

PD-KRG 847

Family Planning Services
A.I.D. Project No.: 660-0094

Services de Naissances Désirables
Projet N° 660-0094 de I.A.I.D.

PROJECT AGREEMENT AMENDMENT

AMENDEMENT A L'ACCORD DE PROJET

Amendment Number 3, dated 31 March, 1987, between the UNITED STATES OF AMERICA, acting through the Agency for International Development ("A.I.D.") and the REPUBLIC OF ZAIRE, acting through the Department of Public Health and Social Affairs and the Department of Plan:

AMENDEMENT numéro 3, du 31 Mars 1987, passé entre les ETATS-UNIS D'AMERIQUE, agissant par l'intermédiaire de l'Agence pour le Développement International ("A.I.D."), et la REPUBLIQUE DU ZAIRE, agissant par l'intermédiaire du Département de la Santé Publique et des Affaires Sociales et du Département du Plan:

WHEREAS, the Department of Public Health and Social Affairs and A.I.D. entered into a Project Grant Agreement, dated September 30, 1982, ("Agreement"); and

ATTENDU QUE, le Département de la Santé Publique et des Affaires Sociales et l'A.I.D. ont passé un Accord de Subvention pour Projet le 30 septembre 1982, ("Accord"); et

WHEREAS, the Agreement was amended on December 28, 1982 and June 11, 1984; and

ATTENDU QUE, l'Accord a été amendé le 28 décembre 1982 et le 11 juin 1984; et

WHEREAS, the Republic of Zaire and A.I.D. desire to amend the Agreement to 1) expand project assistance to the Department of Plan; 2) reflect an increase of one million United States (US) dollars (\$1,000,000) financial obligation by A.I.D. to the Agreement; 3) extend the Project Assistance completion date; 4) add a condition precedent to the disbursement of the newly obligated funds; 5) recognize the Department of Plan as an additional representative of the Republic of Zaire for the purposes of the Agreement; 6) incorporate Annex 1 A into the agreement; and 7) correct illustrative budgets contained in Annex 1;

ATTENDU QUE, la République du Zaïre et l'A.I.D. souhaitent amender l'Accord afin de 1) offrir l'assistance du projet au Département du Plan; 2) y faire figurer une augmentation d'un million de dollars des Etats-Unis (\$US 1.000.000) apportée par l'A.I.D. à son engagement financier dans le cadre de l'Accord; 3) proroger la Date d'Achèvement d'Assistance au Projet; 4) ajouter une condition préalable au décaissement des fonds nouvellement engagés; 5) reconnaître le Département du Plan comme un autre représentant de la République du Zaïre aux fins de cet Accord; 6) incorporer l'Annexe 1A à l'Accord; et 7) corriger les budgets à titre illustratif figurant à l'Annexe 1.

NOW THEREFORE, the parties hereto hereby agree that the Agreement, as previously amended, shall be amended as follows:

EN CONSEQUENCE, les parties au présent Accord conviennent par les présentes que l'Accord, tel qu'amendé, sera amendé de la façon suivante:

1. Article 2, Section 2.1. is deleted in its entirety and the following is substituted in lieu thereof:

1. Article 2, Section 2.1 est supprimée entièrement et remplacée par ce qui suit;

Section 2.1. Definition of Project. The Project which is further defined in Annex 1 and Annex 1A will assist the Department of Public Health and Social Affairs, the Zaire Association for Family Well-Being, and the Department of Plan to initiate and expand family planning services in on-going maternal and child health programs, and in increasing effective access of the population to family planning information and services in 16 major cities where 40% of the population resides. Annex 1 and Annex 1A, attached, amplify the above definition of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in the Annexes may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2, without formal amendment of this Agreement."

2. Article 3, Section 3.1. is deleted in its entirety and the following is substituted in lieu thereof:

"Section 3.1. The Grant. To assist Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement not to exceed four million nine hundred forty thousand United States (U.S.) dollars (\$4,940,000) ("Grant"). The Grant may be used only to finance foreign exchange costs, as defined in Section 6.1., of goods and services required for the Project."

Section 2.1. Définition du Projet. Le Projet, qui est plus amplement défini à l'Annexe 1 et à l'Annexe 1A, aidera le Département de la Santé Publique et des Affaires Sociales, l'Association Zaïroise pour le Bien-Etre Familial, et le Département du Plan, à entreprendre et développer des services de naissances désirables dans le cadre de programmes en cours de protection maternelle et infantile et à augmenter les possibilités d'accès de la population aux renseignements et aux services de naissances désirables, et ceci dans 16 villes principales dans lesquelles résident 40 % de la population totale du pays. L'Annexe 1 et l'Annexe 1A ci-jointes donnent une description élargie de la définition susmentionnée du projet. Dans les limites de la définition précitée du Projet, les éléments de la description élargie énoncée aux Annexes peuvent être modifiés par accord écrit entre les représentants agréés des Parties nommées à la Section 8.2, sans amendement officiel du présent Accord.

2. Article 3, Section 3.1. est supprimée entièrement et remplacée par ce qui suit;

Section 3.1. La Subvention. Pour aider le Bénéficiaire à financer les coûts de l'exécution du Projet, l'A.I.D., conformément à la Loi de 1961 sur l'Aide aux Nations Etrangères, telle qu'amendée, accepte de donner au Bénéficiaire, aux termes du présent Accord, un montant qui ne dépassera pas quatre millions neuf cent quarante mille dollars américains (\$4.940.000) ("Subvention"). La Subvention ne peut être utilisée que pour financer les coûts en devises, comme définis à la Section 6.1., des biens et services nécessaires à l'exécution du Projet.

3. Article 3, Section 3.3. is amended by deleting the date "September 30, 1987" and substituting in lieu thereof the date "September 30, 1989."

4. Article 4, Section 4.1. is amended to add the following condition precedent as new subsection (b):

" Prior to the first disbursement under the Amendment, or to the issuance by AID of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID:

(a) A statement of the name of the person who will serve as the Department of Plan representative, together with a specimen signature of the person specified in such statement;

(b) Detailed activities descriptions of the policy and information-education-communication (IEC) components including budgets and implementation schedules for the first twelve months of the project."

5. Article 8, Section 8.1. Communications, is amended to add the following address to the Grantee Section:

"Commissaire d'Etat
Department of Plan
Kinshasa, Zaire"

3. Article 3, Section 3.3 est amendée en supprimant la date du "30 septembre 1987" et la remplaçant par la date du "30 septembre 1989".

4. Article 4, Section 4.1. est amendée comme suit: insertion, comme sous-section (b), de la condition préalable suivante:

"Avant le premier décaissement effectué au titre de l'amendement ou avant l'émission par l'AID de documents en vertu desquels le décaissement sera effectué, le Bénéficiaire, à moins que les parties n'en conviennent autrement par écrit, fournira à l'AID, sous une forme et dans un fond établis à la satisfaction de l'AID :

(a) une déclaration du nom de la personne représentant le Département du Plan, ainsi qu'un spécimen de la signature de la personne dont le nom figure dans ladite déclaration;

(b) une description détaillée des activités des volets politique et IEC, y compris des budgets et programmes de mise à exécution pour les douze premiers mois du projet."

5. Article 8, Section 8.1 Communications, est amendée comme suit: insertion de l'adresse suivante à la section traitant du Bénéficiaire:

"Commissaire d'Etat
Département du Plan
Kinshasa, Zaïre"

6. Article 8, Section 8.2. is deleted in its entirety and the following is substituted in lieu thereof:

"Section 8.2. Representatives.

For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the Office of Minister of Health, the individual holding or acting in the Office of Minister of Plan, and USAID will be represented by the individual holding or acting in the Office of Mission Director, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1 to revise elements of the amplified description in Annex 1 and Annex 1A. The names of the representatives of the Grantee, with specimen signatures, will be provided to USAID, which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority."

7. Annex I, Tables I-IV entitled "Illustrative Budgets" are deleted in their entirety and Table I, "Illustrative Budget for USAID Contribution," and Table II, "Illustrative Budget for GOZ Contribution" in Annex 1A are substituted in lieu thereof.

6. Article 8, Section 8.2. est supprimée entièrement et remplacée par ce qui suit;

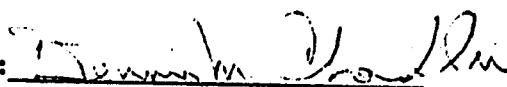
"Section 8.2. Représentants: Aux fins du présent accord, le Bénéficiaire sera représenté par la personne occupant le poste de, ou agissant au nom du Commissaire d'Etat à la Santé Publique et aux Affaires Sociales et la personne occupant le poste de, ou agissant au nom du Commissaire d'Etat au Plan, et l'USAID sera représentée par la personne occupant le poste de, ou agissant au nom du Directeur de l'USAID, chacun d'eux pouvant, par avis écrit, désigner d'autres représentants à toutes fins sauf celles d'exercer le pouvoir au titre de la Section 2.1, de réviser les éléments de la Description Elargie du Projet à l'Annexe 1 et à l'Annexe 1A. Les noms des représentants du Bénéficiaire accompagnés de spécimens de signatures, seront communiqués à l'USAID, qui peut accepter comme dûment agréé n'importe quel document signé par ces représentants en application du présent Accord jusqu'à réception d'avis de révocation de leur pouvoir."

7. A l'Annexe I, les Tableaux I-IV intitulés "Budgets à Titre Illustratif", sont supprimés entièrement et remplacés par le Tableau I, "Budget à Titre Illustratif de la Contribution de l'USAID" et le Tableau II, "Budget à Titre Illustratif de la Contribution du Conseil Exécutif", à l'Annexe 1A.

Except as amended herein, the Agreement and previous amendments between the REPUBLIC OF ZAIRE and the UNITED STATES OF AMERICA dated September 30, 1982, remain in full force and effect.

IN WITNESS WHEREOF, the REPUBLIC OF ZAIRE and the UNITED STATES OF AMERICA, each acting through its respective duly authorized representative(s) have caused this Amendment to be signed in their names and delivered as of the day and date first above written.

For the UNITED STATES OF AMERICA

By: 
Dennis M. Chandler

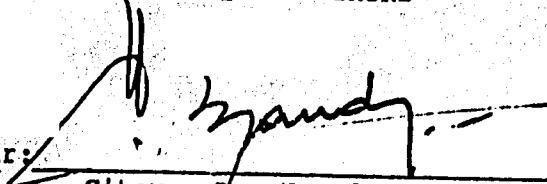
Title: Mission Director
USAID/Zaire

Appropriation : 72-1171021
Budget Plan Code: GDPA-87-21660-KG13
Amount : \$1,000,000

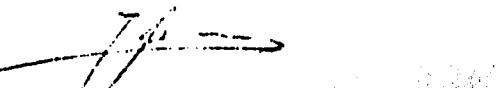
A l'exception de ce qui est amendé par les présentes, l'Accord passé entre la REPUBLIQUE DU ZAIRE et les ETATS-UNIS D'AMERIQUE le 30 septembre 1982, tel qu'amendé, reste en vigueur.

EN FOI DE QUOI, la REPUBLIQUE DU ZAIRE et les ETATS-UNIS D'AMERIQUE, chacun agissant par l'intermédiaire de son représentant respectif dûment autorisé à cet effet, ont fait signer le présent Amendement en leur nom et l'ont fait remettre au jour et en l'année qui apparaissent en tête des présentes.

POUR la REPUBLIQUE DU ZAIRE

Par: 
Citoyen Dr. Ngandu-Kabeya

Titre: Commissaire d'Etat à la Santé
Publique et aux Affaires Sociales

Par: 
Citoyen Sambwa Pida N'bagui

Titre: Commissaire d'Etat au Plan.

ANNEX 1 A

Project Paper Supplement

Family Planning Services Project

March 1987

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FAMILY PLANNING SERVICES PROJECT

PROJECT PAPER SUPPLEMENT

I. PROJECT BACKGROUND AND SUMMARY

The Family Planning Services Project (FPSP) was authorized and an Agreement executed in September 1982 at a funding level of U.S. \$3,940,000. The goal of the project is to increase the use of voluntary family planning, assisting Zairian families to space their children and to have the number of children they desire. In quantitative terms, the project purpose was to increase contraceptive use in 14 major urban areas from approximately 3-5% of couples of fertile age at the start of the project to 12% by 1987, the end of the project.

There were nine major activities to achieve the purpose:

- 1) actions to improve coordination of family planning service delivery;
- 2) development of technical skills;
- 3) provision of training at several levels;
- 4) production of didactic and informational materials;
- 5) improvement of facilities through refurbishing and provision of basic equipment;
- 6) provision of contraceptive commodities;
- 7) development of an improved logistical support system;
- 8) provision of actual service delivery; and
- 9) supervision, data collection and evaluation.

The following nine minimum outputs were planned:

- 1) an effective management system to facilitate and evaluate activities;*
- 2) three training centers for didactic and practical training;
- 3) curricula in reproductive health and family planning for medical and nursing schools;
- 4) 200 trained family planning service providers in various agencies;
- 5) an improved and simplified service statistics system to be supplemented by occasional surveys;
- 6) production of basic client education material in French and at least one local language;
- 7) effective systems of logistics and commodity reporting;
- 8) 75 urban service sites with 15 satellite community-based programs, all self-financing; and,
- 9) 250,000 new and 125,000 continuing acceptors.

* The management system was intended to strengthen the capacity of each separate institution to provide family planning services in the future in a self-reliant, independent but coordinated fashion.

The project was explicitly designed to meet unmet demand for contraceptives and to train health personnel in their use. At the time of design, all parties agreed that nearly a decade of information and education activities by the National Committee for Desirable Births (CNND)* had created a potential demand which was not being met. Therefore, emphasis in this five-year project was to be on service delivery which at the time was on a small scale with limited impact, lacked coordination among its providers' had a high unit cost, and had limited resources.

The project faced numerous delays and experienced a slow and difficult beginning. Project implementation was hindered by late appointment of the Project Director, a three-month AID/W-imposed suspension of project activities (which delayed arrival of the long-term advisor), lack of office space and qualified personnel, and procurement delays. With these problems resolved, the project focused its efforts on improving and expanding the delivery of family planning services by integrating family planning into existing health care delivery systems (Department of Public Health and Social Affairs, churches, unions, companies, etc.). Urbanization and population shifts necessitated the addition of two cities to the services delivery network.

II. IMPLEMENTATION PROBLEM

A mid-term evaluation was conducted in June 1985. While the evaluation team endorsed the basic strategy and found it technically feasible, there were basic questions about the validity of the original project assumption regarding demand for services. The team found a very low number of family planning acceptors at service sites, a low level of demand for family planning services and an inadequate information-education-communication (IEC) system.

These findings are reinforced by project service statistics, operations research surveys and the Contraceptive Prevalence Survey (CPS) completed in 1984. According to the CPS, although one in four women surveyed in Lubumbashi and one in five surveyed in Kinshasa desired no more children, and although over 80% in Kinshasa and over 90% in Lubumbashi knew about at least one modern contraceptive method, only 4.2% of those surveyed in Kinshasa and only 7.6% in Lubumbashi currently use contraceptives. Misinformation about contraceptives is widespread. Belief that contraceptives are injurious to health was the major reason given for non-use by 56.8% of women in Kinshasa.

*CNND now the Zaire Association for Family Well-Being (AZBEF)

III. PROPOSED SOLUTION

A favorable policy climate with policy statements from the highest levels of government is a prerequisite to the successful broad-based delivery of family planning services, and contraceptive acceptance and continued use is dependent upon a comprehensive IEC program. In view of this, USAID proposes to increase LOP dollar funding by \$1,000,000 and to extend the Family Planning Services Project by two years to support Government of Zaire efforts to intensify IEC and implement policy-related activities.

A. Government of Zaire Initiatives in IEC and Policy

In 1986 the Government of Zaire took a number of steps emphasizing their interest in and intent to intensify family planning IEC and to implement a national population policy. Most significant among the initiatives were the following:

- February 1986 - Department of Public Health and Social Affairs reorganization established National Health Fund (FONAMES) with clear mandate as government coordinating body for health communications policy and IEC coordination.
- April 1986 - The Central Committee of the MPR charged Department of Public Health and Social Affairs with nationwide intensification of health education, including family planning.
- June 1986 - Prime Minister called for increased emphasis on family planning in address at Seminar on Population and Development Planning under patronage of the President.
- July 1986 - National Population Committee (CONAPO) established by Presidential Ordinance, with a supporting administrative, coordinating office in Ministry of Plan.
- September 1986 - National Family Planning IEC Strategy drafted by senior-level officials from nine major governmental and PVO organizations.
- December 1986 - National Population Policy drafted by 35-member team representing full range of ministries, universities, and private-sector groups.

IEC Activities

The IEC strategy developed during the FONAMES Workshop is a comprehensive five-year plan involving the use of mass media, interpersonal communications and a variety of print and graphic materials. The strategy is intended to be used by the government as a blueprint for IEC efforts in both the public and private sectors. The workshop document presents a full range of planned activities and media products. The workshop group recommended that the FPSP, as the government family planning project, be given responsibility for launching the IEC unit and implementing priority IEC activities over the next two years.

The major objectives of the IEC program are as follows:

- 1) increase knowledge about the range of contraceptive methods available and where services can be obtained;
- 2) clarify concept of "Naissances Désirables" and promote responsible parenthood;
- 3) dispel rumors about contraceptive methods among health professionals and potential clients;
- 4) increase utilization of family planning methods; and,
- 5) increase male participation in family planning.

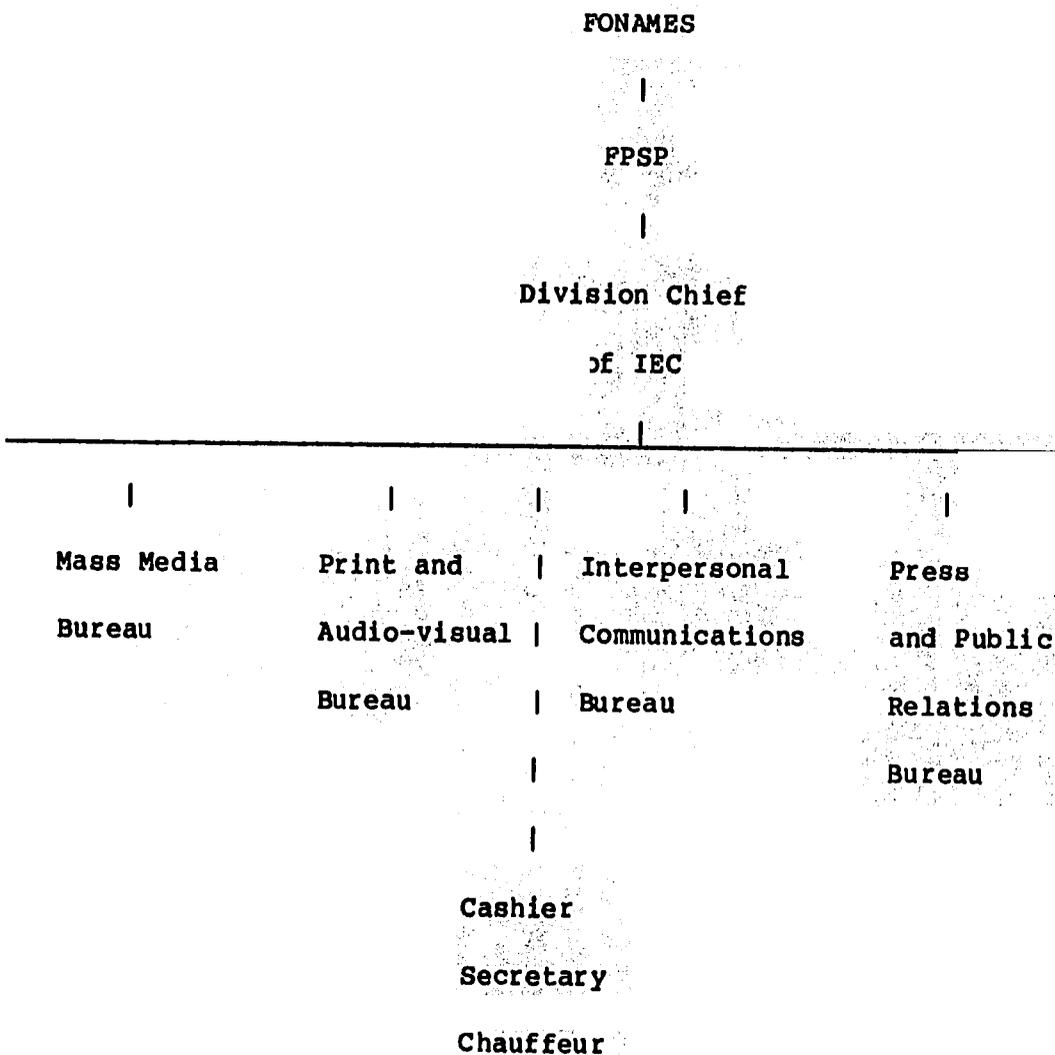
The IEC plan calls for a mixed-media effort combining mass media, print/graphic materials and interpersonal communication. Priority attention will be focused on the mass media and community outreach from family planning centers. At present, the family planning program does not have an organized outreach component.

Mass media will play an important role, especially in the beginning, given the difficulty of launching an interpersonal communication component. Television, radio and popular songs, as well as press, will be used. Television is an important medium for reaching urban, more affluent audiences — the segment of the population that presently has the best access to family planning services and, according to data from the Contraceptive Prevalence Survey, is most disposed to using contraceptives. Television is also a prime medium for reaching decision-makers and other influential target groups. The map of family planning centers prepared for the workshop shows that services are concentrated in urban areas. Pharmacies, which provide contraceptives to an estimated 21 percent of users, are also found largely in urban areas. Given these factors, television will be the prime mass medium.

Radio efforts will be focused at the regional radio station level. These stations cover a limited geographic area. Entertainment formats such as mini-dramas, songs, plays, marionettes and comedies will be used extensively for both radio and television.

Structure: The FPSP has an IEC Division which will be expanded to mount a full-scale IEC program. A major objective of the Amendment will be to develop a capability to plan and manage a complex multi-media effort. The choice of the FPSP as the implementing agency for family planning IEC will make it easier to bring health workers and extension personnel into the IEC program. The GOZ will provide salaries of the personnel to be assigned to the unit and provide office space. FONAMES will coordinate the IEC activities of all family planning agencies leaving the implementation responsibility to the specialized service of the FPSP.

Staffing: The IEC Division is expected to function with four full-time bureau chiefs and three support staff (secretary, cashier and chauffeur). All will be GOZ employees from the Department of Public Health and Social Affairs or other departments. The proposed organization chart for this division is as follows:



The bureau chiefs will be responsible for planning and coordinating the execution of diverse communication activities within their specializations. Actual production of IEC materials will not be a major part of their responsibility. Rather, where necessary they will draw upon in-country technicians working in both the private and public sectors. It is considered advantageous that production work for posters, films, radio programs, etc. be contracted out. This permits access to the best talent and different specialists on an as-needed basis. It is also a more cost-effective system. However, where there is no ready pool of trained individuals to execute a core activity the bureau chief will request USAID to schedule expatriate technical assistance aimed at developing skills in-country.

The bureau chiefs will work under the supervision and coordination of the Division Chief, who in turn will be accountable to the Director of FPSP. The same system of reporting used for other divisions within FPSP will be applied to the IEC Division. An annual action plan, monthly project status and financial reports, and an end-of-the-year activities report will all be submitted to the FPSP Director who will submit them to USAID.

In addition, for purposes of coordination, copies of the annual action plan, quarterly and end-of-the-year activities reports will be filed with the IEC Division Chief at FONAMES. The timely submission of these reports to FONAMES is particularly important in order to maximize the benefits of coordinating with other IEC efforts being carried out in primary health care programs nationwide. FONAMES will also serve to facilitate GOZ approval of the content of messages being disseminated. Both FONAMES and the FPSP Director will be responsible for assuring that the family planning IEC Division implementation plan follows the national Family Planning IEC strategy closely and that there is an active utilization of broad-based in-country technical support.

Policy Activities

The National Population Policy, drafted by a 35-member interministerial, private sector and academic group, is a comprehensive document which sets forth a strategy for implementing a national population program for Zaire. Its goal is to improve the quality of life by realizing a rational balance between population growth and economic growth. The document contains a statement of underlying principles, a review of essential demographics, and a statement of the economic and social consequences of high fertility. There is a summary of overall objectives and a strategy for carrying out the objectives with regard to the following:

- . maternal and child health;
- . family planning;
- . promotion of the status of women;
- . support for the development of youth programs;
- . training and IEC in population matters;
- . redistribution of population;
- . promotion and organization of employment; and,
- . data collection and population research.

Within each of these are stated the goals to be achieved, the major objectives to reach that goal (in some cases specific quantitative objectives), and the strategies to be followed to achieve the objectives.

Statements concerning leadership, institutional organization, monitoring and evaluation complete the document. The National Population Committee (CONAPO) and the Office of Population Coordination (CECAP) have been charged with management and coordination for the implementation of the National Population Policy.

The objectives of the policy component of this project are as follows:

- 1) strengthen governmental commitment to population and family planning;
- 2) institutionalize the capacity to analyze population factors in development planning;
- 3) raise population awareness of leaders and decision-makers nationwide; and,
- 4) facilitate implementation of population policy.

In order to achieve these objectives, the project will make available technical assistance, training and equipment in support of the following activities:

- 1) establishment and operations of the National Population Committee and the Office of Population Coordination;
- 2) establishment of an Interministerial Technical Committee, to be made up of senior level officials from government and the private sector who are responsible for directing the population activities in their respective agencies;
- 3) training of the above-mentioned three groups;
- 4) awareness-raising seminars and workshops nationwide for leaders and decision-makers-sub activity is improvement of the national RAPID analysis by adding information on health benefits of family planning and on health costs related to fertility levels, and development of regional RAPID analyses;
- 5) development of plans necessary for implementing all elements and strategies of the National Population Policy. This includes analyses of problems and constraints in the policy process to be overcome; research for determination of information necessary to develop such plans; relevant seminars and workshops; and coordination and integration of such plans as needed; and
- 6) support for key research and policy analyses.

Structure and Staffing: There are two major elements in the organizational structure laid out by the National Population Policy:

- 1) the highest organization is the National Population Committee (Comité National de la Population - CONAPOP). The Permanent Secretary of the Department of Plan is its President and the Permanent Secretaries of the Department of Territorial Administration and Public Health and Social Affairs its Vice-Presidents. This committee is a consultative group to the President's Cabinet on population matters.
- 2) the authority and responsibility for administration and coordination of implementation rests with the Office of Population Coordination (Cellule de Coordination des Activités en Matière de Population - CECAP). This office is an administrative unit of the Department of Plan under the supervision of the Permanent Secretary. The Office of Population Coordination is also the Secretariat of the National Population Committee.

The Office of Population Coordination will be staffed by a Coordinator and by four to six Zairian experts in different speciality fields such as IEC, family planning, status of women, organization of labor markets, demography. Each expert will have a well-trained entry-level Zairian professional as a counterpart/trainee. These counterparts will be employees of the Department of Plan. An annual action plan, monthly project status, and an end-of-the-year activities report will all be submitted by the division chief to USAID.

D. Donor Coordination

Both the United Nations Fund for Population Activities (UNFPA) and the World Bank are expected to contribute significantly to the Government of Zaire's family planning and population programs. UNFPA has already begun to consider the National IEC strategy as a focus of its funding over the next three years. The World Bank identified IEC and population policy implementation as key areas of interest for Bank funding during a Health, Population and Nutrition Sector Assessment carried out in Zaire in October 1986.

The Office of Population Coordination and the IEC unit in FONAMES will greatly facilitate donor coordination. USAID will work closely with UNFPA, the World Bank (as it develops its Zaire Project), IPPF and other international donor agencies to avoid duplication and to utilize funds in the most efficient ways to achieve overall sector objectives.

IV. MANAGEMENT AND IMPLEMENTATION CONSIDERATIONS

A. AID Management

As described above, the technical assistance required to support the new initiatives in population policy planning and implementation will be provided for entirely through a buy-in mechanism with ST/POP/PDD. The Senior Population Officer, whose primary responsibility is the management of centrally-funded activities, will plan for and monitor this on-going assistance. The expanded IEC activities will be implemented through the existing project and fall under the normal management responsibilities of the assigned project officer.

B. Implementation Agents

The activities which make up the policy development component will be planned and executed by agents within the Department of Plan under the supervision of the Permanent Secretary. FPSP will have overall responsibility for the execution of the IEC-related activities under the conditions set forth in the existing bilateral agreement between USAID and the Department of Public Health and Social Affairs.

C. Budget and Methods of Financing

Table I is the Illustrative Budget for USAID Contribution to the Project through September 30, 1989. The budget represents USAID input to the IEC component of US \$500,000 and to the policy component of US \$500,000 for a total LOP increase of US \$1,000,000. The additional dollar funding will be used for technical assistance, training, and commodities.

Method of Financing will be AID direct payment. The US \$500,000 for the policy component will be a "buy-in" to the ST/POP centrally-funded Options for Population Policy (Contract No. DSPE-3035-C-00-6062-00) project.

An Illustrative Budget for GOZ contribution is shown in Table II.

V. REVISED PROJECT SUMMARY

The goal of the project remains the same, "to increase the use of voluntary family planning, assisting Zairian families to space their children and to have the number of children they desire." To indicate that the purpose has been achieved, contraceptive use in 16 major urban areas will increase to approximately 7-10% of couples of fertile age by the end of the project.

The project aims to strengthen and expand efforts to include family planning in on-going primary health programs with the government and private sector health system. Areas of emphasis are information-education-communication (IEC), service delivery, program management, supervision, training, supply, management and logistics, and policy implementation.

The following major outputs are planned:

- 1) one family planning management system involving three or more service delivery networks, one simplified service statistics system and an effective system for contraceptive logistics;
- 2) three training centers providing didactic and practical training for medical, para medical and community-based distributors in family planning management, reproductive health, contraceptive technology, client follow-up and community outreach;
- 3) at least 250 family planning service providers trained;
- 4) 125 urban clinic service sites and 12 community-based distribution sites;
- 5) family planning and reproductive health curricula integrated into medical and nursing schools;
- 6) a functioning Office of Population Coordination and implementation of 4 population policy components;
- 7) a mixed-media IEC program combining mass media, print/graphic materials and interpersonal communications integrated into service delivery networks; and,
- 8) 150,000 new acceptors and 100,000 continuing users.

A revised Logical Framework is included as Attachment A.

TABLE I

ILLUSTRATIVE BUDGET FOR USAID CONTRIBUTION (\$000)

Line item	Previous LOP Obligation	Additional Obligation	Total revised LOP Obligation
Technical Assistance	1050	580	1630
Long-term	600	400	1000
Short-term	450	180	630
Training	450	75	525
Long-term	250		250
Short-term	200	75	275
Commodities	2440		2785
Vehicles	200	30	230
Motorcycles	40		40
Bicycles	20		20
Medical Equipment	400		400
Contraceptives	1180		1180
Medical Supplies	200		200
Other AV AIDS, Office equipment	200	215	415
Other costs*	200	100	300
TOTAL	3940	1000	4940

*Other costs include journals, technical books, travel per diem, shipping and miscellaneous, inflation and contingency.

TABLE II

ILLUSTRATIVE BUDGET FOR GOZ CONTRIBUTION

TOTAL	1982/85	1986	1987	1988	1989	Total life of Project
	(000z)	(000z)	(000z)	(000z)	(000z)	(000z)
a) Counterpart	28,472	17,600	35,678	38,000	27,000	146,750
b) Regular DPH Budget	0	0	5,000	15,000	25,000	45,000
TOTAL	28,472	17,600	40,678	53,000	52,000	191,750
\$US Value (000)*	269	165	383	499	489	1,805

Note:

- This does not include the in-kind contribution of DPH for additional project and clinic personnel and clinic operations estimated to be in excess of 10,000,000 z.

- No increase owing to inflation or salary increases are considered in this table. As they occur, these would be assumed by the GOZ.

- *The exchange rate used is Zaires 106.28: \$1 U.S.

Attachment A
PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 83 to FY 89
Total U.S. Funding \$4,940,000
Date Prepared: March 1987

Project Title & Number: Family Planning Services Project (660-0094)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																		
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <ul style="list-style-type: none"> - To increase the use of voluntary family planning services among Zairian families, assisting them to space their children and to have the number of children they desire 	<p>Measures of Goal Achievement:</p> <ul style="list-style-type: none"> - Contraceptive prevalence will increase from approximately 1-2% in 1982 to 6% by 1990 increasing thereafter to approximately 30% by 2000 	<ul style="list-style-type: none"> - Contraceptive prevalence survey; service statistics; reports from commercial suppliers 	<p>Assump.'cns for achieving goal targets:</p> <ul style="list-style-type: none"> - Basic Rural Health Services Project implemented, adding PP in rural areas; continuing GOZ support for PP to space births 																																		
<p>Project Purpose:</p> <ul style="list-style-type: none"> - To increase contraceptive use in urban areas by strengthening and expanding efforts to include family planning in on-going government and private health care programs 	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ul style="list-style-type: none"> - 7-10% of couples of fertile age in 16 urban areas will be using modern contraception - At least 80% of couples will know about one or more modern methods and where to obtain supplies 	<ul style="list-style-type: none"> - Contraceptive prevalence survey; service statistics; sample surveys; reports from commercial suppliers 	<p>Assumptions for achieving purpose:</p> <ul style="list-style-type: none"> - Health delivery networks provide expected policy and material support; adequate demand for PP exists 																																		
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Single, coordinated family planning management system 2. Family planning integrated into curricula at all levels of health training 3. Family planning services provided in variety of settings 4. Mixed-media IEC program promoting family planning and recruiting clients 5. Plans and strategies of population policy under implementation 	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> 1. One management, logistics, and statistics system coordinating 3 or more family planning service networks 2. 3 training ctrs; 250 trained; PP curricula in medical & nursing schools 3. 100,000 continuing users in 137 clinics and CBD sites 4. Outreach in 100% of sites; 5 TV programs and 3 TV spots; two commercial songs; 3 booklets 5. 4 policy plans implemented 	<ul style="list-style-type: none"> - Project statistics, monitoring and evaluation; supervisory reports; site visits; sample surveys 	<p>Assumptions for achieving outputs:</p> <ul style="list-style-type: none"> - Resources made available in timely fashion; qualified personnel available; proposed curricula acceptable and personnel available for training; participating organizations accept standardization; continuing favorable GOZ policy; restrictive regulations removed 																																		
<p>Inputs:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>AID</u></td> <td style="width: 50%; border: none;"><u>GOZ</u></td> </tr> <tr> <td style="border: none;">1. Techn. Asst</td> <td style="border: none;">1. Pers. costs</td> </tr> <tr> <td style="border: none;">2. Training</td> <td style="border: none;">2. Op. costs</td> </tr> <tr> <td style="border: none;">3. Contraceptives</td> <td style="border: none;">3. Clinic repair</td> </tr> <tr> <td style="border: none;">4. Vehicles</td> <td style="border: none;">4. Local travel,</td> </tr> <tr> <td style="border: none;">5. Med. Equip./</td> <td style="border: none;">training, shipping</td> </tr> <tr> <td style="border: none;">6. Other Equip./</td> <td style="border: none;">costs</td> </tr> <tr> <td style="border: none;">Suppl</td> <td></td> </tr> <tr> <td style="border: none;">7. Other Costs</td> <td></td> </tr> </table>	<u>AID</u>	<u>GOZ</u>	1. Techn. Asst	1. Pers. costs	2. Training	2. Op. costs	3. Contraceptives	3. Clinic repair	4. Vehicles	4. Local travel,	5. Med. Equip./	training, shipping	6. Other Equip./	costs	Suppl		7. Other Costs		<p>Implementation Target (Type and Quality):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>AID (\$000)</u></td> <td style="width: 50%; border: none;"><u>GOZ (Z000)</u></td> </tr> <tr> <td style="border: none;">1. 1997</td> <td style="border: none;">1. 30000</td> </tr> <tr> <td style="border: none;">2. 505</td> <td style="border: none;">2. 38000</td> </tr> <tr> <td style="border: none;">3. 590</td> <td style="border: none;">3. 12000</td> </tr> <tr> <td style="border: none;">4. 474</td> <td style="border: none;">4. 128962</td> </tr> <tr> <td style="border: none;">5. 455</td> <td></td> </tr> <tr> <td style="border: none;">6. 390</td> <td></td> </tr> <tr> <td style="border: none;">7. 529</td> <td></td> </tr> </table>	<u>AID (\$000)</u>	<u>GOZ (Z000)</u>	1. 1997	1. 30000	2. 505	2. 38000	3. 590	3. 12000	4. 474	4. 128962	5. 455		6. 390		7. 529		<ul style="list-style-type: none"> - USAID records; GOZ records 	<p>Assumptions for providing Inputs:</p> <ul style="list-style-type: none"> - AID and GOZ will continue to provide funding; donors will continue to provide contraceptives as needed
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