

ADBB L571

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET	1. TRANSACTION CODE <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete A	Amendment Number _____	DOCUMENT CODE 3
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2. COUNTRY/ENTITY LESOTHO	3. PROJECT NUMBER 698-0462.32
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4. BUREAU/OFFICE AFRICA 06	5. PROJECT TITLE (maximum 40 characters) Family Health Initiatives II: Lesotho
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6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY 08 03 91	7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4) A. Initial FY 87 B. Quarter 4 C. Final FY 87
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8. COSTS (\$000 OR EQUIVALENT \$1 =)						
A. FUNDING SOURCE	FIRST FY 87			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	860	315	1175	860	315	1175
(Grant)	(860)	(315)	(1175)	(860)	(315)	(1175)
(Loan)	()	()	()	()	()	()
Other U.S.						
1. S&T CENTRAL	150		150	150		150
2. FHI - ESAMI	20		20	20		20
Host Country		50	50		448	448
Other Donor(s)						
TOTALS	1030	365	1395	1030	763	1793

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) PN	440	450				1175		1175	
(2)									
(3)									
(4)									
TOTALS						1175		1175	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)	11. SECONDARY PURPOSE CODE
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12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)	A. Code BRW B. Amount 1175
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13. PROJECT PURPOSE (maximum 480 characters)

To strengthen the capacity of the Government of Lesotho and selected non-governmental organizations to implement effective family planning information, education and communication programs and to improve the delivery of family planning services.

14. SCHEDULED EVALUATIONS Interim MM YY 03 89 Final MM YY 02 91	15. SOURCE/ORIGIN OF GOODS AND SERVICES <input type="checkbox"/> 000 <input checked="" type="checkbox"/> 941 <input type="checkbox"/> Local <input checked="" type="checkbox"/> Other: (Specify) Host Country
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16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)

17. APPROVED BY	Signature Robert H. Bell <i>[Signature]</i> Title Director, REDSO/ESA	18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION Date Signed MM DD YY 08 26 87
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ACRONYMS

AID	Agency for International Development
CBD	Community based distribution
CDSS	Country Development Strategy Statement
ESAMI	East and Southern Africa Management Institute, Arusha
FHI	Family Health Initiatives Project
FP	Family planning
FPPIA	Family Planning International Association
FPMP	Family Planning Management Training Project
GOL	Government of Lesotho
HEU	Health Education Unit, Ministry of Health
HPC	Health and Population Coordinator, USAID/Lesotho
HSA	Health Service Area
IEC	Information, education and communication
IFFLP	International Federation for Family Life Promotion
IMRC	Instructional Materials Center
IPPF	International Planned Parenthood Federation
LCS	Lesotho Catholic Secretariat
LDTC	Lesotho Distance Training Center
LFHS	Lesotho Family Health Services
LFS	Lesotho Fertility Survey
LPPA	Lesotho Planned Parenthood Association
MCH/FP	Maternal and child health and family planning
MOH	Ministry of Health
NDSO	National Drug Stockpile Organization
NFP	Natural family planning
NGO	Non-governmental organization
OR	Operations research
PCS	Population Communications Project, John Hopkins University
PHAL	Private Health Association of Lesotho
PSC	Personal Services Contract
RLA/SA	Regional Legal Advisor, Southern Africa
RSA	Republic of South Africa
S&T/POP	Science and Technology/Population, AID/Washington
TA	Technical Assistance
UNFPA	United Nations Family Planning Association
UNICEF	United Nations International Children's Fund
VHW	Village Health Worker

EXECUTIVE SUMMARY

As a subproject of the regional Family Health Initiatives (PHI) II Project, the Lesotho Family Health Services (LFHS) activity will assist the principal governmental and non-governmental organizations involved in providing family planning information, education and communication (IEC) and family planning services throughout Lesotho. The Subproject purpose is to strengthen the capacity of government and selected non-governmental organizations to implement effective family planning information, education and communication programs and to improve the delivery of family planning services in ways compatible with the culture, resources and development objectives of Lesotho.

The Life of Project (LOP) funding for this four-year activity is \$1,793,000. AID's PHI II contribution, at \$1,175,000 will finance a grant of \$695,000 to the Government of Lesotho (GOL) and a grant of \$480,000 to the Lesotho Planned Parenthood Association. These grants will provide funds for the procurement of commodities such as vehicles, audio-visual equipment and computer equipment. The Subproject includes buy-ins to other AID/Washington centrally funded projects to procure technical assistance from cooperating agencies for training and operations research in the furtherance of the Subproject goal and objectives. These organizations are experienced contractors in a broad range of services related to family planning. The organizations that have agreed to provide assistance to the LFHS Subproject are: Georgetown University, Columbia University, Johns Hopkins University, the East and Southern Africa Management Institute, Management Sciences for Health and the International Foundation for Family Life Promotion. To strengthen management in the Ministry of Health and assist USAID in Subproject oversight and implementation, Subproject funds will be used to provide salary support for a Personal Services Contractor (PSC) to work in the Ministry of Health and a PSC to work in USAID, on a half-time basis.

The main Lesotho organizations which will implement the Subproject are: the Ministry of Health, and the Lesotho Planned Parenthood Association which has been duly registered as a non-governmental organization by USAID/Lesotho. The Lesotho Catholic Secretariat will be involved in implementation of the activities associated with the grant to the LPPA, while the Lesotho Private Health Association will be involved mainly in activities under the grant to the GOL. It is anticipated that at the end of this four-year Subproject these organizations will have the capacity to provide family planning IEC and quality family planning services to all Basotho who desire them. Because the Subproject focuses primarily on strengthening existing family planning health services, almost no recurrent costs burdens will be imposed on the institutions and an uninterrupted continuation of these services will continue after completion of the LFHS activity.

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LESOTHO FAMILY HEALTH SERVICES SUBPROJECT

I. SUBPROJECT RATIONALE

A. General Setting

The Kingdom of Lesotho has a population of approximately 1.6 million people with an annual growth rate of about 2.3 percent. Although the growth rate is lower than in other countries in the region, the population is growing too fast in relation to the natural resource base. Only about 13 percent of the country has arable land and almost seventy-five percent of Lesotho is covered by the high Maluti mountain range. Subsistence farming dominates the domestic economy and 85 percent of the de facto population are dependent upon or engaged in agriculture. Between 1982 and 1986, the real GDP growth rate fluctuated greatly, from -1.6 to 3.7 per annum.

Lesotho is economically dependent on the Republic of South Africa (RSA) which totally surrounds the Kingdom. Approximately 140,000 Basotho are employed in mining and other jobs in the RSA and Lesotho is heavily dependent on their remittances to fuel its economy. However, employment in RSA is expected to decrease and over the next decade Lesotho may have a difficult time of absorbing the returning migrants as well as the annual increase in its domestic labor force into productive employment domestically. The employment situation spurs concern about the need to reduce the population growth rate since it is a major constraint to the social and economic development of Lesotho.

The birthrate is over 42.6 per 1,000 population. The infant mortality rate is estimated to be 106-130. The average completed fertility rate is 5.7 - 6.0 children. The total number of reported users for all modern methods of contraception for 1985 was 21,561 or about seven percent of women in reproductive ages between 15-49. Although the rate of population growth appears to have fallen recently to 2.3 percent from 2.6 percent, further reductions will be necessary in order to ensure a rising standard of living for the Basotho.

B. Relationship to CDSS

The AID FY 86 Country Development Strategy Statement (CDSS) for Lesotho, as updated in February 1984, provides a review of the economic situation and a summary of the GOL objectives. The CDSS is limited in scope and does not include an analysis of population factors and their impacts on development. However, it does mention that a preliminary review of population activities was being carried out in February 1984 and that a broad scale evaluation of population activities

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might be done. The CDSS states "It is anticipated that the review and evaluation will assist in identifying opportunities for AID involvement and signify our willingness to support initiatives in this critical area." The idea of a large scale evaluation was later deemed unfeasible and unnecessary. Instead, focused assessments (e.g. operations research) were considered to be a more efficient method for addressing population activities.

C. GOL Policy and Regulations Related to Family Planning

In a series of meetings between the Mission and the GOL, over the GOL Fourth Five Year Plan, the Government reaffirmed its strong commitment to the adoption and implementation of policies regarding family health and population. The precise nature of those policies is being formulated as part of the GOL's efforts to finalize the new plan.

The Second (1975-1980) and Third (1980-1985) Five Year Development Plans are explicit about the importance of family planning and the need to reduce population growth. At the Mexico World Population Conference in 1985, the GOL Minister of Health stated:

"Population management as a factor and an integral part of the overall national development policies and strategies is recognized and acknowledged by the Government and people of Lesotho."

In 1980 the Cabinet endorsed ten resolutions, passed by delegates attending the 1979 national population conference, to serve as policy guidelines. The guidelines include:

- Lesotho population growth rate should be controlled to bring it into pace with its economic growth.

- As family planning is a new concept, population and family planning should be integrated into all educational programs in Lesotho and family planning services should be integrated into the basic health services in all health institutions.

- Family life education and population studies should be integrated into all formal and non-formal education programs for adults and adolescents.

However, the policy guidelines have not been effectively translated into strong programs.

There is no law which restricts or prohibits the use of various types of contraceptives. Abortion is a criminal offence

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under common law, except to safeguard the life of the mother. The Medical, Dental and Pharmacy Order No. 13 of 1970, includes restrictions that apply to the sale and dispensing of oral contraceptives because of their chemical substances and prohibits their sale except by a registered corporate body or a registered pharmacy. Nurses often make out prescriptions for pills and under a pilot scheme the Lesotho Planned Parenthood Association (LPPA) is testing a community based distribution (CBD) system whereby local people resupply women with pills and sell barrier types of contraceptives, such as condoms, jellies, foaming tablets and creams. While barrier contraceptives are not covered by the 1970 regulation, these supplies are almost exclusively available in pharmacies, clinics and hospitals, rather than non-prescription, open commercial sales.

D. Institutions Providing FP Services

Family planning services are offered by the GOL and private sector organizations. However, these organizations tend to be weak in terms of management and service delivery coverage. Although functioning for some years, their FP programs are still underdeveloped.

The Ministry of Health (MOH) operates 11 hospitals and 39 clinics. Non-governmental organizations operate nine hospitals and 86 clinics, or 66 percent of all health facilities. Religious mission agencies manage all of the private sector hospitals and 70 clinics. The religious mission agencies are affiliated with the Private Health Associate of Lesotho (PHAL), whose objectives include strengthening cooperation and collaboration with the GOL and representing mission interests to the MOH.

Both the public and private health facilities offer family planning services, although the amount and type of service provided by each depends in part on the socio-religious beliefs and the training of the health care staff. Private doctors, MOH and PHAL-associated facilities and Red Cross clinics provide FP services as an integral part of maternal and child health care (MCH) services.

In addition, the Lesotho Planned Parenthood Association (LPPA), a private, non-profit organization which has been duly registered as an NGO by both the GOL and USAID/Lesotho, provides services. The Association has 10 family planning clinics and 17 FP outstations and offer FP often in collaboration with a hospital or clinic. The LPPA has two main departments: information, education and communication (IEC) and FP services. Since 1985 the Association has had a community based distribution (CBD) program in three areas, carried out by 10 volunteers.

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The Lesotho Catholic Secretariat (LCS) has two staff members trained in natural family planning and plans to begin a NFP program. The precise institutional structure of the program, e.g. relationship with Catholic health facilities, has yet to be finalized.

II. SUBPROJECT DESCRIPTION

A. Perceived Problem

Only about seven percent of the women in reproductive ages, between 15-49, use a method of contraception and the fertility rate is about 6 children. While most women and men are aware of some methods, they tend to have a low level of understanding about these. Because of the economic hardships felt at the household level, evidence indicates that families would voluntarily choose to space and limit the number of children if they were better informed about family planning options and if access to family planning services were improved. Currently, service delivery is weak in terms of planning, management and some technical skills. The top level officers lack the necessary information on which to base sound management decisions. The institutional weaknesses affect the effective demand for family planning services.

B. Goal, Purpose and Strategy

The goal of the Lesotho Family Health Services Subproject is to enhance the access of women and men to voluntary family planning services. The purpose is to strengthen the capacity of government and selected non-government organizations to implement effective family planning information, education, communication programs and to improve the delivery of family planning services in ways compatible with the culture, resources and development objectives of Lesotho. Accomplishment of this purpose will be reflected in achievement of the following by the end of the Subproject:

- The Ministry of Health, the Lesotho Distance Teaching Center, the Lesotho Planned Parenthood Association and the Lesotho Catholic Secretariat will have demonstrated the capability to utilize the results of operations research, service user statistics, contraceptive logistics statistics and evaluation data to make better program decisions and resource allocations in the delivery of family planning and IEC services.
- The number of users of family planning methods will have increased by at least five percent.

- Eighty percent of those who have received training directly by the Subproject are using knowledge or skills acquired.

The Lesotho Subproject of the Family Health Initiatives II Project provides a four year grant to the Government of Lesotho and a grant to the Lesotho Planned Parenthood Association for the same time period. It takes into account resources available from other AID centrally funded population projects to secure the services of AID cooperating agencies. This document specifies activities which will be covered by FHI II Project funds and provides a justification for the authorization of funds for the LFHS Subproject. The FHI II Project funds for the LFHS include "buy-ins" to selected AID centrally-funded projects to ensure the timely provision of short-term technical assistance (TA) by AID cooperating agencies: from Population Communication Services of Johns Hopkins University, the Family Planning Management Training Project of Management Sciences for Health, the East and Southern Africa Management Institute, Georgetown University and Columbia University. Additional funding will be available through AID centrally funded grants to these organizations to provide additional technical assistance. Also program assistance will be provided to the Lesotho Catholic Secretariat by the International Federation for Family Life Promotion. The Subproject sets forth the direction of AID program assistance to Lesotho in population and family planning through August 1991.

C. FHI II Criteria for Subproject Selection and LFHS

The FHI II Project provides funds for subprojects that focus on any of the following activities related to population and health:

- a) promotion of policy dialogue and policy development in support of family planning and population issues;
- b) building public support for family planning and inform potential family planning users of available services and family planning options;
- c) provision of training opportunities to ensure that essential program-related skills are available to plan, manage, implement and evaluate population/family planning options;
- d) development, strengthening and/or expansion of family planning information and service delivery systems to address unmet needs for services; and

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- e) collection and provision of accurate demographic and health data in support of policy development, research and evaluations of family planning operations.

The Lesotho Subproject includes all of the above, in varying degrees, as explained in the description of LFHS components. Lesotho is specifically mentioned in the FHI II Project Paper as a country to be considered to receive funds.

Lesotho meets the criteria for country selection in the following ways. First, USAID/Lesotho does not have a bilateral program in population. Second, the Subproject can make a significant impact on the commitment and actions associated with family planning in the private and public sectors in Lesotho.

D. Description of Components

1. Information, Education and Communications - MOH

The Health Education Unit (HEU) of the Ministry of Health (MOH) is expected to provide leadership to the several public and private sector agencies which are qualified and interested in delivering information, education and communication (IEC) on family planning. The personnel who undertake IEC activities need to have technical competence in a variety of media, to be able to match media and message with the target audience and possess skills in planning, implementing and evaluating IEC activities. This component will strengthen the capacity of the HEU and other agencies to plan and conduct effective family planning IEC activities. It is supportive of the World Bank Project with the MOH, which provides funds for the production of IEC materials on health and FP, and for research, testing of materials and evaluation.

Funds will be available from the Subproject for the production of approximately 60,000 pieces of printed material on family planning for semi-literate and illiterate women and men. Technical assistance will be provided by the Population Communication Services, in campaign planning, health journalism, campaign and program evaluation, family life education and radio production, use and evaluation. Further information is contained in Annex D 1.

INPUTS:

- i) FHI II (\$100,000)
 - TA (4.0 PM) from Population Communication Services
 - Production of Printed Materials

- ii) Other AID Centrally Funded Projects (\$34,000)
 - TA (2.75 PM) from Population Communication Services,
 - including .75 PM for evaluation services

**OUTPUT: Information, Education and Communication Capacity
Enhanced**

Approximately 20 Basotho, eight of whom will be staff of the Health Education Unit (HEU) of the MOH, will have received special in-country training. The increased capacity will be reflected in the results of the pre-tests of IEC materials. Over the years, the pre-tests will reveal an increase in the levels of comprehension and appeal of the materials tested. With LFHS assistance the MOH, through a contract with the Lesotho Distance Teaching Center, will have produced approximately 60,000 pieces of printed materials on family planning for illiterate and semi-literate people.

2. In-country Management Training

Shortages of adequately trained personnel and managers is one of the major impediments to the delivery of family planning services. Despite achievements under UNFPA, AID and other donor projects, the manpower problem still requires priority attention.

A special management skills course will be given in Lesotho during the first years of the Subproject. The course will be given by short-term consultants, one from the U.S. and one locally based, for approximately 20 middle and top level managers of family planning programs in the public and private sectors. The course will be based on experiential learning methods. At the conclusion of the course, participants will be expected to have developed a plan for utilizing skills learned in carrying out their work. The local consultant will conduct an on the job follow up of each participant. A follow-up course will be held after approximately nine months to discuss implementation of the plans and provide further guidance on techniques to address management difficulties encountered by the participants.

The AID S&T/POP-funded Family Planning Management Training Project will provide a short term consultant to help develop and implement the training courses. The courses will be developed in collaboration with a locally based consultant in consultation with the MOH, PHAL and LPPA.

INPUTS:

- i) FHI II (\$60,000)
 - TA(2 PM) from Family Planning Management Training Project
 - Local consultancy services (3.0 PM)
 - Training, including materials

ii) Other AID Centrally Funded Projects (\$30,000)
TA (3.75 PM) from Family Planning
Management Training Project

OUTPUT: Number of Personnel Trained in Management Increased

Approximately 20 of the main mid- and top-level managers of FP services will have attended in-country management skills courses and received on the job follow-up.

3. Out-of-country Short-term Training

To assist in ensuring that essential program-related skills are available, a small group of Basotho will attend specialized short-term out-of-country courses. Approximately half of the participants are expected to be from the GOL and half from non-government organizations.

In the area of management such courses would include planning management systems for program coordination and control. The out-of-country, management training will be in Subproject years three and four. Two categories of people will be considered: those who have performed well as a result of the in-country course and those who have recently assumed their management positions and hence were unable to benefit from the in-country course.

The Subproject will also provide funds to send a few Basotho for short-term training in clinical and service provision aspects of family planning. This training will be in subjects such as in laparoscopy, community-based family planning, clinical reproductive health care services, control of sexually transmitted diseases, monitoring and evaluation of family planning services, IEC, and adolescent fertility management. Also, three people from the LPPA family life counseling center for youth will be sent for special training at the Center for African Family Studies in Nairobi. For the out-of-country training, preference will be given to candidates who will perform a training function upon their return to Lesotho, have outstanding performance records and have not received similar training elsewhere.

To expedite the selection of out-of-country participants, the MCH/FP, PHAL and LPPA will be requested to provide to USAID a list of mid- and top-level personnel with the job functions, educational level, training experience and training needs of each. The list will be updated annually.

INPUTS:

- i) FHI II (\$81,000)
 - Training in Management/administration (3 PM)
 - Training in Family Life Education (3 PM)
 - Training in Other special fields (3 PM)

OUTPUT: Number of Personnel Trained in Management and Specialized Subjects Related to Family Planning Increased

Approximately four people will have attended short-term, out-of-country training courses on special aspects of family planning. In addition, four managers will have participated in out-of-country, short-term training courses. Also, three people will have received family life education training to enable LPPA to operate a family life counseling center for youth.

4. Contraceptive Supply Logistics System

In the past Lesotho has experienced difficulties with the distribution and management of contraceptives. This problem was manifest in the mix of contraceptives available as well as quantities, with the most popular oral contraceptives often being out of stock. Stockage and control problems were experienced at the service delivery points and at the national supply center. Since mid-1984 AID has provided some assistance to the MOH, through the East and Southern Africa Management Training Institute (ESAMI) in collaboration with the Centers for Disease Control. There is need to continue the assistance from ESAMI to ensure the functioning of an adequate contraceptive supply logistics system.

Most family planning service delivery points obtain supplies from the National Drug Stockpile Organization (NDSO) which centrally purchases, stores and distributes all drugs within Lesotho. (LPPA is provided contraceptive supplies directly from IPPF.) However, there has been no comprehensive mechanism for reporting the status of supplies dispensed at the service delivery points for commodities supplied by NDSO. Forecasting of supplies as well as maintenance of stock records was difficult because the NDSO had no computer.

In mid-1985 a two day logistics workshop was held for MOH district public health nurses and pharmacists. The LPPA and PHAL also participated. New data collection and reporting formats were discussed. Participants were trained in analysis and use of the new information system. The district public health nurses were charged with the responsibility of training clinic nurses in their respective districts and supervision in the use of the new forms. (The cost of printing the monthly forms were covered by AID.) Commodity usage data summarized in the monthly report forms are submitted to the NDSO which will soon have computer facilities. These forms are being pilot tested.

Under the Subproject, funds will be provided to enable ESAMI and MOH to conduct a midterm evaluation. The midterm evaluation will also cover service user statistics (explained in the next section). The midterm evaluation will focus on how the new system is operating, problems experienced and what should be done to improve the system. It will entail a review of the aggregate statistics at the NDSO, the statistics from each health service area and a random sample of monthly reports. In addition, a sample of clinics will be visited. It is anticipated that the midterm evaluation will point to needs for further training, including on the job training.

A workshop will be held to discuss the evaluation findings with district public health nurses and other managers who supervise the delivery of family planning services. The objective of the workshop will be to review the implementation status of the new data collection forms and commodity record system and to make amendments required to ensure the smooth application of the service statistics and reporting system. The workshop will also review the warehousing system and resources needed at the national, district and local levels of management. The district managers participating in the workshop will be from all organizations providing family planning services in Lesotho. About 40 participants will attend the workshop. LFHS funds have been budgeted for follow on training and supervision.

The LFHS will also fund a meeting for donor agencies, the MOH and providers of contraceptives in Lesotho to discuss the resource requirements and supplies management policy issues identified by the district workshop participants. The operation of the new service statistics and reporting system and its implications for each agency providing contraceptives will be discussed. A final evaluation will be conducted in 1989 to assess the impact of the activities. If the ESAMI grant which concludes in September 1988 is not extended, the technical assistance for the evaluation will be obtained from another AID centrally funded cooperating agency or through a locally executed contract for services.

(Currently MOH and LPPA foresee no shortfall in the contraceptives supplies they plan to receive from the EEC and IPPF respectively. If, however, a later demand arises, USAID will submit a request to either Family Planning International Association (FPIA) or Pathfinder for supplies.)

INPUTS:

- i) FHI II (\$35,000)
 - TA (2.0 PM) from ESAMI
 - Workshop/meetings
 - Follow-up Training and Supervision

ii) Other AID Centrally Funded Projects (\$15,600)
TA (2.0 PM) from ESAMI

OUTPUT: Improved Reporting on Contraceptives Distributed at Service Delivery Points and Contraceptives Required.

Ninety-five percent of all service delivery points will be submitting the requisite monthly reports in a timely manner.

5. Service User Statistics

In the past there have been no reliable national statistics on family planning users, since MOH, PHAL institutions and LPPA have had different data collection and recording requirements. Furthermore, since LPPA operates in some GOL, PHAL and Red Cross facilities, double reporting (to MOH and LPPA) may have occurred. Since September 1984 the MOH has taken measures to institute a uniform system for family planning user statistics. At the request of the MOH, ESAMI has provided advisory services in conjunction with work on contraceptive logistics.

At the logistics workshop discussed above new client record cards were introduced and the participants trained in their use. All family planning service delivery points are expected to use the new forms on a trial basis. The forms being tested require more information than previously collected by the MOH services delivery points. All service delivery points are expected to submit a monthly MCH/FP report form. The MOH Health Statistics Unit is responsible for processing the information. The demands on the Unit, however, prevent it from analyzing the data. Therefore, the Subproject provides for a minicomputer and accessories for the MOH LFHS Coordinator that will facilitate analysis of the information as well as other LFHS related data.

The service user forms are being tested. A mid-term evaluation of their use will be undertaken in conjunction with the mid-term evaluation of the contraceptive logistics system. The results will be discussed at the workshop discussed above. Because the evaluation is likely to make recommendations on modifications of the forms, the LFHS has budgeted funds for the printing of new forms.

In conjunction with a final evaluation of the contraceptive supply logistics system, a final evaluation of the FP user service statistics system will be carried out.

INPUTS:

- i) FHI II (\$17,600)
TA (1.0 PM) from ESAMI
Printing of Forms
- ii) Other AID Centrally Funded Projects (\$3,800)
TA (0.5 PM) from the ESAMI

OUTPUT: Improved FP Service User Statistics

Ninety-five percent of all service delivery points will be using an improved form and submitting monthly reports on a timely basis. This will enable the MOH to monitor family planning service user rates.

6. Information, Education and Communication - LPPA

The objective of this component is to strengthen the capacity of the LPPA to play a more effective role in the delivery of information, education and communication in support of the GOL's family planning and population goals. The strategy stresses the provision of essential resources to enhance the efforts of both headquarters staff, field educators and community based distributors to reach and influence target audiences. Annex D.2 provides a more detailed analysis of the component.

Because of the increasing rate of social problems among youth, particularly teenage pregnancies and sexually transmitted diseases, the Subproject will enable the LPPA to open a family life counseling center for youth. The center will be located in Maseru but have an outreach function to serve Thaba Tseka, a rural area. The center will be staffed by three people trained under the Subproject who will give talks at high schools and youth clubs, and provide counseling services to individuals. The Subproject will fund the salaries of the staff the first year the center is in operation and thereafter LPPA will cover their salaries. In addition, the LFHS provides funds for research and evaluation, conferences/workshops, local consultancy services and locally procured office furniture and equipment for the family life counseling center for youth.

The ability of LPPA to increase the demand for services is hindered by a lack of appropriate IEC materials and funds for special seminars and workshops. The LFHS will enable LPPA, in conjunction with MOH, to hold one national and three regional workshops on family life education. In addition, one-day seminars for chiefs and other opinion leaders will be held to increase their understanding of the implications of rapid population growth on Lesotho's development objectives.

The LPPA field educators and community based distributors are engaged in activities aimed at increasing the acceptance of family planning. They and nurses provide information on contraceptive methods. To enhance the efforts of these workers to reach and influence target audiences, films, videos and slides will be provided by the Subproject. Also at least 50,000 pieces of printed IEC materials will be produced.

INPUTS:

- i) FHI II \$85,800
Workshops, conferences, seminars
Family Life Counseling Center for Youth
Production of videos and printed materials
Commodities

OUTPUT: Volume of IEC Services Provided by LPPA
Increased.

The LPPA, in conjunction with the MOH, will have held one national and three regional workshops on family life education. Approximately 110 people, representing a cross section of organizations, will have participated and benefitted from these. In addition, eight one-day seminars will have been given for some 320 chiefs, district officials and other leaders.

Ninety-two films, videos and slide sets will be in use by the LPPA staff. Also most of the 50,000 pieces of printed materials will have been distributed.

A LPPA family life counseling center for youth will be functioning. Approximately 4,000 youth, male and female, will have been reached by the center through IEC materials, workshops and individual counseling services.

7. Operations Research

This component focuses on strengthening the capability of Basotho agencies to utilize research findings to improve family planning services. Operations research (OR) will be undertaken mainly to provide information to identify modifications required in the provision of family planning services so as to enhance the number of users of voluntary family planning services and to increase the continuation rates. While all of the OR activities will involve LPPA, some investigations will equally include MOH, PHAL and the LCS. Three of the OR activities will provide insights useful to all agencies involved in family planning services and IEC.

Four operations research activities are envisioned:

- a study of the community based distribution (CBD) program of LPPA.
- a family planning drop-out study.
- a study on the effect of the provision of comprehensive natural family planning (NFP) and modern FP services in the same geographic areas.
- a study on viable ways for LPPA to raise local financial contributions.

Columbia University, an AID cooperating agency, will provide technical assistance in the conceptualization, design, implementation and analysis of the OR, as described in Annex D.3. Georgetown University, another AID cooperating agency, will assist in the operations research on a comparison between NFP and CBD.

INPUTS:

- i) FHI II (\$174,000)
 - TA(7.75 PM) from Columbia University
 - TA (2.0 PM) from Georgetown University
 - Local Consultancy Services (3.5 person months)
 - Local support costs
- ii) Other AID Centrally Funded Projects (\$11,000)
 - TA (0.75 PM) from Columbia University

OUTPUT: Operations Research Reports Completed

Four operations research activities will be completed and the reports distributed. These will focus on (a) development of an effective the community based distribution (CBD) program within LPPA, (b) reasons for discontinuance of FP practices and recommendations on ways to decrease the proportion of drop-outs, (c) identification of profitable local fund raising activities for LPPA, and (d) the effect of providing natural family planning (NFP) and modern family planning services in the same geographic area.

8. Natural Family Planning

Little has been done to offer natural family planning (NFP) to Basotho as one of the methods for regulating fertility. Because between 30 - 40 percent of the Basotho are Roman Catholic and the official Roman Catholic church stance on NFP as the only acceptable contraceptive method, NFP is likely to be an attractive option for a portion of the Basotho population.

The Commission for Health and Social Welfare of the Lesotho Catholic Secretariat (LCS) began providing NFP counseling in

1982. Currently the Unit has two nurses trained as NFP trainers. One nurse attended a two-week course in Mauritius and both nurses received eight weeks of training in Nairobi. In addition, a few nurses at Catholic health facilities are trained in NFP and provide NFP counseling. No data exist however on the number of Basotho couples or individuals who have received NFP training or the number using the method.

The LCS plans to establish an NFP center and program. The center will be responsible for (a) program development, supervision and evaluation, (b) training a cadre of trainers, and (c) provision of information and promotional materials, and teaching aids. However, the core NFP center staff require technical assistance to enable them to launch and implement a sound program. Therefore, four months of technical assistance will be provided by Georgetown University, an AID Cooperating agency. Of priority concern is assistance to the NFP center to help them establish a policy, program, and program strategy. Detailed information is provided in Annex D 4.

The Subproject will assist the NFP program through the provision of a vehicle and audio-visual equipment and supplies. Also, it is anticipated that the NFP Center will be involved in one operations research activity (as described in Annex D 3.). Funds for the Center to carry out OR functions will be channeled to it through the LPPA. Also the technical assistance and commodities for the NFP under the Subproject will be channeled through the LPPA for administrative convenience.

Based on discussions between the LCS and the International Federation for Family Life Promotion, an AID cooperating agency, the Secretariat anticipates the receipt of a grant of \$30,000 for a two year period. The funds will support:

- a. promotional, training workshops.
- b. development and printing of training aids and informational and promotional materials.
- c. in-country travel of center staff for training, supervision and evaluation.
- d. out-of-country training for two NFP service providers
- e. office furniture, equipment and supplies

The LSC will provide the salaries of a coordinator, supervisor, driver and typist. It will also cover expenditures for part of the in-country travel of the Center staff.

INPUTS:

- i) PHI II (\$52,500)
 - TA (4 PM) from Georgetown University
 - Vehicle
 - A-V equipment

- ii) Other AID Centrally Funded Projects (\$45,500)
 - TA (0.75 PM) from Georgetown University (\$9,500)
 - Out-of Country Training in NFP from Georgetown University (\$6,000)
 - Program Support from the International Federation for Family Life Promotion (\$30,000)

OUTPUT: A Natural Family Planning Program Established

The Lesotho Catholic Secretariat will have developed a NFP program and established a center. Approximately 1000 people will have benefited from the services provided by approximately 20 NFP trainers. The trainers will be using the six films and slide sets made available through the Subproject. The center will have produced approximately 20,000 pieces of printed informational and motivational materials. Most of these will have been distributed by the end of the Subproject.

III. AID AND OTHER DONOR SUPPORT FOR MCH/FP

AID has been a major supporter of health services in Lesotho. The Rural Health Development Project (632-0058) assisted the MOH to improve planning and organizational skills, and train nurse clinicians and village health workers. The project was completed in July, 1985. The Combatting Childhood and Communicable Diseases Project (698-0421.32), a four-year project began in 1984, addresses the low infant mortality and morbidity rates. It assists the MOH in commodities, manpower development, operations research and health education.

The LFHS support to family planning complements the MCH/FP related assistance provided by other donors. In particular the LFHS takes into account the activities included in the Health and Population Project, supported by the World Bank in cooperation with other donors. Under the Bank project approximately \$7.4 million will be spent between 1986 and 1991 for improved organizational and financial management, clinic renovation and construction, MCH/FP service delivery, information, education and communication support (IEC), population activities, a national TB program, pharmaceutical supply system, and a national health training center. The World Bank project emphasizes the need to improve the quality and availability of service through upgrading the skills of staff, increasing their number and improving supervision of and supplies to health centers. Since the delivery of family planning services needs further development the project supports: (a) training of nurse clinicians, nurse midwives and village health workers (VHWs) and (b) equipment and supplies for the FP program. The goal is to have FP services offered by all GOL and PHAL facilities by the end of the World Bank project.

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Currently an UNFPA supported project is being implemented which focuses on the following:

- a) strengthening the capacity of the Division of Family Health to plan, coordinate and effectively manage a comprehensive and integrated MCH/FP program;
- b) training a cadre of trainers who in turn train others in MCH/FP skills and techniques;
- c) developing, pretesting and producing training material suitable for training various cadres of health personnel in MCH/FP skills and techniques; and
- d) providing MCH/FP equipment and supplies.

This \$327,000 project is expected to be completed in late 1987. In addition, UNFPA is providing support to the national population census.

UNICEF supports the village health worker (VHW) scheme of the Ministry of Health. UNICEF assistance to MCH includes immunization, growth monitoring, and breast feeding, but does not cover specific FP activities.

The International Planned Parenthood Federation (IPPF) has been the main supporter of the LPPA since it was founded in 1974. The IPPF operating grant to LPPA has averaged \$300-400,000 per year excluding commodities. The 1985 operating grant was \$343,000 and the 1986 grant was \$284,000, the drop attributable to the withdrawal of AID support to IPPF. A level of funding equivalent to the 1986 grant is expected to be maintained over the next five years.

Except for AID, few of the other donor projects provide local management resources for implementation. Although the MOH coordinates these projects and those of non-governmental organizations with the national objectives, it has only limited staff resources for these tasks, and staff resources are being reduced by the current off-shore training programs of the donors. The AID sponsored projects will strengthen the institutional capacity of the MOH and LPPA to plan and coordinate the multiplicity of implementation activities of the donor community in family planning.

IV. COST ESTIMATES AND FINANCING ARRANGEMENTS

A. Cost Estimates

The PHI II Subproject, LFHS, entails the transfer of funds to both the GOL and to LPPA, on the basis of a grant agreement

with each. In addition, funds from several other AID centrally funded projects will be used to support the Subproject. Table 1 indicates the inputs from FHI II, local institutions and other AID centrally funded projects with cooperating agencies. Annex E provides further budgetary information. A detailed budget of the FHI II contribution is given by component and financial year in the Annex. Other tables set forth the contributions from each of the local institutions by financial year.

The host country contributions are primarily in the form of the salaries of personnel actively involved in the Subproject activities. Overall, the host country contributions account for 25 percent of the Subproject budget. The local contributions in US dollar equivalent for the activities under the grant to the GOL are projected to be \$238,000 and \$210,000 for the activities under the grant to the LPPA.

Several AID cooperating agencies will provide support to the Subproject. Approximately \$101,000 will be forthcoming in technical assistance for activities under the grant to the GOL and approximately \$69,000 in technical assistance and program support for the activities under the grant to the LPPA.

B. Financial Arrangements

1. GOL

The department of the MOH which is responsible for family health and planning services is understaffed and short of resources. Accordingly, periodic advances may be necessary to the MOH for Subproject implementation, such as in-country training and workshops. The MOH maintains books and records, their voucher approval process, and procurement according to the GOL regulations. The GOL budgetary processes may constrain reimbursement without periodic advances. These disbursement procedures, though less preferable cash management wise, are dictated by programmatic considerations and will be carefully monitored and followed to reduce the Agency's vulnerability. Within Mission constraints, for greater accountability and to minimize AID's vulnerability, direct reimbursement financing methods will be used wherever practical.

It is anticipated that no audit will be required under the grant to the MOH as the AID direct contract/direct payment methods of implementation and financing minimize the potential to mismanage Subproject funds. However, if the midterm evaluation indicates there are any problems with financing arrangements or use of Subproject funds by the GOL, a financial review or compliance audit could be arranged at that time. LFHS funds have been budgetted for this purpose.

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TABLE 1: ILLUSTRATIVE SUMMARY PROJECT BUDGET ('000 US\$)

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A. Grant to GOL

	FHI II	Host Country*	Other AID Projects*	TOTAL
1. IEC-MOH	100.0	64.0	24.7	188.7
2. In-country Management Training	60.0	9.5	30.0	99.5
3. Out-of-country Short-term Training	81.0	6.3	0.0	87.3
4. Contraceptive Logistics	35.0	83.3	15.6	133.9
5. Contraceptive User Statistics	17.5	61.5	3.8	82.8
6. Other Costs				
Project Liaison Officer	60.0	0.0	0.0	60.0
Program Assistant	120.0	0.8	0.0	120.8
Work Plans Evaluations	15.0	1.2	9.3	25.5
Financial Review	12.9	0.2	0.0	13.1
Vehicles (2)	31.0	10.4	0.0	41.4
Computer, Accessories	18.0	0.8	0.0	18.8
Computer Training	2.0	0.0	0.0	2.0
SUBTOTALS	552.4	238.0	83.4	873.8
Contingency 10%	55.2	-	8.3	63.6
Total	607.6	238.0	91.7	937.4
Inflation 5%	87.2	-	9.3	96.5
GRAND TOTAL	695.0 ++	238.0	101.0	1034.0 ++

B. GRANT TO LPPA

1. IEC-LPPA	85.8	165.4	0.0	251.2
2. Operations Research	174.0	27.9	11.0	212.9
3. Natural Family Planning	52.5	16.5	45.5	114.6
4. Other Costs				
Vehicles (2)	40.0	0.0	0.0	40.0
Computer & Accessories	18.0	0.0	0.0	18.0
Financial Review	15.0	0.2	0.0	15.2
SUBTOTALS	385.3	210.0	56.5	651.9
Contingency 10%	38.5	-	5.7	44.2
Total	423.8	210.0	62.2	696.1
Inflation 5%	56.1	-	6.8	62.9
GRAND TOTAL	480.0	210.0	69.0	759.0

TOTAL LFHS

from AID FHI II

1175.0

1793.0

+ The line items reflect contingency and inflation rates

* This does not include approximately \$32,500 for initial cooperating agency visits to Lesotho to discuss the Subproject.

++ Rounded to nearest \$1,000

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2. LPPA

As part of the institutional strengthening process of the Subproject, the LFHS funds the means for LPPA to improve its accounting system to monitor and track their financial resources. A financial consultant, knowledgeable about AID financial procedures and systems, will assist the LPPA to set up a computerized accounting system.

The grant to the LPPA includes limited commodities and services for the Lesotho Catholic Secretariat to establish its natural family planning program. The conditions precedent will require that prior to any disbursements under the grant for LCS activities or support, that evidence be submitted to USAID that LPPA and LCS have agreed to an appropriate procedure and plan for submission of the requisite reports and financial documents from LCS through LPPA to USAID.

Because LPPA and LCS are short of resources, periodic advances are necessary to fund their activities under the Subproject. AID will advance LPPA funds on a not more than 90-day basis. Reimbursement procedures will be as follows: to initiate the advance, LPPA will submit to USAID Lesotho a voucher accompanied by a schedule of advance requirements detailing their estimated cash needs for three months in advance. Thereafter, at the end of each month, LPPA will submit two vouchers to USAID Lesotho: one, a voucher detailing their allowable disbursements which will partially/fully liquidate their outstanding advance; and two, another voucher requesting an advance to cover their estimated cash requirements for the three months subsequent to the liquidation voucher above. The advance voucher will be accompanied by a schedule of advance requirements. USAID/Lesotho reserves the right to unilaterally reduce the requested advance if, after appropriate consultation with LPPA, USAID finds it excessive. Review and approval of advances will be the responsibility of the USAID Project Officer.

A financial review of LPPA Subproject accounts to verify compliance with the terms of the grant agreement and accuracy of financial reporting will be conducted after one year of the grant activity. Thereafter, on an as-needed basis, USAID will secure the services of a reputable financial management firm to ensure appropriate and effective use of Subproject funds. A line item for the auditing services has been included in the Subproject budget.

4. Method of Obligation

The obligating documents will be a Subproject Grant Agreement with the GOL and a grant or Cooperative Agreement with the LPPA. Both agreements will be signed by the Director of USAID/Lesotho, under authorities delegated by DOA 551 and DOA 149.1.1.

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5. Method of Implementation and Financing

The following chart summarizes the methods of payment proposed for the use of FHI II funds for the Subproject.

Subproject Element Estimated Cost

<u>Method of Implementation</u>	<u>Method of Financing/</u>	<u>Approximate Amount</u> (U.S.\$ 000)
1. Technical Assistance		
Long-Term-PSCs	Direct Pay	225.0
Short-term-AID Direct	Direct Pay*	432.7

		657.7
2. Training		
Incountry	Direct Pay*	86.9
Short-term U.S. and Third Country	Direct Pay	102.3

		189.2
3. Commodities		
AID Direct Procurement	Direct Pay	90.0
AID Purchase Orders	Direct Pay	45.4

		135.4
4. Local Currency Costs		
Support Costs Not Covered Above	AID Direct*	192.7

Total FHI II Subproject contribution		1175.0

NOTES: 1/ Direct pay method of financing includes direct reimbursement to grantees.

* Includes financing through periodic advances.

D. Recurrent Costs

The Subproject programs funds to strengthen the institutional capacity of the Ministry of Health and certain private sector institutions. Thus, the Subproject does not initiate programs or

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activities requiring follow-on commitments after the conclusion of LFHS, except for the two programs discussed below. Also, the Subproject provides assistance which is intended to compliment that provided by other donors, and as such the activities undertaken will be of an interim nature and will strengthen current ongoing activities already initiated by GOL and the private sector in providing family planning health care services in Lesotho.

An exception is assistance to LPPA to open a family life counseling center for youth. Before LFHS funds are disbursed for this activity, LPPA will be required to submit to USAID both management and financial plans for the Center. The provision of technical assistance to LPPA to help them identify profitable local fund raising activities will help in meeting the recurrent cost of the center.

The establishment of a NFP program and center implies some recurrent cost obligations on the part of the LCS, but these will be very minimal. The NFP trainers and service providers are already employees, of the LCS or specific Catholic mission health facilities. Existing facilities will be used for the NFP center and service provision points. The new recurrent costs will primarily involve travel associated with supervision and evaluation. It is reasonable to expect that these costs can be met by the LCS after the LOP.

The short term training, in Lesotho and out-of-country, is expected to have a positive and long term effect. In the selection of candidates for the out-of-country training, preference will be given to those who perform a training function, especially in regard to other professionals. The turnover of professional Basotho staff in each of the organizations benefitting from the Subproject financed training is not high, and when it does occur the staff member usually joins another health/family planning organization within Lesotho to perform a similar job. Furthermore, the LFHS has given considerable attention to ensuring high quality training through securing the services of organizations with outstanding performance records in their special areas of expertise.

The Subproject financed vehicles for the MOH and LPPA are not expected to increase the recurrent costs of the organizations. The vehicle for LPPA will replace an old one which constantly requires repair and the one for the MOH LFHS Coordinator will facilitate improved coordination and management of donor projects, hence a cost savings should result. As explained above, the vehicle for LCS will involve a new recurrent cost, but it is within the means of the organization to meet this cost.

E. Other AID and Donor Assistance Related to LFHS

Principal donor assistance to the IEC-MOH component is being provided by the World Bank-assisted project. AID participation will be limited to provision of technical assistance and costs of producing

written materials on family planning for use by illiterates and semi-literates. The IEC component of the World Bank assisted project places the major responsibility for production of inputs with the Lesotho Distance Teaching Center (LDTC) under a contract signed 2 September 1985 in the amount of \$245,056 for (a) research and evaluation, including a survey to assess the availability of communication media in each health service area and pretests of materials, (b) development and production of materials on family planning, breast feeding, sexually transmitted diseases, tuberculosis and leprosy, and (c) production of radio programs on MCH/FP subjects and preparation of three manuals based on the content of selected broadcast themes.

USAID/Lesotho, through the CCCD (Combatting Childhood Communicable Diseases Project) is providing a graphics artist to strengthen the work of the HEU. In addition, the AID-supported HealthCom Project has recently provided a long-term advisor to work with the HEU and NGOs in strengthening development communications, as well as developing and implementing a national IEC strategy for health and population.

IPPF assistance to LPPA will be continued during the life of the Subproject in the amount of at least \$250,000 a year. The LPPA contribution to the LFHS will be almost exclusively through funds allocated to the Association from IPPF.

IV. IMPLEMENTATION ARRANGEMENTS

A. Administration and Coordination

1. MOH

The Ministry of Health will designate a person to take overall responsibility for the administration of the following LFHS components within the MOH:

- IEC - Health Education Unit, MOH
- In-country Management Training
- Out-of-country, Short-Term Training
- Contraceptive Logistics
- Family Planning Service User Statistics

The MOH designee, to be known as the LFHS Coordinator, will be responsible for day-to-day operational decision-making, Subproject oversight, submission to USAID of the requisite reports, and requests for scheduling the technical assistance provided under the Subproject and by AID cooperating agencies. Also the designee will be responsible for ensuring that the requisite coordination with other agencies is carried out in a timely manner. Since the LFHS supports the World Bank assisted project, it is expected that the designee will be the Senior Health Planner, who is responsible for this other project.

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The MOH will designate either the HRU Chief or the Health and Population Project Coordinator of the HEU to take primary responsibility for implementing the IEC component. The officer will make arrangements related to the visits of the technical assistants, such as schedule, scope of work, facilities, notification of people who are to participate and preparation of materials for the annual plans. In carrying out this task the officer will hold a preparatory meeting with personnel from LDTC, LPPA and other key organizations which will be involved.

The MCH/FP Coordinator of the Ministry of Health will be mainly responsible for implementing the contraceptive logistics, family planning service user statistics, and in-country management training components of the Subproject. The Coordinator is expected to liaise with the NDSO, Health Statistics Unit, LPPA and PHAL as needed, and take leadership in the scheduling of technical assistance and their work. The Coordinator will be responsible for ensuring that the requisite preparations are made for the visits of technical assistants.

Because of the increased managerial work load in the MOH resulting from project-related activities, the Subproject will provide a full-time Program Assistant to work directly with the MOH officials. The Program Assistant will be hired locally on a personal services contract with the USAID, using FHI II Project funds, and will be based in the Planning and Statistics Unit of the MOH. The Program Assistant's duties will include assisting the MOH LFHS Coordinator to ensure that the Ministry's responsibilities under the Subproject are carried out in a timely manner. Under the administrative direction of the Ministry's LFHS Coordinator, the Program Assistant will assist in coordinating the MOH Subproject activities in IEC, overseas and in-country training, contraceptive logistics system, and FP user statistics. The Assistant will help ensure that these activities are coordinated with LPPA, the PHAL and LCS, as well as within the MOH. Further details are provided in the Program Assistant position description in Annex G. To assist the MOH to implement and monitor the LFHS activities, the Subproject provides for a vehicle and a minicomputer with accessories, especially for the use of the MOH LFHS Coordinator and Program Assistant.

2. LPPA

The Lesotho Planned Parenthood Association will designate a person to be responsible for the administration of the IEC-LPPA and the operation research components. The designee will be responsible for day-to-day operational decision-making, Subproject budgeting and oversight, submission to USAID of the requisite reports, and other communications with USAID. The designee will help ensure that the commodities provided are utilized for the intended purposes. Also the designee will take responsibility for organizing meetings to discuss

the findings from the operations research component and for ensuring the timely coordination of activities with relevant agencies. The designee will be responsible for oversight of the local research consultancies and any other contracts or agreements which deal with the expenditure of Subproject funds.

The Program Officer (IEC) will be primarily responsible for the implementation of the IEC component. Subsequent to the signing of the Subproject Agreement, the officer will reconfirm the commodities to be financed from the Subproject grant. Also, he will keep records on the receipt and redistribution of equipment and supplies. The officer will be responsible for planning, organization and execution of seminars/workshops financed by the Subproject.

The LPPA will designate an officer to be primarily responsible for the management and implementation of the operations research component. The officer will take a leadership role in communication and coordination with MCH/FP, PHAL and the LCS for the operations research activities related to these organizations. The approval of the MCH/FP Coordinator will be required on the design of the drop-out study prior to its execution. The officer will be responsible for sending copies of all major correspondence, contracts and other documents related to the operations research to the MCH/FP Coordinator. The distribution of the operations research reports will be done by the Officer.

3. Catholic Secretariat

The Executive Secretary of the Commission for Health and Social Welfare in the Lesotho Catholic Secretariat will be responsible for the administration and management of AID-financed support to the Secretariat. The Executive Secretary will be responsible for Subproject oversight, submission of the requisite reports through LPPA and the schedules and scopes of work for technical assistance. The Executive Secretary will keep records on commodities received.

4. AID

USAID/Lesotho will be the responsible entity for AID management of the activities planned under the LFHS. The Health and Population Coordinator (HPC) in USAID/Lesotho will be Project Officer. This position is currently held by the USAID Assistant Director. The HPC will be principally responsible for providing guidance and monitoring. The approval of the Project Officer will be required on any PIOs and contracting agreements made by the grantees. The HPC will issue PIL's and have overall responsibility for LFHS implementation, including approval of payments to reimburse the grantees for Subproject expenditures. The Program Assistant in the MOH and the Project Liaison Officer will be responsible to the HPC Officer and will be supervised by her. The Subproject Grant Agreements will be negotiated by the USAID/Lesotho Project Development Officer.

The HPC will be assisted by a Project Liaison Officer, hired locally on a PSC with FHI II Project funds on a half-time basis. A Position Description is contained in Annex G. The Project Liaison Officer's duties will include overseeing and providing guidance to the LFHS to ensure achievement of objectives; monitoring the activities of the technical assistants; overseeing financial transactions; and serving as the central point of major correspondence between the Basotho implementing agencies and the AID cooperating agencies; monitoring the performance and counterpart contributions of the GOL, LPPA and LCS; and, preparing AID-specific documentation.

Responsibility for issuing PIO/C's for commodities and vehicles and tracking these commodities until they are received by LPPA and LCS will also rest with the Project Liaison Officer under supervision of the HPC and Mission Executive Officer. The Mission Executive Officer and REDSO/ESA Supply Management Officer will provide assistance as required. The Project Liaison Officer will serve as the USAID primary point of contact for the GOL, LPPA, LCS, and PHAL. The cooperating agencies providing technical assistance to the LFHS will also use the Project Liaison Officer as the primary contact point in USAID. A 4-wheel-drive vehicle will be provided with FHI II Project funds for use by the Project Liaison Officer in carrying out his/her responsibilities. It will also be available for use by TA's and AID TDY personnel during the course of the Subproject. The vehicle will be under the administrative control of the Project Liaison Officer during the life of the Subproject, but will be turned over to LPPA at the end of the Subproject.

The Regional Health and Population Development Officer for Southern Africa will make periodic advisory visits to assist in monitoring, which will be augmented by the REDSO/ESA Population Officer. All legal matters pertaining to the Subproject will require the assistance of the RLA/SA. The Project Liaison Officer will be responsible for the scheduling of these visits in coordination with the Lesotho implementing agencies.

The out-of-country training will be coordinated and administered by the Project Liaison Officer with the assistance of the Project Officer in coordination with LPPA, MOH and PHAL. Each agency is expected to provide the Project Liaison Officer with a list of training needs. The MCH/FP Coordinator will be responsible for securing the necessary GOL approvals for Government personnel to be sent for training.

4. Cooperating Agencies

Most of the technical assistance (TA) for the Subproject will be provided by AID cooperating agencies through buy-ins to centrally-funded population projects. USAID/Lesotho will issue the PIO/T's for the services of selected agencies on behalf of GOL, LCS and LPPA, in accordance with the plan set out in this document. SER/OP will be requested to negotiate and execute buy-ins to the contracts of the selected cooperating agencies.

All activities undertaken by the cooperating agencies on behalf of Lesotho will require the prior approval of USAID/Lesotho. Reports of their activities will be submitted to USAID, as specified in Section II. F. 2. Each technical assistant provided by the cooperating agencies will meet with the Project Liaison Officer to discuss his/her scope of work and prior to departure each will also brief the Project Liaison Officer on the visit and requisite follow-up actions.

PCS will be responsible for assisting LPPA to identify appropriate films and slide sets to be purchased under the Subproject. Georgetown will provide a similar service for LCS. Also, PCS will make arrangements on behalf of LPPA to transform videos into 16mm films, as necessary.

B. Reports

Quarterly financial and technical reports will be submitted to USAID by LPPA and MOH. The technical reports will include a summary of the activities undertaken and specify the number of participants trained according to sex and job category. The reports will include information on activities and assistance provided by AID cooperating agencies. The financial reports will account for expenditures made with Subproject funds. The reports will be required within a month of the close of each quarter. Because LCS will receive FHI II funds through LPPA, it will submit quarterly reports to USAID through LPPA. In addition, LCS will submit to USAID copies of its quarterly reports to IFPLP.

An annual report will be required from the MOH, LPPA and LCS which summarizes the accomplishments made under the Subproject and with the assistance of AID cooperating agencies. It will also include a narrative on the inputs required and activities planned for the forthcoming year and the corresponding scheduling. Copies of these reports will be sent to the various AID cooperating agencies providing assistance to the Subproject.

Prior to the completion of the annual reports, there will be an annual scheduling work plan meeting of all groups to review progress and plan for the next year. Each AID cooperating agency will participate in the development of the Subproject annual plan and will also develop a separate work plan and budget for review and approval from the GOL or LPPA, USAID, and S&T/POP.

Copies of trip reports for each visit of the AID cooperating agencies will be sent to USAID and the relevant Lesotho organization.

C. Gray Amendment

The LPHS procurement plan was developed with full consideration being given to maximally involving Gray Amendment organizations in the provision of the required goods and services. It has been determined

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that the Subproject is not appropriate for minority or Gray amendment contracting because a determination has been made to obtain technical assistance through buy-ins to other AID centrally funded projects with cooperating agencies. A single contract with a technical assistance entity, which could have been a firm covered by the Gray Amendment, was considered but it was determined to be less desirable than buy-ins. The buy-ins to other centrally funded projects permit the Subproject to gain from experience and lessons learned in similar activities in the region and reduce the administrative burden on USAID/Lesotho in the contracting and management processes. Moreover, given the large number of small service procurement actions required, a buy-in to existing projects through S&T/POP is required to take advantage of S&T management of these contracts and minimize the administrative burden on USAID/Lesotho. To the extent possible, however, an effort will be made to acquire the services of individuals covered by the Gray Amendment for the two personal services contracts to be awarded by the USAID under this Subproject.

D. Commodity Procurement

1. Responsible Agencies

All purchases outside Lesotho will be conducted by the USAID for and on behalf of the MOH, LPPA and LCS. Small value shelf item purchases in Lesotho will be conducted by the LPPA for its own account and by LCS for its account. Commodities will be consigned to the MOH, LPPA and the LSC as appropriate. Consignees will be responsible for clearing the imported commodities from customs, for acknowledging receipt of goods by letter to the USAID Project Officer, and for insuring appropriate use of the AID-financed goods to further project objectives.

2. Equipment List:

<u>Quantity</u>	<u>Item</u>	<u>Est Cost</u>	<u>Total</u>
3	16mm Motion Picture Projector with accessories	\$600	\$1800
3	Projection Screen 70" by 70"	\$ 80	\$240
1	Studio Tape Recorder 7 1/2-15 ips	\$2600	\$2600
5	Portable Cassette Tape Recorder	\$610	\$3050
2	Microphone with Windscreen	\$220	\$440
3	Flash Attachment	\$100	\$300
3	35mm Camera, 50mm Lens	\$200	\$600
2	Elevator Tripod	\$180	\$360
2	VCR Monitor/Receiver	\$920	\$1840
2	Portable VHS Tape Deck-Recorder	\$1540	\$3080

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2	Video to Video Phono, Plug to plug, 10 Foot Cable	\$30	\$60
2	BNC Plug to Plug BBC-C-10	\$30	\$60
2	Conversion Plugs, Video Adaptor Phono Jack to RNC Plug	\$20	\$40
2	Phono Plug to BNC Jack Video Adapter	\$10	\$20
2	Audio Cables VTR to Monitor phono Plug to Plug 10 Ft.	\$10	\$20
2	Mini Plug to Phono	\$10	\$20
2	Microphone cable XLR Jack to Mini Plug, 10 Ft.	\$30	\$60
2	Microphone Extension Cable XLRP-XLRJ-25	\$80	\$160
2	Microphone Extension Cable XLRP-XLRJ-15	\$60	\$120
2	XLR Plug to Standard Phone Plug XLRP-SPP-10	\$50	\$100
4	Audio Connectors Mini Plug to Standard Phone Jacks	\$10	\$40
2	Mike Stands, Desk Stands with 312 Clamp	\$60	\$120
48	1/2" Video Tape rolls	\$18	\$864
26	Audio tape, 1/4"	\$15	\$390
124	1/4" blank cassettes	\$5	\$620
524	24 Exposure 35mm film 400 ASA	\$6	\$3144
1	Vehicle (passenger)	\$11000	\$11000
3	Vehicle (4 wheel drive)	\$20000	\$60000
2	Computer, printer, hard disk and accessories	\$18000	\$36000
TOTAL ESTIMATED VALUE of commodities:			\$127,148

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All of the commodities listed above are for LPPA except one vehicle and one computer, printer, hard disk and accessories which are for the MOH and following which are for LCS:

- 1 motion picture projector
- 1 projection
- 1 cassette tape recorder
- 1 microphone
- 1 flash attachment
- 1 35mm camera
- 50 blank cassettes
- 10 rolls of film
- 1 vehicle

3. Source/Origin

The authorized source/origin for commodities and commodity related services is AID Geographic Code 941 and Lesotho. Source/origin waivers to AID Geographic Code 935 based upon the need to service equipment locally may be necessary and if so, will be executed by the Director of USAID/Lesotho under the authority delegated by DOA 551. Four vehicles will be purchased under the blanket right hand drive vehicle waiver. Small value purchases in Lesotho paid for in local currency which do not exceed the limits established in AID HB 1B chapter 18 are authorized.

E. Evaluation

After the first 18 months of the Subproject, AID will conduct a formative evaluation. The evaluation team will consist of at least one AID Population Officer and representatives of the two main cooperating agencies, Columbia University and Georgetown University. The purpose of the evaluation will be to review accomplishments and plans, identify problem areas and make recommendations for improving the direction of the Subproject. The evaluation is expected to take two weeks.

A final evaluation will be conducted in the last year of the Subproject. The purpose will be to document accomplishments of the LFHS activities. It will also make recommendations on future AID assistance in family planning. The evaluation team should consist of a family planning research specialist, an expert in IEC, and an AID Population Officer. The evaluation is programmed for four weeks. Prior to the formal evaluation, AID will contract locally for a specialist to conduct a study of those trained under the Subproject to determine the use of knowledge and skills acquired.

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D. Implementation Schedule

The following is the implementation schedule of major program events. Annex F provides further information in the form of bar charts.

<u>Major Activities</u>	<u>Month/Year</u>	<u>Action by Whom</u>
Subproject Agreements signed	Aug 1987	USAID, GOL, LPPA
Project Liaison Officer and Program Assistant hired	Sept 1987	USAID, GOL
Commodities ordered	Sept. 1987	USAID, LPPA
Consultant for IEC-MOH arrives	Oct 1987	PCS, MOH
Life of Subproject Workplan completed	Oct 1987	MOH, LPPA
NFP Program and Policy Consultant Arrives	Nov 1987	LCS, Georgetown
Consultant on Fund Raising arrives	Nov 1987	LPPA, Columbia
Consultant for Family Life Education Arrives	Mar 1988	MOH, PCS
National Family Life Workshop held	Mar 1988	LPPA, MOH
CBD Research Begun	April 1988	LPPA, Columbia
Annual Work Plan completed	May 1988	MOH, LPPA
In-Country Management Training Course Begun	June 1988	MOH, FPMT
Consultant for IEC-MOH arrives	Aug 1988	MOH, PCS
Drop out Research Begun	Sept 1988	LPPA, MOH
LFHS Formative Evaluation	Mar 1988	MOH, LPPA, USAID
Family Life Counseling Center Opened	Mar 1989	LPPA, GOL
Annual Work Plan Completed	May 1989	MOH, LPPA
CBD Assessment	Jun 1989	LPPA, Columbia

Contraceptive Logistics and Service User Statistics Final Evaluation	Jul 1989	MOH, ESAMI
Consultant for IEC-MOH arrives	Oct 1989	MOH, PCS
Baseline for NFP/CBD Comparison Begun	Nov 1989	LPPA, LCS, Georgetown
Final Year Work Plan completed	May 1990	MOH, LPPA
Final Evaluation	Feb 1991	USAID, MOH, LPPA, LCS
Subproject Ends	Aug 1991	

V. ANALYSIS

A. Institutional Analysis

The LFHS has been designed with full consideration being given to the institutional capacity and other demands on the relevant host country officials and staff. The activities carried out to date in regard to contraceptive logistics and contraceptive user statistics and the in country training demonstrate the capacity of the MOH to implement such activities. The need for improved coordination of donor and GOL financed family planning activities has resulted in the request for a LFHS-funded Program Assistant in the MOH. To facilitate improved coordination of donor activities and management of the LFHS, the Subproject will finance a vehicle and a minicomputer with accessories.

The LPPA, through implementation of its program, has demonstrated its ability to manage and implement the LFHS. In comparison, the LCS is just beginning its NFP program but the staff are dedicated and there is adequate internal leadership.

The technical assistance and training financed by the Subproject will enhance the human resource capacity in the MOH, LPPA and LCS to manage and implement not only the LFHS but their programs in general.

The MOH has overall responsibility for determining health policy and for planning and directing the development of the national health care system. The MOH operates 11 hospitals and 39 clinics. Ten of the MOH clinics located in remote mountain areas are managed and supervised by the Lesotho Flying Doctor Service, a private voluntary agency. Non-governmental

organizations operate nine hospitals and 86 clinics or 66 percent of all health facilities. Religious mission agencies manage all of the private sector hospitals and 70 of the clinics. Of these, the Catholic Church operates four hospitals and 40 clinics which account for 30 percent of Lesotho's health facilities. The religious mission agencies are affiliated to the Private Health Association of Lesotho (PHAL) whose objectives include strengthening cooperation and collaboration with the GOL and representing mission interests to the MOH. PHAL does not perform a financial management role for the channeling of external support and each mission retains control over its fees and operations.

To facilitate the coordination of the delivery of health services, the Government has instituted a decentralized scheme in which administrative authority for health services has been delegated to each of the 19 Health Service Areas (HSAs), five of which are in Maseru District and one which is administered by the Flying Doctors Service. Each HSA (except the one of the Flying Doctors) has a hospital serving as a referral point and a logistics support center for all rural clinics operating in the area, regardless of whether they are public or private sector facilities.

Many health facilities, both public and private, offer family planning (FP) services although the level of service varies greatly. Private doctors, MOH and PHAL associated facilities and Red Cross Clinics provide FP services as a part of MCH services. The amount and type of service provided by each agency depends in part on the socio-religious beliefs and the training of the health care staff. Condoms, pills, IUDs and injectables are offered at most clinics. Laparoscopic or mini-laparotomy sterilizations and tubal ligation are offered at most hospitals and some private sector clinics. The skill base in FP of health personnel has been enhanced during the past few years through special training. The promotion of FP is included in the work of village health workers (VHWS).

In addition, the Lesotho Planned Parenthood Association (LPPA), in operation since 1974, has 10 family planning clinics and 17 FP outstations and offer FP often in collaboration with a hospital or clinic. The field activities of the LPPA are organized under four branches, each headed by a coordinator. Except for Qacha Nek which is a branch on its own because of the transport and communication problems, each branch covers at least three districts.

The LPPA programs are basically under two departments: information, education and communication (IEC), and services. The IEC Department is headed by a Program Officer with an Assistant Program Officer. There are 20 Field Educators, 7 each

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in the Northern and Central Branches, 4 in the Southern Branch and 2 in Qacha's Nek Branch. The Service Delivery section is headed by a National Program Officer who oversees the 10 clinics and 15 outstations. Each of the main clinics has at least one nurse who visits an outstation once a month. Since 1985 the Association has had a CBD program in three areas, carried out by 10 volunteers.

The Lesotho Catholic Secretariat (LCS) has two staff members trained in natural family planning (NFP) and intends to begin a NFP program. The institution structure of the program has yet to be determined.

Information is provided in Annex C to support the conclusion of the Subproject design team that the MOH, LPPA and LCS have the capacity and capabilities necessary for the successful implementation of the Subproject, when combined with support from a Project Liaison Officer and a Program Assistant.

B. Technical Analysis

Although the Ministry of Health (MOH) and the Lesotho Family Planning Association (LPPA) have demonstrated their intention to provide family planning services to those who request them, both of these organizations need to strengthen their managerial and technical capability to carry out expanded FP/MCH programs. And, the Lesotho Catholic Secretariat, although it provides NFP services, has not developed its program.

The goal of the LFHS is to enhance access to voluntary family planning services. The purpose is to strengthen the capacity of government and non-government organizations to implement effective family planning information, education, communication programs and to improve the delivery of family planning services. Thus, the Subproject centers on strengthening those institutions which already provide FP services so that these may be more efficient and effective. (See institutional analysis sections VI.A and Annex C and component descriptions (Annex D) for further information.) This is considered the most cost effective method for enhancing access to FP services. Moreover, the strategy is deemed the most appropriate given the conditions and context.

The mechanisms selected to achieve the goal and purpose of this Subproject are appropriate to the current economic and social conditions of Lesotho. Building upon the already high level of awareness of contraception and economic costs of maintaining large families, utilization of effective media messages, can move people from the awareness stage to actively practicing family planning. Additional training of health

personnel will measurably impact upon the family planning delivery system. The provision of training for mid-level managers will improve the administration of MCH/FP. Assistance to the Lesotho Catholic Secretariat will provide a broader selection of family planning methods, especially for those individuals who do not find artificial methods acceptable.

The cooperating agencies that have been selected to provide the required technical assistance are all expert in specific facets of family planning and all have considerable experience in Africa.

Because a very large percentage of the workforce is away in the mines of South Africa for long periods of time, coupled with the growing awareness of the threat of AIDS, it is predictable there will be a rapidly increasing demand for condoms. Strengthening of the logistics delivery systems is a critical element of this Subproject and essential if contraceptives, e.g. condoms, are made easily accessible to all who desire them.

C. Economic Analysis

1. Introduction

Lesotho is a small country with extremely limited land and natural resources. Per capita availability of arable land, at 0.3 hectares per person in 1980, is among the lowest in eastern and southern Africa. In addition, the industrial base is virtually non-existent, which implies that Lesotho-based employment is almost exclusively in the rural agricultural sector. An important source of employment for Basotho men is in the mines of the Republic of South Africa. Because of cordial relations between Lesotho and the Republic, and due to the dominance of the Basotho in certain skill categories, employment levels in the mines have remained constant at nearly 95,000 over the last few years in spite of a weakening RSA economy. The prospects for employment growth, however, do not exist in South Africa's mines. Rather, the concern is that as the struggle for major rule continues in the RSA, the ensuing disruption may result in the loss of these jobs. The return of these migrants, compounded with a population growth rate of 2.25 percent, will place tremendous demands on the capacity of the Government of Lesotho to service its population as well as on the economy to provide remunerative employment. Thus, although population growth rates have fallen slightly in the recent past, further reductions will be necessary in order to ensure a rising standard of living for the Basotho.

Earlier studies of family planning services in Lesotho have revealed significant constraints to both the supply of and demand for services. In spite of these constraints, the

Government of Lesotho has made progress in reducing the rate of population growth. Based on preliminary results from the 1986 census, the rate of population growth appears to have fallen to 2.25 percent from 2.6 percent in earlier estimates. Although the country's Third National Development Plan (1980-1985) did not set specific targets for population growth rates, it did emphasize the importance of reduced population growth for national development.

The World Bank has found the GOL's policy statements regarding family planning to be much stronger than those statements of other countries which have either more experience with family planning programs or more severe population problems. It is, perhaps, this national commitment to family planning which has enabled the country to reduce growth rates in spite of a limited institutional capacity to encourage and service contraceptive use. Over the medium to long run, the Government of Lesotho wants to improve information, education, and communication regarding family planning services in both the private and public sectors. This approach is intended to increase the demand for family planning services while at the same time increasing the nation's institutional capacity to service that demand with easily accessible and well distributed family planning services.

2. Cost Benefit Analysis

The nature of cost-benefit analysis is such that costs and benefits incurred in the near future are valued highly, while those incurred in the distant future are valued less highly. This reflects the role that time plays in determining the value of money and other assets: the dollar which is earned today has a greater value to the wage earner than a dollar which may be earned ten years in the future. Family planning activities are structured in such a way that the benefits of the program are great, and, importantly, occur early in the life of the project. The costs, meanwhile, are relatively low and principally occur in the discounted distant future. Because young human beings are dependent on their families and governments for a very long time, benefits to a family planning program include, among others, the savings which occur when families are not called upon to feed additional mouths and the government does not have to provide additional school spaces. These benefits are large and occur early in the life of a human being. The cost of foregone births include the costs of the family planning program and the future earnings which would have resulted if the infants had survived childhood and become productively employed adults. Thus, total project costs are low because direct project costs themselves are low and the foregone wages, which would occur 15-50 years in the future, are significantly discounted.

Due to the structure and timing of the costs and benefits of a family planning program and to the nature of cost-benefit analysis, there is no doubt that the family planning program will be cost-beneficial. As a result, this section does not undertake a rigorous analysis to determine whether or not the benefits exceed the costs; rather, the analysis addresses the impact that population growth has on national development, and on fiscal and familial capacities. Finally, cost-effectiveness and least cost concerns are addressed.

3. Impact of Rapid Population Growth

Rapid population growth is a development problem; it presents a drag on national resources, dilutes the benefits of economic growth, and presents an economic and political strain to governments to service the burgeoning population. Per capita income growth is reduced and the distribution of income becomes increasingly skewed. Resources are not available to increase productive employment opportunities in the modern sector, nor to increase agricultural productivity. Population growth also presents a financial strain on the fiscal capacities of the GOL. Health, social, and educational services must all be provided to the increasingly young population. In 1984, the GOL spent an average of approximately \$44.00 per person on health, education, and housing services alone, an amount equal to 50% of that year's total government revenue. When economic services (e.g. roads, other transportation, and communication services) are also included, expenditures jump to \$88.50 per person. If per capita expenditures remain constant, each birth that is averted as a result of increased access to and use of the family planning services will result in reducing fiscal strain. If per capita expenditures do not remain constant in the face of a rapidly increasing population, a falling standard of service and reduced access to such services will likely result.

Rapid increases in population growth also constitute a strain on the family's capacity to support and care for successive members. With average fertility rates of 5.8 children, a family is forced to care for dependent children continuously for a 20 to 40 year period. During these years, pregnancy and infant care substantially reduce the woman's productive capacity, and the high number of pregnancies may actually damage the woman's health. Given the dominant role Basotho women play in the agricultural sector, due to the absence of many adult men working in South Africa, the reduced labor productivity has implications for poor health and nutrition within the family and a generally low standard of living. Thus, the population growth rate can be seen as an important constraint to productivity increases in agriculture.

4. Cost-Effectiveness or Least Cost Analysis

When evaluating the production of goods utilizing tangible inputs in a limited number of alternative combinations, one is able to compare the relative efficiencies of different combinations to determine a cost-effective or least cost combination. Family planning services are not as clear cut as a production problem since the factors defining the production function are not clearly understood or completely specified, the relationship between factors is not known, and many input factors are neither observable nor controllable. As a result, cost-effectiveness analysis is not an especially useful paradigm for assessing the appropriateness of institutional support for family planning activities. In spite of this situation, however, one must be reasonably assured that funds are well spent.

Although Lesotho has had a family planning program for several years, institutionally it is in the early stages of development. The institutional capacity of family planning organizations must be enhanced in a logical manner to ensure that increases in the demand for voluntary family planning services is matched by the capacity of the institutions to service that demand. This Subproject has been designed to: increase the number and skill level of family planning practitioners in order to increase the capacity to supply services; improve the quantity, quality, and distribution of materials aimed at increasing demand for services; and, monitor initial and follow-up use of services. As such, it seems a logical and well coordinated approach which should result in an effective, efficient strengthening of institutional capacity.**

**REFERENCES

Economist Intelligence Unit; Country Report-Namibia, Botswana, Lesotho, and Swaziland, No 2 - 1987; London, 1987, pp. 45-51

IMF; Government Finance Statistics Yearbook 1986 Washington, D.C., 1987; pp 666-Lesotho.

World Bank; Lesotho: Agricultural Sector Review, Vol 1; Washington, D.C. January 21, 1981.

World Bank; Staff Appraisal Report Lesotho Health and Population Project; Washington, D.C., April 1, 1985.

World Bank; World Development Report 1984; Oxford University Press, Oxford, 1984; pp 40.

(two-thirds) in the western lowland, and mostly in villages. Villages in Lesotho usually consist of a group of households with a distinctive social and geographical identify. Village populations vary from 40 person to over 1,000 persons. The average family size is just over four. The individual household has emerged as the basic and social and economic unit, with the husband as household head. However, 30-40 percent of rural households are actually managed by women with absentee husbands, and an additional 30 percent are widowed, divorced or single female heads.

There are four sources of income available to rural Basotho households: (1) remittances from migrant workers, (2) off-farm employment in Lesotho, (3) farming and/or livestock production, and (4) other income generating activities. The ability of a household to achieve an acceptable standard of living depends upon access to productive domestic resources and/or the availability of cash incomes (which at present come primarily from employment in the RSA). A number of recent analyses of resource holdings of households have found that, although the distribution of resources is more equitable in Lesotho than in many other countries, there are considerable differences among households. In particular, households with larger allocations of land appear to have relatively greater access to other types of income generating resources, and the reverse is true for the poor households.

Basotho Culture: The Basotho culture dominates the region in a uniform manner. Sesotho is the language spoken throughout the country. The Basotho are traditionally cattle-owning agriculturalists who prior to the twentieth century were renowned for their smelting of iron, copper and tin.

Over a century of foreign influence and wage labor has totally altered many aspects of Basotho culture. Family relations and marriage practices have been subject to the effects of migrant labor and inflation; Christianity has long maintained a firm foothold; the position of the chieftaincy and the nature of power vested in the chief has altered, and the role of women has become increasingly difficult and complex. The effect of these varied influences upon Basotho culture are made more complex as the majority of Basotho have experienced the working class life in and around the mines of South Africa, but also have had to remain within the framework of a more "traditional" way of life in the impoverished rural areas of Lesotho-placing many in difficult psychological positions and placing intense pressures on the social fabric.

2. Sociocultural Feasibility

The Lesotho Fertility Survey (LFS) conducted in 1976 found that 23 percent of the women who had ever been married reported that they had used or were currently using a modern or traditional method of family planning. Withdrawal was the most widely tried method, accounting for 17 percent of ever-use. Only seven percent were current users of any family planning method, of which 3.2% was withdrawal and 1.1% was sterilization. In comparison, a small survey undertaken in 1979 by the Lesotho Distances Teaching Center (LDTC) on behalf of LPPA, showed a higher level of users of modern contraceptive methods. About seven percent of the interviewees reported that they or their partner were currently using a modern method of contraception and the most commonly used method was the pill (45%). The contraceptive user statistics show a relatively high drop-out rate especially among pill users.

Through communication activities of the MOH and LPPA, such as printed materials, radio broadcasts, and meetings, most women and men are aware of family planning. The LFS showed that two-thirds of the ever married women had heard of a contraceptive method. Most were familiar with the pill (46%). Among the male and female interviewees in the LDTC 1979 survey, 43 percent had heard about family planning. A 1984 study of 658 males revealed that two-thirds had heard of family planning. Most were familiar with the pill (58%), and injections (45%). Therefore, while many couples are aware of FP and the various methods, usage remains low and the reasons for this need to be determined.

The Subproject involves the participation of Basotho in developing, testing and evaluating FP PEC materials. In the these way materials will be developed which are culturally appropriate. In addition, input will be obtained from men and women through operations research which will permit FP managers to respond to local needs.

3. Beneficiaries

The individuals, organizations and institutions receiving the commodities and participating in the training programs will be the initial beneficiaries of the LFHS. However, the enhanced technical capabilities of those individuals and organizations are intended to ultimately benefit the Basotho people electing to use the family health services.

Lesotho's small size and cultural and social homogeneity allows easy communication throughout the population. The emphasis is given by the Subproject to expanded and improved FP

education efforts will increase the public awareness of FP services. The initial impact on the Basotho is likely to be on those living in urban areas who have greater access to the services. Over the four-year LOP, however, an increasing number of Basotho living in rural areas will benefit.

VII. RECOMMENDED ENVIRONMENTAL THRESHOLD

The Africa Bureau Environmental Officer has granted a categorical exclusion of environmental examination of the FHI II Project. A review of the Subproject by the REDSO/ESA Environmental Officer has concluded that the Subproject includes no components which directly affect the environment and does not differ significantly from the activities originally considered by the FHI II Project IEE and should therefore be excluded from further review.

VIII. RECOMMENDED CONDITIONS PRECEDENT AND COVENANTS

A. Subproject Grant Agreement with the Government of Lesotho

(1) Conditions Precedent to Initial Disbursement

a. Prior to the first disbursement under the Grant, or to the issuance of documentation pursuant to which such disbursement will be made, the Cooperating Country will, except as the Parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID:

A written statement of the names and positions of the persons who will be responsible for implementation of each component of the subproject, together with a specimen signature of each person so specified.

(2). Covenants

The GOL shall covenant that, except as A.I.D may otherwise agree in writing :

a. The Grantee will make the statistics available to the Lesotho Planned Parenthood Association (LPPA) which are required for an analysis of the implications of population growth on various sectors and will make available appropriate GOL senior decision-makers and rural leaders to attend seminars on the social and economic implications of population growth.

b. The Grantee will ensure that all secondary schools will be accessible to organizations that desire to provide population dynamics and family life education in the context of family planning, consistent with resolutions of the 1979 National Conference on Population.

c. The Grantee will ensure that the Ministry of Health (MOH) coordinates with LPPA and the Private Health Association of Lesotho (PHAL) to accomplish subproject objectives in a timely manner, including the development of schedules for the provision of training and technical assistance to be funded under the subproject, the development of training plans for the subproject and the nomination of participants to receive training under the subproject.

d. The MOH will submit annual work plans and quarterly reports to A.I.D. in a timely manner as agreed upon by the two parties.

e. Within eighteen months of signing the Grant Agreement, the MOH, in cooperation with the LPPA, will have devised and begun implementation of a plan for standardizing the family planning methods and corresponding contraceptive supplies available to clients.

f. The Grantee shall covenant that none of the funds made available under this grant may be used to finance any costs relating to (a) performance of abortion as a method of family planning, (b) motivation or coercion of any person to undergo abortion, (c) biomedical research which relates, in whole or in part, to methods of, or the performance of, abortion as a method of family planning, or (d) active promotion of abortion as a method of family planning.

B. Grant to the Lesotho Planned Parenthood Association (LPPA)

1). Conditions Precedent to Disbursement

a. Prior to any disbursement under the Grant for the Lesotho Catholic Secretariat, the Grantee will, except as the Parties may otherwise agree in writing, furnish to AID, in form and substance satisfactory to AID:

(i) Evidence that LPPA and the LCS have entered into a sub-agreement under which LPPA will provide AID funds to LCS to (i) carry out operations research functions for the Natural Family Planning program to be established by LCS and (ii) procure a vehicle and audio-visual equipment and supplies to be used for subproject purposes.

(ii) Evidence that LCS has agreed that its Natural Family Planning Program will not in form or practice demean or restrict other methods of family planning and will refer people who request other methods of family planning to sources who provide these methods.

(iii) Evidence that LPPA and LCS have agreed to an appropriate procedure and plan for submission of the requisite reports and financial documents from LCS through LPPA to USAID.

b. Prior to any disbursement under the Grant for a family life counseling center for youth, the Grantee will, except as the Parties may otherwise agree in writing, furnish to AID, in form and substance satisfactory to A.I.D., a management and financial plan, including amounts and sources of funds, for the operation of the family life counseling center for youth over at least a three-year period.

2). Covenants

The LPPA shall covenant that, except as A.I.D. may otherwise agree in writing:

a. The Grantee shall work collaboratively with the GOL in devising and implementing a plan for standardizing the family planning methods and corresponding contraceptive supplies available to clients.

b. The Grantee and LCS will work cooperatively with the MOH to collect comparable data on service users and shall provide the information in a timely manner as requested by the MOH.

c. The Grantee will ensure that the requisite annual plans and financial and technical reports, including those required from LCS, are submitted to USAID in a timely manner as agreed upon by the two parties.

C. Prohibition of Abortion as a Family Planning Method

It has been determined that the LPPA does not perform or actively promote abortion as a method of family planning nor make financial contributions to a separate foreign NGO that does so, nor is it controlled by a separate foreign NGO that does so. The appropriate clauses relating to voluntary population planning shall be included in all grants and sub-grants to non-governmental organizations under this subproject.

In reply please quote: CPO/C/6/01.
Your Reference: KMM/LT.



A-1
Cable address: PLANNOFF
Telephone: 323811 Maseru

CENTRAL PLANNING AND
DEVELOPMENT OFFICE
P.O. BOX MS 630
MASERU 100
LESOTHO

The Director,
U.S.A.I.D.,
P.O. Box 333,
MASERU.

10th August 1987.

(Att: Mr. A. de Graffenreid).

Received
8/10/87
Action: PDO
Done: 8/14/87
NOT FORWARDED TO
NAT/COB
A

Dear Mr. de Graffenreid,

FAMILY HEALTH INITIATIVES PROJECT.

Reference is made to discussions held during the development of the above-mentioned project.

The Government of Lesotho hereby requests assistance in this area as proposed in the project document. However, taking into consideration future developments within the Ministry, which will affect some of the activities covered by the project, we would like to have some assurance that details of how activities are to be carried out and the incorporation of those activities into existing structures within the Ministry will be left open so that during implementation of the project there is room for adjustments and amendments as the need arises.

We appreciate AID's interest and assistance in our family health services programmes and hope that this one will, like all others, have a meaningful impact in our national development.

Sincerely,


K.M. MANYELI,
PRINCIPAL SECRETARY.

LESOTHO PLANNED PARENTHOOD ASSOCIATION

Reg. No. 68/3

Telephone:323645.....

P.O. Box340.....
.....MASERU, 100.....

Lesotho.

Date:05.08.87.....

LPPA/A/14
MR/mk

Mr Jesse L Snyder
Mission Director
USAID Mission to Lesotho
C/O American Embassy
P O Box 333
MASERU 100
Lesotho

Dear Mr Snyder,

I refer to discussions between representatives of the Lesotho Planned Parenthood Association and the Agency for International Development in jointly developing the proposed Family Health Services subproject for Lesotho.

The Lesotho Planned Parenthood Association hereby requests the assistance proposed in the Project Paper which we understand will be undertaken during the period 1987 - 91.

We believe the technical assistance and training proposed in the project will provide vital support to the task of the Association in its efforts to initiate a family health services program in a manner appropriate to the development needs of Lesotho.

We urge favourable consideration of this proposal.

Yours sincerely

Mannete Ramaili
Executive Director



Project Design Summary

Logical Framework

Project Title: Lesotho Family Health Services Subproject

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Program Goal:</u>	<u>Measures of Goal Achievement</u>		
Enhanced access to voluntary Family Planning Services	Increased number of service users leading to reduced fertility rates.	<ul style="list-style-type: none"> - Population Census - Other special surveys 	GOL will continue and increase commitment to reduction of population growth
<u>Subproject Purpose</u>	<u>End of Subproject Status</u>		
To strengthen the capacity of the GOL and NGOs to provide family planning information, education, communication, and services.	<ul style="list-style-type: none"> - MOH, LDTC, LPPA and LCS have demonstrated the capability to utilize research/evaluation data and FP statistics to improve the delivery of FP and IEC services. 	<ul style="list-style-type: none"> - Final Subproject Evaluation - Reports of Consultants - Subproject Reports - World Bank Reports 	<p>Service providers are committed to FP. By improving FP services (eg quality and access) more people will use FP</p>
	5% increase in the number of users of family planning methods	<ul style="list-style-type: none"> - Service user statistics - Statistics on contraceptive supplies distributed by NDSO and LPPA 	<p>Supplies are ordered and received in a timely manner. No stockouts.</p>
	- 80% of those who received training are using knowledge or skills acquired.	<ul style="list-style-type: none"> - Reports of Consultants - Subproject evaluations - Follow-up study of trainees 	<p>Those trained are in a position to utilize skills learned.</p>

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Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Outputs:</u>	<u>Magnitude of Outputs</u>		
IEC capacity enhanced	60,000 pieces printed materials Comprehension and appeal of materials increased 8 HEU, 5 LDTC, 2 LPPA, 2 Instructional Resource Center, and 3 PHAL people received special training.	<ul style="list-style-type: none"> - Subproject records - Results of pre-testing. - Trip reports of consultants. - Quarterly Subproject Reports 	World Bank Project funds for IEC forthcoming in a timely manner.
Number of personnel trained in management and specialized fields related to family planning increased.	<ul style="list-style-type: none"> - 3 people trained out-of-country in family life education - 4 persons attended out-of- country short-term FP training - 20 managers trained in-country - 4 managers attended out-of- country, short term management courses 	<ul style="list-style-type: none"> - AID training records - Reports of management consultants - Quarterly Subproject reports 	
Improved reporting on contraceptives distributed at service delivery points and better stockkeeping.	<ul style="list-style-type: none"> - 95% of all service delivery points submitting monthly reports in a timely manner 	<ul style="list-style-type: none"> - Evaluations by JSI. - Records from Health Statistics Unit, MOH. - Records from NDSO. 	

Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Improved service user statistics	- 95% of all service delivery points using improved form and submitting monthly reports in a timely manner.	- Evaluations by JSI. - Records from Health Statistics Unit, MOH.	
LPPA/IEC program and services expanded.	92 films, videos, slides in use 50,000 pieces printed materials 8 workshops, seminars, conferences held 1 family life counselling center functioning.	Subproject evaluations Quarterly Subproject reports	
Operations research reports completed	1 drop out study 1 study of CBD program 1 report on ways to raise local funds for LPPA 1 study on the effect of NFP and contraceptive FP services in same area.	Receipt of reports from Consultants	LPPA, LCS and MOH coordinate closely in the the planning and implementation of the studies.

Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Natural Family Planning Program functioning	<ul style="list-style-type: none">- 1,000 people having benefited from services provided by 20 NFP trainers- 20,000 pieces of informational materials being distributed- 4 films and 4 slide sets being used- NFP Center established	<ul style="list-style-type: none">- Reports of NFP consultants.- Subproject evaluations, quarterly reports- LCS reports and records	

Inputs

See budget tables.

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ANNEX C

INSTITUTIONAL CAPACITY TO IMPLEMENT THE SUBPROJECT

Ministry of Health

Chart 1 depicts the organization of the Ministry of Health. In reference to the LFHS, it is significant to note that the Health Education Unit is a supportive unit which has no staff at the district and lower levels. The functions of health education at these other levels are supervised and implemented through the District Public Health Nurse and the Health Services Area (HSA) teams. The overall responsibility for family planning services rests with the national MCH/FP Coordinator, while the District Public Health Nurse and the HSA team have management and supervision responsibilities at their respective levels evolving to the health centers.

The Health Education Unit has 14 staff, who are responsible for a wide array of activities. While the LFHS seeks to enhance their capabilities through on the job and special training, the Subproject also takes into account the contracting for services of the Lesotho Distance Teaching Center (LDTC) to produce, test and evaluate IEC under the World Bank assisted Health and Population Project. The HEU will take the lead role in setting the strategy and schedule for production of IEC materials, and in provision of content for the materials. In addition, the HEU will be responsible for the distribution of printed materials and training in their use, when necessary. This is expected to be done in conjunction with district and HSA meetings and training sessions. The Subproject design team has concluded that the capacity exists in HEU and LDTC to implement the IEC-MOH component of LFHS.

Other components, specifically the contraceptive logistics, contraceptive service user statistics, and management training will be the responsibility of the MOH/FP Coordinator, with help from the LFHS Program Assistant. The activities carried out to date in regard to contraceptive logistics and contraceptive user statistics demonstrate the capacity to continue these activities. The organization and provision of training under the current UNFPA project demonstrates the capacity of the MOH to implement the management training component.

The LFHS has been developed taking into account other demands on the relevant MOH officials and staff.

Lesotho Planned Parenthood Association

The field activities of the LPPA are organized under four branches, each headed by a coordinator. Except for Qacha Nek which is a branch on its own because of transport and communication difficulties, each branch covers at least three districts.

The LPPA programs are basically under two departments: information, education and communication, and services. The IEC Department is headed by a Program Officer with an Assistant Program Officer. There are 20 field educators, 7 each in the Northern and Central branches, 4 in the Southern Branch and 2 in Qacha's Nek Branch. The Service Delivery section is headed by a national program officer who oversees LPPA's 10 clinics and 15 outstations. Each of the main clinics has at least one nurse who visits an outstation once a month. Since 1985 the Association has a CBD program in three areas with ten volunteer distributors.

The LFHS focuses primarily on increasing the capacity of existing personnel to carry out their current responsibilities in a more effective manner. Operation research activities will assist the LPPA to assess aspects of its program, identify needed changes, implement them and then assess their impact. In this process a LPPA staff member will receive on the job training in research design and execution. The basic responsibility for conducting the research, analyzing the data and writing the report will rest with outsiders because LPPA does not have the capacity to do these tasks. Columbia University consultants will have the main responsibility for the CBD assessments. For the operations research conducted on the effect of NFP and modern methods service delivery in the same area, it is anticipated that LPPA will contract with the LDTC to recruit and supervise field enumerators, and to process and analyze the data. The drop out study and research for a family life counseling center for youth will be done by local consultants under contract.

The IEC component is mainly to enhance existing service activities. Two new items, however, are introduced. The IEC program officer will be trained in video production with the aim of eventually enabling the officer to produce quality

videos. Funds available for the production of printed materials will be disbursed to pay for printing charges, although some of the technical work in the development of the materials can be contracted out. The main new element which the Subproject supports is the establishment of a family life counseling center for youth. Three people will receive special training out-of-the country, prior to the opening of the center. Thereafter, funds are available for short term consultancy services to advise the center staff.

Under the LFHS a computer and accessories will be provided LPPA. Initial training in computer use will be provided in country and is not expected to prove difficult. The availability of a computer is considered essential in the improvement of the management of the LPPA programs since it is to be used for financial management, supply records, service user statistics and report preparation.

Lesotho Catholic Secretariat

The Commission for Health and Social Welfare of the LCS has two staff members trained in NFP. They are committed to establishment of an NFP program, but are in need of guidance. The LCS already has the staff and physical facilities to establish a NFP center which will be responsible for program development, supervision and evaluation.

The Commission for Health and Social Welfare is tied into a large network of health facilities operated by the Catholic Church, women's organizations and other groups which will readily aid them to identify trainers to provide NFP services. Existing facilities can be used to hold classes. The staff have requested assistance to help them develop the overall program objectives, policy and strategy. They intend to initiate the program in a few areas, to ease supervision, and then once people are well trained, the staff will train trainers in other regions.

ANNEX D: COMPONENT DESCRIPTIONS**ANNEX D.1
INFORMATION, EDUCATION AND COMMUNICATION:
Ministry of Health****a. Technical Assistance in Campaign Planning, Health Journalism, and Campaign and Program Evaluation**

In the absence of a sound management plan, clear lines of responsibility and adequately trained staff, the HEU has become overcommitted in developing and implementing health information and educational campaigns. The MOH decision to undertake six specialized campaigns focussing on MCH/FP, ORT and diarrheal diseases, breast feeding, and sanitation under the World Bank assisted Health and Population Project necessitates an increase in the capability of the Unit and mobilization of its resources to effectively provide leadership support for the campaigns. The MOH has contracted the Lesotho Distance Teaching Center (LDTC) to produce and pretest the materials and evaluate the campaigns.

The Academy for Educational Development (AED) under its HealthCom Project is providing a long-term (2-year) advisor to work with the MOH Health Education Unit and NGOs in the development and implementation of a national IEC strategy in health and population. Under the Subproject, four person-months of technical assistance will be provided by the Population Communication Services (PCS) Project at Johns Hopkins University to assist the HealthCom Advisor and HEU.

The first visit by the PCS consultant will be within sixty days of start-up, to assist the HealthCom Advisor in preparation of a national IEC strategy. During the same visit, the PCS consultant will lay out a tentative four year schedule and work plan in collaboration with the HealthCom advisor, the MOH, LPPA, and LDTC. This work plan will focus on materials development, health journalism, audio-visual equipment, production of radio program and pre- and post-testing procedures, with attention to special training needs.

The consultant will assist the HEU in developing useful and effective relationships with the LDTC and the IMRC as sources of production of the necessary campaign inputs. He/she will also assist, as appropriate, the related efforts of the LPPA, LCS and PHAL.

As a result of the consultant's contributions over the four years of the Subproject, the IEC personnel staff will be able to conceptualize, develop, implement and evaluate campaigns in various aspects of primary health care, MCH and family planning. Effective collaborative relationships with educational media facilities will be established and effective management procedures for efficient operation of the Unit will be in place.

b. Technical Assistance in Family Life Education

Both the HEU, MCH/FP and the LPPA have identified family life education as an area requiring increased attention. Concern is growing in Lesotho over the incidence of pregnancies among young, unmarried women. Also, sensitivity, particularly among some religious groups, makes the delivery of messages on family planning difficult unless couched in terms of family and civic responsibility. Increased use of mass media for delivering family planning messages as envisioned under the Subproject raises the possibility of repercussions unless carefully prepared.

The LFHS provides for a consultant for a period of 30 days during the first year of the PHI Subproject to assist the HEU, the LPPA and other interested groups in building family life education into their programs. The consultancy is designed to coincide with a national conference on family life education, the leadership for which will be provided by the LPPA in collaboration with MOH.

A measure of the effectiveness of the consultancy will be the breadth of participation in the national conference and the activity in family life education it generates. Other measures will be the educational materials committed by the HEU to family life education among those contracted to the LDTC. Additional local activity by the LPPA field educators in family life education will reflect further impact of the assistance, as described under the IEC-LPPA component.

c) Print Materials on FP for Semi-literates and Illiterates

In support of the World Bank assisted project, the Subproject provides funds for the development and production of printed materials on family planning, especially designed for semi-literates and illiterates. The PCS consultant, mentioned under a) above, will advise in the development of these materials. It is expected that the MOH will subcontract the work to LDTC, following the pattern already established under the Health and Population Project.

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ANNEX D.2

INFORMATION, EDUCATION AND COMMUNICATION:
Lesotho Planned Parenthood Associationa. National and Regional Workshops in Family Life Education

The 1979 National Conference on Population took special note of the rising rate of premarital sex, teenage pregnancy and sexually transmitted diseases among Basotho youth. In contrast to other programs designed to create awareness of the benefits of family planning, family life education introduces the subject matter in the context of family and civic responsibility, human growth and development, adolescent problems and responsible parenthood.

The Subproject provides support for an integrated series of workshops, to be organized by LPPA in conjunction with MCH/FP, beginning in the first year with a national workshop at Maseru involving a cross section of agencies with potential interest in family life education. Participation would include but not be limited to representatives of the MOH, LPPA, Womens' Bureau, PHAL, Lesotho Youth Service, Lesotho Women's Association and the National University of Lesotho. LPPA will be represented by its senior headquarters staff and 20 field educators. Invited papers will be presented by key educators, government officials, church leaders and social service providers. The Conference is designed to coincide with the availability in Lesotho of an international expert in family life education provided by PCS to the MOH.

In each of the subsequent years of the Subproject, a regional seminar will be held. Participants will be drawn from a cross section of agencies. The purpose will be to motivate participants to incorporate family life education into their work and to provide training in the subject.

b. Family Life Counselling Services for Youth

Currently there is no agency, either government or private, which provides counselling and guidance to young people concerning problems like those mentioned above.

The LPPA has been active in family life education since 1978 and is interested in expanding its service to include counselling and guidance for young people in Maseru and rural Thaba-Tseka. The LFHS provides support for the establishment of a center and to test its effectiveness in serving

teenagers. If it proves viable, the program may serve as a model for the establishment of more outreach centers. Initially a small cross sectional study will be undertaken of parents, youth 15 to 24 years of age, teachers, community leaders, policymakers and clergymen in Maseru and rural Thaba-Tseka. The results of the study will be shared in a meeting with representatives of youth organizations, concerned government ministries and other non-government organizations. Guidelines for the establishment of the counselling center in Maseru and potentially in other locations will be developed. Near the end of the Subproject, a follow-up study will be carried out on a sample of the teenagers served by the center to obtain feedback on program effectiveness. Also, a follow up survey of the same baseline sample will be conducted to obtain community reactions to the service.

The Subproject will cover the costs of training three counselor/advisors and their stipends for the first year of the Center's operation. The LPPA will be responsible for obtaining the stipend from cooperating agencies in the succeeding years of the Subproject. Other initial start-up support will be provided by the Subproject.

c. Conferences and Seminars for Opinion Leaders

Although the GOL is committed to a policy of reducing the rate of population growth, a significant number of Basotho leaders fail to understand fully the implications of rapid population growth for food availability, employment, provision of education and health services, and ability to support a family. Also, the recent change in Government has resulted in the enhancement of the role of the chiefs and it is therefore prudent that they be provided with current information on demographic trends and the implications of the role of family planning and family life education in affecting those trends. The LPPA has experience in conducting special meetings for rural leaders and is qualified to fulfill this function in collaboration with the GOL.

The Subproject includes support for two one-day seminars each year for four years. As appropriate, church leaders, media representatives, professional people, and government officials will be invited to attend.

In the course of eight such seminars up to 320 leaders will have received current information on demographic trends and the potential actions needed to be taken to affect them. The measure of effectiveness of these meetings will be public statements of chiefs, government officials and other leaders.

traceable to their participation in the meetings, articles appearing in the press and on radio and requests for further program action by the Association resulting from the meetings.

d. Production of Printed Materials

More and improved materials are needed to promote wider family planning awareness, interest and acceptance, to enlist support of opinion leaders for family planning, to promote male motivation and reach specific groups with family life education. The rate of literacy is higher in Lesotho than in many African countries and the level of education is higher among women than men. Both of these factors underline the viability of printed materials in disseminating information about family planning. Even in an oral society like Lesotho, printed materials have been known to promote retention of information and when well produced including visual and graphic elements they promote rapid comprehension of unfamiliar subject matter. The LPPA budget however, has not been adequate to accommodate a sufficient volume of printed materials and none have been available from the MOH for the past four years. Although materials will become available from the MOH over the life of the Subproject, the number of different types of printed materials will be limited and are not expected to fulfill the IEC needs of the LPPA.

The information and education staff of the LPPA lack the specialized knowledge needed to maximize the contribution of printed materials to their program, specifically pretesting techniques and evaluation of audience impact.

Under the accompanying HEU component a consultant in health/FP journalism will be in Lesotho for two months during the second year of the Subproject. This consultant will be available to LPPA for one on one training and staff seminars focussing on the specialized aspects of materials production, including how to write for specific audiences, how to make decisions regarding the use of print media, how to design pretesting activities and how to evaluate the effectiveness of print materials. Special attention will be given to techniques aimed at adapting materials to illiterate and semi-literate audiences.

As a result of these inputs the LPPA staff will have acquired the skills necessary to conceptualize, design, write, illustrate, pretest and evaluate printed materials for the following major audiences: young unmarried men and women, teachers, participants in non-formal education programs, policy makers and service providers.

The LPPA will have sufficient copies of printed materials appropriately destined to create interest, comprehension and motivation among its priority audiences. The effectiveness of these materials will be carefully evaluated.

e. Video Production and Purchase of Films and Slide Sets

Film showings have been an important element of the LPPA effort to inform, educate and motivate target audiences in the various aspects of family planning. Unfortunately the films which have been provided in the past by IPPF and other donors and purchased by LPPA are either entirely worn out or reduced in effectiveness by their age. Of the films owned by LPPA none are in Sesotho and they are often inappropriate for Basotho audiences. The Association has few slides and no videos.

The Subproject budget provides for the purchase of 6 prints of 12 new film titles and 8 slide sets. One Sesotho language video will be developed locally in each year of the Subproject. The Lesotho Instructional Materials Resource Center of the National Curriculum Development Center represents a facility with the requisite qualifications to produce video tapes. LPPA will submit a copy of the script or outline of the program to the appropriate GOL authority for approval prior to shooting of the video productions. A copy of each video tape, film and slide set will be deposited with the GOL for use.

Under the LFHS the LPPA will be provided with videotape recorders, color monitors and necessary accessories. With training and practice in the use of this innovative technology, financed by the Subproject, the Association staff will be able to produce videos capable of complementing and supplementing films. The LPPA will be assisted in the production of documentary and dramatic videotape presentations to inform, educate and motivate target audiences. The Association will have developed a collaborative relationship with a local facility qualified both to produce high quality video presentations and train LPPA staff in the process.

f. Audio-Visual Equipment and Supplies

The motion picture projection equipment owned by LPPA has been in heavy use for several years and breaks down with increasing frequency. Films are subject to damage and even breakage when used in projectors that are past the point of effective usage. The projection screens now being used are too small and because they are not free standing their use is limited.

The only audio tape recorders available to the Association are cassette models which are adequate for recording inputs for meetings, clinic orientations and household presentations but are unsatisfactory for preparing high quality radio presentations requiring editing of previously recorded material. The Association has only one 35mm reflex camera capable of producing good quality slides and black and white photographs. Requests from the district officers for use of such a camera often cannot be accommodated because of conflicting demands for the camera.

The Association has identified videotape equipment as of substantial potential value for making training programs more effective, and for producing video programs in Lesotho in lieu of motion picture films which are extremely expensive.

The LFHS provides for the purchase of two motion picture projectors together with the necessary spare parts and projector screens; five reel to reel tape recorders plus spare parts and a tape splicing machine/video camera, video-cassette recorder, color monitor and accessories; and two 35mm reflex cameras. Supplies of audio and video tapes and photographic film are also included. (See Commodity List.)

The LPPA headquarters' IEC specialist staff and field educators are experienced in operating all the above equipment except the videotape equipment. As described earlier it is anticipated that the Association will contract with another local facility for training of the headquarters IEC staff in videotape operation. They in turn will train the field educators.

The measure of effectiveness of the Association's use of audio-visual equipment will be the number of presentations compared with preceding years, the number of radio presentations including recorded segments, the number of photographs accepted by newspapers and other publications and those used by the Association in its publications, exhibits and displays. The benefit from the videotape equipment will be determined by the number of presentations recorded and used in planned programs of the Association including training programs.

ANNEX D.3

OPERATIONS RESEARCH

a. The LPPA Community-Based Distribution Program

Because only a small proportion of the Basotho live within easy access to a family planning services, LPPA launched a CBD program in 1985. Fourteen women from Butha-Buthe, Qacha's Nek and Mochale's Hoek districts were selected based on their roles in the community and willingness to be a volunteer distributor. They received three days of training by LPPA officers centered on contraceptive technology, motivational skills and record keeping. A group of volunteers from a fourth site was trained in 1986. No expansion of the program beyond these four areas, however, should be undertaken until the present program has been assessed and the requisite modifications tested.

The CBD workers are supervised by the Field Educators who visit them about once a month and then replenish their stock of contraceptives and settle the accounts. The CBD worker sells oral contraceptives to women who have received their first cycle from a LPPA clinic after the requisite examination, and sells non-prescription materials, like foaming tablets and condoms. For this service she receives 10% of the sales (which is equivalent to US \$.30 per oral cycle and foam and US \$.01 per condom). The CBD workers are not required to make home visits in view of the little remuneration they receive. The Field Educator is responsible for this task.

The objectives of the planned CBD operations research activity are:

- to determine the effectiveness and identify strengths and weaknesses of the CBD program.
- to suggest recommendations to improve the effectiveness and efficiency of the present CBD program so that a safe, effective, low cost and potentially broadly replicable model for the village-to-village or even house-to-house delivery of FP services through community agents can be developed.
- to determine which individual and community characteristics distinguish effective from ineffective community based workers.
- to assist the LPPA in the implementation of the suggested changes in the CBD program and in an assessment of their effectiveness.

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Under the Subproject, with the help of a technical expert from Columbia University in the CBD of contraceptives, the LPPA will undertake an assessment of its CBD program. The following elements will be investigated:

- Community preparation and characteristics that determine the effectiveness of the program.
- Selection criteria of CBD workers.
- Comparison of the role of CBD workers, Family Health Educators and nurses
- Training contents and methods.
- System of distribution of contraceptives to CBD workers.
- Supervision of CBD workers
- Definition of role of supervisor and training for supervision.
- Motivational methods and supporting materials used by CBD worker.
- Record keeping and reporting system, including financial.
- CBD worker incentives and rewards.

Technical assistance will be provided from Columbia University to evaluate the present program, advise on modifications required, and monitor and evaluate the effect of the modified program. The initial assessment will be undertaken by a LPPA staff member and the consultant visiting all CBD sites, assisted by field interviewers who will collect information from a small sample of male and female community members. The results will be analyzed and recommendations made for improvement. Thereafter, a two day workshop, which should include participation of CBD supervisors and some CBD workers, will be held to discuss the implications of the findings for program improvement. Columbia University will provide consultancy services for approximately ten weeks for this initial assignment.

The decisions made at the workshop are likely to involve the retraining of the CBD workers. Also, the improvements are expected to be reflected in the recruitment and training of new CBD workers from the same CBD clinic areas. Approximately six weeks of consultancy services will be available through Columbia University to help with the requisite changes, such as training modules.

Approximately a year after the new workers have been trained, the consultant will return for an estimated five weeks for another assessment of the program, especially focused on

the implementation of the previous recommendation. A workshop will be held to discuss the implications of the findings. The MOH eventually plans to take over the clinic-based delivery of family planning services, now provided by LPPA at existing MOH clinics. It is also clear that the MOH has no interest at present in doing community-based distribution. Because of this, the future role of LPPA in CBD promises to be considerable. Therefore, additional person-months of TA by Columbia University has been provided to enhance the institutionalization of CBD by the LPPA. The form of this TA will be specified by the second year of the Subproject

b. Drop Out Study

Lesotho has a high rate of FP discontinuation or drop outs of those using family planning methods. Records from two LPPA clinics reviewed during an IPPF evaluation in 1982, showed a high drop-out rate after only one visit, mainly among those who used oral contraceptives. No systematically collected information is available to explain the reasons for this phenomenon.

The objectives of the drop-out study are:

- to determine which factors affect the discontinuation of contraceptive use, and,
- to propose solutions to the identified causes and to implement them.

Four main reasons for discontinuation can be hypothesized:

- a) dissatisfaction with services delivered (e.g. side effects from the method used, problems with accessibility or availability),
- b) conscious decision that there is no need to practice FP,
- c) lack of commitment to practice FP or lack of understanding about FP, and,
- d) social pressure (e.g. from spouse, other family members, peers, religious groups).

Because of the personal nature of the subject, in-depth interviews with individual drop-outs is the best research method. This method has been selected to permit the interviewer to establish trust and to probe answers for reasons for discontinuation. This will require an experienced researcher who has conducted household research in Lesotho and who preferably speaks Sesotho.

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A major difficulty arises in the tracing of drop-outs. The addresses on the clinic record cards are often too general (i.e., a post office box used by several people or the name of the community) and some are falsified. Another option would be to conduct a sample survey to identify drop-outs, but this would be a costly endeavor since the group constitutes approximately 15 percent of the women of fecund age. Therefore, if feasible the drop-out study should draw its sample from the proposed Knowledge, Attitudes and Practices (KAP) study to be undertaken by LDTC in 1986 or 1987. To be useful it is necessary that the KAP study include 2-3 questions which will permit the identification of drop-outs and to permit a follow-up study of a sample of these. The KAP questionnaire ought to provide adequate information on the physical location of the women interviewed. Also, the questionnaire will need to include questions for those who have used contraceptives but no longer use them about: a) length of time used and b) year when use was discontinued.

It is expected that approximately 15-20 women will be interviewed in each of approximately 5 sample sites which will be selected to cover catchment areas of LPPA, MOH and PHAL family planning service delivery points. The selection of sample areas and the research design will be a collaborative effort between LPPA, the MOH MCH/FP Coordinator and a PHAL representative together with a senior locally-based researcher who will draft a research plan for their consideration. Advisory services will be provided by Columbia University for approximately two weeks. Linking-up with other planned studies such as the CBD study may be feasible. Because the CBD program will have been implemented in four sites for over a year before the drop-out study takes place, accessibility ought not to be a major reason for discontinuation.

The locally based researcher will be responsible for organization and execution of the study, the processing and analysis of the data and presentation of a written and oral report. The researcher will train and provide day-to-day supervision of field interviews, in addition to conducting interviews.

The field preparation, training of field assistants and collection of field data is anticipated to take 8 weeks. The processing, analysis and report preparation will cover approximately 6 weeks. A one to two day meeting will be held involving key personnel from MOH, LPPA and PHAL to review the findings and recommendations of the consultant and to identify actions for program modifications. The relevant agencies will be expected to carry out these modifications with existing resources.

c. Comparison of the Effect of Service Strategies

In Lesotho, where between 30 - 40 percent of the population is Roman Catholic and where this church exclusively advocates natural family planning (NFP), it is not clear which combination of FP services should be provided or where the optimum opportunity exists for provision of such services.

The objectives of this study are:

- to establish the relationship between NFP and the community-based distribution (CBD) of contraceptive methods and to determine whether and under what circumstances they are mutually reinforcing.
- to determine if guidelines should be made on resource allocation based on the mix of family planning services.

In the first two years of the Subproject, both the CBD and the NFP programs will be further developed, assessed and strengthened. After each of these approaches has overcome its growth-pains, four study areas will be designated: one where CBD activities will be started, one where NFP will be promoted, one where both will operate simultaneously and one control area without intervention. A baseline survey will be conducted before the intervention and after 20 months of operation.

Georgetown University will provide technical assistance for the baseline and final evaluation. Local research costs and some funds for the extension of both the NFP and CBD programs into two new areas will be covered by the Subproject. The LPPA will serve as an administrative channel for the LCS.

d. Local Fund Raising

LPPA, a registered non-profit organization, depends heavily on IPPF for funds. In 1984, for example, LPPA received approximately \$300,000 from IPPF. In the same year, in-kind contributions primarily from the GOL amounted to \$18,722 and annual membership fees contributed \$540 to the LPPA account. The organization also undertakes special local fund raising activities such as dinner dances and sale of T-shirts and calendars. These have not yielded the expected results.

Since the organization would benefit from broader local financial support and the direction of fund raising energies into activities which generate higher profits, Columbia University will provide three weeks of advisory services. The consultant will be an experienced fund raiser, who is expected to have information on private sector, national family planning organizations which have been extremely successful in raising local funds and on the factors which contributed to the success. The consultant will canvas individuals and organizations in Lesotho to identify viable options and to help determine which methods to use with which target groups, at what intervals and with which resources. A written report on the findings and recommendations will be submitted by the specialist to LPPA, after these have been discussed with the appropriate LPPA officials and members.

The implementation of feasible recommendations will serve to generate information on their effectiveness. The amount of profit will be the main indicator of successful achievement of the objective of this operations research activity.

Annex D. 4

ASSISTANCE TO THE LESOTHO CATHOLIC SECRETARIAT
FOR A NATURAL FAMILY PLANNING PROGRAM

The LCS plans to establish a natural family planning center. The center will be responsible for: a) program development, supervision and evaluation, b) training a cadre of trainers, and c) provision of informational and promotional materials, including teaching aids. At the moment no NFP program is operational in Lesotho, although the LCS has two staff members who have received some training in the method. During the discussions held with LCS by the PP team, a strong desire was expressed by the LCS to begin a program. It was evident, however, that technical assistance will be required in critical areas for the successful launching, operation and provision of NFP services. These areas are: a) operations research, b) information, education and communication, and c) manpower planning and development. Consultancy services are required to develop and improve the management capability and technical skills of the local staff. There is recognition that there is some degree of risk inherent in the creation of a new program, and that it could be minimized by providing substantial NFP technical assistance. This assistance will be provided by Georgetown University, an AID cooperating agency, through a buy-in with Subproject funds.

(a) Operations Research: The consultancy services will focus on problem definition by providing an analysis of management and service delivery setting of the NFP; the identification of potential solutions including resources available and constraints to the implementation of potential solutions; and pilot testing certain NFP strategies; and evaluating the program. The objective of this assistance will be not only to seek optimal solutions to problems, but also to institutionalize an operations research process within the management of the NFP program so as to improve user-effectiveness and cost-effectiveness of NFP services and methodologies.

(b) Information, Education and Communication: Special technical assistance in this area will concentrate on providing support to NFP to strengthen its capacity to design and implement NFP IEC activities, assist in the preparation of campaigns and materials, design client record cards in conjunction with the OR specialist and provide on-the-job training in NFP. The IEC component specifically related to NFP is essential in improving the knowledge, availability, acceptability and effectiveness of the NFP program and in

creating a positive environment for the development of NFP services. It is essential that the NFP program be assisted in its formative stages to have a non-sectoral orientation in the manner it promotes, motivates and provides services. By providing consultancy services, the Subproject will be in a position to help contribute to the program philosophy and curriculum content before it solidifies.

(c) Manpower Planning and Development: Technical assistance will be provided to help LCS relate its manpower needs in NFP to its program goals and activities, to develop and improve the management capability and technical skills of the local NFP staff, and to establish a system for linking local and overseas training to manpower requirements. Through assistance from Georgetown University, the NFP center staff will be advised on staff requirement, staff retention, job description and staff conditions of service. The consultants will also help the center staff draw up a curriculum for a staff training program and for training trainers locally. The curriculum would aim at providing a broad range of both technical and didactic skills. The major aim of the overseas training would be to reduce the medium term dependence on outside experts. Training would be within the region and would be specifically targetted on developing the particular skill and knowledge needed for the implementation of NFP.

It is considered important that technical assistance be provided to the LCS NFP staff as soon as possible to help in the overall program development and policy.

AID FHI II PROJECT CONTRIBUTION: BY U.S. GOVERNMENT FISCAL YEAR +(\$000)

NOTE: These FHI II Project contributions include "buy-ins" to selected AID centrally funded projects to ensure the timely provision of short-term technical assistance (TA) by key cooperating agencies

	FY 87	FY 88	FY 89	FY 90	FY 91	TOTAL
A. Grant to MDH						
1. IEC-MOH	20.0	30.0	20.0	20.0	10.0	100.0
2. In-Country Management Training	0.0	60.0	0.0	0.0	0.0	60.0
3. Out-of-Country Short-Term Training	0.0	27.0	27.0	27.0	0.0	81.0
4. Contraceptive Logistics	0.0	23.0	10.0	2.0	0.0	35.0
5. Contraceptive User Statistics	0.0	5.0	12.5	0.0	0.0	17.5
6. Other Costs						
Project Liaison Officer	2.5	15.0	15.0	15.0	12.5	60.0
Program Assistant	5.0	30.0	30.0	30.0	25.0	120.0
Work Plans & Evaluations	0.0	10.0	0.0	0.0	5.0	15.0
Financial Review	0.0	7.5	0.0	5.4	0.0	12.9
Vehicles (2)	31.0	0.0	0.0	0.0	0.0	31.0
Computer accessories	18.0	0.0	0.0	0.0	0.0	18.0
Computer Training	0.0	2.0	0.0	0.0	0.0	2.0
Subtotal	76.5	209.5	114.5	99.4	52.5	552.4
Contingency 10%	7.6 +	21.0	11.4 +	9.9	5.3	55.2
Total	84.1	230.5	125.9	109.3	57.8	607.5
Inflation 5%	4.2	23.6	19.8	23.6	16.0	87.2
Grand Total	88.3	254.1	146.0	132.9	73.9	694.8
B. Grant to LPPA						
1. IE-LPPA	7.0	29.0	20.0	17.8	12.0	85.8
2. Operations Research	0.0	84.3	44.3	37.4	8.0	174.0
3. Natural Family Planning	1.5	32.0	19.0	0.0	0.0	52.5
4. Direct USAID Costs						
Micro-computer (LPPA)	18.0	0.0	0.0	0.0	0.0	18.0
Vehicles, (2)	40.0	0.0	0.0	0.0	0.0	40.0
Financial Management Services	3.0	4.5	0.0	7.5	0.0	15.0
Subtotal	69.5	149.8	83.3	62.7	20.0	385.3
Contingency 10%	6.9 +	15.0	8.3	6.3	2.0	38.5
Subtotal	76.4	164.8	91.6	69.0	22.0	423.8
Inflation 5%	3.8	16.9	14.4	14.9	6.1	56.1
Grand Total	80.2	181.7	106.0	83.9	28.1	479.9
Both Grants						
GRAND TOTAL	160.5	435.7	251.7	216.8	101.9	1174.7

+ Not rounded upwards to keep contingency 10% of overall subtotal.

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AID: Family Health Initiatives Contribution (U. S. \$,000)

A. Grant to MDH

	FX	LC	TOTAL
1. IEC-MDH			
Technical Assistance (4.0 PM)	68.0		
Production of FP Printed Materials		32.0	
	----	----	----
SUBTOTALS	68.0	32.0	100.0
2. IN-COUNTRY MANAGEMENT TRAINING			
a) TA (2.0 PM)	17.0		
b) Local Consultancy Services (3 PM)	8.0		
c) Training Materials	5.0		
d) Training Costs		30.0	
	----	----	----
SUBTOTALS	30.0	30.0	60.0
3. OUT-OF-COUNTRY SHORT-TERM TRAINING			
a) FLE trainers for LPPA (3 PM)	27.0		
b) Special FP (3 PM)	27.0		
c) Management (3 PM)	27.0		
	----	----	----
SUBTOTALS	81.0	0.0	81.0
4. CONTRACEPTIVE LOGISTICS			
a) TA (2.0 PM)	10.0		
b) Workshops/Meetings		15.0	
c) Follow-on Training, Supervision		10.0	
	----	----	----
SUBTOTALS	10.0	25.0	35.0
5. CONTRACEPTIVE USER SERVICE STATISTICS			
a) TA (1.0 PM)	7.6		
b) Forms		9.9	
	----	----	----
SUBTOTALS	7.6	9.9	17.5
6. OTHER COSTS			
a) Project Liaison Officer (24 PM)	60.0		
b) Program Assistant (48 pm)	120		
c) Sub-project Work Plans Evaluations	10.0	5.0	
d) Financial Review	12.9		
e) Vehicles (2)	31.0		
f) Computer Accessories	18.0		
g) Computer Training	2.0		
	----	----	----
SUBTOTALS	253.9	5.0	258.9
OVERALL SUBTOTALS	450.5	101.9	552.4
Contingency 10%	45.1	10.2	55.2
Total	495.6	112.1	607.6
Inflation 5%	70.6	16.6	87.2
	----	----	----
GRAND TOTAL	566.2	128.7	694.8

B. Grant to LPPA

	FX	LC	TOTAL
1. IEC-LPPA			
a) Family Life Educ. Workshops			
- National		5.0	
- Regional		2.1	
b) Conf/Seminars - Opinion Leaders		3.2	
c) Family Life Counseling Center			
- Research and Evaluation		5.0	
- Conferences/Meetings		2.0	
- Consultancy Services	4.5		
- Salaries (First year only)		8.0	
d) Production of Print Materials			
File Processing, Film Processing	5.0	22.0	
e) Video Production, Video Training		6.9	
f) Purchase of Films and Slide Sets	2.5		
g) A-V Equipment/Supplies		18.0	
h) Office Furniture, Equip. for FLE Counseling Center		2.5	
	----	----	----
SUBTOTALS	12.0	73.8	85.8
2. OPERATIONS RESEARCH			
a) TA (7.75 PM) from Columbia	100.8		
- Report Preparation		6.9	
- Seminar, Imple Recommendations		2.7	
b) Drop-Out Study			
- Consultancy Services (3.5 PM)	10.0		
- Research Expenditures, incl Transport and Report Preparation		12.0	
- Review Meeting		0.2	
c) NFP-CBD Effect			
- TA (2 PM)	28.0		
- Field Research, Data Processing and Report Preparation		9.0	
Implementation		4.0	
d) Printing extra copies of Repts		0.4	
	----	----	----
SUBTOTALS	138.8	35.2	174.0
3. NATURAL FAMILY PLANNING			
a) TA (4 PM)	48.0		
b) A-V equipment and supplies	3.1		
c) Production of Printed Materials		1.4	
	----	----	----
SUBTOTALS	51.1	1.4	52.5
4. Other Costs			
b) Vehicles (2)	40.0		
b) Computer and accessories	18.0		
c) Financial Review	15.0		
	----	----	----
SUBTOTALS	73.0	0.0	73.0
OVERALL SUBTOTAL	274.9	110.4	385.3
Contingency 10%	27.5	11.0	38.5
Total	302.4	121.4	423.8
Inflation 5%	39.8	16.3	56.1
	----	----	----
GRAND TOTAL	342.2	137.7	479.9

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LOCAL CONTRIBUTION BY GOL FISCAL YEAR (\$000)
EXCHANGE RATE : K2.00 = U.S.61.00

E 4

	87/88				88/89				89/90				90/91				TOTAL
	NDH	LPPA	LCS	PHAL													
Grant to GOL																	
1. IEC-NDH																	
Personnel	7.2	0.0	0.0	5.7	6.0	0.0	0.0	6.5	12.0	0.0	0.0	7.2	6.7	0.0	0.0	6.0	57.3
Facilities/equipment	1.5	0.0	0.0	0.0	1.6	0.0	0.0	0.0	1.7	0.0	0.0	0.0	1.8	0.0	0.0	0.0	6.6
2. In-country Management Training																	
Personnel	4.0	1.5	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.5
3. Out of Country Training																	
Personnel	0.4	0.0	0.0	0.4	0.5	0.0	0.0	0.5	0.7	0.7	0.0	0.7	0.8	0.8	0.0	0.8	6.3
4. Contraceptive Logistics																	
Personnel	11.4	2.3	0.0	0.4	13.5	2.7	0.0	0.5	14.3	2.9	0.0	0.5	15.3	3.5	0.0	0.6	67.9
Facilities, equipment	2.5	0.0	0.0	0.6	2.8	0.0	0.0	2.9	1.6	0.0	0.0	0.8	3.0	0.0	0.0	0.8	15.0
5. Contraceptive User Statistics																	
Personnel	5.0	1.3	0.0	7.6	5.5	1.5	0.0	7.6	5.7	1.5	0.0	8.8	6.5	1.7	0.0	9.0	61.7
6. Other Costs																	
Project Liaison Officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Program Assistant	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.8
Work Plans, Evaluations	0.1	0.1	0.0	0.0	0.2	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.3	0.2	0.0	0.0	1.2
Financial Review	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2
Vehicles (2)	0.0	0.0	0.0	3.0	0.0	0.0	0.0	3.5	0.0	0.0	0.0	4.0	0.0	0.0	0.0	0.0	10.5
Computer, Assessories	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.8
Financial Review	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2
Grand Total	32.4	5.2	0.0	21.9	30.3	4.4	0.0	21.7	36.4	5.2	0.0	22.3	34.7	6.3	0.0	17.2	238.0

LOCAL CONTRIBUTION BY GOL FISCAL YEAR (6000)
EXCHANGE RATE : P2.00 = U.S.\$1.00

	87/88				88/89				89/90				90/91				TOTAL
	NDH	LPPA	LCS	PHAL													
Grant to LPPA																	
1. IEC-LPPA																	
Personnel	0.0	35.2	0.0	0.0	0.0	40.3	0.0	0.0	0.0	42.5	0.0	0.0	0.0	38.4	0.0	0.0	
Transport	0.0	1.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	1.2	0.0	0.0	0.0	1.3	0.0	0.0	
Facilities, equipment	0.0	0.5	0.0	0.0	0.0	0.6	0.0	0.0	0.0	1.5	0.0	0.0	0.0	1.8	0.0	0.0	
Subtotal	0.0	36.7	0.0	0.0	0.0	42.0	0.0	0.0	0.0	45.2	0.0	0.0	0.0	41.5	0.0	0.0	165.4
2. Operations Research																	
Personnel	0.5	2.0	0.0	0.3	0.0	6.2	0.0	0.0	0.0	7.4	0.6	0.3	0.0	5.0	0.7	0.0	
Transport, per diem	0.0	1.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	1.2	0.0	0.0	0.0	1.3	0.3	0.0	
Subtotal	0.5	3.0	0.0	0.3	0.0	7.3	0.0	0.0	0.0	8.6	0.6	0.3	0.0	6.3	1.0	0.0	27.9
3. Natural Family Planning																	
Personnel	0.0	0.0	2.5	0.0	0.0	0.0	2.8	0.0	0.0	0.0	3.0	0.0	0.0	0.0	3.5	0.0	
Petrol, vehicle maintenance, per diem	0.0	0.0	0.5	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.7	0.0	
Facilities, equipment	0.0	0.0	0.5	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.7	0.0	
Subtotal	0.0	0.0	3.5	0.0	0.0	0.0	3.9	0.0	0.0	0.0	4.2	0.0	0.0	0.0	4.9	0.0	16.5
4. Other Costs																	
Computer, Accessories	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Financial Review	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	
Subtotal	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2
Grand Total	0.5	39.7	3.5	0.3	0.0	49.4	3.9	0.0	0.0	53.8	4.8	6.3	0.0	47.9	5.9	0.0	210.0

MOH: ILLUSTRATIVE IMPLEMENTATION SCHEDULE BY GOL FISCAL YEAR

(1st Quarter Apr-Jun; 2nd Quarter Jul-Sept; 3rd Quarter Oct-Dec; 4th Quarters, Jan-Mar)

	1987/88				1988/89				1989/90				1990/91			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
MINISTRY OF HEALTH																
Life of Project or Annual Work Plan Completed			X							X					X	
IEC-program planning, on-the-job training			X			X				X					X	
Family Life Consultant			X													
In-country Management Training Course						X										
Follow-up Management Training Course											X					
Contraceptive Logistics Service User Statistics Evaluation				X												
Contraceptive Logistics Service User Statistics Workshop/Meeting						X										
Contraceptive Logistics Service User Statistics Training, Follow-up						X	X		X							
Contraceptive Logistics Service User Statistics Final Evaluation															X	
Drop Out Study Design						X										

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ILLUSTRATIVE IMPLEMENTATION SCHEDULE BY GOL FISCAL YEAR (CONT'D)

(1st Quarter Arr-Jun; 2nd Quarter, Jul-Sep; 3rd Quarter, Oct-Dec; 4th Quarter, Jan-Mar)

	1987/88				1988/89				1989/90				1990/91			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
LESOTHO PLANNED PARENTHOOD ASSOCIATION																
Life of Project or Annual Work Plan Completed		X			X				X					X		
National Family Life Workshop			X													
Regional Family Life Workshop					X			X					X			
Printing of Posters, Pamphlets, Leaflets and Calendars Completed					X		X			X						X
Out-of-Country Training for FLE Counsellors					X		X									
Family Life Education Survey								X								
Order FLE Center Equipment and Furniture								X								
Counselling Center Opens								X								
Second FLE Survey, Follow-up														X		
Chiefs and Other Opinion Leaders Seminars					X				X	X			X	X		
Order A-V Equipment	X															
Video training Completed, 1st Production Completed					X											
Other Video Productions Completed						X	X			X						

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ILLUSTRATIVE IMPLEMENTATION SCHEDULE BY GOL FISCAL YEAR (CONT'D)

(1st Quarter Arr-Jun; 2nd Quarter, Jul-Sept; 3rd Quarter, Oct-Dec; 4th Quarter, Jan-Mar)

	<u>1987/88</u>				<u>1988/89</u>				<u>1989/90</u>				<u>1990/91</u>			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
CBD Consultant and LPPA Staff: Program Assessment					X			X							X	
Training CBD Workers							X									
Recruitment New CBD Workers							X									
Monitoring/Supervision				X	X	X	X	X	X	X	X	X	X	X	X	X
Fund Raising Consultant				X												
Drop Out Study Begun							X									
NFP/CBD Service Comparison OR Begun										X						

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ANNEX G

POSITION DESCRIPTIONS FOR PROJECT LIAISON OFFICER
AND PROGRAM ASSISTANTBACKGROUND

The Government of Lesotho has identified population management as one of the central goals in its overall national development objectives. Therefore, it has embarked the past few years to strengthen family planning service delivery and to increase the level of awareness about family planning as a means to increase the demand for services. It also considers family life education as an important component of its population and family planning strategy.

USAID will support Government and non-government organizations in these population and family planning objectives through the Lesotho Family Health Services (LFHS) activity. The specific purpose of the LFHS is to strengthen the capabilities of government and non-governmental organizations to implement effective family planning information, education and communication (IEC) programs and to improve the delivery of family planning services in ways compatible with the culture, resources and development objectives of Lesotho. LFHS is a subproject of the Family Health Initiatives II Project, with supportive technical assistance from AID cooperating agencies.

To effectively carry out the LFHS, additional management resources are needed both within the Ministry of Health and the USAID Mission. Two positions will be funded by the Subproject: a Program Assistant in the Ministry of Health and a Project Liaison Officer in the Mission. These positions, to be filled by locally-hired personal services contractors with USAID, will augment available project resource management in the MOH and USAID, and will help ensure the successful implementation of the LFHS activity. Both positions will be for four years, based on one year contracts. Individual position descriptions are provided below.

POSITION DESCRIPTION: PROJECT LIAISON OFFICER

Scope of Work: The Project Liaison Officer will work at USAID on a part-time basis and will be responsible for oversight of all aspects of implementation of the LFHS Subproject to ensure that timely and effective actions are taken to achieve targeted objectives. Responsibilities will include preparation of all AID communications on the Subproject, assistance with LFHS implementation tasks, documentation of LFHS progress.

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problems and proposed solutions, and continuous review and assessment of program progress. Specific responsibilities include, but are not necessarily limited to, the following:

- 1) serve as the liaison between USAID and the MOH, LPPA and LCS on LFHS specific information and as the liaison between USAID/Lesotho and AID cooperating agencies on Subproject matters;
- 2) work closely and cooperatively with the MOH, LPPA, and LCS LFHS coordinators to ensure that activities proceed as scheduled and are appropriately coordinated between organizations;
- 3) assist the MOH, LPPA, and LCS LFHS coordinators with LFHS-specific tasks that will last only for the life of the Subproject and that relate to AIL specific regulations and procedures, such as communication with cooperating agencies and the tracking of commodities that have been ordered;
- 4) monitor specific LFHS activities as necessary, including the processing of LPPA requests for funding advances;;
- 5) brief AID, MOH and other key officials on LFHS progress;
- 6) assist in the processing of documents related to local consultancy services and to the formative and final Subproject evaluations;
- 7) submit a quarterly written synthesis of Subproject progress for presentation to AID, AID cooperating agencies, MOH, LPPA and LCS.

The Project Liaison Officer will report to the USAID Health and Population Coordinator, who is the USAID Project Officer for LFHS, but will be expected to work closely and cooperatively with the LFHS coordinators in MOH, LPPA AND LCS.

This individual will be hired on a one-year contract with the option for renewal on an annual basis over the life of Subproject.

Qualifications and Experience: The Project Liaison Officer must have program or project management experience, preferably in population and family planning. The individual should have a degree in the health care field. Work experience should include a minimum of one year in the use of these skills in a developing country. Fluent written and spoken English language skills are

mandatory. Previous experience with AID procedures and regulations is highly desirable but not mandatory.

POSITION DESCRIPTION: PROGRAM ASSISTANT

Scope of Work: The Program Assistant will work on a full-time basis, directly with the Ministry of Health, and will be based in the Planning and Statistics Unit of the Ministry. Under the administrative direction of the Ministry's LFHS Project Coordinator, the Program Assistant will assist the Coordinator to ensure that the Ministry's responsibilities under the LFHS Subproject are carried out in a timely manner. The Program Assistant will assist in coordinating all donor funded LFHS activities in: IEC, overseas and in-country training, contraceptive logistics system, and FP user statistics. Specific responsibilities include, but are not limited to the following:

1. Assist the MOH Coordinator in Subproject oversight;
2. help to ensure that effective coordination with other agencies, e.g. LPPA, the PHAL and LCS, occurs in a timely fashion;
3. assist the MOH Coordinator with LFHS-specific tasks that will last only for the life of the Subproject and that relate to AID-specific regulations and procedures, such as communication with cooperating agencies and the tracking of commodities that have been ordered;
4. assist, on request, in the development and implementation of specific activities in the four MOH Subproject areas (IEC, overseas and in-country training, contraceptive logistics, and FP user statistics).
5. assist in coordinating short-term technical assistance to the MOH under the LFHS, especially to avoid conflicts with consultancies and other resources provided under the World Bank-assisted project, and the potential overload on the MOH that could result;
6. assist in the preparation of documents and reports required from the MOH under the Subproject.
7. carry out assignments related to the coordination of MOH family planning projects, at the request of the MOH LFHS Coordinator.

As indicated, the Program Assistant is under the administrative direction of and responsible to the MOH LFHS Coordinator, but will be supervised by the USAID Health and Population Coordinator. This individual will be hired on a one-year contract with the option for renewal on an annual basis over the of the Subproject.

Qualifications and Experience: These are the same as for the Project Liaison Officer described above.

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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 PROJECTS

1. FY 1987 Continuing Resolution, Sec. 523; FAA Sec. 634A; Sec. 653(b).

Describe how authorizing and appropriations

committees of Senate and House have been or will be notified concerning the project.

This is a subproject of an existing 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?

Yes. The Subproject paper provides details of estimated expenditures.

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

No action required.

4. FAA Sec. 611(b); FY 1987
Continuing Resolution Sec.
501. If for water or water-related land resource construction, has project met the standards and criteria as set forth in 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 project 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
- This is a subproject of a regional FHI project. The sharing of FP experience throughout the region will be encouraged by utilization of a regional training institute and by using Cooperating agencies which work elsewhere in the region.
- a) No effect; b) subproject will encourage greater distribution of contraceptive devices through the private sector; c) No effect; d) Refer to b; e) No effect; f) No effect

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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.

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).

Agencies which will be used for technical services are U.S.-based private agencies. Because subproject is a part of an FHI project, there are no significant trade and investment issues.

9. FAA Sec. 612(b), 636(h); FY 1987 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.

The host country is contributing 25% of total subproject cost. The USG does not own GOL currencies.

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?

No

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

Yes

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12. FY 1987 Continuing Resolution Secs. 521, 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?
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?
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)?
15. FY 1987 Continuing Resolution, Sec. 532.
Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution?
16. ISDCA of 1985 Sec. 310; FY 1987 Continuing Resolution.
For development assistance projects, how much of the funds will be available only
- Yes
- N/A
- N/A
- No
- Cooperating agencies under existing contracts with AID S & T and the

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)?

Africa Bureau will be tapped for TA assistance since these organizations are felt to have predominant capability to perform services required. Efforts will be made to contract with individuals who would be covered by Gray Amendment for the two PSC positions.

17. FY 87 Continuing

Resolution, Sec. 559.

Will the proposed project involve the obligation or expenditure of funds to procure directly feasibility studies or prefeasibility studies for, or project profiles of potential investment in the manufacture for export to the U.S. or third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, luggage, flat goods, work gloves or leather wearing apparel? Or to assist directly the establishment of facilities for the manufacture and export of such items to the U.S. or third countries in direct competition with U.S. exports?

No

No

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; and (e) utilize and encourage regional cooperation by developing countries?

(a) Subproject will enhance participation of the poor in benefits of development through access to family planning, information, education, communication and services, especially in rural areas, which should result in improved mother and child health and productive work force.

(b) N/A

(c) Self-help measures of the Lesotho Planned Parenthood Association will receive support: the community based distribution program and local fund raising.

(d) Through birth-spacing assistance, women will be enabled to participate more fully in national economics.

(e) The sharing of family planning experience promotes regional cooperation, and a regional institute will provide technical assistance.

b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used?

Yes

- 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)?
- Yes. The design of the subproject is premised on the need to provide family planning services to the rural population who comprise the majority of Lesotho's population, and appropriate technologies have been chosen.
- 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)?
- Yes
- 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?
- Yes. Maintaining a reduced population growth rate is essential to promoting self-sustaining economic growth in Lesotho.
- f. FAA Sec. 123(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?
- Yes. The organizations chosen including MOH, LPPA, LCS are all in direct contact with the poor majority, and subproject management will ensure that that target group receives the services to be provided
- g. FAA Sec. 281(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
- Subproject centers on enhancing the institutional capacity of government and non-governmental organizations in aspects of family planning through the provision of technical assistance and special training.

institutional development,
and supports civil education
and training in skills required
for effective participation in
government processes essential
to self- government.

h. FY 1987 Continuing Resolution,
Sec. 558. Will

the proposed assistance be for
any testing or breeding
feasibility study, variety
improvement or introduction,
consultancy, publication,
conference or training in
connection with the growth
or production in the recipient
country of an agricultural
commodity for export which
would compete with a similar
commodity grown or produced
in the U.S., excluding: (1)
activities designed to increase
food security which will not
have significant impact on
the export of U.S. agricultural
commodities; or (2) research
activities intended primarily
to benefit American producers?

NO

2. Development Assistance

Project Criteria (Loans only)

a. FAA Sec. 122(b). Information
and conclusion on capacity of
the country to repay the loan,
at a reasonable rate of interest.

N/A

b. 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?

N/A

3. Economic Support Fund
Project Criteria

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?

N/A

b. FAA Sec. 531(c).
Will assistance under this chapter be used for military, or paramilitary activities?

N/A

c. ISDCA of 1985, Sec. 207.
Will ESF funds be used to finance the construction of the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified 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?

N/A

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?

N/A-

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. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed? Yes

2. FAA Sec. 604(a). Will all procurement be from the U.S. except as otherwise determined by the President or under delegation from him? Yes.

3. FAA Sec. 604(d). If the cooperating country discriminates against 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? N/A

4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). 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.) N/A

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?
- 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 that such vessels are available at fair and reasonable rates?
- No
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?
- Yes. TA will be furnished by private agencies under contract to AID.
- The facilities of other federal agencies will not be utilized.

8. International Air Transport Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U. S. carriers be used to the extent such service is available? Yes
9. FY 1987 Continuing Resolution Sec. 504. If the U.S. Government is a party to a contract for procurement, will the contract contain a provision authorizing termination of such contract for the convenience of the United States? Yes

B. Construction

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services to be used? N/A
2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? N/A
3. 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)? 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? 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? 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? Yes
4. Will arrangements preclude use of financing:
- a. FAA Sec. 104(f); FY 1987 Continuing Resolution Secs. 525,540. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; Yes
- (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 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? Yes

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- b. FAA Sec. 483. To reimburse persons, in the form of cash payments, whose illicit drug crops are eradicated? Yes
- c. FAA Sec. 620(g). To compensate owners for expropriated nationalized property? 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? Yes
- e. FAA Sec. 662. For CIA activities? 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? Yes. The subproject will utilize the blanket waiver available for the purchase of right-hand drive vehicles.
- g. FY 1987 Continuing Resolution, Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for military personnel? Yes
- h. FY 1987 Continuing Resolution, Sec. 505. To pay U.N. assessments, arrearages for dues? Yes
- i. FY 1987 Continuing Resolution, Sec. 506. To carry out provisions of FAA section 209(d) (Transfer of FAA funds to multilateral organizations for lending)? Yes

j. FY 1987 Continuing Resolution, Sec. 510. To finance the export of nuclear equipment, fuel, or technology or to train foreign nationals in nuclear fields? Yes

k. FY 1987 Continuing Resolution, Sec. 511. Will assistance be provided 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? No

l. FY 1987 Continuing Resolution, Sec. 516. To be used for publicity or propaganda purposes within U.S. not authorized by Congress? Yes