The Mission has had a high performance level of Gray Amendment Contracting. In FY 1985, USAID/Burkina contracted a total of \$2.8 million with organizations and individuals covered under the Gray Amendment. This amount represented 100 percent of the mission's FY 1985 Sahel budget, which was the highest percentage among AFR missions with either DA or Sahel OYBs under \$7 million in FY 1985.

Under this project, about 25 percent of the project funds will be expended for a personal services contractor (PSC). This position will be advertised and open to all qualified candidates regardless of race, creed, or sex. Thirty-two (32) percent of the project funds will be obligated through buy-ins to specialized technical agencies which have already obtained, through competition, S&T/POP centrally-funded contracts or agreements. Nearly 15 percent of the project funds will go for participant training. About two percent of project funds will be spent on local renovations and purchase, nine (9) percent is available for contingencies and inflation. Seventeen (17) percent can be spent with Gray Amendment entities for the procurement of goods and services.

Specific areas where Gray Amendment entities could be utilized for the purchase of goods and services are outlined in the following procurement plan.

### D. Procurement of Goods and Services

The project will procure goods and services through a variety of contracting modes:

- USAID/Burkina direct procurement;
- Procurement through IQC or IQC/Procurement Services Agents; and
- Procurement by ST/POP centrally-funded agencies under authorized buy-ins.

Proper procedures to ensure competitive procurement will be followed. All goods purchased are expected to be of U.S. or host-country origin except for small quantities of locally-procured shelf items from code 935 countries. Therefore, no waivers have been requested. Illustrative lists of commodities to be purchased under this project are included in Annex II. Specific procurement needs by contracting mode are as follows:

#### 1. Direct USAID Procurement

Services. USAID/Burkina will hire directly a personal services contractor. The position will be advertised in the Commerce Business Daily and announcement notices will be sent to various agencies, schools and private organizations for dissemination to potential candidates.

USAID/Burkina will prepare a PIO/T for contract negotiation and execution. In addition, USAID, in consultation with the MOPH, will effect procurement of services for renovation of the model clinic and arrange for direct payment to the local supplier. The PSC will prepare purchase orders and disburse funds to local suppliers.

Goods. The Personal Services Contractor acting for USAID/Burkina, will purchase locally-made, non-expendable equipment items and expendable supplies for the priority clinic sites. Purchase of these materials will follow regular procurement requirements and procedures for purchase orders executed by the mission. It is estimated that \$8,000 will be used for shelf-item procurement for renovation materials and expendable supplies.

## 2. Procurement through an IQC or IQC/Procurement Services Agent

Services. USAID will purchase technical assistance services in such areas as health/family planning service organization and management, program planning and development, record keeping and evaluation, and commodity supply management as well as for the project evaluation. In such cases, the mission will prepare the PIO/T for contract negotiation/execution by AID/W on mission behalf. To the extent possible, Gray Amendment entities will be utilized. As technical assistance assignments are identified, the Mission will request from AID/W a list of Gray Amendment entities who can provide the required services.

Goods. Equipment and supplies will be purchased for selected project sites. The PSC will prepare PIO/C for contract negotiation. Execution will be done by AID/W, on the mission behalf, with an approved IQC/PSA agent. To the extent possible, Gray Amendment entities will be utilized. The goods will be shipped by air. The Mission has identified three IQC/PSA 8(a) firms who have appropriate experience in the procurement of health equipment and supplies.

## 3. Procurement through ST/POP Centrally-funded Agencies

Services. Technical assistance services may be purchased through ISTI, an 8(a) firm which already has a contract with S&T/POP to arrange for population consultants. ISTI will be responsible for following all procurement requirements specified in their contract.

Goods. Commodities (equipment and supplies) will be purchased by the cooperating agencies, INTRAH and PCS, for their respective project activities. Each of the cooperating agencies will be responsible for following all competitive and standard procurement requirements, as specified in their contract or cooperative agreement.

## E. Project Evaluation and Audits

The personal services contractor will periodically conduct internal project reviews to evaluate whether the project activities are on schedule and to solve problems if necessary.

In addition, as part of their routine project monitoring, both PCS and INTRAH will periodically evaluate project progress against the work plan developed in their respective subagreement/subcontract. At the end of their projects, PCS and INTRAH will conduct a financial audit of their respective programs as is routinely done for all centrally-funded projects.

The funds have been included for audit/evaluation of Mission-managed funds.

Approximately eight months prior to the end of the project, an external evaluation will be conducted. An external evaluator and a population program specialist from REDSO/WCA will participate in the evaluation. USAID, the MOPH, and the MOPW will actively participate in discussions. This in-depth review will serve as an instructive evaluation for Phase II and will contain appropriate recommendations vis-à-vis project--additions, expansions, or corrections. The evaluation will also provide an analysis and assessment of the extent to which the GOB benefited from AID assistance and the extent to which the project had measurable impact on the availability of child spacing information and services in Burkina. Another aspect of the evaluation component will be the measurement of the extent to which the MOPH and MOPW scheduled activities were achieved. This information will be extremely valuable in the planning and development of Phase II activities.

## F. Conditions Precedent, Conditions and Covenants

### 1. Conditions Precedent

Prior to the first disbursement of funds, the Government of Burkina will furnish to USAID a statement of the name of the person holding or acting in the offices of the Government specified in Section 8.2 of the Project Grant Agreement.

In addition, the Government will furnish to USAID the name of the person from the Ministry of Health and the name of the person from the Ministry of Family Welfare who have been designated Project Directors for their respective ministries.

Prior to the disbursement of funds for project activities related to the model MCH/FP center, the Government shall furnish to USAID the name of the Center selected to serve as the model center and training facility, as well as the names of the persons assigned by the MOPH to augment the center's existing staff.

## 2. Conditions

The Project Grant Agreement will include AID standard provisions for family planning programs to assure that no AID funds made available under this project will be used to pay for the performance of abortion or abortion-related activities or for the performance of forced sterilizations as a method of family planning.

## 3. Covenants

a) The implementing GOB agencies agree to provide the necessary staff and internal resources to implement the project activities.

b) The implementing GOB agencies agree to permit selected staff to participate fully in training and other activities.

c) The implementing GOB agencies and USAID agree to conduct at least one formal external evaluation prior to the end of the project. The evaluation will evaluate progress toward attainment of the objectives of the project; identify and evaluate problem areas and constraints which inhibit attainment of the specified objectives; assess how such information may be used to resolve such problems and constraints in Phase II; evaluate the overall impact of the project; and recommend program activities to be conducted in Phase II.

G. Implementation Schedule

<u>DATE</u>	<u>ACTIVITY</u>	<u>ACTION</u>
April 1986	Project Paper Authorized	USAID/B
May 1986	Project Agreement signed	USAID & GOB
May 1986	PIO/T for Population Coordinator completed	USAID/B
June 1986	PIO/T for INTRAH buy-in completed	USAID/B
June 1986	PIO/T for PCS buy-in completed	USAID/B
June 1986	PIO/Cs for IQC PSAs completed and executed	USAID/B and AID/W
May-August 1986	Recruit population coordinator	USAID/B
August 1986	Population coordinator hired and arrives in-country	USAID/B
August 1986	INTRAH/MOPH needs assessment for training component conducted and plan of action developed	INTRAH and MOPH
Sept - Oct 1986	Clinic renovation planned	USAID/B & MOPH
September 1986	Short-term technical assistance plan prepared	USAID/B & MOPH & MOPW
October 1986	Clinic renovation contract prepared and executed	USAID/B
October - November 1986	Clinic renovated	Local contractor
October 1986	Purchase orders prepared for locally purchased commodities	USAID/B
November 1986 - on-going	Out-of-country training for first 4 participants completed. On-going out-of-country participant training begun	USAID/B

November 1986- on-going	INTRAH subcontract signed. On-going in-country training activities begun.	INTRAH/MOPH
December 1986	PSA equipment arrived and installed in clinic	USAID/B and MOPH
December 1986	National training team designated	MOPH and MOPW
December 1986	PCS program development visit conducted and plan action developed	PCS and MOPW
January 1987	Short-term TDY for MOPW coordination Bureau arrives, on-going TA schedule begun	USAID/B and MOPW
January 1987- on-going	Model clinic operational and used as training site	USAID/B, and MOPH
January 1987	Second-year commodities ordered from PPIA	USAID/B
January 1987	PCS subagreement signed and on-going IEC activities begun	PCS and MOPW
January 1987	PCS and INTRAH joint site visit completed. Implementation Plan for all AID-supported activities developed	PCS and INTRAH
February 1987 - on-going	Training of trainers course held	INTRAH and MOPH
March 1987	First clinical skills course held	INTRAH and MOPH
April 1987	Project coordination meeting held	USAID/B, MOPH, MOPW, and other donors
June 1987	Internal project review completed	USAID/B, MOPH, MOPW
September 1987	PCS and INTRAH joint site visit completed	USAID/B, PCS and INTRAH
February 1988	Internal project review completed	USAID/B, MOPH, MOPW
October 1988	Final evaluation conducted	Consultant and REDSO/WCA
November 1988	Phase II project design begins	USAID/B, REDSO, Consultants

## PART IV -- PROJECT ANALYSIS

All the following technical analyses have used official GOB figures where possible. Otherwise, as with many developing countries, the statistical information for Burkina is constructed from data derived from various surveys and studies with equally various methodologies and sample sizes. Such data should only be interpreted as estimates falling within the correct range and useful for overall planning purposes.

### A. Social Soundness Analysis

Although the tasks to be carried out in this project--training and IEC--are mainly preliminary to a major introduction of family planning services, it is important, nonetheless, to understand the sociocultural and demographic factors likely to contribute to or hinder the adoption of voluntary family planning. The underlying goal of this project, and any follow-on population projects which may be developed, is to increase the availability of family planning services.

#### 1. Country Demographic Profile

##### a. Population Growth

The 1975 census indicated a population of 5.6 million and the rate of natural increase was estimated to be 2.6 percent per year. However, the provisional results of the 1985 census indicate a population total of 7.9 million--a 3.4 percent annual growth rate over the last census. There is evidence of a serious under-count during the 1975 census, which people feared was only for tax purposes and efforts are being made to clarify some of the discrepancies and provide a more accurate growth rate estimate. Regardless of the results of that re-analysis, it is clear that the population of Burkina Faso is growing very rapidly. The crude birth rate is in the range of 48 births per 1000 population and the crude death rate about 22 per 1000. The total fertility rate, i.e., the number of children a woman can expect to have if current fertility rates remain constant, is 6.5 live births. Such a high fertility rate implies a very young age structure. Indeed, 45 percent of Burkina's population is under 15 years of age.

##### b. Health Status and Mortality

Consistent with Burkina's economic and demographic picture, the health situation is also severe. Average life expectancy at birth is only about 33 years, indicative of a very high infant mortality rate: about 180 deaths per 1000 live births. Life expectancy in urban areas (10 percent of the population) is slightly higher, in the 40-45 year range. Approximately one third of Burkina's children die before their fifth birthday. Lowering infant and child mortality is usually considered one of the prerequisites for the adoption of family planning. Parents need to feel reassured that some of their children will be alive to support their old age. The other side of the coin, however, is that a reduced infant mortality rate without a concomitant family planning effort will lead to more rapid population growth.

Other health statistics also indicate problems. Maternal mortality, at 600 deaths per 100,000 live births for unassisted deliveries is, on the high side of the range for the developing world. Only 25 percent of the population has access to safe drinking water and calorie consumption is estimated to be 79 percent of the required standard. There is a lack of hospital facilities and trained health manpower -- only 1 physician per 38,382 population and one registered nurse per 10,724 population. The GOB has, however, been trying to expand health coverage in the rural areas, and village-level primary (self-help) health committees have built small primary health posts in many villages.

### c. Migration

Both internal and external migration are part of Burkina's population picture. While the overall population density is 22 people per km<sup>2</sup>, there is wide variation among provinces, e.g. the eastern province of Gourma has a density of 8 per km<sup>2</sup> and Boulkiemde province in the central plateau has 90 per km<sup>2</sup>. About half the population resides in the central plateau region. However, deforestation and declining soil fertility have given rise to out-migration and resettlement of the western and central parts of the country, in part because onchocerciasis has been successfully controlled in those areas. Rural to urban migration has also been increasing, with the two primary cities Ouagadougou and Bobo-Dioulasso growing at 8.6 percent and 4.6 percent per year respectively.

International migration, specifically emigration, is also significant. Emigration of working age males to neighboring countries, mainly the Ivory Coast and Senegal, has significantly offset the rate of natural increase, lowering population growth from 2.6 percent to 2.1 percent per year.

## 2. Determinants of Fertility

As indicated above, fertility levels are high and there is little evidence of decline in recent years. Contraceptive prevalence in Ouagadougou is less than one percent and considerably lower in rural areas. Marriage is almost universal among all the ethnic groups in Burkina, and women desire large families. Children are valued for both the prestige they bring to the family and their economic contributions -- either labor or later cash remittances. These attitudes are traditional and yet not irrational reflections of the socioeconomic conditions faced by rural agriculturalists, both men and especially women. As the socioeconomic situation is not static, however, there is also some evidence of a change in attitude toward childbearing, not necessarily the ultimate number of children, but the pace. A June 1985 article by Van de Walle and Ouaidou published in International Family Planning Perspectives on women's status and fertility in Burkina, summarizes the situation as follows:

"Women believe that their destiny has been preordained by God, by societal rules and by cultural standards beyond their influence. They also feel that the range of their choice in life is very limited. Women are subservient to men, and their main role in life is to bear children. However, there is a growing resentment against the role that has been imposed on them, and women are beginning to realize that they should not have to accept the toll on their health exacted by constant pregnancy."

Thus, there does seem to be an underlying health motive for both the introduction of family planning to space births in Burkina and for its likely adoption by Burkinabe couples. Birth spacing is not, in fact, a new concept, even if the modern means of achieving it are. Traditionally births are spaced 2-3 years apart and couples often do not resume sexual relations until after a child is weaned. Polygamous marriage facilitates this practice. The introduction of modern family planning could enable this healthful tradition to continue particularly since there is evidence that polygamous unions are declining.

There is also evidence that women want to find birth spacing methods other than abstinence. Several traditional family planning methods are in use. The tafo is a knotted cotton belt worn around the hips over which magic words have been spoken (and which is pretested on a hen to see if it prevents egg-laying) to prevent conception. Also, n'talenfura is a traditional vaginal barrier method made of spider webs. Once women are taught about modern, effective methods, they may be quite willing to adopt their use. Even so, use of modern contraceptive methods is extremely low (less than an estimated one percent contraceptive prevalence).

Changes in reproductive patterns do not occur in isolation from other elements of the development process. Increases in education, urbanization, and modern sector employment for women have all been shown to correlate with lower fertility, and over time the same pattern can be expected in Burkina.

### 3. Sociocultural Elements Affecting Project Design

Less than four percent of Burkina Faso's women are literate. This has implications for the way in which IEC materials are designed. Clear, culturally sensitive, pictorial materials will be necessary for family planning clients and for health workers who will be distributing contraceptives.

Such a high level of illiteracy is also indicative of women's status and their receptivity to change. IEC efforts must find traditional channels of communication to reach Burkinabe women including, but not limited to, their husbands. Including men in the IEC plan is important both as an information channel to women and because women may need to get their husband's permission to use family planning. Men need to be as fully informed of the benefits of family planning as their wives.

Another cultural factor about which the project needs to be sensitive is women's modesty and desire for privacy. Several observations at clinics indicated that use of family planning services is still sensitive. Thoughtful clinic design and record keeping can make the clinics easier to use for many women.

### 4. Impact and Replicability

As has been stressed throughout this Project Paper, the project described herein is a Phase I effort. The training and IEC efforts will be laying the groundwork for an eventual positive impact on the health of Burkinabe mothers and children. In addition the long-term training benefits accrue not just to those health professionals who receive Phase I training, but also to the lower level health personnel (village midwives and village health agents) who will eventually be trained by the

Phase I trainees. The careful, culturally-sensitive materials developed by the IEC program will last long beyond the three years of this project. On one hand, when Burkina Faso is ready to introduce family planning services on a broader scale, the population will have been sensitized and made aware of the personal benefits of family planning. On the other hand, as family planning service delivery spreads, the IEC materials will be ready for rapid duplication and distribution to reach an even wider audience.

Several aspects of this project could be replicated very easily. First, the project currently calls for equipping one model clinic in Ouagadougou. An obvious expansion would be to equip similar clinics in the 13 other geographic areas of project training and IEC focus. A second way to expand project activities would be to work in the other 17 regions of the country.

#### B. Environmental Examination

This activity meets the criteria for a categorical exclusion in accordance with 22 CFR Section 216.2(c) and is excluded from further review because under Section 216.2(c) (2) (viii), programs involving nutrition, health care or population and family planning services except to the extent such program include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc) are not subject to the provision of Section 216.3. Since this project only provides basic family planning services, related technical assistance and training, with limited commodity support, it has been determined that the proposed project meets the criteria as specified in Section 216.2(c) (2) (viii) for a categorical exclusion.

The categorical exclusion statement was included in the Project Identification Document (PID) and AID/W concurrence was received, as noted in the PID approval cable (84 STATE 124890) which reads: "As specified in the PID, this project meets the criteria for categorical exclusion in accordance with REQ. 11, Section 216.2(c) (2) (viii). AFR/TR/SDP has signed the categorical exclusion concurrence."

#### C. Administrative Analysis

##### 1. Administrative Concerns for the Key Implementing Agencies

Most of the activities to be conducted under the auspices of this project will be implemented through the MOPH or the MOPW. The specific administrative concerns for each implementing agency are discussed in the following narrative.

##### a) Ministry of Family Welfare and National Solidarity

In February 1986, the MOPW was restructured and a Directorate for Family Planning was established. This newly created administrative unit was charged with the official mandate to coordinate and provide oversight for family planning service delivery and promote child spacing through information, education and communication activities. The MOPW, under this project, will be responsible for developing and implementing specific IEC training and promotion activities.

As it is a new Directorate, this administrative unit has no operational or programmatic experience as such. However, the current director, well-known to USAID, has had successful experience in implementing similar activities, albeit on a smaller scale. The MOPW has just initiated an IEC project with PCS and has to date performed extremely well. This proposed project will be an extension of that pilot PCS effort. For this project, technical assistance and program support will be required and will continue to be provided by PCS. PCS will assist the MOPW in assessing IEC needs and developing an IEC plan of action; in developing, testing and reproducing culturally appropriate IEC materials; in developing and implementing training sessions in communication techniques; and in testing and implementing new approaches to community outreach and education.

Again, as a new unit, the Directorate currently lacks sufficient staff to execute the proposed project activities. A prerequisite to active program implementation will be for the MOPW to assign the necessary staff to participate in the project. The Director has forseen a staff of 10 members distributed into two services. Three members have been recruited but more must be assigned to the Directorate. The exact staff needed specifically for the project and means to establish the necessary staffing will be determined through discussion and negotiation of the subagreement between PCS and the MOPW.

b) Ministry of Public Health

The MOPH was reorganized in April, 1985 and a Directorate of Maternal and Child Health was created. This unit now has the mandate to design, plan and execute all activities related to maternal and child health and family planning service delivery and to participate in the training and retraining of all health personnel. Given this mandate, the MOPH is responsible for incorporating family planning services into the overall MCH service delivery system. To provide family planning services, the MOPH must train the necessary personnel and provide the management and logistical support.

Under this project, the MOPH will provide clinical training in family planning to key personnel in selected facilities; identify and develop management systems for service delivery; provide contraceptive supplies; and identify and coordinate the development of a model center to serve as a referral center and training site. For training activities, the MOPH will work closely with INTRAH. For the development of necessary management systems and the model clinic, the MOPH will work with USAID/Burkina and special technical consultants hired for specific task development.

Although the Directorate has been created only recently, the current staff has had successful experience in project implementation. For example, the MOPH has just completed a complementary UNFPA MCH/FP project, which will be renewed for another three years (1986-1988), and is implementing a project with Columbia University. So as not to overburden the current staff of the Directorate, it will be necessary for the MOPH to assign personnel specifically for this project.

## 2. Project-Specific Administrative Concerns

### a) Coordination between the MOPH and MOPW

Each individual implementing agency has specific program responsibilities: the MOPW for IEC and the MOPH for training and service delivery. As these activities cannot be conducted in isolation, however, coordination and a close working relationship between agencies is essential. The roles and responsibilities of each agency are described in Annex II. B. Exhibit 7.

### b) Assignment of Staff to the Project

As discussed under the section related to each implementing agency, available technical staff for project activities is currently limited. It will be necessary for each implementing agency to assign a "project officer" to coordinate specific project activities. For each implementing agency, the designated individual should be listed as the Project Director with the respective cooperating agency (either PCS or INTRAH) and a job description should be specified in the respective subagreement/subcontract document. Without the assignment of appropriate staff, it is highly likely that the current MOPH or MOPW staff will be overextended with yet another project added to their already full job description.

In addition, both the MOPH and the MOPW are requested to each assign five appropriate individuals to serve as members of the national training team. These individuals will be responsible for developing both pre-service and in-service training curricula and participating in course implementation and evaluation. Individuals designated as training team members must be permitted time to fully contribute and participate in all related training activities. As these will be time consuming tasks a proviso will be included in the contract documents of PCS and INTRAH requiring that so designated national training team members will be permitted to assume the responsibilities required of the position.

## D. Technical Analysis

### 1. Service Delivery Issues

Worldwide experience has demonstrated that it is technically feasible for public and private institutions to provide safe, effective and reasonably-priced family planning services. Key elements which are crucial to the success of basic child spacing service delivery programs include:

- availability of adequately trained and supervised personnel;

- availability of a sufficient and constant supply of necessary contraceptives and materials;
- availability of information for clients to make an informed decision.

The following narrative explores each of these program elements in terms of their technical feasibility in Burkina Faso.

a) Availability of Trained and Supervised Staff

At the clinic level, there appears to be sufficient clinical personnel in the GOB health facilities to provide child spacing services. For example a typical medical center has positions for:

- 1 medical doctor
- 1 registered nurse
- 3 practical nurses
- 1 itinerant health agent
- 1 midwife
- 1 auxiliary midwife
- 1 nurse specializing in dentistry
- 1 nurse specializing in laboratory services
- 6 paraprofessionals.

A typical health and social promotion center/dispensary has:

- 1 registered nurse
- 1 practical nurse
- 1 assistant itinerant health agent
- 1 auxiliary midwife
- 1 paraprofessional.

Few of these staff members, however, have had specialized training in family planning practice, as the pre-service curriculum offers only limited exposure to the subject.

This project will endeavor to update and further develop clinical family planning skills of various levels of service providers. A service delivery team--physician, midwife and/or nurse--for each of the selected project priority sites will be trained. A problem for clinical training is expected to occur in the early stage of the project as a result of a lack of patients to provide adequate practical training cases. This lack will be a particular problem for practical training in IUD insertion and removal. Initially, at least one staff member per key site will receive out-of-country clinical training. This staff person, will, in essence, become part of the clinical training team. By the time the first round of out-of-country clinical training has been completed, it is anticipated that the IEC program will be in full effect, and the patient load will increase to provide a sufficient client cases for in-country practical training.

After training, supervision for quality assurance, problem solving, and further on-the-job training is essential. There is currently a MOPH supervision system in place. Over the course of the project, technical assistance advisors will review the current supervision system and make recommendations for improvements to be incorporated into the Phase II program.

**b) Availability of a Sufficient and Constant Supply of Contraceptives and Materials**

Supplies for family planning, like other health care supplies, need to be available on a regular basis in sufficient quantity. This requires thorough planning and development of a reliable commodities supply system. Complementary to this project, Family Planning International Assistance (FPIA) will provide contraceptives (oral pills, IUDs, condoms and spermicides) to the MOPH for nationwide distribution. Assuming timely arrival of these contraceptives, an adequate supply of contraceptives should be available. Under this project, technical assistance will be provided to the MOPH to develop all systems necessary to ensure the proper ordering, storage, distribution and resupply of contraceptives.

One particular supply problem which has been noted is the wide range of oral contraceptives available in the public sector program. This wide range is a result of various contraceptive brands being contributed by the different donors. This causes limitation in supplies, stock shortages of particular brands, not to mention confusion among the clients. Consolidation of available brands will be addressed during the development of the contraceptive supply system.

While contraceptives are and will be available, support/clinic materials (cotton, alcohol, gauze, soap) are not always available. Shortages of these materials limit the quality and quantity of services available. The government has approved charging for contraceptive services. Income generated from these services can possibly be used to purchase future supplies and materials as needed. This problem and possible solutions to this problem will be investigated during Phase I of the project.

**c) Availability of Information for Clients to Make Informed Decisions**

Participation in family planning programs must be voluntary. Potential family planning users must have sufficient information to make an informed decision, to know where services are available, and if a method is selected, to know how to properly use that method.

Through planned outreach and person-to-person/group education programs, provision of information will be a primary focus of the project. Language, as well as the low literacy of women, may possibly be constraints. Therefore, special efforts under the project will be made to adapt and pretest educational materials to make sure all materials are suitable to the local setting and are appropriate to the recipient.

**2. Medical Issues**

**a) Medical Screening for Oral Contraceptives**

Currently, oral contraceptives are only available in Burkina after a series of expensive and sophisticated laboratory blood tests for sugar, cholesterol and total lipid levels. Cholesterol and lipid tests may not be necessary given that the average daily per capita fat consumption is only 30 percent of the international daily requirement. While it is agreed the medical screening and review of medical history is essential for distribution of oral contraceptives, it may not be necessary for the screening tests to be as rigid as is currently the case in Burkina.

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As summarized in the following table, statistics show that childbearing is far more dangerous than using oral contraceptives.

	Estimated Annual Deaths per 100,000 Women in Developing Countries	
	Age <35	Age >35
Maternal death with no contraception	60	160
Death from side effects of orals among non smokers	1	23
Death from side effects of orals among smokers	7	85

Source: Population Report, No. 27, June 1984.

Experience has shown that high risk contraindications to the pill can be detected using a simple but strictly enforced physical and medical history review. Medical screening should permit the recognition of the absolute contraindications to oral contraceptives. Absolute contraindications are conditions that will cause a significant health risk to the patient if the contraceptive is taken and include:

- thrombophlebitis (blood clot in an inflamed vein) or a history of this condition
- thromboembolism (moving blood clot) or a history of this condition
- cerebrovascular accident (stroke) or a history of this condition
- serious diseases of the liver
- known or suspected cancer (malignancy) of the breast or reproductive system
- known or suspected pregnancy.

Relative contraindications to oral contraceptive use (conditions where the possible risk must be balanced with the benefits) which should be fully weighed for each patient include:

- significant hypertension
- severe and frequent migraine headache
- age and tobacco smoking (as circulatory systems diseases have been shown convincingly to be more likely to occur in women who are over 35 years of age and in women who smoke tobacco)
- cervical dysplasia
- diabetes mellitus.

In absence of these absolute and relative contraindications, a woman can be safely put on the pill. All levels of personnel can be trained to do the necessary screening. Simplification of current standard protocols could possibly reduce cost and time obstacles to oral contraceptive use.

USAID, UNFPA, FPIA, and Columbia University have held discussions with the MOPH on the issue of laboratory examinations for pill use. Columbia University is currently assisting the MOPH in assessing the MOPH's first year of experience in service delivery in order to explore alternatives to current pill distribution practices.

b) Medical Screening for IUDs

Less than six percent of the current contraceptive users in Burkina have IUDs. However, as more clinicians are trained to insert IUDs this percentage is likely to increase.

There are some contraindications to IUD insertion, such as: known or suspected pregnancy, known or suspected cervical cancer, severe dysmenorrhea, menorrhagia, anemia, abnormalities of uterine size, and pelvic inflammatory diseases. Sexually transmitted diseases (STD) are highly prevalent in Burkina. While the exact figure is unknown, some report a prevalence as high as 20-25 percent.

Therefore, all clinical personnel should be trained in proper medical screening for contraindications. In addition, cautionary screening for IUD insertions should be strictly maintained, including:

- 1) A thorough medical history to recognize the absolute contraindications for the IUD: pregnancy, uterine cancer, acute or chronic pelvic inflammatory disease; and the relative contraindications to the IUD: all the others as mentioned above.
- 2) A complete and careful pelvic examination including examination under speculum to recognize any unusual finding suggestive of STD and/or cervical cancer. If STD is suspected, a culture for gonorrhea should be taken as a preventive screening measure. Also if STD is suspected, antibiotics treatment must be given before inserting the IUD.

E. Economic Analysis

1. Macro-Economic Situation

As part of the geographic region known as the Sahel, a semi-arid area just south of the Sahara desert, Burkina Faso suffers from a poor resource endowment. Not only is the annual rainfall slight and variable--the area has suffered from periodic drought for centuries (1) --but also the soil is poor and known mineral deposits scarce. Despite the fragile and unpredictable nature of the environment, 80 percent to 90 percent of the Burkinabe make their living by traditional agriculture and/or livestock raising. The result is a low per capita national income--in the range of \$180-\$210 per annum.

Although among the world's poorest countries, Burkina Faso has experienced economic growth in the 20 some years since independence.(2) During the 1970s the country's gross domestic product (GDP) grew at an average annual rate of 3.9 percent, despite the severe Sahelian drought

of the early 1970s. Agricultural production increased as did inflows of foreign aid and remittances from Burkinabe workers in the Ivory Coast, Senegal and other nearby countries. GDP growth was faster than population growth, resulting in an annual increase in the per capita GDP of 2 percent per annum. The early 1980s, however, has not been as favorable an economic period. Political instability affected the inflow of aid and remittances and adverse weather reduced food output. Some governmental economic policies, e.g., questionable investments and heavy local and non-concessionary foreign borrowing, contributed to economic stagnation. The GDP growth rate from 1979-1984 is estimated to be 1.9 percent per annum.

Since the annual population growth rate (i.e., natural increase minus emigration) for Burkina Faso is estimated to be 2.1 percent, the country is currently faced with declining per capita GDP growth. Improving the development scenario for Burkina Faso over the long-term will involve a complex formula, one element of which is clearly population growth. For example, there is an interaction between a rapidly growing number of people and environmental degeneration (desertification) which extends beyond any short-term deficiencies in rainfall. Of four features identified as contributing to desertification 1) over-cultivation of the soil 2) over-grazing 3) deforestation and 4) incorrect irrigation, three are related at least in part to population growth. (3) There has been a 5 percent expansion of the amount of land used for agriculture, from 119.9 km<sup>2</sup> in 1960 to 126.3 km<sup>2</sup> in 1980, but at least a 56 percent expansion of the population from 4.2 million in 1960 to 6.5 million in 1980. (4) Changes in cultivation patterns resulting from the need to feed more people from almost the same amount of land, for example the decreasing length of fallow periods, are thought to contribute to soil destruction and thus the advance of the desert. Increased population has also led to increased herds, although the effects of animals on the environment also depends on the kinds of livestock--and there has been a shift away from camels toward cattle which are less well suited to the Sahelian environment, and on the per capita number of animals which has been increasing.(5) A growing population contributes directly to deforestation as more and more wood is needed for fuel and building material.

One recent study estimated that in 1975 with traditional agricultural practices, Burkinabe farmers would be able to feed 1-5 times the 1975 population. However, if agricultural practices do not begin to include some modern techniques--use of fertilizers and pesticides, improved seed varieties and simple conservation methods--by 2000, Burkina Faso would not be able to feed its people from local sources even given good rainfall and maximum possible efficiency with the traditional methods. It would probably be able to do so if the modern practices are adopted.(6) A combination of reduced population growth--to affect demand and the rate of environmental destruction--and improved farming practices--to affect supply--would help enable Burkina Faso's (and AID's) goal of food self-sufficiency.

Population growth also negatively affects other crucial elements of the development process. High fertility, such as that currently being experienced in Burkina Faso, creates a very young age distribution. Some 45 percent of the population is under the age of 15. The difficulties of providing the health and educational services needed to improve the Burkina Faso's human resource base are increased because more and more

investment is needed just to provide the same low level of service, much less the expand coverage. The impact of reduced fertility on health and education services can be relatively rapid: the rate of growth in the number of MCH/FP clients who need care is reduced, eventually the absolute number of clients also declines, and the growth rate in the number of children entering primary school also slows. In the medium term, there is also a positive effect on the rate at which jobs must be created. A young age distribution leads to a high dependency burden, i.e. the number of working age adults available to support children and old people. With a high dependency ratio, estimated in Burkina Faso to be 88, the amount each adult produces beyond what he or she needs to exist must go to feed others rather than into savings which would be available in turn for productive investments.

Out-migration of Burkinabe workers also affects both the economic and demographic situations. It is estimated that some 0.6 percent of the population--most working age males--emigrates each year in search of work in the coastal West African countries. This sustained migration has had a depressing effect on the rate of population growth and is, in turn, a reflection of the high level of that growth. Domestic employment creation is not sufficient to meet the demand for jobs and thus potential workers leave to seek work elsewhere. This has positive and negative effects on the economy. On the positive side, migrants remit a significant amount of money into the Burkinabe economy--up to 8 percent of GDP. (7) On the negative side, however, are several things: 1) often the emigrants are drawn from the better educated part of the population, thus depriving Burkina Faso of the skilled manpower it needs badly; 2) the safety valve against population pressure provided by emigration is only partial--a 2.1 percent population growth rate is still high and current estimates from the 1985 census indicate it may be higher; furthermore, the health and education services needed by Burkina's children are not lessened by the emigration of working age people; and 3) the labor-receiving countries may, at any time, force all the emigrants to return, causing economic disruption on both sides of the border.

In summary, Burkina Faso is facing economic constraints at the present time. Reducing the rate of population growth, while not part of the most short-term policies needed to alleviate the current crisis, should be included as an integral part of the country's overall development program. Burkina's population policies need to include both family planning and at least an awareness of the implications of migration on the economy. The population project described here is a step toward including population in the development package. By laying the groundwork for expanded family planning service delivery and including a program for judicious use of centrally-funded population projects--in areas such as census work and policy development--a small but significant contribution can be made toward Burkina Faso's overall development effort.

## 2. Micro-economic Benefits

While the project described in this paper will have only a small immediate impact on individual families, benefits can be derived from the Phase II project which it is assumed will follow. In terms of day-to-day expenditures, couples who practice family planning could see a reduction in their health expenditures. Increased child spacing has been shown to be beneficial to both mothers' health and the health of their children.

There is not enough information to quantify any possible saving and clearly there would be trade offs between the costs of contraceptives and the savings in medical care. However, evidence from other Sahelian countries indicates that up to 25 percent of disposable income is spent for health care, mainly for women and children. The potential for savings is, therefore, great. Over the longer term, having the option of spacing births when desired can allow families to choose among expenditures including more education for their existing children; additional inputs for their land; improvements in their village; or having more children.

### 3. Economic Considerations for the Government of Burkina

Of primary concern to both USAID and the GOB is the issue of recurrent costs. Currently two-thirds of the recurrent and development funds for health programs come from outside aid, and there is little evidence that the GOB will have the resources to pick up much more of the recurrent cost burden in the near future. The population project described in this paper, will not, however, add significantly to the recurrent cost burden. Existing personnel will need to be given time from their day-to-day duties to attend training courses and seminars (valued at about \$84,000 over the life-of-projects. In addition, the MOPH and MOFW will have to make available one project coordinator each at 40 percent time and 5 trainers each for 2 person-months per year. GOB is aware of these requirements and seems willing to meet them. An estimated 5 percent increase in time spent for family planning at the clinic level will not incur new costs, but will be instead a trade-off with other clinic tasks.

There will also be a slight increase in the supplies health posts need to stock. Under current government policy, however, contraceptives as well as other medical supplies will not be given out free. Instead a small fee will be charged and the proceeds used to restock the clinic. Using information on the number of contraceptive users and the prices actually charged for different contraceptives in Burkina, it can be estimated that, in 1985 the government offset about 6 percent of the cost of delivering services to 5551 clients; ABBEP offset about 1 percent of serving 644 clients; and the Midwives clinic covered 3 percent of this costs in providing services to 614 clients. All three clinics are very new and the cost recovery percentage can be expected to increase as the programs develop. (A detailed breakdown is contained in Annex II). Thus the project, rather than creating heavy additional recurrent cost burdens for either USAID or the Burkinabe government, is, instead, an investment in human resources and seed "money" (although an investment in kind not cash) for the commodities needed to introducing family planning.

### 4. Cost Analysis of the Project

Unfortunately the data do not exist to compare the cost effectiveness of the approach outlined in this paper with that of other possible population project designs. Burkina Faso is at such an early phase of development in its population programs that there exist no

previous efforts from which to draw comparisons. Until there has been more experience with family planning service delivery in the country, the economic justification will have to rely on the macro-economic arguments cited above. At this point it is essential for the economy to begin the introduction of population programs.

There are, however, techniques available for assessing the cost effectiveness of family planning service delivery which can be used as more data become available. The data necessary for such assessments should be collected efficiently as the program develops. Below are outlined some of the data requirements and technical issues which need to be kept in mind:

- 1) contraceptive costs (AID costs if supplied free to the clinic);
- 2) staff costs, salary plus benefits/time, to delivery services;
- 3) other costs, including IEC, training, building rental, electricity, other supplies and any other support costs (vehicles, gas etc.);
- 4) number of clients served by contraceptive method;
- 5) amount of commodities dispensed;
- 6) prices charged for each contraceptive method and other services;
- 7) other sources of clinic revenues.

A baseline estimate of the cost of delivering family planning services has been prepared for Burkina, using actual cost data for the ABBEF and Midwives Clinic and estimated cost data for the government-delivered services. The analysis was done using a method developed by the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT). (8) The analysis work sheets and underlying assumptions are included in Annex II.

The results indicate that the cost per birth averted in the ABBEF clinic is \$386; in the government MCH clinics it is \$71; and for the Midwives Clinic it is \$89. Before discussing the meaning of the figures it must be noted that the necessary cost information was not available for the government program. The \$71 figure is based on an estimated ratio of contraceptive costs to other costs suggested in the PIACT manual. Several points are still relevant, however, to the Child Spacing Initiatives Project. First, all of the figures are well within the (broad) range for early-stage LDC family planning programs. Early programs in Barbados and Indonesia had costs as high as \$450 per birth averted. (9) The start-up costs of any new program are high, and can be expected to drop as clinic administration, staff and IEC become more efficient. Second, these factors are highlighted by the difference between ABBEF's costs and those of the Midwives Clinic. ABBEF's program is mainly IEC and training with only a small service delivery component. The costs of IEC and training averaged over all the clients significantly raise the cost per birth averted. The midwives family planning program does not have large "other" expenditures and thus lower per client costs. Third, it is also of note that although the initial costs for

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IUDs are higher, the cost per birth averted is much lower. The same would be true for injectables, implants and sterilizations, if those methods were offered. The effects (and costs) of these methods are spread over more than one birth averted. The seemingly cheaper, less effective methods like condoms and foam, end up costing more per birth averted. The addition of expensive clinic costs diminishes the cost-effectiveness of these methods. However, they can be very cost-effective when distributed through community-based distribution or social marketing programs. Finally the costs per birth averted for the government clinics can be expected to rise because of the Family Planning Support Project. In the short-run, i.e., the life-of-project, the addition of IEC and training will increase the costs, as in the ABBEF clinic. However, as the delivery system improves and attracts more clients, cost-efficiency will also improve. This Phase I effort will lay the groundwork for cost-effective operation in Phase II.

Footnotes:

1. Walsh, John, "Desertification Defines the Ordeal of the Sahel," Science, Vol 244, May 4, 1984, p. 468.
2. The following Economic summary was adapted from "Report and Recommendation on a proposed credit of SDR 26.9 million to Burkina Faso for a Health Services Development Project," the World Bank, May 14, 1985.
3. Gunther Mack, "Why The Deserts Are Growing," Development: Seeds of Change, 1985, No. 3, pp 42-45.
4. World Bank, May 14, 1985.
5. Mack, 1985 and Walsh, 1984.
6. Tom Goliber, "Sub-Saharan Africa: Population Pressures on Development," Population Bulletin, Vol. 40, No. 1, February 1985, pp 18-19.
7. World Bank, May 14, 1985.
8. Jane Hutchings and Lyle Saunders, "Assessing the Characteristics and Cost-effectiveness Contraceptive Methods", "PIACT Paper, #10, August 1985.
9. Nancy Yinger, Et. al., "Third World Family Planning Programs: Measuring the Costs," Population Bulletin, Vol 38, #1, February 1983.

**ANNEX I Standard Attachments**

- A. Logical Framework Matrix**
- B. PID Guidance Cable**
- C. Project Checklist**

CHILD SPACING INITIATIVES (686-0260)

LOGICAL FRAMEWORK

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><b>PROGRAM GOAL:</b> The broader objective to which this project contributes:</p> <p>To increase the availability of child spacing information and services in an effort to improve the well-being of Burkinabe families.</p>	<p><b>MEASURES OF GOAL ACHIEVEMENT:</b></p> <ol style="list-style-type: none"> <li>1. Improved social and political climate favorable to child spacing programs.</li> <li>2. Improved health of mothers and children resulting from child spacing practices.</li> <li>3. Improved understanding of the benefits of child spacing.</li> <li>4. Increased contraceptive prevalence from an estimated 1 percent to 3 percent.</li> </ol>	<ol style="list-style-type: none"> <li>1. Change of legislation and regulation concerning information and delivery of services.</li> <li>2. MOPH health and nutrition statistics</li> <li>3. KAP and special studies</li> <li>4. MOPH service statistics, PVO statistics, pharmacy statistics.</li> </ol>	<ol style="list-style-type: none"> <li>Continued political support of child spacing concept by GOS.</li> <li>Continued unmet demand for child spacing services.</li> </ol>
<p><b>PROJECT PURPOSE:</b></p> <p>To reinforce the institutional capability of GOS structures to develop and execute improved child spacing information and service delivery activities.</p>	<p><b>CONDITIONS THAT WILL INDICATE PURPOSE HAS BEEN ACHIEVED (EOPS):</b></p> <ol style="list-style-type: none"> <li>1. Functional units of family planning within the Ministry of Family Welfare and in the Ministry of Public Health with trained personnel experienced in program planning and implementation service delivery technique and IEC programs.</li> <li>2. A model clinic used for the provision of information and services, and training of health and social agents.</li> <li>3. A cadre of over 300 health and family welfare professionals who can plan and implement various family planning information and service activities.</li> <li>4. Increased number of potential clients receiving IEC information by trainee social educators and health agents.</li> <li>5. FP services available at 2 national hospitals, 5 regional hospitals, and 33 health facilities in 13 provinces.</li> <li>6. Increased number of FP clients utilizing MOPH hospital clinics and provincial health facilities.</li> </ol>	<ol style="list-style-type: none"> <li>1. On site verification; MOPH and MOPW documents; training reports.</li> <li>2. On site verification</li> <li>3. Training curricula; training reports.</li> <li>4. MOPW referral cards; IEC materials distributed.</li> <li>5. Service statistics; client referral records; contraceptive supply records.</li> <li>6. MOPH service statistics; contraceptive supply records.</li> </ol>	<ol style="list-style-type: none"> <li>Ministry officials are designated to manage projects.</li> <li>Medical, paramedical, and education staff made available for child spacing at all levels.</li> <li>Staff are adequately trained according to schedule.</li> <li>Contraceptive supplies arrive in a timely manner.</li> <li>Potential users request services.</li> </ol>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																
OUTPUTS:	MAGNITUDE OF OUTPUTS:																		
A1 Training:																			
A1. A pre-service family planning module for midwives and nurses which is integrated into overall curriculum of National Schools of Public Health in Ouagadougou and Bobo-Dioulasso.	A1. Training Curricula A1.1 Theoretical and practical pre-service family planning curriculum developed, adopted, and incorporated into 3 year ENSP program for midwives and registered nurses (40 grads/yr)  A1.2 Theoretical pre-service family planning curriculum developed, adopted and incorporated into 3 year practical nurses and auxiliary midwives course. (120 grads/yr)	A1. Training curricula; N/MW graduate competency tests; on-site visits to classes; contractor reports.	School officials agree to revise change curriculum to include PP information.  Schools continue to train students.  Current curriculum can accommodate increased family planning modules.																
A2. A cadre of trained clinical and administrative personnel in MOPH and MOPW central administrative facilities and service delivery facilities.	A2. Trained Personnel A2.1 In-country Training of Trainers (team of 10, 2 weeks/session)* <table border="1" data-bbox="545 609 988 673"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>MOPH staff</td> <td>2X5</td> <td>2X5</td> <td>2X5</td> </tr> <tr> <td>MOPW staff</td> <td>2X5</td> <td>2X5</td> <td>2X5</td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	MOPH staff	2X5	2X5	2X5	MOPW staff	2X5	2X5	2X5	A2. Training curriculum; course outlines; achievement certificates; trainee reports; contractor reports; ministry reports.	GOB will release trainers and participants from daily positions to participate in courses.  Trainers are sufficiently trained and available to train.				
	Year 1	Year 2	Year 3																
MOPH staff	2X5	2X5	2X5																
MOPW staff	2X5	2X5	2X5																
	A2.2 In-country Theoretical Training (2 weeks)* <table border="1" data-bbox="545 750 988 841"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>MD/MW</td> <td>1X5</td> <td>2X10</td> <td>3X10</td> </tr> <tr> <td>Nurses</td> <td>1X5</td> <td>2X10</td> <td>3X10</td> </tr> <tr> <td>MOPW</td> <td>1X5</td> <td>2X10</td> <td>3X10</td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	MD/MW	1X5	2X10	3X10	Nurses	1X5	2X10	3X10	MOPW	1X5	2X10	3X10	Contractor reports	Participants will be assigned to appropriate position upon completion of training.
	Year 1	Year 2	Year 3																
MD/MW	1X5	2X10	3X10																
Nurses	1X5	2X10	3X10																
MOPW	1X5	2X10	3X10																
	A2.3 In-country Practical Training (4 weeks)* <table border="1" data-bbox="545 905 988 944"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>MD/MW</td> <td>1X5</td> <td>2X10</td> <td>3X10</td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	MD/MW	1X5	2X10	3X10		Sufficient patient case load for practical training.								
	Year 1	Year 2	Year 3																
MD/MW	1X5	2X10	3X10																
	A2.4 In-country IEC Training (2 weeks)* <table border="1" data-bbox="545 1034 988 1098"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>MOPH Staff</td> <td>2X10</td> <td>2X10</td> <td>3X10</td> </tr> <tr> <td>MOPW Staff</td> <td>2X10</td> <td>2X10</td> <td>3X10</td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	MOPH Staff	2X10	2X10	3X10	MOPW Staff	2X10	2X10	3X10						
	Year 1	Year 2	Year 3																
MOPH Staff	2X10	2X10	3X10																
MOPW Staff	2X10	2X10	3X10																
	* courses x no. participants																		
	A2.5 Out-of-Country Training (4 weeks) <table border="1" data-bbox="545 1201 988 1259"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>MOPH staff</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>MOPW staff</td> <td>2</td> <td>2</td> <td>2</td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	MOPH staff	4	4	4	MOPW staff	2	2	2						
	Year 1	Year 2	Year 3																
MOPH staff	4	4	4																
MOPW staff	2	2	2																

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B1. Information, Education and Communication:

B1. A variety of IEC materials available to support clinic based and community education programs.

B1. IEC Materials Made Available:

- a) New IEC materials developed:
- pill brochure for service providers
  - IUD brochure for service providers
  - panjes and T-shirts for service providers and public

b) Existing IEC materials reproduced:

- logo sign for service sites: 100
- logo decals: 15000
- posters 1500 X 3 posters
- client brochures for each of 5 methods: 100,000 total
- duplication of film: 10 copies

c) Purchased materials available:

- counseling flip charts 250
- film/av materials and teaching materials
- anatomical models: 100 male  
100 female

B1. Pretest reports: examination of outputs; contractor reports; IEC inventory.

In-country capability to create and print materials continues to be available.

IEC distributed and used appropriately.

B2. A series of family planning orientation sessions held for key special interest groups (CDRs, women's groups, labor groups, physician association, midwives association, pharmacists, youth groups)

B.2 Orientation Sessions Held

	Year 1	Year 2	Year 3
a) Update workshop	2	2	2

	Year 1	Year 2	Year 3
b) Round table discussions	2	2	2

	Year 1	Year 2	Year 3
c) Community meetings	3	3	2

B2. MOPW activity reports; contractor reports; observation; MOPW referral cards.

The willingness of the special interest groups to attend the workshops.

B3. A series of dramatic presentations on related health topics produced for community audiences.

B.3 Dramas produced

- a) Scripted piece on 2-3 selected FP themes

- b) Presentations: 12/yr after year 2

B3. Script review; performance viewings.

The dramatic troupe available to develop and present performances.

COB authorization given to display such presentation.

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C) Service Delivery Support:

C1. A renovated and equipped NCH/PP clinic to serve as a model service-site and training facility.

C2. Management plans produced and distributed.

C3. A record-keeping system.

C1. One building renovated and equipped

C2. Plans:

a) clarified roles and responsibilities of NCH and NCHW personnel and other agencies involved in child spacing activities.

b) revised 3-year action plans for NCH and NCHW.

c) in-service training plan developed.

d) supervision and evaluation system developed and tested in model clinic.

C3. Record System:

a) present record-keeping system reviewed and revised as appropriate.

b) forms printed to NCH and NCHW specifications including:  
- registration forms  
- patient exam records  
- contraceptive supply records  
- patient referral forms

C1. Contract completed; observation.

C2. Consultant reports; NCH and NCHW plans.

Questionnaires completed; recommendations made.

C3. Consultant reports; forms.

NCHW selects the site.

Imported equipment arrives in timely fashion.

Appropriate consultants are available when required.

COB officials will devote adequate time for planning.

(USAID/Burkina)

BUDGET BY YEAR (\$000)

	Year 1	Year 2	Year 3	TOTAL
A) Training:				
A1. In-country MOPH training (INTRAH buy-in)	70	70	60	200
A2. Short-term out-of-country training (\$10,000 X 18 pm)	60	60	60	180
B) Information, Education:				
B1. In-country MOPW IEC activities (PCS buy-in)	70	70	60	200
C) Commodities:				
C1. Equipment and supplies for model clinic(s) and priority sites	38	0	0	38
C2. Printing of client forms	4	3	3	10
D) Renovation of Model Clinic:	32	0	0	32
E) Technical Assistance:				
E1. Long-term technical advisor (30pm)	100	123	137	360
E2. Short-term technical assistance (7pm)	40	60	40	140
F) Project Evaluation:	0	0	30	30
G) Contingencies/inflation (10%):	20	20	20	60
<b>Total USAID/Burkina Inputs:</b>	<b>434</b>	<b>406</b>	<b>410</b>	<b>1,250</b>
(Government of Burkina)				
A) Personnel Salaries:				
A1. Training time	28	28	28	84
A2. Services time	24	48	72	144
B) GOB Facilities:	20	20	20	60
<b>Total GOB Inputs:</b>	<b>72</b>	<b>96</b>	<b>120</b>	<b>288</b>

A1. Contractor financial reports;  
AID Controller reports;  
AID project files;  
procurement/purchase orders  
documentations.

Cooperating agency buy-in  
negotiated in a timely manner.

Cooperating agency buy-in  
negotiated in a timely manner.

Equipment and material are ordered  
and arrive in timely manner.

Local contract negotiated in timely  
manner.

Technical advisor hired and in  
place as scheduled.

Participants are accepted in  
short-term training courses.

Prices of goods and services do not  
rise significantly beyond what is  
allowed for contingencies.

GOB is willing to provide inputs  
as required.

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ACTION AID INFO AME ECM ECO. CHRON/2

MH

KHS  
VZCZCDAL/11LEV317  
RE RUEHOC  
DI RUEHC #4550/01 1102011  
ZNY 00000 ZLH  
R 270250Z APR 84  
FM STATE/AMEMB  
TO RUEHOC/AMEMBASSY GUAGADUCOU 6902  
INFO RUEHAI/AMEMBASSY AHILJAN 3886  
RUIAEO/AMEMBASSY BANAGO 4304  
RUIATS/AMEMBASSY DAKAR 4489  
BT  
UNCLASSIFIED STATE 124890

100: DISK 5 525  
26 APR 84 261F  
CM: MDSF1  
CHRG: AID  
DIST: AID

OPR  
5/4  
C/M, C/DIA, DTR

AIAC

E.O. 12958: N/A

TAGS:

SUBJECT: UPPER VOLTA POPULATION PLANNING ASSISTANCE  
PROJECT (06G-2252); GUIDANCE FOR PROJECT PAPER DESIGN

REF: STATE 115865

1. AID/US CONGRATULATES USAID/UPPER VOLTA ON THE DEVELOPMENT OF AN INNOVATIVE AND WELL-BALANCED BILATERAL POPULATION PROJECT. FPIR SEPII, PID FOR SUBJECT PROJECT WAS APPROVED BY EOPR HELD ON 19 APRIL. THE FOLLOWING GUIDANCE IS PROVIDED REGARDING THE DEVELOPMENT AND AUTHORIZATION OF THE PP, AND IS BASED ON DISCUSSIONS HELD DURING THE ISSUES MEETING AND THE EOPR MEETING.
2. THE PROJECT PAPER SHOULD PLAIN WHY NPITBFA AN EXCLUSIVELY URBAN NON-RURAL STRATEGY IS BEING PURSUED. THE EXPLANATION GIVEN AT THE ISSUES MEETING REGARDING THE INTENT TO BEGIN WITH EXISTING INSTITUTIONS AND CENTERS IS LOGICAL AND SHOULD BE STATED.

3. DEMOGRAPHY AND POLICY DEVELOPMENT:

(A) THE PROJECT PROPOSES THAT PARTICIPANTS BE TRAINED

IN THE USE OF MICROCOMPUTERS FOR ANALYZING THE 1985 CENSUS. AT PRESENT, THE TECHNOLOGY (SOFTWARE) DOES NOT EXIST TO ANALYZE CENSUS RESULTS ON THE MICROCOMPUTERS. THE CENSUS BUREAU IS SENDING A REPRESENTATIVE TO UPPER VOLTA IN MAY TO ASSIST THE GOV IN PLANNING THE 1985 CENSUS. DURING THAT TDY, THE EUCEN REPRESENTATIVE SHOULD ADVISE THE GOV OF THESE LIMITATIONS. IF THE MISSION WISHES TO PROVIDE SUPPORT FOR CENSUS ANALYSES, MORE TIME AND/OR FUNDS SHOULD BE BUDGETED SINCE THE RESULTS WOULD NEED TO BE ANALYZED ON A MAINFRAME COMPUTER.

FYI: THE ANNUAL GROWTH RATE SPECIFIED IN THE PIP OF 1.7 PERCENT MAY BE MISLEADING SINCE THE 1 PERCENT EMIGRATION FACTOR ASSUMED MAY HAVE SLOWED CONSIDERABLY SINCE 1975 DUE TO THE ECONOMIC DOWNTURNS OF WEST AFRICA. IN

66

ADDITION, MORTALITY FIGURES MAY ALSO HAVE DECREASED WITH THE IMPROVEMENT OF HEALTH FACILITIES. IF NOT ALREADY, THESE TWO FACTORS MAY SOON CHANGE SUFFICIENTLY TO CAUSE A SUBSTANTIAL UPTURN IN THE GROWTH RATE. ENI FYI

#### 4. INFORMATION, EDUCATION, COMMUNICATION:

(A) FOR USAID'S INFORMATION, THE UNESCO FRANCOPHONY CENTER IN DAKAR HAS PRODUCED IEC MATERIALS WHICH MAY BE APPLICABLE TO IEC EFFORTS IN UPPER VOLTA. PERHAPS THE MISSION COULD ASK SAPA SEIMS TO FORCH SOME OF THOSE MATERIALS TO USAID/OUAGADOUGOU.

(B) IT WAS RECOMMENDED THAT AN IEC CONSULTANT BE INCLUDED ON THE PP DESIGN TEAM. FUNDS ARE AVAILABLE THROUGH THE POPULATION COMMUNICATION SERVICES PROJECT (976-3264) TO PROVIDE AN IEC CONSULTANT. MAJESTRAL KOTHE, ST/POP/IT, IS ATTEMPTING TO CONFIRM THE PARTICIPATION OF EITHER PHILIPPE LANGLOIS OR MARGARET PARLATO IN AUGUST OR SEPTEMBER. PIG LEPPER WILL HAND-CARRY OF ST/POP WILL POUCH CURRICULUM VITAE FOR THESE AND OTHER PERSONS IDENTIFIED IN PARAS 5 AND 6 BELOW.

#### 5. TRAINING:

(A) IT WAS NOTED THAT LONG-TERM TRAINING WAS SUGGESTED ONLY IN THE DEMOGRAPHIC ANALYSIS AREA. IN THE ISSUES MEETING, HEALTH OFFICER HARPER STATED THAT THE GOVU IS INTERESTED IN PROVIDING LONG-TERM TRAINING FOR PHYSICIANS TO ACT AS TRAINERS OF TRAINERS IN THE TWO URBAN MATERNITY CENTERS. SUCH TRAINING WAS NOT INCLUDED IN THE PID BECAUSE USAID ASSUMED THAT THE AGENCY WAS OPPOSED TO LONG-TERM TRAINING FOR MEDICAL PROFESSIONALS.

PPC HAS ADVISED THAT THE IMPLICIT PROSCRIPTION ON M.D. TRAINING HAS BEEN DUE MAINLY TO THE COSTS AND THE LENGTH OF TRAINING, AND TO THE LIKELIHOOD AN M.D. WOULD NOT RETURN TO HIS COUNTRY. IF THE TRAINING IS RELATIVELY SHORT (2 TO 3 YEARS) AND THE INDIVIDUAL IS JUDGED LIKELY TO RETURN, THE TRAINING SHOULD BE COST-EFFECTIVE AND APPROPRIATE TO SUPPORT. ADVANCED TRAINING SHOULD BE CONSISTENT WITH PROJECT DESIGN AND SECTOR STRATEGY. A CASE CAN MORE EASILY BE MADE FOR TRAINING ONE OR MORE INDIVIDUALS NEEDED FOR A SPECIFIC PROJECT PURPOSE THAN FOR A SPECIAL PROJECT TRAINING DOCTORS AS A GROUP. THE AGENCY POLICY DETERMINATION ON PARTICIPANT TRAINING SHOULD BE CONSULTED ON THIS MATTER.

(B) MARIYNA SCHMIDT, ST/POP/IT, IS ATTEMPTING TO CONFIRM THE PARTICIPATION OF A PUBLIC HEALTH TRAINING CONSULTANT FOR THE PP DESIGN TEAM. AMONG THE CANDIDATES SUGGESTED ARE: YOLANDE MOUSSEAU-GERSHMAN, MICHEL

AIDAC

FRANAN, EMILY LEWIS, GILBERT VAN SINTENAN, AND PAULLETTE CRAPONNIERE.

#### 6. FAMILY PLANNING SERVICES:

(A) IT IS RECOMMENDED THAT THE MAJORITY OF CONTRACEPTIVE COMMODITIES SHOULD BE PROCURED THROUGH THE CONTRACEPTIVE PROCUREMENT PROJECT OF ST/POP (936-3316). ST/POP/CPSE CAN PROVIDE A CDC CONTRACEPTIVE LOGISTIC EXPERT THROUGH THE POPULATION PROGRAM DEVELOPMENT AND SUPPORT PROJECT (930-0022/CPSE) TO PARTICIPATE IN THE PP DESIGN FOR UP TO THREE WEEKS DURING AUGUST OR SEPTEMBER. THIS CONSULTANT WOULD ASSIST IN PLANNING THE NUMBERS AND TYPES OF CONTRACEPTIVES REQUIRED, AS WELL AS THE LOGISTICS FOR WAREHOUSING AND DISTRIBUTION. KAREN PEASE, ST/POP/CPSE, IS WORKING WITH CDC TO IDENTIFY AND RESERVE THE SERVICES OF A CONSULTANT. THE MISSION WILL HAVE TO FORMALLY REQUEST THE ASSISTANCE AND PROVIDE A SCOPE OF WORK AT A LATER POINT IN TIME.

(E) PRICE ELASTICITY IN THE DEMAND FOR CONTRACEPTIVES IS AN ISSUE THAT NEEDS TO BE EXAMINED DURING THE DEVELOPMENT OF THE SOCIAL MARKETING COMPONENT OF THE PROJECT. THIS ISSUE COULD BE EXAMINED IN THE MARKETING SURVEY THAT WILL BE CONDUCTED TO INVESTIGATE THE FEASIBILITY OF A CONTRACEPTIVE SOCIAL MARKETING PROGRAM. PFC WILL ALSO PROVIDE INFORMATION BASED ON STUDIES CURRENTLY UNDERWAY IN JAMAICA AND THAILAND ON THIS SUBJECT.

(C) DELIVERY OF FAMILY PLANNING SERVICES WILL BE ASSESSED BY THE OPERATIONS RESEARCH COMPONENT. ELIZABETH MAGUIRE, ST/POP/R, IS ATTEMPTING TO CONFIRM THE PARTICIPATION OF DR. MARIA WALKER IN AUGUST OR SEPTEMBER TO ASSIST IN THE DESIGN OF THE OPERATIONS RESEARCH COMPONENT OF THE PROJECT. DR. WALKER'S PARTICIPATION COULD BE FURNISHED THROUGH THE CONTRACT WITH COLUMBIA UNIVERSITY AS PART OF THE ST/POP/R OPERATIONS RESEARCH PROJECT (932-0622).

7. IT IS RECOMMENDED THAT THE FOUR PP DESIGN TEAM MEMBERS WORK TOGETHER AT THE SAME TIME ON THE DESIGN OF THE PP.

#### 8. EVALUATION:

(A) THE EVALUATION PLAN SHOULD DRAW UPON THE BASELINE DATA COLLECTED IN THE FAMILY HEALTH AND DEMOGRAPHIC SURVEY, THE MARKETING SURVEY, AND THE OPERATIONS RESEARCH, AND ESTABLISH BENCHMARKS FOR THE EVALUATION. IT IS RECOGNIZED, HOWEVER, THAT THE PROJECT IS BASICALLY DIRECTED TOWARD LAYING THE FOUNDATIONS FOR SERVICE DELIVERY EXPANSION IN THE FUTURE. AS SUCH, MAJOR CHANGES ARE NOT TO BE EXPECTED WITHIN THE LIFE OF THE PROJECT IN FERTILITY OR HEALTH INDICATORS EXCEPT, PERHAPS, IN THE IMMEDIATE AREAS OR HOUSEHOLDS TOUCHED BY

## EXPERIMENTAL SERVICE DELIVERY ACTIVITIES.

(F) THE PLAN SHOULD ALSO INCLUDE INDICATORS THAT WILL ASSIST IN DETERMINING WHETHER A PHASE II EFFORT IS APPROPRIATE.

C. PFC WILL FOCUS TO THE MISSION LITERATURE ON POPULATION SECTOR EVALUATIONS.

## .. RECURRENT COST ANALYSIS:

(A) THIS ANALYSIS OF THE PROJECT SHOULD INCLUDE A DISCUSSION OF THE FOLLOWING RECURRENT COSTS, IN ADDITION TO THOSE DISCUSSED IN THE PID: (1) MICROCOMPUTER PARTS AND MAINTENANCE; (2) ADMINISTRATION AND DISTRIBUTION OF CONTRACEPTIVES THROUGH THE PUBLIC SECTOR; (3) FACILITIES/EQUIPMENT MAINTENANCE AND EQUIPMENT PARTS FOR THE TWO MATERNITY CENTERS AND THE FAMILY PLANNING CLINICS; (4) PERSONNEL COSTS FOR PARTICIPANTS RECEIVING UPGRADE TRAINING, PARTICULARLY THE EFFECTS ON PROMOTION; (5) PERSONNEL AND TRAVEL COST FOR SUPERVISION; AND (6) EXPENDABLE SUPPLIES FOR IFC AS WELL AS RADIO AIR TIME.

(F) THIS ANALYSIS SHOULD ALSO INCLUDE A DISCUSSION OF THE EXTENT TO WHICH GOV'T WILL PHASE-IN FUNDING.

## 10. INSTITUTIONAL ANALYSIS AND ADMINISTRATIVE CAPABILITIES:

ALL/0 ASSUMES (A) THE INSTITUTIONAL ANALYSIS WILL DISCUSS THE MANAGEMENT CAPABILITY OF AVIFP AND (F) THAT SATISFACTORY SOLUTIONS TO THE PROBLEMS WHICH FACE THE ORGANIZATION WILL BE RESOLVED TO THE MISSION'S SATISFACTION BEFORE PROJECT FUNDING IS LAID OFF FOR SUPPORT TO AVIFP.

## 11. ENVIRONMENTAL CONCEPTS:

AS SPECIFIED IN THE PID, THIS PROJECT MEETS THE CRITERIA FOR CATEGORICAL EXCLUSION IN ACCORDANCE WITH HQ. 11.

AID/C

SECTION 210. (C) (2) VIII). AFE/TR/SDP HAS SIGNED THE CATEGORICAL EXCLUSION CONCURRENCE.

### 12. METHODS OF FINANCING AND IMPLEMENTATION:

THE PROJECT PROPOSES TO DRAW UPON RESOURCES OF INSTITUTIONS WHICH ARE BEING SUPPORTED THROUGH AID (ST/POP) CENTRAL FUNDING. THAT IS, USAID/UPPER VOLTA WOULD BUY IPTC EXISTING CONTRACTS FOR TA AND SUBSEQUENTLY REIMBURSE THE ST/POP CONTRACT. FUNDS WILL BE OBLIGATED WITHIN UPPER VOLTA'S BILATERAL OYL. AS THIS IS A NOVEL TYPE OF FUNDING PROCEDURE FOR A BILATERAL PROJECT, THE PRECISE MECHANISMS FOR THIS PROCEDURE HAVE NOT YET BEEN DETERMINED BY ST/POP, AFE/IME/ECS, SER/CM, OM/PM, ALTHOUGH IT IS BEING DONE ON AN AD HOC BASIS. BETTY CASE, ST/POP, AND FORD EICWA, AFE/PM/ECS, WILL CONSIDER ALTERNATIVES FOR SUCH A FUNDING MECHANISM AND WILL PROVIDE SPECIFIC GUIDANCE TO THE MISSION BY JUNE 30 AS TO HOW THE TRANSFER OF FUNDS FROM USAID TO ST/POP CONTRACTORS MIGHT WORK. IN ANY EVENT, UNDER THE NEW QUOTA PAYMENT VERIFICATION POLICY IMPLEMENTATION GUIDANCE UNQUOTE, THE PPS IS TO INCLUDE A DETAILED ASSESSMENT, CLEARED BY THE MISSION CONTROLLER, OF THE METHOD OF FINANCING AND IMPLEMENTING THE PROJECT. IN ADDITION, QUESTIONS CONCERNING MANAGEMENT MONITORING AND REPORTING RESPONSIBILITIES OF THE MISSION VERSUS THOSE OF AID/C WILL HAVE TO BE RESOLVED. IT APPEARS THAT AS LONG AS THE PROPOSED ACTIVITIES ARE WITHIN THE SCOPE OF WORK OF THE CONTRACT, AND THAT FUNDING DOES NOT EXCEED THE OVERALL CEILING, THIS FUNDING PROCEDURE WILL NOT BE A PROBLEM. ST/POP WILL FURNISH THE MISSION COPIES OF ALL THE PPS FOR THE ST/POP PROJECTS TO BE QUOTE FOUGHT INTO UNQUOTE AS WELL AS SAMPLE COOPERATIVE AGREEMENTS FOR REPORTING REQUIREMENTS.

13. IF PROJECT FUNDS ARE TO BE ADVANCED OR REIMBURSED TO GOVERNMENTAL OR NON-GOVERNMENTAL ORGANIZATIONS IN UPPER VOLTA, THE SYSTEM FOR ACCOUNTABILITY OF THOSE FUNDS WILL HAVE TO BE FULLY DEVELOPED AND ASSESSED BY THE MISSION CONTROLLER FOR PURPOSES OF OBTAINING THE 121(P) CERTIFICATION.

14. ALL/ALOOPS FORWARD TO ASSISTING THE MISSION DEVELOP THIS PROJECT FURTHER, AS PER PARAS 4 - 6 ABOVE.

DAM  
BT  
#4587

NANA

3/3

UNCLASSIFIED

STAT1 124692/6

**5C(1) - COUNTRY CHECKLIST**

Listed below are statutory criteria applicable generally to FAA funds, and criteria applicable to individual fund sources: Development Assistance and Economic Support Fund.

**A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY**

1. FAA Sec. 481(h)(1), FY 1986 Continuing Resolution Sec. 527. Has it been determined or certified to the Congress by the President that the government of the recipient country has failed to take adequate measures or steps to prevent narcotic and psychotropic drugs or other controlled substances (as listed in the schedules in Section 202 of the Comprehensive Drug Abuse and Prevention Control Act of 1971) which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

1. NO

FAA-Sec. 481(h)(4). Has the President determined that the recipient country has not taken adequate steps to prevent (a) the processing, in whole or in part, in such country of narcotic and psychotropic drugs or other controlled substances, (b) the transportation through such country of narcotic and psychotropic drugs or other controlled substances, and (c) the use of such country as a refuge for illegal drug traffickers?

2. NO

3. FAA Sec. 620(c). If assistance is to a government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) the debt is not denied or contested by such government? 3. NO
4. FAA Sec. 620(e)(1). If assistance is to a government, has it (including government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities? 4. NO
5. FAA Sec. 620(a), 620(f), 620D; FY 1986 Continuing Resolution Sec. 512. Is recipient country a Communist country? If so, has the President determined that assistance to the country is important to the national interests of the United States? Will assistance be provided to Angola, Cambodia, Cuba, Iraq, Syria, Vietnam, Libya, or South Yemen? Will assistance be provided to Afghanistan without a certification? 5. NO
6. FAA Sec. 620(j). Has the country permitted, or failed to take adequate measures to prevent, the damage or destruction by mob action of U.S. property? 6. NO

-3-

7. FAA Sec. 620(1). Has the country failed to enter into an agreement with OPIC? 7. N/A
8. FAA Sec. 620(o); Fishermen's Protective Act of 1967, as amended, Sec. 5. (a) Has the country seized, or imposed a penalty or sanction against, any U.S. fishing activities in international waters? 8. (a) N/A
- (b) If so, has any deduction required by the Fishermen's Protective Act been made? (b) N/A
- FAA Sec. 620(q); FY 1986 Continuing Resolution Sec. 518. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any AID loan to the country? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the appropriation bill (or continuing resolution) appropriates funds? 9. (a) NO
- (b) NO
- FAA SEC. 620(s). If contemplated assistance is development loan or from Economic Support Fund, has the Administrator taken into account the amount of foreign exchange or other resources which the country has spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) 10. N/A

11. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have they been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? 11. NO
12. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears were such arrearages taken into account by the AID Administrator in determining the current AID Operational Year Budget? (Reference may be made to the Taking into Consideration memo.) 12. Current
13. FAA Sec. 620A. Has the government of the recipient country aided or abetted, by granting sanctuary from prosecution to, any individual or group which has committed an act of international terrorism? 13. NO
14. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures? 14. NO

15. FAA Sec. 666. Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? 15. NO
16. FAA Sec. 669, 670. Has the country, after August 3, 1977, delivered or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.) 16. NO
17. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 6, 1985, exported illegally (or attempted to export illegally) from the United States any material, equipment, or technology which would contribute significantly to the ability of such country to manufacture a nuclear explosive device? 17. NO

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18. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. of Sept. 25 and 28, 1981, and failed to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the Taking into Consideration memo.)
18. NO

FY 1986 Continuing  
Resolution Sec. 541.

- Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?
19. NO

- Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilization?
- NO

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

20. FY 1986 Continuing Resolution. Is the assistance being made available to any organization or program which has been determined as supporting or participating in the management of a program of coercive abortion or involuntary sterilization? 20. NO

If assistance is from the population functional account, are any of the funds to be made available to family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services? N/A

FY 1986 Continuing Resolution Sec. 529. Has the recipient country been determined by the President to have engaged in a consistent pattern of opposition to the foreign policy of the United States? 21. NO

FY 1986 Continuing Resolution Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? 22. NO

B. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria 1. NO

FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy?

2. Economic Support Fund  
Country Criteria

2. N/A

FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the country made such significant improvements in its human rights record that furnishing such assistance is in the national interest?

## 5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only:  
B.1. applies to all projects funded with Development Assistance loans, and  
B.3. applies to projects funded from ESF.

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

### A. GENERAL CRITERIA FOR PROJECT

FY 1986 Continuing Resolution Sec. 524; FAA Sec. 634A.

Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

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?

1. This project was presented in the Congressional Presentation FY 86, Annex 1, Africa Programs, page 57.

2. (a) Yes-Financial plans are included within the Project Paper.

(b) Yes-These plans are firm estimates of total costs to be funded by the U.S.

3. No additional GOB legislative action is required to implement this project.

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4. FAA Sec. 611(b); FY 1986 Continuing Resolution Sec. 501. If for water or water-related land resource construction, has project met the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See AID Handbook 3 for new guidelines.)
  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?
  6. FAA Sec. 209. Is project susceptible to 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.
  7. FAA Sec. 601(a). Information and conclusions whether projects will encourage efforts of the country to:  
(a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and 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.
4. No water or water-related land construction will take place under this project.
  5. There is only a small clinic renovation component in this project (totaling \$32,000).
  6. Yes-In fact, about 50% of project activities will be through buy-ins with regional projects. The difficulty in implementing several regional projects requires the coordination effort of a Burkina based technician to efficiently implement the regional project activities. The project will also have activities which are not available within regional projects. Assistance through projects of this type (using buy-ins) of regional projects will encourage regional projects.
  7. (a) Increased importation of family planning materials to Burkina could occur when donor assistance ends.  
(b) NO but does not hinder.  
(c) Project will not influence development or use of cooperatives, credit unions or savings and loan associations.  
(d) NO but does not encourage.  
(e) Only in health sector.  
(f) The project will not affect free labor unions.

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8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).
8. The only possible benefit to U.S. trade and investment would be the importation of U.S. produced family planning materials.
9. FAA Sec. 612(b), 636(h); FY 1986 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.
9. USAID/Burkina has determined the contributions by the GOB to this project are maximum possible. GOB will contribute at least 23% of total budget with in-kind personnel and facilities.
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?
10. No excess foreign currency exists in the country.
11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
11. Yes-The project will utilize competitive selection procedures for awarding contracts.
12. FY 1986 Continuing Resolution Sec. 522. 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?
12. N/A

13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16. Does the project or program take into consideration the problem of the destruction of tropical forests?
13. Yes-An IEE is attached which recommend a categorical exclusion.
14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)?
14. On May 19, 1986 the AA/AFR made a finding that the determination set forth in Section 121(D) of the FAA is not required because SDP funds will not be made available to the Government of Burkina.
15. FY 1986 Continuing Resolution Sec. 533. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution?
15. NO
16. ISDCA of 1985 Sec. 310. For development assistance projects, how much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?
16. None of the funds are specifically available to the listed organizations/firms but every effort will be made to encourage their participation in this project.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance  
Project Criteria

- a. FAA Sec. 102(a), 111, 113, 281(a). 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 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, (e) utilize and encourage regional cooperation by developing countries?
- a. (a) The project is designed to an overall macro-economic impact, benefitting the population as a whole, by helping the GOB get its rates of economic and population growth into balance. The project will also benefit the population by encouraging the spread of MCH and family planning services.
- (b) The project will encourage the involvement of community CDR committees to inform the general public about the benefits of family planning.
- (c) Training sponsored by the project will be transferred to the volunteer village health agent.
- (d) This project is targeted in large part, at women. Half the trainees will be women and health benefits of increased service delivery will accrue to women.
- (e) Third-country training in other French-speaking African countries is planned for the project.

- b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used?
- b. Yes-Sahel funds are specifically programmed for development activities of this type.
- c. FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?
- c. NO-This type of project relate totally to the distribution of commodities and information for family planning activities.
- 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 is the latter cost-sharing requirement being waived for a "relatively least developed country)?
- d. NO-Due to financial constraints the GOB will not be able to contribute 25% of total project costs but will contribute 19 % in kind. Burkina is a RLDC.
- e. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?
- e. Yes-This activity gives promise of contributing to overall economic development by reducing the population growth rate and improving the health of mother and children so that they may contribute to economic productivity of Burkina.

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- f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?
- f. Yes
- g. 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 processes essential to self-government.
- g. All aspects of this project were developed with the input of the Burkinabé government, recognizing the need for human resource development and improved information channels. Project-sponsored training will cover, in addition to technical population issues, management, logistics, accounting and evaluation, thus enhancing institutional development.

2. Development Assistance Project  
Criteria (Loans Only) 2. N/A

- a. FAA Sec. 122(b). Information an conclusion on capacity of the country to repay the loan, at a reasonable rate of interest.
- b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

3. Economic Support Fund Project  
Criteria . N/A

- a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of part I of the FAA?
- b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities?
- c. ISDCA of 1985 Sec. 207. Will ESF funds be used to finance the construction of, or the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified

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that such country is a party to the Treaty on the Non-Proliferation of Nuclear Weapons or the Treaty for the Prohibition of Nuclear Weapons in Latin America (the "Treaty of Tlatelolco"), cooperates fully with the IAEA, and pursues nonproliferation policies consistent with those of the United States?

- d. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

### 5C(3) - STANDARD ITEM CHECKLIST

Listed below are the 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. <u>FAA Sec. 602.</u> Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed?  | A. 1. Yes   |
| 2. <u>FAA Sec. 604(a).</u> Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him??  | 2. Yes  |
| 3. <u>FAA Sec. 604(d).</u> If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company?  | 3. N/A  |
| 4. <u>FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a).</u> 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? (Exception where commodity financed could not reasonably be procured in U.S.) | 4. No agricultural commodities or products will be procured by the project. |

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5. FAA Sec. 604(g). Will construction or engineering services be procured from firms of countries which receive direct economic assistance under the FAA and which are otherwise eligible under Code 941, but which have attained a competitive capability in international markets in one of these areas? Do these countries permit United States firms to compete for construction or engineering services financed from assistance programs of these countries?
5. N/A
6. FAA Sec. 603. Is the shipping excluded from 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 such vessels are available at fair and reasonable rates?
6. NO-The project will comply with Section 901(b) of the Merchant Marine Act of 1936.
7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? If the 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?
7. Yes

8. International Air Transportation Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available?
8. Yes
9. FY 1986 Continuing Resolution Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States?
9. Yes-All contracts will be reviewed to ensure the provision is included.

B. Construction

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services be used?
- B. 1. N/A-Not capital project.
- FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable?
2. Yes
- FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million (except for productive enterprises in Egypt that were described in the CP)?
3. N/A

C. Other Restrictions

1. FAA Sec. 122(b). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? C. 1. N/A
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? 2. N/A
3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries? 3. Yes-This is done by project monitoring by USAID/Burkina and enforced by the government to government project agreement.
4. Will arrangements preclude use of financing:
- a. FAA Sec. 104(f); FY 1986 Continuing Resolution Sec. 526. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo 4. a.  
(1) Yes  
(2) Yes

sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; (4) to lobby for abortion?

(3) Yes

b. FAA Sec. 488. To reimburse persons, in the form of cash payments, whose illicit drug crops are eradicated?

b. Yes

c. FAA Sec. 620(g). To compensate owners for expropriated nationalized property?

c. Yes

d. FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotics programs?

d. Yes

e. FAA Sec. 662. For CIA activities?

e. Yes

f. FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained?

f. Yes

- g. FY 1986 Continuing Resolution, Sec. 503. g. Yes  
To pay pensions, annuities, retirement pay, or adjusted service compensation for military personnel?
- h. FY 1986 Continuing Resolution, Sec. 505. h. Yes  
To pay U.N. assessments, arrearages or dues?
- i. FY 1986 Continuing Resolution, Sec. 506. i. Yes  
To carry out provisions of FAA section 209(d) (Transfer of FAA funds to multilateral organizations for lending)?
- j. FY 1986 Continuing Resolution, Sec. 510. j. Yes  
To finance the export of nuclear equipment, fuel, or technology?
- k. FY 1986 Continuing Resolution, Sec. 511. k. Yes  
For the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights?
- l. FY 1986 Continuing Resolution, Sec. 516. l. Yes  
To be used for publicity or propaganda purposes within U.S. not authorized by Congress?

**ANNEX II A. Government of Burkina Requests for Assistance.**

**Exhibit 1. MOPH Request for Contraceptive Supplies and Training.**

**Exhibit 2. MOPH Request for Clinic Equipment and Supplies.**

**Exhibit 3. MOPH Request for Training Materials and Supplies.**

**Exhibit 4. MOPW Request for IEC Support.**

MINISTRE DE LA SANTÉ.

Le Ministre de la Santé

N° B 2050 MSP/CAE/SG/DSME.

A  
MONSIEUR LE REPRESENTANT  
DES PROGRAMES DE SANTE  
A L'USAIDObjet : demande d'approvisionnement  
en contraceptifs et de for-  
mation du personnel de santéRef. :

OUAGADOUGOU

USAID / BURKINA FASO

Rec'd. 6/14

ACTION: OHR (CAND)

DUE DATE: 6/28

DISTRIBUTION: D.R

OPR OFM CNRON

N.A.N:

REMARKS:

Reply drafted 7/3/85

Monsieur le Représentant,

Suite aux entretiens que votre service de santé a eus avec la Direction de la Santé de la Mère et de l'Enfant, j'ai le plaisir de vous faire parvenir nos besoins en contraceptifs et en formation de personnel.

Je me permet de vous signaler l'urgence de la requête relative aux contraceptifs qui entre dans le cadre de l'exécution du Plan d'Action en Planification familiale (P.F) adoptée en Conseil de Ministre le 10 Avril 1985. La Direction de la Santé de la Mère et de l'Enfant qui comporte en son sein un bureau de planification familiale a permis le démarrage effectif des prestations de Planification familiale dans les centres de Santé Maternelle et Infantile de Ouagadougou, Bobo-Dioulasso, Ouahigouya, Graoua, à la maternité de Gourcy et bientôt à Koudougou en (Juillet 1985).

Les prévisions de la Direction de la Santé de la Mère et de l'Enfant sont ainsi dépassées et ceci d'autant que d'autres centres seront encore à ouvrir. Un ravitaillement supplémentaire en contraceptifs s'avère donc nécessaire pour éviter les ruptures de stocks. Pour ce qui est de la formation du personnel en technique de Planification Familiale et en management, le Ministère de la Santé Publique souhaiterait voir assurer pour les trois années à venir la formation de :

- trente (30) sages-femmes
- vingt (20) médecins, ceci en technique de P.F ;
- trente (30) sages-femmes
- vingt (20) médecins en technique de management en PF.

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Je reste persuadé que cette requête rencontrera votre agrément compte tenu de tout l'intérêt que vous n'avez cessé de manifester pour les prestations de Planification familiale.

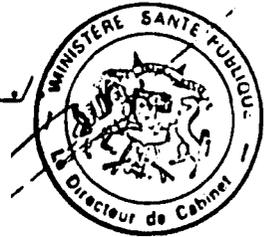
Je vous prie de croire, Monsieur le Représentant, en l'assurance de mes sentiments distingués

La Patrie ou la Mort, Nous Vaincrons

P.J : requête ~~des~~ contraceptifs.

P/le Ministre de la Santé Publique  
et par délégation le Directeur de Cabinet

SANKARA Alexis



1) MINISTRE DE LA SANTE PUBLIQUE  
-1-1-  
SECRETARIAT GENERAL  
-1-1-  
DIRECTION DE LA SANTE DE LA MERE  
ET DE L'ENFANT  
-1-1-1-

**REQUET** **CONTRACEPTIFS**  
-1-1-1-1-

Type de Contraceptifs	Quantité	Observations
<b>1°) STÉRILISATION</b>		
- Stérilet Multi Load 375 CU	3 000 UI	
- Stérilet Multiload 250 CU	1 000 UI	
- Stérilet Copper T Model Tc 200 E	2 000 UI	
- Gravigrade	2 000 UI	
<b>2°) CONTRACEPTIFS ORAUX</b>		
- Mifépril (1 x 21)	5 000 Boîtes	
- Miniphase (3 x 21)	5 000 Boîtes	
- Adépal (3 x 21)	5 000 Boîtes	
- Stéridil (3 x 21)	5 000 Boîtes	
- Millianovlar (3 x 21)	5 000 Boîtes	
- Milligynon (3 x 28)	2 000 Boîtes	
- Ovariostat (3 x 22)	5 000 Boîtes	
- Microgynon (3 x 28)	8 000 Boîtes	
- Eugynon (21 x 100)	100 Boîtes	
<b>3°) CONDOMES</b>		
- Condom lubrifié	10 000 UI	
<b>4°) SPERMICIDES</b>		
- ENKO (tube de 90 g)	5 000 Boîtes	
- Néo Sampooon (tube de 20 comprimés)	10 000 Tubes	
- Te - ho - Cap (boîtes de 40 Comprimés)	3 000 Boîtes	