BEST AVAILABLE DOCUMENT

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete) — Amendment Number: ____ — DOCUMENT CODE: 3

2. COUNTRY/ENTITY: BURUNDI

3. PROJECT NUMBER: 695-0123

4. BUREAU/OFFICE: A [illegible] 86

5. PROJECT TITLE (maximum 40 characters): Burundi Population Project

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 08 DD 31 YY 93

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 88 B. Quarter 4 C. Final FY 90

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY 88 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(4,500)	( )	(4,500)	(4,500)	( )	(4,500)
(Loan)	(4,500)	( )	( )	( )	( )	( )
Other U.S. 1. Pathfinder Fund				50		50
Other U.S. 2.						
Host Country		100	100		824	824
Other Donor(s)						
TOTALS	4,500	100	4,600	4,550	824	5,374

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) DFA	440					4,500		4,500	
(2)									
(3)									
(4)									
TOTALS						4,500		4,500	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 480, 410, 420, 430, 530

11. SECONDARY PURPOSE CODE:

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

A. Code	BR	BWW	BU
B. Amount	3,725,000	4,500,000	775,000

13. PROJECT PURPOSE (maximum 480 characters)

To expand the availability and use of family planning information and services to reduce the rate of Population growth.

14. SCHEDULED EVALUATIONS: Interim MM 03 YY 91; MM YY; Final MM 03 YY 93

15. SOURCE/ORIGIN OF GOODS AND SERVICES: ☐ 000 ☐ 941 ☐ Local ☒ Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

REDSO/ESA and RFMC clearance/Concurrance received Nairobi 21823 August 10, 1988.

17. APPROVED BY
Signature: [signature]
Title: John N. Ford, A/AID Representative
Date Signed: MM 08 DD 23 YY 88

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-4 (8-79)

BURUNDI POPULATION PROJECT

(695-0123)

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BURUNDI POPULATION PROJECT

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LIST OF ACROYNMS

A.I.D.	Agency for International Development
AID/W	Agency for International Development/Washington
AIDS	Aquired Immunodeficiency Syndrome
AMDP	African Manpower Development Project
AVSC	Association fo Voluntary Surgical Contraception
BUCEN	U.S. Bureau of the Census
CCCD	Combatting Childhood Communicable Diseases
CDS	Centers for Disease Control
CPR	Contraceptive Prevalence Rate
CURDES	University Center for Demographic and Economic Research
DHS	Demographi and Health Survey
ECPR	Executive Committee Project Review
EPI	Expanded Program of Immunization
FHI-II	Family Health Initiatives II
FP	Family Planning
FPIA	Family Planning International Assistance
FVA/PVC	Food Voluntary Assistance/Private Voluntary Cooperation
FY	Financial Year
GDP	Gross Domestic Product
GRB	Government of the Republic of Burundi
GDO	General Development Officer
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education and Communication
IFFLP	International Federation for Family Life Promotion
IMF	International Monetary Fund
INTRAH	International Training for Health
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LOC	Letter of Credit
LOP	Life of Project
LT	Long-term
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health/Family Planning
MOE	Ministry Of Education
MOFA	Ministry of Foreign Affairs
MOI	Ministry of the Interior
MOH	Ministry of Health
MOSA	Ministry of Social Affairs
MOU	Memorandum of Understanding
M.P.H.	Masters of Public Health
M.S.	Master of Science
OAR/B	Office of the A.I.D. Representative/Burundi

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OYB	Operating Year Budget
PDO	Project Development Officer
PID	Project Identification Document
PIO/C	Project Implemetation Officer/Commodities
PIO/P	Project Implementation Order/Participant Training
PIO/T	Project Implemetation Order/Technical
P.M.	Person-month
PP	Project Paper
PSC	Personal Services Contracy
PVO	Private Voluntary Organization
P.Y.	Person-year
P.Y.	Project Year
RAPID	Resources for the Awareness of Population Impacts on Development
RCO	Regional Contracting O ficer
REDSO/ESA	Regional Economic Development Support Office for East and Southern Africa
RLDC	Relatively Least Developed Country
RFMC	Regional Financial Management Center
ST	Short-term
STD	Sexually-Transmitted Disease
ST/IT	Bureau of Science and Technology/Office of International Training
ST/POP	Bureau of Science and Technology/Office of Population
ST/POP/CPSD	Bureau of Science and Technology/Office of Population/Commodities Procurement and Services Division
TA	Technical Assistance
TBA	Traditional birth attendent
TDY	Temporary Duty
TFR	Total Fertility Rate
TOT	Training of Trainees
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Fund
UPRONA	National Unity and Progress, the Burundi Political Party (Unite et Progress National)
USAID	Overseas Mission of the United States Agency for International Development
USDH	U.S. Direct Hire

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EXECUTIVE SUMMARY

Burundi is a relatively poor, landlocked, densely populated country whose meagre resources are already visably stressed. A recent USAID strategy paper summarized the country's foremost development problem during the coming decade as managing to achieve real economic growth in the face of the rapid increase in population on a limited resource base.

Burundi's sole political party has enunciated a relatively well articulated population statement, but supportive programs thus far have been weak and uncoordinated. As recently as last year the proportion of all women of reproductive age that were utilizing modern contraceptive methods was only slightly in excess of one percent, even though nearly 30 percent of the country's health centers were providing at least a modicum of family planning services.

The present Project seeks to stimulate the further evoluation of a comprehensive and detailed national family planning program with specific targets for reducing the rate of population growth and other demographic goals. To achieve this, over 800 key public health personnel will be trained in a variety of family planning techniques and practices; an extensive information, education and communication campaign will be mounted for the purpose of improving the public's awareness of the issues and potential beneficial aspects of family planning; a variety of contraceptive devices will be furnished; and at least one alternative channel for the distribution of contraceptive devices will be identified and established.

At this early stage in the development of family planning in the country, the Project places special emphasis upon the training component. The strategy employed is twofold. First, approximately 60 key employees in the health care sector, including the regional medical directors and all members of the four training teams located in the corresponding regions into which the country is divided, will be identified and trained. Training will include treatment in depth of subjects such as family planning service delivery, training of trainers, voluntary surgical contraception, management techniques and both long-term and short-term studies abroad. Second, those having received the above training will, in turn, train well over 300 public health personnel, including all staff personnel from the nation's network of clinics and health posts.

The information, education, and communication component of the Project will stress interpersonal communication, which is considered to be the dominant and most culturally appropriate method for reaching a nationwide audience, fewer than half of whom are literate or have any access to a radio. New leaders in the GRB and UPRONA,

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the official (and only) political party, will be targeted for attendance at family planning seminars aimed at sensitizing them to the impact of the continuing high fertility rate on the nation's resources. The Project will establish and train teams of IE & C trainers. They will, in turn, be charged with training a cadre of IE & C agents within each commune selected from the various ministries and UPRONA. The agents, in turn, will be responsible for providing accurate information regarding family planning to the public at large, 94 percent of which reside in rural areas. In addition, this component will strengthen the office within the Ministry of Health that is responsible for IE & C activities. Particular emphasis will be placed on the identification of the audience, matching the audience with the topic and channel, the development of appropriate and culturally sensitive messages, and the testing and evaluation of their impact.

While the UNFPA is currently the exclusive supplier of contraceptive devices to Burundi, the orgainzation freely admits that its limited resources will not permit it to continue as the sole source of supply once the number of acceptors begins to increase dramatically. Indeed, it has occasionally experienced shortages even with fewer than 15,000 users currently utilizing such devices. As a consequence, the Project will fund the purchase of up to $650,000 in contraceptive devices as required to supplement the UNFPA program.

While the Project will greatly expand the demand for contraceptives and family planning services, a substantial portion of the population -- perhaps as high as 50 percent to 70 percent -- will remain outside the main thrust of the activities discussed thus far. Consequently, the final component of the Project will explore methods to reach the remaining segment of the population. Various alternatives, including private sector/parastatal health offices and centers, social marketing/commercial retail distribution, and community-based distribution will be examined. The alternative that shows most promise will be implemented during the third year of the Project and subjected to an evaluation in depth approximately 18 months later.

The World Bank has recently approved a $14 million IDA loan to finance a national MCH/FP program that will impact on the responsibilities of many GRB entities. This USAID-supported Project will also interact with several GRB ministries. In addition, there are several other donors actively involved in supporting FP and related health activities. Thus, effective coordination will be essential within the GRB and between the GRB and the various donors involved in helping to assure successful implementation of the growing number of activities in the MCH/FP area. Accordingly, the USAID is requiring, as a covenant to the Grant Agreement with the GRB, that an Interministerial Donor Coordination mechanism be formed with representation from all GRB ministries involved with MCH/FP

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activities and with appropriate participation by those donors concerned.

The USAID will further support the objectives of the Population Project by providing separate funding valued at $350,000 for commodities, technical assistance and training to assist in carrying out the forthcoming 1990 census. The results of the census should provide further dramatic evidence of the importance that family planning activities can and should have in the country's future development plans.

Given the Mission's small size and the absence of a population officer, everyday administration of most Project implementation activities will be delegated to The Pathfinder Fund, an American PVO with worldwide experience and expertise in implementing population programs, through a cooperative agreement.

The total cost of the Project is estimated at $5,374 million. The GRB will provide $824,000, or 14 percent of the total, mainly in the form of salaries and facilities to be used in training activities. USAID's contribution will be in the form of a $4,500 million grant that will fund, among other things, $2,079 million in technical assistance and local cost support; $875,000 for training and IE & C activities, $240,000 in commodities, including vehicles and office equipment; $650,000 in contraceptive devices; and $120,000 for evaluations and audits. The Pathfinder Fund is contributing $50,000 from its own resources to fund the purchase of contraceptive devices that would otherwise be unavailable to the Project.

I. PROJECT RATIONALE AND DESCRIPTION

A. BACKGROUND AND RATIONALE

Landlocked Burundi is one of the least developed nations in the world. Paradoxically, although it is the most densely populated country in Africa after Rwanda, it is also among the least urbanized. Fully 94 percent of the population resides in rural areas. The rapidly growing population is crowded into a remote, isolated, mountainous region the size of the State of Maryland. The current USAID strategy has identified Burundi's foremost development problem during the coming decade as achievement of real economic growth in the face of the rapid increase in population on a limited resource base.

Burundi's population is estimated to be growing by about 2.8 percent per year, and the rate of increase will climb still higher due to continuing declines in the mortality rate. Even if the growth in fertility rates is moderated somewhat, the current population of five million will grow to over seven million by the

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turn of the century. The increased numbers will place a severe burden on a resource base that is already visibly stressed and increase the ranks of the un- and under-employed in both rural and urban areas. The average size of a family farm in the densely populated Central Highlands now stands at about half a hectare. Then too, as mounting population pressure has forced increasingly marginal lands into cultivation, problems with deforestation, erosion and declines in soil fertility have become endemic. This was recently highlighted in the farm level diagnostic work completed under the Mission's Small Farming Systems Research Project. The studies provided conclusive evidence that increased population pressures have meant more intensive use of agricultural land, the abandonment of traditional fallowing practices, and a continual decline of soil nutrients under the low input agriculture practiced in Burundi. Likewise, while about 60,000 people presently enter the labor force in Burundi each year, there are serious concerns about the capacity of the rural economy to continue to absorb such numbers. Only about 3,000 to 5,000 new non-farm jobs are being created annually.

Burundi has a relatively well-articulated population statement, but supportive programs thus far have been weak and uncoordinated. Despite continued reassurances of support from the nation's political leadership, progress has been slow. In 1987, for example, only 1.2 percent of women of reproductive age were using modern contraceptive methods even though nearly 90 percent of the country's health centers were providing at least a modicum of family planning services.

Closely related to the use of family planing methods is the question of maternal and child health care. Pre-natal and post-partum health care are both weak. Child health care, by contrast, has been strengthened since 1980 with the assistance of UNICEF and A.I.D. in an expanded program of immunization, followed by activities in support of malaria prevention and oral rehydration therapy. The World Bank and other agencies are also currently supporting significant measures to improve child health. Over time, improved child survival rates may help parents decide to have fewer children. In the short- to medium-term, however, success in child survival will boost population growth rates. This underlines the importance of developing programs that improve the demand for and use of family planning methods.

B. PROJECT INTRODUCTION AND SECTOR ISSUES

Introduction:

The description of the Project draws heavily upon a technical proposal submitted to USAID by the Pathfinder Fund to implement a family planning project in Burundi. A Program Strategy Update produced by AID/Burundi in 1987 identified rapid population growth as a major constraint to increasing economic growth given Burundi's

limited resource base. An analysis of population and family planning issues (Population Project Options Discussion Paper) was completed in December, 1987. A Project Identification Document (PID) for a population project in Burundi followed in early 1988. Options for project implementation were examined at an early stage during PID development. The PID design team considered several organizations that had potential for implementing the proposed Burundi Population Project. A determination was made that the Pathfinder Fund had predominant capability to implement the type of project that was being proposed and representatives of Pathfinder were invited to discuss prospects for project implementation with AID and the Government of Burundi.

The Burundi Population Project PID was submitted for AID/Washington review and received ECPR approval on March 18, 1988. Approval was also given to invite the Pathfinder Fund to submit a technical proposal for the implementation of this project. A team from the Africa regional office of the Pathfinder Fund arrived in Burundi in May, 1988. A draft proposal was reviewed with AID/Burundi prior to the team's departure in mid-June. Subsequent discussions were held with REDSO/ESA and a final proposal was received by A.I.D. on July 5, 1988. The Pathfinder Fund technical proposal forms the basis for this Project Paper.

Sector Issues Related to the Population Project

Services Delivery - The distribution of health facilities in Burundi is relatively good, but there continue to be serious problems with the delivery of services that directly hinder an increase in the contraceptive prevalence rate (CPR). Increased and improved in-service training to emphasise MCH/FP, and improved supervision and management are required to improve services delivery.

Development of a Comprehensive Population Policy - The political party (UPRONA) initiated the first attempt at developing a national policy on population in 1983. The Party's statement basically said that fertility must be reduced in order to mitigate its negative impact upon future economic and social development plans. The message was conveyed to the general public through the grassroots structure of the party organization. messages were not adequately tested, however, and this laudable effort ended in a public backlash against the idea of family planning (FP) and a subsequent reduction in public interest. The GRB needs to start again to actively implement a national population policy using resources from donors interested in supporting population activities and to collect additional population data from the forthcoming census and from other sources.

Implementation Capability - The management and administrative capability of MOH and other institutions associated with expanding FP information and services needs strengthening. The absorptive

capacity of these institutions, and in particular the MOH, is limited. Management, supervision, planning, evaluation, and logistics all require strengthening through training and development of improved management systems in order to be able to effectively utilize the resources provided by donor financed projects.

AIDS - Although efforts directed towards addressing the increasing incidence of AIDS are not being directly supported by this project, all project activities in the health sector must acknowledge the increasing impact of AIDS. Scarce health sector resources will increasingly be directed towards combating AIDS. the GRB's ability to support the recurrent cost of activities established as a result of the Project may be constrained in the post project period as a consequence.

C. GOAL, PURPOSE, AND END OF PROJECT STATUS

The goal of the Burundi Population Project is to implement the country's officially announced population policy. The purpose of the Project is to expand the availability and use of family planning information and services in Burundi. At the end of the Project the contraceptive prevalence rate (CPR) will have increased from the present level of 1.5% to 8%. To achieve this target, the Project will focus on strengthening the ability of the MOH to improve and expand its capacity to provide training; information, education, and communication (IEC); and services in family planning. Data from the 1990 general census will enable the GRB to update its analyses of the effects of population growth on the nation's resources.

A Demographic and Health Survey (DHS) conducted in 1987 revealed a very high level of knowledge and desire to use family planning (89% were aware of family planning). Furthermore, 23% of those surveyed indicated that they wished no more children whereas 53% desired spacing of their children. This survey suggests that while considerable demand exists in Burundi for family planning, there appear to be major problems and constraints in FP service delivery.

By the end of the Project the following are expected to have been achieved.

1. The ability to plan, conduct, manage and evaluate a nationwide information, education and communication program on family planning that is culturally sensitive will have been established in the Health Education Unit of the Ministry of Health (MOH). A minimum of ten different print materials and 50 hours of radio time on family planning will have been developed, tested, evaluated and redirected according to procedures established under the Project. In addition at least four existing family planning materials will have been reprinted and widely distributed. Thirteen trainers and three

hundred and fifty men and women from various ministries and other Burundi entities will have been trained as IEC trainers and agents, of whom 70% will be continuing to provide IEC related services on family planning. At least 5 IEC staff, trainers and agents will have received short term training out of country.

2. Trained family planning (FP) service providers, supported by regional training teams and provincial supervisors, will be providing a range of effective FP methods at all public health centers and participating private health facilities. Project funded in-country training will have been delivered to approximately 450 service providers (including 10 who will have received training in voluntary surgical contraception), 10 counselors (trained for voluntary surgical contraception), 24 regional trainers and 15 provincial supervisors. Further, two M.S. or M.P.H. degrees will have been awarded from U.S. academic institutions. At least 7 of the regional trainers and provincial supervisors will have received short term external training in management of FP programs and FP service delivery.

3. The ability to develop training programs for family planning information, education and communication, and service delivery will have been established in the MOH. An indicator of achievement will be that 6 training sessions will have been successfully developed and conducted without technical assistance.

4. Training in family planning will be guided by a national Maternal Child Health/Family Planning (MCH/FP) training plan and the trainees selected according to the established criteria. The national MCH/FP training plan will have been approved by the MOH and the Interministerial and Donor Coordinating Committee by 1992. All subsequent FP training will follow the plan and criteria.

5. A system will be in place for efficiently distributing, inventorying and reporting on contraceptives in all FP service sites. Achievement of this output will be indicated by the following: 90 percent of the health facilities will be inventorying and reporting on a regular basis according to an MOH plan, and no facilities offering modern FP methods will have experienced a shortage of any type of contraceptive demanded by its clients.

6. Feasiblity studies will have been conducted to assess local conditions and, if viable, a program will have been designed and implemented to test an alternative contraceptive distribution channel.

7. The national Population Census will have been successfully carried out in 1990 and the preliminary data published.

8. The number of active users of family planning services will have increased from approximately 13,000 at present to 90,000 by

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PACD. It is also anticipated that the GRB will have improved its capacity to develop and implement policies that promote family planning. The Project will encourage the government to formally implement a national population policy which will also encourage wide acceptance of family planning and the widest possible availability of family planning services.

A national population program is currently evolving in Burundi through support provided primarily by IDA, A.I.D., UNFPA, UNICEF, and the GRB. With the exception of the GRB contributions, project financing is along the lines of parallel financing with each donor responsible for certain components. As such, donor coordination is of the utmost importance if the efforts of the donors are to be complementary and duplication of activities avoided. While the GRB acknowledges the importance of effective donor coordination and increased benefits likely to accrue from the national population program, efforts toward establishing an effective mechanism for donor coordination have yet to come to fruition.

The specific Project elements contained in this Project Paper are the result of an extensive assessment of the current and proposed activities in the national FP program. Discussions were held with representatives of the MOH and other donor agencies. While recognizing that A.I.D. support must be complementary to other donor and GRB efforts, A.I.D. also needs to identify interventions that emphasize areas where A.I.D.'s past experiences have helped it to develop a comparative advantage in specific population fields. Also given the relatively small size of the USAID/Burundi staff, it was necessary to identify a mechanism for implementation that would not unduly burden the Mission with routine implementation responsibilities.

D. DESCRIPTION OF PROJECT ELEMENTS

1. Training Related to Family Planning Service Delivery

A substantial investment in training, equipment and supervision will be required to expand family planning services and to strengthen their delivery. The degree to which activities currently being introduced as part of the national population project are able to continue in the post project period will depend largely on how well the training activities have been conducted and requisite skills transferred to host country nationals. For this reason, A.I.D. support for the Burundi Population Project will focus primarily on training and skill transfer in areas that support the expansion and improvement of the National Family Planning Program. The training component will include:

a) Training of Trainers

In the first year of the Project the four existing regional family planning training teams (27 trainers) will be given a refresher course of two weeks that will cover both family planning and the science of teaching adults. An additional eight trainers will be selected and trained as supplemental trainers for the existing teams. These teams will conduct FP training in the four paramedical training schools. The Project resident advisor will consult frequently with these teams to identify training constraints and will supervise the training activities on a regular basis, providing technical assistance as required in collaboration with MOH counterparts.

b) Training of Medical Personnel in FP Services Delivery

This in-service training is directed at health personnel staffing the health centers, including physicians, medical technicians and medical auxiliaries. This specialized training will improve supervision of services delivery, provide medical back-up in case of complications, and reinforce their commitment to Project activities. The training will be conducted in collaboration with UNICEF and CCCD as part of the effort to make FP a fully integrated part of primary health care. The focus of this training program will be skill acquisition required for safe family planning services delivery. A competency-based training model will be used so as to provide a means to measure the level of skills acquisition. The training of some 450 health staff will be done by the trainers trained under the Project (described above). It is anticipated that these training sessions will be two weeks in duration and each attended by 20-25 medical personnel.

Beginning in the third year of the Project short-term (3 day) refresher courses will be conducted. These courses will provide updated information on contraceptive technology and also provide a forum to identify and discuss common problems experienced by the providers of FP services.

c) Training in Voluntary Surgical Contraception

Responding to the desire of the MOH to make voluntary surgical contraception services available throughout the country, Pathfinder, with technical assistance from the Association for Voluntary Surgical Contraception (AVSC), will organize and implement a training program for five minilaparotomy teams. A further 10 counselors for voluntary surgical contraception will be trained. Technical assistance and equipment will be provided by AVSC through their cooperative agreement with A.I.D./Washington. This grant will provide funds for only local training costs. AVSC will establish the training and medical standards, and will follow up on trained physicians and

monitor this aspect of service delivery throughout the life of the Project.

d) Management Training

Management training will be provided to 15 Provincial Medical Officers during the second year of the Project. This training will be conducted by a master trainer from the training of trainers (TOT) program in collaboration with an external consultant specializing in the management of family planning programs in developing countries. Topics to be covered will include staff development, management information systems, planning/budgeting, logistics, staff supervision, evaluation, monitoring, clinic management, and client flow. Additional management training programs will be conducted in the third and fourth years, with possible reorientation toward the administrative staff of health centers. This is an important area as most studies on health and FP in Burundi have cited inadequate management and administrative capability as a constraint to Project implementation.

e) Long-Term and Short-Term External Training

The Project will support two fellowships to American universities for M.P.H. or M.S. degrees in public health, family planning or health education. It will also assist USAID/Burundi to identify and support two additional M.P.H. or M.S. degrees in public health under the African Manpower Development Project II. Efforts will be made during candidate selection to fill two of these long-term training positions with women. The Project will also support short-term external training for 12 FP service delivery training team members, IEC training team members and IEC agents and two senior managers from MOH headquarters. They will attend courses on 1) training of trainers, 2) management of family planning programs, and 3) design and management of IEC programs.

A minimum of half of the twelve candidates for short-term external training will be women. USAID/Burundi will seek assurances from the Government that those sent for long-term training will be retained in positions or assigned positions that are supportive of Project objectives. This should also apply to those who will attend short-term training.

2. Information, Education and Communication

This component will be carried out primarily by the Health Education Unit of the Ministry of Health, with assistance from other ministries and local organizations. To strengthen the capabilities and capacity of the Unit to implement IEC activities, the Project will support the establishment of good methods and operating procedures. In particular, emphasis will be given to the

identification of the audience, matching the audience with the topic and channel, the development of an appropriate and culturally sensitive message, and the testing of material and evaluation of its impact.

The IEC strategy will be to utilize interpersonal communication, radio and print materials. During the first year of the Project a population and family planning seminar will be held aimed at new leaders in the Government and Party to sensitize them to the impact of the continuing high fertility rate on the nation's resources.

The Project supports the establishment of a cadre of IEC agents within each commune who will be selected from various ministries and UPRONA. This activity involves the identification and training of trainers who will be responsible for helping to identify the IEC agents, training IEC agents and organizing biannual IEC agent meetings. The first two years of the Project will focus on developing and pilot testing the IEC agents' strategy and operating procedures. Thereafter, it will be expanded nationwide. A member of the Health Education Unit of the MOH will be designated as having responsibility for this activity.

Inputs for this component include funds for short-term technical assistance, out-of-country and in-country training, development and production of IEC print materials and radio messages, special studies and evaluations and support for IEC trainers and agents. It is anticipated that 13 IEC trainers and 350 IEC agents will be trained under the Project and that 70 percent of them will be continuing the work at PACD.

3. Contraceptive Supply and Logistics

With a CPR of less than 2%, contraceptive requirements have been relatively small with UNFPA providing all the materials required. While MOH has designated UNFPA as the sole supplier of contraceptives, UNFPA representatives in Burundi are concerned that with projected increases in demand, the organization will not be able to supply all future requirements.

Even with limited requirements for contraceptives there have been situations where they have been out of stock in health centers. As contraceptive usage increases, problems with logistics supply will also increase. Failure to have adequate contraceptive supplies available in all centers at all times makes it difficult for acceptors to continue practicing family planning. Unavailability of contraceptives also discourages potential new acceptors.

Accordingly, the Project will make available $650,000 in funding for the purchase of contraceptives. Pathfinder will provide an additional $50,000 for contraceptives from its own funds. Procurement will be done in consultation with the UNFPA.

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The Project will provide assistance and support to the MOH to assess the current inventory and reporting system at the headquarters level and at each of the participating health centers. Deficiencies identified in these systems will be addressed by the MOH. If requested, Pathfinder will provide short-term technical assistance to help the MOH design and implement improvements for managing family planning logistics and health information systems. Following the reviews and any subsequent changes that may be required in the inventory and reporting systems, a training workshop will be organized for logistic managers and selected managers of health centers and hospital stores to introduce improved procedures and systems for inventory management and reporting. These procedures, compiled into a storekeeper handbook including reporting forms, will be used to orient provincial and health center storekeepers in stock management and reporting. This system will enable clinic managers to be able to estimate future contraceptive requirements and maintain adequate stocks at all FP service delivery points.

4. Pilot Alternative Contraceptive Distribution

The successful expansion of the IEC component will increase demand for contraceptives and FP services. It is estimated that only 50-70% of health care clients use MOH facilities where FP services would be provided free of charge or at highly subsidised rates. Thus a large portion of the population will remain outside the main thrust of this Project. Methods to reach this segment of the population through community based or outreach family planning activities will be assessed and tested on a pilot basis if appropriate.

During the second year of the Project feasibility studies will be conducted to assess local conditions and design a test program for alternative contraceptive distribution channels.

In Project year three, one of the following alternatives will be selected following the feasibility studies of the previous year. The three alternative distribution channels to be assessed are summarized below.

1) Private sector/parastatal health centers - this approach would utilize employee health centers in private sector industries and parastatals to distribute non-clinical contraceptives and clinical contraceptives if the health facility had qualified medical staff to dispense cli ical contraceptives.

2) Social Marketing/Commercial Retail Distribution - A commercial distributor would be contracted to distribute condoms and other non-clinical contraceptives through a broad based retail distribution network of urban, peri-urban and rural stores.

3) Community Based Distribution - Establishment of a

community based distribution network for non-clinical contraceptives through a suitable local organization.

One of these activities will be implemented in the beginning of Project year three and be subject to an initial evaluation after 18 months of operation. The evaluation will assess the effectiveness, viability, and relevance of the pilot program to local conditions. Depending on availability of resources, the other alternative distribution systems may also be tested during the life of the Project. They would also be evaluated and subject to modification, expansion, or termination according to evaluation recommendations.

E. COORDINATION

The World Bank has recently approved a $14 million IDA loan to finance a national MCH/FP program which will impact on the responsibilities of many GRB parties. This USAID-financed Population Project will also interact with several GRB ministries. In addition, there are several other donors actively involved in supporting FP and related health activities. Thus, effective coordination is essential within the GRB and between the GRB and the various donors involved in helping to assure successful implementation of the growing number of activities in the MCH/FP area.

Accordingly, an Interministerial Donor Coordination mechanism will be formed with representation from all GRB ministries involved with MCH/FP activities with appropriate participation by those donors concerned. Sub-committees would also be established to address the policy and operational requirements of the overall program.

F. GRAY AMENDMENT CONSIDERATIONS

The Cooperative Agreement will be awarded based upon predominant capability to the Pathfinder Fund, an organization not covered by the Gray Amendment. AID will make every effort to ensure that all subcontracts and contracts take into consideration suitable firms covered by the Gray Amendment. This will include training and evaluation activities.

G. OTHER POPULATION ACTIVITIES

<u>The National Census</u>

Burundi is planning to conduct its second census in 1990. At the request of the GRB, USAID will provide technical assistance, training, equipment and some local cost support for this activity. USAID/Burundi proposes to use the Family Health Initiatives II Project to obtain the services of the U.S. Bureau of the Census (BUCEN) to provide requisite short-term technical assistance and training. Funding required for this component is $386,000. Of this

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amount, approximately $350,000 will be provided to the BUCEN for its services.

The USAID will engage the services of BUCEN to provide short-term technical assistance in the planning and carrying-out of the 1990 census. Training of Burundian staff will also be provided through on-the-job training and skills transfer by the short-term technical consultants from BUCEN and through formal study in BUCEN. Two demographers will attend a special three month course and a computer programmer will attend a one year course to upgrade programming capabilities for the census application. USAID/BUCEN will also purchase equipment for the 1990 Census, including microcomputers, software, and other supplies, photocopiers, and paper valued at $130,000. The above services and procurement to be administered by BUCEN total $350,000 and will be provided by USAID directly to BUCEN outside of this Project.

In addition, the USAID will provide $36,000 to the GRB under the Burundi Population Project to finance certain GRB local costs associated with the census as agreed to between the two parties.

The census data are expected to be used in the future design and implementation of the national population program.

H. OTHER DONOR ASSISTANCE

Other donors are playing increasingly important roles in assisting the GRB with its population and demographic problems. The World Bank has recently become the largest donor through the IDA-financed $14 million dollar Population and Health Project. Other major donors active in the field of population include the UNFPA and UNICEF.

1. The World Bank

The World Bank-financed Population and Health Project is a five year, $14 million IDA loan project which started in 1988. The Bank views its role as that of a participant in the national health and population project in which other donors will also participate. During appraisal the Bank secured parallel financing from UNICEF of $1.8 million to support IEC and technical assistance for MCH/FP and IEC. The Bank noted interest by both USAID and UNFPA in population activities and is willing to consider reallocation of part of the IDA credit should other donors assume financing for specific components currently covered by the IDA credit.

The five components of the World Bank Project are as follows:

1) Development of MCH/FP Services ($9.6 million) - to make MCH, FP, and nutrition activities available on a national basis through primary health care (PHC) services and other community based activities. Activities under this component will include: (a)

establishment of a national MCH/FP program and MCH/FP division in MOH; (b) additional staff and technical assistance; (c) training; (d) medical supplies and contraceptives; (e) rehabilitation of 30 health centers (HC); (f) 3 regional maintenance facilities; (g) vehicles; and (h) monitoring, supervision, and evaluation studies.

2) Development of an IEC Program ($1.3 million) - establish an IEC component within the MOH through strengthening of the health education unit, development of IEC materials, training of health and social workers in IEC, provision of IEC equipment and vehicles, strengthening supervision and evaluation studies.

3) National AIDS Control Program ($1.9 million) - support for national and international efforts through funding of training, IEC, establishment of a surveillance system, medical equipment and operating costs.

4) Institutional Strengthening of MOH ($1.7 million) - strengthening MOH organizational structure at central and provincial levels, managerial procedures, health information systems (HIS), health financing, and expenditure programming through the provision of additional personnel, training, vehicles and equipment, supervision and operations research.

5) Population Data Development ($1.0 million) - support for the development of a demographic database to be used in population program planning. Support will be for the forthcoming National Population Census (scheduled for 1990) and for publishing and disseminating the census results.

2. United Nations Family Planning Association (UNFPA)

The UNFPA was the first major donor to initiate FP activities in Burundi starting in 1983 in selected regions and expanding annually so that full country coverage was attained in 1987. UNFPA will contribute $1.2 million for the period 1988-90 which will be used for (1) training in MCH/PF services delivery; (2) rehabilitation of 9 health centers; (3) development of teaching materials for IEC; (4) contraceptives; (5) support for the census; and (6) commodities (vehicles, office and cartographic equipment). The MOH will assume UNFPA's role at the end of the Project.

3. United Nations Children Fund (UNICEF)

UNICEF will be providing grant funding of $1.8 million to finance mainly the IEC component of the IDA-financed Population and Health Project. This grant will finance long-term technical assistance (two years) and equipment and materials required for the IEC unit to produce and disseminate MCH/FP messages. Of the grant amount, an estimated $521,000 will be used for FP activities.

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4. International Planned Parenthood Federation (IPPF)

Permission has recently been granted by the GRB for IPPF to open an affiliate in Burundi. The annual budget is $40,000 and the office will be entirely locally staffed.

Other donors active in financing development of general health programs and facilities that contribute indirectly to expanding FP services include the WHO (operations research, TA for MOH, and AIDS control), FED (nutrition, water and HC construction and AIDS control), the African Development Bank (training facilities), and bilateral programs from the Governments of USA (DHS and CCCD), France (medical school and a hospital), Belgium (technical assistance, equipment, tuberculosis, leprosy, malaria, and schistosomiasis control), Algeria (three paramedical schools), Saudia Arabia (teaching hospitals), and the Federal Republic of Germany (water supply systems).

II. COST ESTIMATES AND FINANCIAL PLAN

A. Project Cost

1. Overall Project Costs

The Project cost is $5,374,000 over a five year period.

TABLE 1
SUMMARY OF PROJECT COSTS

(000's US DOLLARS)

Description Contribution	USAID	GRB	PATHFINDER	Total Project
Total Project Costs	$4,500	$824	$50	5,374

This sum reflects the following contributions: AID (84%) - $4,500,000 GRB (15%) - $824,000, and The Pathfinder Fund (1%) - $50,000. AID and GRB project costs by funding category are shown in Table 2.

Table 2
Sources and Uses of Funds
($000's)

Categories	USAID	GRB	Pathfinder	TOTAL
Technical Assistance	2071			2071
IEC Activities	200			200
Training	683	135		818
Local Salaries		452		452
Commodities	240			240
Contraceptives	650		50	700
Census	36			36
Local Support Costs(1)		237		237
Evaluation/Audit	120			120
Contingencies	500			500
TOTAL	4500	824	50	5374

(1) A.I.D. funding for local costs is included in the technical assistance category.

Note: The Project is providing $36,000 for local costs of the census, and additional $350,000 will be provided from bilateral sources to fund a Family Health Initiatives-II buy-in to the U.S. Bureau of the Census. The GRB contribution to the census effort is estimated to be $1,116,000.

Note: The exchange rate used for this budget is $US 1 = BuF 140.

2. AID Contribution

The AID grant contribution of $4,500,000 will account for 84% of Project costs. Budget Table 1 contains a summary of AID's contribution as follows: Family Planning $4,464,000; Census Support $36,000.

3. GRB Contribution

The contribution of the Government of Burundi to the Project is estimated to be the equivalent of $824,000. This is mainly contributions of the Ministry of Health toward salaries and facilities to be used in training activities. No estimates were made for other Ministries such as Education, Interior, and Social Affairs which will also contribute in-kind to the Project.

As a UN-designated LLDC, Burundi qualifies for a waiver of the 25% minimum host government contribution requirements to USAID projects. Projected expenditures for AID and GRB by fiscal year are presented in Table 3 below:

TABLE 3

Burundi Population Projected Expenditures by Fiscal Year
($000)

	FY-1			FY-2			FY-3			FY-4			FY-5			TOTAL	
Use of Funds	AID	GRB	TOT.	AID	GRB	TOT.	AID	GRB	TOT.	AID	GRB	TOT.	AID	GRB	TOT.	AID	GR
TECHNICAL ASSISTANCE																	
- Salaries	165		165	149		149	156		156	152		152	163		163	785	
- Admin.	47		47	32		32	33		33	33		33	32		32	177	
- Travel	41		41	49		49	42		42	23		23	28		28	183	
- Consult/Cont	28		28	46		46	81		81	132		132	165		165	452	
- Overhead	142		142	134		134	141		141	133		133	122		122	672	
TRAINING																	
- Long-Term				120		120										120	
- Short-Term	108	18	126	147	24	171	161	26	187	105	37	142	42	30	72	563	13
CONTRACEPTIVES		0	80		80	100		100	200		200	270		270	650		65
COMMODITIES	118		118	55		55	30		30	31		31	6		6	240	
CENSUS	18		18	18		18										36	
LOCAL SUPPORT COSTS		82	82		120	120		145	145		157	157		185	185	0	68
EVALUATION/AUDIT							51		51				69		69	120	
- Sub-total	667	100	767	830	144	974	795	171	966	809	194	1003	897	215	1112	3998	82
CONTINGENCIES (12.5%)	83		83	104		104	99		99	101		101	112		112	500	
													-	rounding		2	
- Total	750	100	850	934	144	1078	894	171	1065	910	194	1104	1009	215	1224	4500	82

4. The Pathfinder Fund

The Pathfinder Fund will be contributing $50,000 to the Project for procurement of contraceptives that are not available from AID-funded sources. They will supplement contraceptives procured by AID and the UNFPA.

5. Recurrent Costs

New GRB recurrent costs have been minimized in the design of this Project by using existing GRB resources and staff to the extent possible . Furthermore, the main thrust of this Project is training of existing staff and institutional strengthening. Some additional recurrent costs would result from an increase in the CPR as requirements for procurement of contraceptives would increase accordingly. Improved supervision of FP services providers will also result in some increased recurrent costs, but there will also be offsetting future cost reductions in demand for education and health services.

The establishment of operating procedures for development, testing and evaluation of IEC messages and materials will result in a small increase in recurrent costs but this will be offset by an increase in effectiveness of the IEC program.

Recurrent costs associated with pilot alternative service delivery projects will initially be covered by A.I.D. as part of this Project. The subsequent post Project full-scale development of any of these alternate methods for service delivery would result in increased recurrent expenditures, but these costs would be partially borne by the end user and on a per acceptor basis be considerably lower than at the start of the Project. Of the three alternative methods under consideration, increased recurrent costs to government would occur only in CBD as social marketing and private sector health facilities are outside government service and do not rely on government personnel or facilities.

The MOH receives on average about 5-6% of the annual GRB budget allocation. This has remained relatively constant for the past few years. Most of the investment budget is funded from external sources. Of this allocation 38% is currently going to primary health care which is high when compared to a 20% to 30% allocation generally found in other Central African countries. In an effort to increase revenues from user fees, the government allows income collected from communal health centers to be retained by the commune for development expenditures. This may be an incentive to local government health centers to increase collections as many of the mission-run health centers cover most of their recurrent costs from user fees.

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B. Financing Plan

1. Obligation Schedule

The proposed schedule of obligations for the Project is as follows:

Table 4 - AID Obligation Schedule
(U.S. $ Thousands)

	FY-88	FY-89	Total
Tech Asst (1)	2049	222	2,271
Training (1)	483	200	683
Commodities	240		240
Contraceptives	650		650
Census	18	18	36
Eval/Audit	120		120
Contingencies	440	60	500
TOTAL	4,000	500	4,500

(1) IEC included in technical assistance and training

2. Methods of Implementation and Financing

The major portion of Project activities will be implemented through a cooperative agreement with Pathfinder Fund. Pathfinder will enter into an agreement with the USAID that includes a detailed budget. Certain activities of the Project will remain outside the cooperative agreement and will be subject to separate funding arrangements. These include long-term degree training, contraceptive procurement, and evaluation/audit. The GRB will authorize direct payment to Pathfinder by countersigning PIO/T's. Only a limited number of transactions will be required, thus reducing the administrative burden for the Mission.

USAID/Burundi will prepare the PIO/T for the Pathfinder Fund Cooperative Agreement. Table 5 outlines the preferred methods of implementation and financing for Project activities.

TABLE 5 - METHODS OF IMPLEMENTATION AND DISBURSEMENT

Category	Method of Implementation	Method of Disbursement	Amount (US$)
a. Family Planning Component			
Technical* Assistance	Coop Agreement	FRLC	2,271,000
Short Term Training	Coop Agreeme	FRLC	555,000
Long Term Training	OAR/B PIO/P	Direct costs	120,000
Commodities	Coop Agreemen	FRLC	240,000
Contraceptives	Buy-in	Transfer	650,000
Census/ Local Costs	OAR/B PIO/C,P.O.	Dir Pmts	36,000
Evaluation/AID Audits	Contract	Direct Payment	120,000
Contingency	T.B.D.		500,000
		Total	4,500,000

* Includes IEC activities and local cost support.

Approval has been obtained from AID/Washington to negotiate a cooperative agreement with Pathfinder Fund for Project implementation (refer cable State 150077 in Annex G).

C. Financial Audits

Financial audits are planned to coincide with the mid-term evaluation and at the end of Project year five. Due to limited personnel and high demand for services from the GRB audit office, it is unlikely that audit services will be available from the host government. Furthermore, no Project funds will be managed by the host government. No recommendation is being made at this time as to whether a non-federal audit or Regional Inspector Gerneral audit would be suitable for this Project. The selection of auditor will be made by USAID/Burundi following completion of the second year of the Project.

III. IMPLEMENTATION PLAN

A. Project Administration

The primary implementation responsibility for this Project will be the Pathfinder Fund through a Cooperative Agreement with A.I.D. The Cooperative Agreement will specify the obligations of Pathfinder in implementing this Project including definition of relationship and responsibilities with the Government of Burundi and A.I.D.

1. Government of the Republic of Burundi

The GRB, through the Interministerial and Donors' Coordinating Committee, will have the responsibility for coordination of donor activities and funding for MCH/FP activities. Project management will look to this committee for guidance relative to project implementation. This committee will meet regularly to address issues of donor coordination, assess the level of progress in meeting targets in developing and expanding the national family planning program, and to approve strategies and plans formulated by the MOH.

The Government of the Republic of Burundi will be responsible for reviewing the proposal and negotiating and signing of the Grant Agreement. The GRB will be responsible for meeting the conditions precedent to disbursement, and will be responsible for approving any modifications in activities to be financed by the grant agreement itself. The Interministerial Coordinating Committee designated by the GRB will be responsible for reviewing and approving the annual work plans. The ministry having primary responsibility for project implementation shall be the Ministry of Health.

The GRB representatives will be requested to participate in the selection of candidates for training. This will include in-service and local training as well as long and short-term training funded under the Project. The GRB will undertake the responsibility to ensure that all persons trained under the project are employed in positions commensurate with their training and in support of project objectives for a period consistent with normal GRB policies.

GRB will be requested to provide technical personnel to participate as part of the mid-term and final evaluation of the project.

2. The Pathfinder Fund

Pathfinder will be responsible for providing a long-term resident advisor/manager to be based in Bujumbura and assigned to the Ministry of Health in the department responsible for MCH/FP. This advisor will be responsible for the administration and management of family planning activities funded by this Project. Pathfinder will

also be responsible for providing short-term technical assistance as specified in the Project Paper for training and technical support. Pathfinder will be responsible for coordination of overseas and local training when external training resource persons are provided through Project funding. Pathfinder will also be responsible for initiating Project procurement for Project activities . The resident advisor will maintain a close working relationship with the Director of the MCH/FP activities in the MOH and with the directors of technical offices in other ministries associated with this Project. The Pathfinder resident advisor will serve, if requested, as an advisor to the Interministerial Coordinating Committee and sub-committees.

Overall program management responsibility for the Project resides with the Pathfinder Regional Representative in Nairobi. The Regional Representative or his designate shall maintain regular contact with USAID/Burundi on matters related to program management and Project implementation. The Nairobi regional office shall be responsible for start-up and developing initial Project activities in Burundi.

Annual work plans will be prepared by Pathfinder in consultation with MOH counterparts. These work plans will be submitted for approval by the Interministerial Coordinating Committee. The approved work plan together with a budget will be submitted to the USAID two months prior to the commencement of the work plan period. The USAID will reply to Pathfinder within one month of receiving the work plan and budget either approving the work plan and budget or indicating those areas that require further consultation before approval can be given. A.I.D. approval will be made by Implementation Letters. Once approved, annual work plans will constitute the basis for all Project expenditures. For activities identified in the work plans, no further A.I.D. approval will be required. All trainees proposed for external training will require written concurrence from A.I.D.

Work plans will include, but not be limited to, schedules of activities, training programs, parties responsible for implementation of activities, detailed budgets, and estimates of outputs.

3. <u>United States Agency for International Development</u>

As provided for under cooperative agreement arrangements, USAID/Burundi will maintain an active role in project implementation. The Mission will be responsible for reviewing and approving annual work plans including budgets. The Mission will also be monitoring and evaluating the progress of Pathfinder in achieving the mutually agreed performance targets and the progress that the GRB is achieving in meeting the objectives of its population sector program. This role will be performed primarily through regular meetings with representatives of the ministries involved in

Project implementation, particularly the MOH. USAID staff will also make periodic site visits and hold discussions with individuals directly responsible for activities supported under this Project. The Mission will also be responsible for reviewing and approving the selection of the resident advisor.

The General Development Officer (GDO) in USAID/Burundi will be the A.I.D. project manager and principal contact person for Pathfinder in Burundi. The GDO will be assisted with technical matters by the REDSO/ESA Population Officer and by other REDSO/ESA or A.I.D./W staff as requested. The REDSO Population Officer will conduct an annual review of the Project and prepare an internal review report for USAID/Burundi.

Participant training will be accomplished in accordance with the policies, allowances, guidance and reporting requirements of A.I.D. Handbook 10 - Participant Training. This will require that Pathfinder analyze specific training requirements to determine how training can be accomplished in the most efficient and cost effective manner, determine training sites, develop training schedules, prepare cost estimates, and when necessary assist with preparation of PIO/P's and other required documentation. Pathfinder will provide pre-departure participant orientation and make arrangements for English language training/testing in Burundi, and arrange for the participants' departure.

For U.S. training, S&T/IT will identify and select training institutions, arrange for admission to selected institutions, and provide regular living and other special allowances. In the case of third country training, Pathfinder will coordinate with the appropriate third country USAID mission training officer or other staff to plan training and make arrangements for each participant. In the case of U.S. training, S&T/IT will oversee training progress, collect trainee reports and send them to Burundi, and arrange for the participants' return. In the case of third country training Pathfinder will coordinate these activities with the appropriate USAID Mission or other office.

Training facilities and office space will be provided by the GRB for this Project. The GRB will continue to be responsible for salaries and benefits to government employees participating in Project implementation or being trained under the Project. Should employees of the private sector be selected for training under the Project, the same conditions would apply.

B. Procurement of Services and Commodities

USAID/Burundi will enter into a Cooperative Agreement with the Pathfinder Fund to provide project implementation services. USAID/Burundi has received approval from AID/Washington to enter into

non-competative negotiations with the Pathfinder Fund (see State Cable 150077). The Cooperative Agreement will specify obligations of Pathfinder Fund relative to services and commodities to be provided during Project implementation.

Payments to Pathfinder Fund will be made through the Pathfinder Letter of Credit with A.I.D. (LOC No. 72001347).

Commodities will be purchased by both Pathfinder and the USAID. Pathfinder will procure all commodities required for the Project other than contraceptives.

Audit and evaluations services will be procured with PIO/Ts using direct A.I.D. contracting mechanisms. The REDSO/ESA RCO will assist the USAID in preparing the contracts.

A detailed procurement plan is attached as Annex F.

C. Proposed Schedule of Activities

Initial obligation for the Project will take place in August 1988. The Mission will prepare a PIO/T for signature by the GRB authorizing the Regional Contracts Officer to negotiate the Cooperative Agreement with Pathfinder for implementation of its activities under the Project. Subsequent to agreement approval by the GRB, negotiations will commence with the Pathfinder Fund to enter into a cooperative agreement governing project implementation activities. It is expected that this will be completed during the first quarter of FY-89 and that Pathfinder will use the remainder of the period for initial Project mobilization activities. The proposed schedule of activities is as follows:

Year/Month	Action	Agent
(pre-project) '88 August	Project Review/Authorized	USAID/B
'88 August	REDSO Review/Concurrence	REDSO/ESA
'88 August	Grant Agreement Signed	USAID/B, GRB
'88 Sept	Conditions Precedent met	GRB
'88 Oct	Cooperative Agreement Signed	USAID/B,
PY-1,QT-1	USAID prepares PIO/T for Pathfinder	USAID/B
PY-1,QT-1	Paramedical School Curriculum Revision	Pathfinder

PY-1,QT-1	1st Annual Work Plan prepared	Pathfinder
PY-1,QT-1	Work Plan Reviewed/Approved	USAID/B, GRB/MOH
PY-1,QT-2	Recruitment and Mobilization Resident Advisor to Burundi	Pathfinder
PY-1,QT-2	Training Needs Assessment and IEC Inventory	Pathfinder
PY-1,QT-2	Development of IEC Strategy/Plan	Pathfinder
PY-1,QT-2	Training of Trainers-FP services	Pathfinder
PY-1,QT-3	Provider Training-Physicians	Pathfinder
PY-1,QT-3	MOH/HEU IEC Staff Trained in Testing	Pathfinder
PY-1,QT-3	National Leadership Seminar on Population and Family Planning	Pathfinder
PY-1,QT-3	IEC - Training of Trainers	Pathfinder
PY-1,QT-4	Provider Training-Paramedics	Pathfinder
PY-1,QT-4	2nd Annual Work Plan prepared	Pathfinder
PY-1,QT-4	2nd Work Plan Reviewed/Approved	USAID/B, GRB/MOH
PY-1,QT-4	IEC Agent Selection/Training	Pathfinder
PY-2,QT-1	Provider Training-FP Services	Pathfinder MOH
PY-2,QT-1	Selection and Placement L-T Training Candidates, PIO/Ps	Pathfinder GRB/MOH, USAID/B
PY-2,QT-1	Needs Assessment-Logistics	MOH/Pathfinder
PY-2,QT-2	IUD Training	Pathfinder
PY-2,QT-2	Provider Training-FP Services	Pathfinder, MOH
PY-2,QT-2	HEU-IEC Training	Pathfinder
PY-2,QT-2	Follow-Up Evaluation of First Year Training	Pathfinder MOH

PY-2,QT-2	Management Training	Pathfinder
PY-2,QT-2	Study of FP clients	Pathfinder
PY-2,QT-3	Provider Training-FP Services	Pathfinder, MOH
PY-2,QT-3	Evaluation-IEC materials and Broadcasts	Pathfinder, MOH
PY-2,QT-3	VSC Training	AVSC
PY-2,QT-3	Alternative Distribution Systems Study	Pathfinder
PY-2,QT-4	Evaluation of IEC Agent Activity	Pathfinder
PY-2,QT-4	3rd Annual Work Plan prepared	Pathfinder
PY-2,QT-4	3rd Work Plan Reviewed/Approved	USAID/B, GRB/MOH
	(Annual Workplans will be prepared by Pathfinder and reviewed/approved by GRB/MOH and USAID/B during the 4th quarter for project years 3 and 4.)	
PY-2,QT-4	Provider Training-FP Services	Pathfinder, MOH
PY-2,QT-4	Refresher Course-FP Services (to be repeated for remaining LOP on quarterly basis)	Pathfinder, MOH
PY-3 to 5	Provider Training-FP Services (will be conducted quarterly for remainder of project life.)	Pathfinder, MOH
PY-3 to 5	IEC Agent Training will be quarterly for remainder of project life.	Pathfinder, MOH
PY-3,QT-1	Training-Logistics	Pathfinder,
PY-3,QT-1	National Leadership Seminar on Population and Family Planning	Pathfinder MOH
PY-3,QT-1	Pilot Program for Alternative Distribution Channel	Pathfinder

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PY-3,QT-2	Mid Term External Evaluation	USAID/B Pathfinder, GRB/MOH
PY-3.QT-2	Financial Audit	USAID/B
PY-3,QT-2	IEC Formative Research	Pathfinder
PY-3,QT-2	IEC Evaluation - Materials and Broadcasts	Pathfinder
PY-3,QT-3	VSC Training	AVCS
PY-3,QT-3	S-T Overseas Training IEC Agents & FP Services Providers	Pathfinder, MOH
PY-3,QT-3	Evaluation of Logistic Training	Pathfinder, MOH
PY-4,QT-2	IUD Training	Pathfinder
PY-4,QT-2	S-T Overseas Training-IEC Agents FP Services Providers	Pathfinder, MOH
PY-4,QT-3	VSC Training	AVCS
PY-4,QT-3	Evaluation of Alternative Distribution Channel	Pathfinder, MOH
PY-4.QT-4	CPR Survey and Impact Evaluation	Pathfinder, MOH
PY-5,QT-1	Training Evaluation	Pathfinder, MOH
PY-5,QT-2	End of Project External Evaluation	USAID/B' GRB/MOH, Pathfinder
PY-5,QT-4	Project Assistance Completion Date	

The GRB through the Interministerial Coordinating Committee will have responsibility for coordination of donor activities and funding for MCH/FP activities and specifically activities related to this Project that support the national population program. This committee will meet regularly to address issues of donor coordination, assess the level of progress in meeting targets in developing and expanding the national family planning program, and to approve strategies and plans formulated by the MOH.

As the main thrust of this Project is training, the GRB will be requested to participate in the selection of candidates for training. This will include in-service and local training as well as long- and short-term training funded under the Project. The GRB will undertake the responsibility to ensure that all persons trained under the Project are employed in positions commensurate with their training and in support of Project objectives for a period consistent with normal GRB policies.

IV. MONITORING PLAN and EVALUATION ARRANGEMENTS

Monitoring and Evaluation Plan

The Project will entail on-going monitoring, mini evaluations and studies, a mid-Project evaluation and an end of Project evaluation.

The on-going Project monitoring will consist of the following to assist the Resident Project Advisor/Manager, USAID and the MOH project officer in charge of the Project:

a) trip reports by all short-term technical assistants including Pathfinder officers, which detail the objectives of the trip, accomplishments, any problems encountered, and follow up actions required;

b) reports on each training session held detailing objectives, number of people trained (dissaggregated by sex, job category and organization), schedules followed, indicators of enhancement of skills and knowledge, problems encountered, feedback from trainees on FP service delivery and IEC, and follow up required;

c) quarterly financial and programmatic reports submitted by Resident Advisor/Manager to Pathfinder and USAID detailing activities to date as compared with the Project's work plan, and;

d) the annual monitoring report from REDSO/ESA Population Officer, who will monitor the technical aspects of the Project approximately three times a year and on an as need basis.

The quarterly reports will be the principal resource material for the Pathfinder Evaluation Review Committee, which meets to review each year's work plan at the midpoint.

The mini evaluations and studies on specific aspects of the Project will include the following. First, there will be an evaluation of the IEC agent pilot activity one year after the first agents have been trained to assess procedures and qualifications/criteria for selection of effective IEC agents, and other aspects related to establishment of an effective IEC agent

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activity. This evaluation will be carried out by a local independent contractor and the results will be used by the Health Education Unit in planning for the selection and training of additional IEC agents. Second, in both Project years 2 and 4 mini evaluations of IEC print materials and radio broadcasts on family planning will be carried out by the Health Education Unit with assistance from a short-term technical assistant and possibly from local researchers. The results of the evaluations will be used in planning future IEC materials and messages.

Third, the Project will fund a study of the knowledge, attitudes and degree of satisfaction of clients with family planning services offered at health clinics. Because of the sensitive nature of this study and the need not to publically disclose users, attention will be given to the quality of the interviewing and qualitative techniques for obtaining valid and reliable information. The services of an anthropologist will be procured as a short-term consultant by the Project to design the study and work with local researchers who would be responsible for conducting the study, analyzing the results and writing the report. It is anticipated that this study will be conducted in collaboration with CURDES during the second year of the Project. The implications of the results on the delivery of FP services will be incorporated into the refresher courses for FP service delivery personnel.

Pathfinder will carry out institutional level evaluations which will focus on the annual performance indicators that will be submitted with annual workplan requests to Pathfinder and the Project Coordination Committee. These evaluations will also look at whether the Project is fulfilling grant conditions, is meeting previously specified objectives and is generally on target. These evaluations will be carried out annually by Pathfinder as part of its internal assessment of Project implementation.

Pathfinder will undertake to evaluate the alternative channel for contraceptive distribution. This will occur approximately 18 months after the activity starts. This evaluation will take place no later than six months before PACD.

A mid-term Project evaluation will be conducted in the middle of Project Year 3. It will be formative in nature and will focus on process issues, i.e., whether activities are being implemented according to plan, how activities are being implemented, and on the functionning of the project committee, and coordination with other donor activities in FP. It will also address institutional issues. The evaluation will assess whether or not socio-cultural factors related to acceptance and use of family planning services are being taken into account and addressed. The mid-term evaluation will be carried out by a team composed of a representative of Pathfinder, an

A.I.D. Population Officer, an A.I.D. Project Officer, a representative of the GRB, and a sociologist/anthropologist.

The end of Project evaluation will include a survey conducted by consultants with assistance on the design from a short-term consultant. The main focus will be to determine the contraceptive prevalence rate so that data can be compared with data from the 1986 DHS survey. The survey will also include some questions aimed at assessing the effectiveness of the IEC component. The results also can be compared with data from the DHS survey to assess the quality of FP service delivery through a comparison with those data obtained from the mini evaluation discussed above. The survey report will be used by the evaluation team which will focus on the accomplishments of the Project. The evaluation team will be composed of a specialist in institution building, a FP training specialist, a representative of the GRB and a member of Pathfinder.

V. SUMMARY OF ANALYSES

A. Technical Analysis Summary

The Burundi Population Project represents an integrated training effort in family planning. Total population assistance in Burundi is estimated to be $5.374 million. The majority of this effort will be funded by the USAID (84%) i.e., training, technical assistance (TA), and equipment. The Government of Burundi (GRB) contribution represents 14% of the total investment, all of which is local currency and is primarily in-kind contributions for staff salaries, training facilities, service delivery logistics and media use (radio). The Pathfinder Fund (Pathfinder) will contribute $50,000 (1%) for contraceptive procurement.

Burundi is the second most densely populated country in Africa with a population density estimated to be 180 persons/sq.km. It is 94% rural and three-fourths of the urban population dwell in Bujumbura. The total fertility rate is 6.5 and the population growth rate is estimated to be 2.8% per year. Given the inevitable ecological pressure which will ensue due to the high population growth rate and limited availability of arable land, a sound and ambitious population program is required in order to foster economic development over the long-term.

The contraceptive prevalence is minimal with an estimated CPR of 1.2% in rural areas and 7.1% in Bujumbura Province. Favorable trends exist and it appears that Burundians are becoming more aware and compliant with options for voluntary contraceptive practices. According to UNFPA information, the contraceptive mix is as follows: a) injectables (Noristerat) 52%, b) pills (33%), c) IUDs 6%, d) condoms (2%), and e) Billings method, abstinence, and/or

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sterilization (7%). Insufficient staff, inadequate training, supply shortages, disrepair of health facilities, and lack of institutional support contribute to the difficulties facing sound family planning in Burundi. Critical needs include IEC, logistics management, supply, data analysis and management, planning, and last, but not least, training.

Probably the most severe constraint to successful family planning in Burundi is the lack of a mature and well implemented national population policy. The lack of investment in population policy development is a notable shortcoming of the proposed Pathfinder Project. However, the USAID will continue to pursue a dialogue with the GRB to encourage attention to the development of a detailed population policy. The USAID will also explore the options for technical assistance from S&T/POP to assist the GRB in policy development and intitial implementation.

The goal of the project is to promote economic and social development in Burundi through the implementation of an effective family planning program. The rationale for this project is based on the assumption that economic development requires attention to population growth rates over the long-term in order to maximize the effect of other development activities. The purpose of the Project is to increase the use by and significantly expand the availability of family planning information and services. By the 1993 PACD, it is anticipated that the contraceptive prevalence rate will have increased to 8.0% (an increase of 467% over the 1.2% 1987 CPR). In order to achieve this objective, the following national family planning program components must be institutionalized by the 1993 PACD:

1. Service Delivery

   - Family Planning Services and Information - high qualilty, culturally appropriate family planning services and information are widely available in GRB and selected private sector facilities throughout Burundi;

   - National FP Capability - the CRB will have established, and will fiscally support, a national system for planning, conducting, managing and evaluating an effective nation-wide information, education and communication (IEC) program;

   - Training of Trainers - 47 national trainers will be available to train family planning providers in all aspects of FP service and information;

   - Active Users - 90,000 active users of FP services provided by trainied personnel.

The overall Project objectives concern the strengthening and institutionalization of technical and administrative capabilities of the GRB in FP service delivery and information transfer. The OAR/B-supported Pathfinder component focuses on:

- o strengthening technical training capabilities of the GRB and the establishment of standardized training curricula for clinical FP services and IEC interventions;
- o providing refresher and updated training for 450 health/FP personnel (service delivery target 170,000 individuals);
- o providing training in voluntary surgical contraception (VSC);
- o training of at least 350 IEC extension agents from the public sector and political party;
- o providing FP management to 15 provincial medical officers;
- o disseminating posters (4), handouts (7), flipcharts (2), radio messages (6), and radio talk shows (3) on FP interventions;
- o improving the skills and capabilities of the Health Education Unit (HEU) to conduct research on and evaluation of IEC activities;
- o developing and making operational a family planning information system to improve record keeping and establish a monitoring system for CPR and other evaluation criteria for FP program impact;
- o encouraging further integration of FP services and information transfer into the existing health service delivery infrastructure;
- o providing logistic and administrative support for two long-term MPH degree candidates;
- o developing and testing an alternative distribution channel.

The USAID will provide to Pathfinder the supplies and equipment needed to achieve the Project's objectives. These include commodities to establish an office for the long-term advisor at the MOH, two vehicles, and two computers, among miscellaneous expendible items. Appropriate amounts of contraceptives will be provided by the various donors to support the Project.

2. Information, Education and Communication on Family Planning

This component will be carried out primairly by the Health Education Unit of the Ministry of Health, with assistance from other ministries and the party. To strengthen the capabilities and capacity of the Unit to implement IEC activities, the Project gives attention to the establishment of good methods and operating procedures. In particular, emphasis will be given to the identification of the audience, matching the audience with the topic and channel, the development of an appropriate and cultural sensitive messages, the testing of material, and evaluation of its impact.

The IEC strategy will be to utilize interpersonal communication, radio and print materials. During the first year of the Project a population and family planning seminar will be held aimed at new leaders in the Government and the Party to sensitize them to the impact of the continuing high fertility rate on the nation's resources.

The Project incorporates the establishment of a cadre of IEC agents within each commune who will be selected from various ministries and the party. This activity involves the identification and training of trainers who will be responsible for helping to identify the IEC agents, initial and follow-up training of agents, and providing feedback to the Health Education Unit. The first two years of the Project will focus on pilot testing the IEC agent strategy and operating procedures. Thereafter, it will be expanded nationwide.

Inputs to this component will include funds for short-term technical assistance, out-of-country and in-country training, development and production of IEC print materials and radio messages, special studies and evaluations, and support for IEC trainers and agents. It is anticipated that 13 IEC trainers and 350 IEC agents will be trained under the Project and that 70 percent of them will be continuing to work by PACD.

B. Social Soundness Analysis Summary

The Project has been designed to improve the capacity to provide family planning IEC and services and hence increase the contraceptive prevalence rate. This will be done by taking advantage of the most likely targets of opportunity. First, the activities will be integrated into a comprehensive MCH/FP program. Second, the IEC messages, to be developed and tested by Burundi, are expected to reinforce the traditional value on spacing children. Also, since women over 35 years old with several children indicate the wish to cease bearing children, some messages will be targeted to this group. In addition, since urban women and men indicate that they

desire fewer children than do others, this potential group will received special attention. Third, since a large portion of the Burundi are Catholics, the IEC activities will incorporate information on natural family planning methods. Fourth, the Project will help to ensure an adequate and reliable supply of contraceptives, especially injectables and pills which are the most preferred modern methods.

The FP IEC agent activity has been designed to identify and involve men and women with the necessary background, skills, and interest as IEC trainers and agents. Emphasis is placed on developing a cadre of FP IEC agents since interpersonal communication plays a major role influencing behavior in Burundi society.

Several methods are built into the Project monitoring and evaluation plans to elicit local participation in the direction of the Project.

The direct beneficiaries of the Project will be some 860 people who receive training, primarily in service training. Most of these people will be from the Ministry of Health. Out of this group two will be sent for masters degree training and 12 will receive short-term training out of country. Selection of the participant trainees is expected to be based on performance and at least one-half of the short-term training opportunities will be allocated to females. In selection of the candidates for degree training, preference will be given to women.

The indirect beneficiaries will be the women and men reached with the FP IEC activities. Included in this group will be approximately 90,000 women who will be new users of modern family planning methods which are supported under the Project.

C. Institutional Analysis Summary

Overview

There are 210 health centers and dispensaries, with about 20% of them run by religious missions. It is estimated that these private health facilities provide 30 - 40% of the health care services. Information for 1987 shows that over 90% of the health centers offer pre-natal and post-natal services, nutrition consultations, and family planning services and 83 percent offer maternity services. In terms of family planning, however, almost all of the religious missions, since they are primarily run by Catholics, offer only natural family planning methods.

It is estimated that at least 50% of the health centers and dispensaries are understaffed. This creates a heavy client burden on existing personnel which impedes an effective integration of MCH and FP.

Ministry of Health

The Health Education Unit of the MOH consists of seven staff. It has responsibility for IEC on MCH/FP and Aids. To date the unit's major function has been conception and script writing for weekly radio and television broadcasts, with little work on conceptualization and development of print materials. When print materials have been produced they have not been tested.

The MOH Bureau of Personnel Management and Training contains a two person training unit responsible for coordinating medical and paramedical basic training and continuing education. There are several in-country and out-of-country training opportunities offered through donor programs. However, there is no comprehensive training plan and a lack of management of training opportunities.

In-service training has been facilitated by the training and organization of four regional teams of trainers. Each team consists of 5 to 7 trainers who have other major responsibilities which limit the amount of time which each can devote to MCH/FP training activities.

Currently seven reporting systems make up the Burundi health information system. The large number of separate and distinct reports requires a significant amount of time on the part of reporters. The respective donors and administrators of the different MCH/FP programs have agreed to cooperate in simplifying the reporting requirements. Implementation awaits a new integrated and computerized MCH/FP supply and reporting system.

The Project places emphasis on coordination of FP activities and of these activities with related MCH activities in recognition of the several responsibilities of the officers and staff who will be involved in implementation of this Project. Furthermore, the targets for measurement of IEC and other outputs have been set taking into account competing demands on the staff. The training to be provided under the Project aims at enhancing the capacity of existing staff to perform their jobs more efficiently.

D. Economic Analysis Summary

An economic analysis of the present Project presents a number of unusual problems. As the first population activity undertaken in the a country in which the level of acceptance of family planning is extremely low, the initial emphasis of the Project is on IEC and training with secondary importance given at the outset to service delivery. Such a Project presents particular difficulties both in regard to benefit cost and cost effectiveness analyses.

Meaningful benefit cost analyses are extremely difficult to carry out in any population project. The decision to practice family planning typically entails (and indeed is motivated by) a desire to avoid the expenditures on human capital formation which children require and to increase either consumption or alternative forms of investment (or both). A comprehensive benefit cost analysis would require an analysis of these decisions and an assessment of the productivity of alternative investments involved. This would require gathering empirical information about the actual decisions of a fairly broad sample of people practicing family planning. At the present time, this sample does not exist. Moreover, the purpose of carrying out benefit cost analyses needs to be kept in mind. It is essentially to make a judgement about the optimum level of spending for family planning. At the present time, the rate of acceptance is so low and the unsustainability of current rates of population growth so obvious, that very large increases in family planning are clearly worthwhile, within absorptive capacity limits.

Cost effectiveness and recurrent cost considerations are more immediately relevant. The distinction between the two should be kept clearly in mind. Cost effectiveness refers to the accomplishment of a specific objective (in this case, an increase in protection per couple year) at the lowest cost to the society a a whole. Recurrent cost considerations are related to the fact that government fiscal resources are subject to separate and often very tight constraints. Thus, a family planning distribution system which permits cost recovery may be preferred even if it is not strictly the most cost effective.

The IEC activities undertaken in this this Project are inherently governed by cost effectiveness and recurrent cost considerations. The objective is to achieve the greatest increase in demand for family planning services within a fixed budget. Cost effectiveness and recurrent cost considerations will explicitly be taken into account in the choice of a commodity distribution system to be promoted.

c. Environmental Statement

A categorical exclusion of the Project from environmental review was approved by AID/Washington (see cable State 237859 attached in Annex H.

VI. CONDITIONS AND COVENANTS/NEGOTIATING STATUS

A. Conditions Precedent - The Project Grant Agreement will contain the following conditions precedent:

1. A statement of the name of the person holding or acting in the office of the Grantee specified in section 8.2, and of any additional representatives, together with a specimen signature of each person specified in such statement.

2. A plan for the organization and management of the Project that will include the "name " of the GRB Project Director and the specific coordination responsibilities within the Ministry of Health and other GRB entities for each component of the Project.

3. Evidence that facilities will be available to assure adequate office space for the long term Technical Advisor/Manager and his staff of two foreign national assistants.

B. Covenants - The following covenants will be included in the Project Grant Agreement:

1. The GRB will establish a permanent inter-ministerial donor coordinating mechanism in the primary health area including MCH/FP, and convene regular donor meetings beginning in 1988.

2. The GRB agrees to develop and implement a plan to maximize, as part of an integrated MCH/FP program, accessibility of FP services to those who seek these services and to enforce the policy that requires health centers that do not provide modern methods of FP to refer clients to facilities that do.

3. The GRB agrees to support and facilitate the development and widest desemination of IEC information through personal interaction with a wide range of extension agents and teachers and through the news media including radio and printed materials such as posters, leaflets and newspapers. The Grantee agrees that airtime will be provided on the national radio and space will be provided in the national print media for the project IEC message at no cost to the Project, for the frequency and length agreed upon.

4. The GRB agrees to further evolve a comprehensive and detailed national family planning policy with specific targets for reducing the rate of population growth and demographic goals. The Grantee agrees to examine alternatives for enhancing the role of the private sector in the provision of FP services and to develop a plan for accomplishing this objective by the end of year two (2) of the Project.

6. The GRB agrees to develop a coordinated Project training plan in collaboration with USAID and other participating donors

and to identify and make available qualified candidates for the training programs agreed upon.

7. The GRB agrees to ensure that government trainees who successfully complete training under the Project return to suitable positions which utilize their training and which support Project objectives, for a period in accordance with normal government policies.

8. The Grantee agrees to make available, in a timely manner, Grantee personnel required to carry out all Project activities, as jointly approved in annual workplans.

9. The parties agree to establish an evaluation program as part of the Project which includes, among other periodic evaluations, two in-depth evaluations during the five year life of the Project. These evaluations will:

(a) evaluate progress toward attainment of Project objectives;

(b) identify and evaluate problem areas and constraints which may inhibit such attainment;

(c) assess how much information may be used to help overcome such problems and constraints;

(d) evaluate, to the degree feasible, the overall development impact of the Project.

10. None of the funds made available under this grant may be used to finance any cost 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.

C. Negotiating Status - This will be USAID's first bilateral Project Agreement with the GRB for family planning activities. The GRB is seeking donor assistance to improve and expand the national family planning program. Initial discussions between GRB and the USAID on potential A.I.D. interest in supporting family planning activities in Burundi were held with officials of the Ministry of Health in 1987. GRB officials have been actively involved with the development of this Project commencing with the preparation of the PID and subsequently with the technical analyses undertaken by the Pathfinder Fund during May and June, 1988. This Project is designed to respond to priorities established by the GRB for the national population program.

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USAID/Burundi will discuss with appropriate GRB officials the draft Project Agreement in July, 1988. It is anticipated that approval will be reached on the Project Agreement and that the Project will be initially funded through a FY-88 obligation.

ANNEX A: LOGICAL FRAMEWORK

	End of Project Status	Means of Verification	Assumptions
Goal: To implement the GRB's population policy through an effective national family planning program.	TFR reduced from current level of 7. FP services and information available in all 114communes.		- GRB continues strong support for population activities.
Purpose: To expand the availability and use of family planning information and services in Burundi to reduce the rate of population growth.	CPR increased to 8% by PACD in 1993.	- Project-funded sample surveys. - Project evaluations - MOPH & private sector service statistics. - census results.	- Family planning programs are efficient and effective measures for reducing fertility.
Outputs: 1. FP IEC activities implemented & continuing.	IEC materials being disseminated on radio, through HC's, communes, and other ministries' extension agents.	- IEC survey results. - EOP survey. - copies of IEC materials.	- FP will become a larger share of the MOPH IEC Division's activities.
2. Training in IEC, FP service delivery, & supervision delivered to all public & participating health centers.	In-country & external training for 450 FP providers, 300 IEC agents & 24 trainers/ supervisors delivered.	- Pathfinder/GRB. records - A.I.D. training records.	- A selection process is in place to identify qualified and motivated trainees and GRB agrees to retain trainees in positions for which they have been trained.
3. 5 year supply of contraceptives being efficiently distributed to all FP service sites & alternative distribution channels.	All GRB & participating private sector HC's fully stocked over 5 year period with condoms, IUD's, pills, spermicides, & logistic/ inventory system in place for stocking alternative channels.	- PIO/Cs; Bills of lading; inventories; contraceptive logistics and management records. - User service statistics.	- A.I.D. able to provide types of contraceptives acceptable to clients in Burundi.

	End of Project Status	Means of Verification	Assumptions
4. Pilot alternative contraceptive distribution channel developed including addition of FP services to private for-profit and parastatal health benefit packages, commercial sales of condoms & spermicides, & or community-based distribution.	One pilot FP services initiated in parastatal clinics, private firms' benefit plans, pharmacies, shops, or community-based extension services.	- Contraceptive sales data. - Government policy statement on private sector FP activities. - Private sector records. - UPRONA statements encouraging family planning. - Study of existing legislation affecting contraceptive distribution and FP service delivery in Burundi.	- Private sector enterprises will be interested in providing FP in employees' health benefit packages. - Retail merchants will find it profitable to sell contraceptives. - UPRONA will continue to support FP.

Project Inputs:

Technical Assistance	2079
IEC Activities	200
Training	675
Local Salaries	
Commodities	240
Contraceptives	650
Census	36
Evaluation/Audit	120
Contingencies	500
	4500
GRB contribution	824,000

- project evaluations and audits.

- Mission OYB sufficient to support planning input levels.
- Appropriate PVO willing and able to undertake project implementation.
- Mutually acceptable overhead rate can be negotiated by PVO and A.I.D.
- LT and ST TA with necessary skills available.

- A.I.D. central procurement continues to obtain the most competitive prices for contraceptives.

- Appropriate training programs and trainees available.

- Adequate number of MOPH counterparts assigned to work on project activities.

- The GRB and Other donor institutions able to meet their commitments.

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ANNEX B

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INFO RUEHNR/AMEMBASSY NAIROBI 7645
BT
UNCLAS STATE 087607

AIDAC, NAIROBI FOR REDSO/ESA

E.O. 12356: N/A

SUBJECT: ECPR DECISION CABLE BURUNDI POPULATION PID

THE ECPR APPROVED THE SUBJECT PID ON MARCH 17, 1988.
GUIDANCE CABLE WILL FULLOW MOMENTARILY. SHULTZ
PI
87607

LIBNN

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DATE REC'D 3/23		
USAID BURUNDI		
	Action	Info
AID REP		✓
PROG	✓	
EXO		
GDO		✓
AGR		
DUE DATE:		
ACTION TAKEN:		
Signature:		
EXO/Carr		

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ACTION: AID-3 INFO: ECON RLO

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PP RUEHNR
DE RUEHC #5189/01 0960021
ZNR UUUUU ZZH
P 050018Z APR 88
FM SECSTATE WASHDC
TO RUTAOK/AMEMBASSY BUJUMBURA PRIORITY 5008
INFO RUEHNR/AMEMBASSY NAIROBI PRIORITY 8255
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RFMC		✓
EXO/PER		
ADMIN		
CHRON		✓
REPLY DUE	4/8	
ACTION TAKEN		
DATE		
INITIALS		

E.O. 12356: N/A

SUBJECT: ECPR GUIDANCE CABLE - BURUNDI POPULATION PID

REF: (A) BUJUMBURA 1132 (B) NAIROBI 1429 (C) 87 STATE 331065 (D) STATE 58494

1. THE ECPR FOR THE SUBJECT PID WAS CHAIRED BY AFR/PD CAROL PEASLEY ON MARCH 17, 1988 AND ATTENDED BY AFR/DP, AFR/EA, AFR/TR/HPN, AFR/PRE, AFR/DP/PPE, ST/POP/PDD AND GC/AFR. THE FOLLOWING GUIDANCE IS PROVIDED FOR FINAL DESIGN AND APPROVAL OF THE PROJECT BY MISSION WITH REDSO CONCURRENCE.

2. NON-COMPETITIVE SELECTION OF PATHFINDER FUND: THE ECPR EXPRESSED CONCERN ABOUT THE APPROPRIATENESS OF THE MISSION REQUEST FOR THE NON-COMPETITVE SELECTION OF PATHFINDER FUND TO DO BOTH PROJECT DESIGN AND IMPLEMENTATION. ECPR STRONGLY RECOMMENDED THAT PROCUREMENT OF THE PROJECT DESIGN SERVICES BE SEPARATE FROM PROCUREMENT OF IMPLEMENTATION SERVICES. THE ECPR ALSO QUESTIONED WHY MISSION HAD NOT CONSIDERED OTHER PVOS WITH CAPABILITY TO IMPLEMENT THE PROPOSED PROJECT IN VIEW OF REF B FEELING THAT QUOTE ARRAY UNQUOTE OF OTHER PVOS ARE ALREADY ENGAGED IN ACTIVITIES CONTEMPLATED UNDER THIS PROJECT. IF PATHFINDER FUND IS THE PVO INTERMEDIARY MISSION DECIDES UPON, MISSION IS REQUESTED TO PROVIDE, PER REF D, STRONGER JUSTIFICATION FOR REQUEST OF WAIVER OF COMPETITION FOR SELECTION OF PATHFINDER FUND. AFR/TR/HNP IS ALSO PREPARED TO MAKE CONTRIBUTIONS TO THE WAIVER.

3. DESIGN STRATEGY: AS NOTED ABOVE FINAL DESIGN SERVICES WILL BE FUNDED UNDER AN EXISTING CENTRALLY FUNDED PVO COOPERATIVE AGREEMENT. SINCE PP DOCUMENT WILL BE REQUIRED, THE ECPR RECOMMENDS THAT MISSION SUPPLEMENT THE PVO PROPOSAL WITH ADDITIONAL ANALYSES AS REQUIRED. FOR EXAMPLE, SINCE DONOR COORDINATION WILL BE KEY TO PROJECT SUCCESS AND SINCE THIS MAY NOT BE APPROPRIATELY COVERED BY PVO PROPOSAL, MISSION SHOULD

BEST AVAILABLE DOCUMENT

ADDRESS THIS ISSUE SEPARATELY IN FINAL PP DOCUMENT.

4. COOPERATIVE AGREEMENT IMPLEMENTATION MECHANISM: WHILE THE PID ANTICIPATES SOME AID INVOLVEMENT WITH THE PVO, IT ALSO INDICATES LACK OF MISSION MANAGEMENT CAPACITY. THE ECPR CONSIDERED ALTERNATIVE IMPLEMENTATION MECHANISMS SUCH AS A CONTRACT OR GRANT, BUT ENDORSED THE COOPERATIVE AGREEMENT MECHANISM. MISSION IS REMINDED OF REF C AND A.I.D. HANDBOOK 1B, CH 25 REQUIREMENT THAT UNDER A COOPERATIVE AGREEMENT QUOTE SUBSTANTIAL (MISSION) INVOLVEMENT IS ANTICIPATED UNQUOTE. THIS INVOLVEMENT MAY INCLUDE APPROVING THE PVO'S FIRST PHASE OF WORK BEFORE WORK CAN BEGIN ON A SUBSEQUENT STAGE; APPROVAL OF SUBORDINATE AGREEMENTS OR CONTRACTS; INVOLVEMENT IN SELECTION OF KEY PERSONNEL; AND MONITORING ON THE PART OF THE MISSION TO PERMIT SPECIFIED KINDS OF DIRECTION OF THE WORK BECAUSE OF INTERRELATIONSHIPS WITH OTHER PROJECTS.

5. GRB/AID AGREEMENT: THE ECPR EXPRESSED CONCERN OVER THE AGREEMENT ARRANGEMENT BETWEEN AID AND THE GRB CURRENTLY DESCRIBED IN THE PID. THE PID PROPOSES USING A BILATERAL GRANT AGREEMENT FOR DIRECT AID DISBURSEMENTS (FOR CONTRACEPTIVE PROCUREMENT, EVALUATIONS AND AUDITS AND LONG-TERM EXTERNAL TRAINING) AND A SEPARATE GRB/AID MEMORANDUM OF UNDERSTANDING (MOU) WHICH WOULD SET FORTH AID'S PLAN TO MANAGE THE PROJECT THROUGH THE PVO, AND INCLUDE GRB AGREEMENT TO A SPECIFIC CONTRIBUTION BUDGET. THE ECPR QUESTIONED THE PROPRIETY OF USING AN MOU IN ADDITION TO OTHER PROPOSED LEGAL DOCUMENTS. THE ECPR RECOMMENDS THAT A GRANT AGREEMENT FOR THE WHOLE PROJECT BE USED IN PLACE OF THE PROPOSED MOU. GC/APR SUGGESTED SUCH AN AGREEMENT WOULD ALSO BE A MORE EFFECTIVE TOOL TO COMMIT THE GRB TO A SPECIFIED PROJECT CONTRIBUTION AND TO REQUIRE ISSUANCE OF RELATED POLICY STATEMENTS FOR CLARIFYING THE PRIVATE SECTOR'S ROLE IN NATIONAL FAMILY PLANNING SERVICES. ANNEX 1 OF SUCH AN AGREEMENT SHOULD REFLECT THAT AID WOULD ENTER INTO A COOPERATIVE AGREEMENT WITH A SPECIFIED PVO (E.G. PATHFINDER FUND) TO IMPLEMENT THE PROJECT AND CAN DESCRIBE ANY OTHER SPECIAL PROCUREMENT ARRANGEMENTS OR ASSISTANCE INSTRUMENTS THAT MISSION/REDSO WILL UTILIZE. RLA SHOULD CONCUR WITH FINAL DECISION TO USE EITHER BILATERAL GRANT AGREEMENT, MOU, ETC. OR COMBINATION THEREOF.

6. 25 PERCENT CONTRIBUTION: THE MISSION SHOULD NOTE THAT IF A BILATERAL PROJECT AGREEMENT IS ENTERED INTO (PARA 5), THE GRB WOULD BE REQUIRED TO PROVIDE 25 PERCENT OF TOTAL PROJECT COST. SOME OR ALL OF THE REQUIRED GRB CONTRIBUTION MAY BE WAIVED SINCE BURUNDI IS AN RLDC. HOWEVER, MISSION WOULD HAVE TO SUBMIT WAIVER

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REQUEST TO BUREAU FOR AA/AFR'S APPROVAL. AS NOTED IN REF C, AID ALSO REQUIRES THAT FOR A PVO WHICH RECEIVES AID ASSISTANCE THROUGH A COOPERATIVE AGREEMENT, 25 PERCENT OF THE COSTS OF THE PROPOSED PROGRAM MUST BE CONTRIBUTED BY NON-AID SOURCES. PER REF C, SECTION 5A, HOWVER, THE MISSION MAY WAIVE OR REDUCE THE 25 PERCENT CONTRIBUTION REQUIRED FOR THE COOPERATIVE AGREEMENT WITH STRONG JUSTIFICATION. RLA SHOULD BE CONSULTED REGARDING THE TWO 25 PERCENT CONTRIBUTION REQUIREMENTS, PARTICULARLY WITH RESPECT TO CALCULATION AND/OR WAIVERS OF SAME.

7. DONOR COORDINATION: THE PID IS UNCLEAR HOW ACTIVITIES BETWEEN THE VARIOUS DONORS WILL BE CARRIED OUT. GIVEN LEVELS OF PROPOSED DONOR ASSISTANCE TO THE PROJECT, MISSION ACTIVITIES OUGHT TO BE CAREFULLY COORDINATED WITH DONOR AGENCIES TO BE BOTH COMPLEMENTARY AND SUPPORTIVE OF THE PROJECT. IN THIS REGARD, THE MISSION SHOULD CAREFULLY CONSIDER AND DISCUSS DONOR RESPONSIBILITY FOR COORDINATION FULLY DURING THE FINAL DESIGN OF THE PROJECT.

8. OTHER ISSUES DISCUSSED BY ECPR ARE BELOW:

A. WOMEN AND DEVELOPMENT: CONCERN WAS EXPRESSED OVER THE BREVITY OF COMMENTS ON WOMEN IN DEVELOPMENT ISSUES OF THIS PROJECT. THE PROPOSAL OR PP SHOULD REFERENCE EXISTING STUDIES AND DEMONSTRATE HOW RECOMMENDATIONS ARE INCORPORATED IN THE FINAL DESIGN.

B. MONITORING AND EVALUATION: THE PC NOTED THE IMPORTANCE OF MONITORING AND EVALUATION OF THE PROJECT ON A REGULAR BASIS AND ENCOURAGED DEVELOPMENT OF A DATA COLLECTION SYSTEM. THE FINAL PROJECT PAPER/PROPOSAL SHOULD INCLUDE A PLAN FOR MONITORING AND EVALUATION ALONG THE LINES OF AGENCY'S GUIDANCE PUT OUT BY CDIE.

C. RELATION TO AIDS EFFORT: THE AIDS ISSUE WAS DISCUSSED IN THE CONTEXT OF THE PROPOSED POPULATION PROJECT. TO THE EXTENT FEASIBLE, THE MISSION IS ADVISED TO COORDINATE ITS PLANNING OF THE PROPOSED POPULATION PROJECT WITH AIDS PROJECTS TO AVOID OVERLOADING THE GRB HEALTH STRUCTURE AND TO AVOID CREATION OF PARALLEL SERVICES AND ANCILLARY FINANCING REQUIREMENTS. AIDSCOM/AIDSTECH ACTIVITIES ARE DISCUSSION TOPICS AT THE HPN CONFERENCE CURRENTLY UNDERWAY IN COTE D' IVOIRE, IVORY COAST. FURTHER GUIDANCE ON AIDS MAY FOLLOW COMPLETION OF THIS CONFERENCE.

D. OYB: AFR/DP HAS DETERMINED THAT INCREASED PROJECT LOP CAN BE ACCOMMODATED WITHIN THE EXISTING BURUNDI OYB LEVELS, ALTHOUGH PROGRAMMING FLEXIBILITY WILL BE EXTREMELY LIMITED.

E. LOCATION OF PVO MANAGER, SELECTION PROCESS FOR EXTERNAL TRAINING CANDIDATES, RECURRENT COSTS: THE ECPR

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HAD NOTHING SIGNIFICANT TO ADD TO THE PID DISCUSSION AND SUGGESTS THAT THESE ARE ALL ISSUES PROPERLY TO BE ADDRESSED PRIOR TO FINAL REVIEW OF PP OR PROPOSAL.

F. GRB ROLE IN PVO BUDGET APPROVALS: THE GRB ROLE IN THE AID/PVO COOPERATIVE AGREEMENT SHOULD BE VERY LIMITED, AND THE GRB'S ROLE IN PROJECT IMPLEMENTATION COULD BE SPELLED OUT IN THE BILATERAL GRANT AGREEMENT. GC/AFR PROPOSED THAT GRB BE CONSULTED RATHER THAN REQUIRING GRB QUOTE CONCURRENCE UNQUOTE ON ANY ANNUAL IMPLEMENTATION/WORK PLAN SUBMITTED BY THE IMPLEMENTING PVO.

G. BURUNDI CENSUS PLANNING ACTIVITIES: WITH RESPECT TO MISSION'S PROPOSAL TO INCREASE ITS FY 1989 OYB TO BUY-IN THROUGH AN FHI II PASA WITH THE U.S. BUREAU OF THE CENSUS, ECPR RECOMMENDS MISSION RAISE THIS MATTER IN THE ABS.

H. SUBJECT TO ABOVE GUIDANCE, FIELD MAY APPROVE PP.
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ANNEX C

5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to: (A) FAA funds generally; (B)(1) Development Assistance funds only; or (B)(2) the Economic Support Fund only.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FY 1988 Continuing Resolution Sec. 526. Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully? NO

2. FAA Sec. 481(h). (This provision applies to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government), has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without

Congressional enactment, within 30 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (a) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, and to prevent and punish drug profit laundering in the country, or that (b) the vital national interests of the United States require the provision of such assistance? N/A

3. Drug Act Sec. 2013. (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to Congress listing such country as one (a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country? N/A

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4. FAA Sec. 620(c). If assistance is to a government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) the debt is not denied or contested by such government? NO

5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities? NO

6. FAA Secs. 620(a), 620(f), 620D; FY 1988 Continuing Resolution Sec. 512. Is recipient country a Communist country? If so, has the President determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism? Will assistance be provided directly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, South Yemen, Iran or Syria? Will assistance be provided to Afghanistan without a certification? NO

FAA Sec. 620(i). Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property? N/A

8. FAA Sec. 620(l). Has the country failed to enter into an investment guaranty agreement with OPIC? NO

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9. FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? NO
(b) If so, has any deduction required by the Fishermen's Protective Act been made?

10. FAA Sec. 620(q); FY 1988 Continuing Resolution Sec. 518. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? NO (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1988 Continuing Resolution appropriates funds?

11. FAA Sec. 620(s). If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) NO

12. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? NO If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? N/A

13. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the Taking into Consideration memo.)

The Administrator has taken Burundi arrearages into account in the FY taking into consideration Memorandum.

14. FAA Sec. 620A. Has the President determined that the recipient country grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism or otherwise supports international terrorism?

NO

15. FY 1988 Continuing Resolution Sec. 576. Has the country been placed on the list provided for in Section 6(j) of the Export Administration Act of 1979 (currently Libya, Iran, South Yemen, Syria, Cuba, or North Korea)?

NO

16. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures?

NO

17. FAA Sec. 666(b). Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA?

NO

18. FAA Secs. 669, 670. Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.)

NO

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19. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device?

NO

20. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the Taking into Consideration memo.)

Taken into consideration at the time of approval of the FY 1988 OYB.

21. FY 1988 Continuing Resolution Sec. 528. Has the recipient country been determined by the President to have engaged in a consistent pattern of opposition to the foreign policy of the United States?

NO

22. FY 1988 Continuing Resolution Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance?

No. The change in Government that occurred in September, 1987 replaced one military government with another.

23. FY 1988 Continuing Resolution Sec. 543. Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin?

YES

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B. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria

FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy? — NO

FY 1988 Continuing Resolution Sec. 538. Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performace of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? — NO

2. Economic Support Fund Country Criteria

FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest? — N/A

FY 1988 Continuing Resolution Sec. 549. Has this country met its drug eradication targets or otherwise taken significant steps to halt illicit drug production or trafficking? — N/A

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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; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

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

A. GENERAL CRITERIA FOR PROJECT

1. FY 1988 Continuing Resolution Sec. 523; FAA Sec. 634A. If money is sought to obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?

   Congress has been notified; the waiting period expired without comment on 08/16/88

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

   YES

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

   No further legislative action is required.

4. FAA Sec. 611(b); FY 1986 Continuing Resolution Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)

N/A

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

N/A

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.

The Project is multilateral in nature but AID and other donors are funding individual components through parallel financing.

7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

The project will provide a limited amount of international trade in commodities. It will also encourage private sector to become involved in FP service delivery.

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).

The project will financ technical assistance by a U.S. organization and U.S. commodities and training in U.S. institutions.

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

The U.S. owns no Burund currencies. An important object of the project is to increase GRB contributions to recurrent project costs.

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. FY 1988 Continuing Resolution Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A

12. FY 1988 Continuing Resolution Sec. 553. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? NO

13. FAA Sec. 119(g)(4)-(6). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; NO
(b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; NO
(c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; NO
or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas? NO

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14. FAA 121(d). If a Sahel project, has a determination been made that the host governmen. has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)?	N/A
15. FY 1988 Continuing Resolution. If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?	YES
16. FY Continuing Resolution Sec. 541. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.?	YES
17. FY 1988 Continuing Resolution Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has prior approval of the Appropriations Committees of Congress been obtained?	N/A
18. FY Continuing Resolution Sec. 515. If deob/reob authority is sought to be exercised in the provision of assistance, are the funds being obligated for the same general purpose, and for countries within the same general region as originally obligated, and have the Appropriations Committees of both Houses, of Congress been properly notified?	N/A
19. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision).	The Project Agreeme for this project wi be below the minimu necessary for he application of the provision.

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B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1988 Continuing Resolution Sec. 552 (as interpreted by conference report). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers?

N/A

b. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and

(a) The project supports dissemination of family planning services and information to all social strata, especially the rural poor who comprise 95% of the population.

insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.	(b) The project will work through local health centers and community groups to bring health and FP services to the rural and urban poor. (c) The aim of the project is to promote food self sufficiency by reducing the gap between the rate of population growth and that of agricultural production. (d) participation by women is intrinsic in a MCH/FP project. (e) The project will have no direct effect on regional cooperation.
c. FAA Secs. 103, 103A, 104, 105, 106, 120-21. Does the project fit the criteria for the source of funds (functional account) being used?	YES
d. FAA Sec. 107. Is emphasis placed 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
e. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?	Section 110 has been waived, since Burundi is an RLDC.
f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?	Yes, the project has been designed to assist the government to take measures, adopt policies and strengthen institutions aimed at benefitting the poor majority.

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

The project aims to assist the government to improve and expand FP services and to provide better IEC. The project also aims to mobilize the human resources for project implementation. The project will support improvement of local research capability and provides training to upgrade the skills of Burundi officials so as to participate more effectively in FP activities.

h. FY 1988 Continuing Resolution Sec. 538. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?

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

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

i. FY 1988 Continuing Resolution. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization? NO

If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services? NO

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

YES.

k. FY 1988 Continuing Resolution. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 20 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?

It is expected that there will be strong participation of women owned firms in contract awards for sub-project activity. This is generally found in FP projects.

l. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared

Yes. The project is in compliance with Regulation 16. Other items in this section are not applicable.

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or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k)/utilize the resources and abilities of all relevant U.S. government agencies?

m. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b)/take full account of the environmental impacts of the proposed activities on biological diversity? N/A

n. FAA Sec. 118(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? NO

o. FAA Sec. 118(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development? NO

p. FY 1988 Continuing Resolution If assistance will come from the Sub-Saharan Africa DA account, is it (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) being provided in YES

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accordance with the policies contained in section 102 of the FAA;	YES
(c) being provided, when conistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa;	This project aims at assisting U.S. and other PVOs to engage in FP activities
(d) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups;	Yes, the project supports voluntary FP services, policy reform and encouragement to the private sector to participate, and improved income generating opportunitie for women.
(e) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?	The project addresses the improvement of health conditions, particulary for mothers and children by encoraging the utilization of voluntary family planning services.

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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(a). Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed?	Yes, all contract awards will observe AID's procurement procedures.
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 non-U.S. procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than 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 advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those	NO

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countries which receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries.)

6. FAA Sec. 603. Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates? NO

7. FAA Sec. 621(a). If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? YES
Will the facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs? NO.

8. International Air Transportation Fair Competitive Practices Act, 1974. If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available? YES

9. FY 1988 Continuing Resolution Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? YES

10. FY 1988 Continuing Resolution Sec. 524. If assistance is for consulting service through procurement contract pursuant to 5 U.S.C. 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)? YES

B. CONSTRUCTION

1. FAA Sec. 601(d). If capital (e.g., construction) project, will U.S. engineering and professional services 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), or does assistance have the express approval of Congress? N/A

C. OTHER RESTRICTIONS

1. FAA Sec. 122(b). If development loan repayable in dollars, is interest rate at least 2 percent per annum during a grace period which is not to exceed ten years, and at least 3 percent per annum thereafter? N/A

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

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4. Will arrangements preclude use of financing:

a. FAA Sec. 104(f); FY 1987 Continuing Resolution Secs. 525, 538. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo 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; or (4) to lobby for abortion?

YES

YES

YES

YES

b. FAA Sec. 483. To make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated?

YES

FAA Sec. 620(g). To compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President?

YES

d. FAA Sec. 660. To provide training, advice, or 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?

Procurement actions wi conform to the require of the authorizing legislation of the Development Fund of Africa.

g. FY 1988 Continuing Resolution Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for prior or current military personnel? YES

h. FY 1988 Continuing Resolution Sec. 505. To pay U.N. assessments, arrearages or dues? YES

i. FY 1988 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 1988 Continuing Resolution Sec. 510. To finance the export of nuclear equipment, fuel, or technology? YES

k. FY 1988 Continuing Resolution Sec. 511. 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? YES

l. FY 1988 Continuing Resolution Sec. 516; State Authorization Sec. 109. To be used for publicity or propaganda purposes designed to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, or for any publicity or propaganda purposes not authorized by Congress? YES

ANNEX D

REPUBLIQUE DU BURUNDI

Ministère des Relations Extérieures
et de la Coopération

N° 519/ 00 10 /RE/88

DATE RECEIVED: 1/21		
AID REP		✓
TRUG		✓
EXO		
GDO	✓	
AGR		
DUE DATE:		
ACTION TAKEN:		
Signature:		
EXO/C&R		

Bujumbura, le .....

Le Ministère des Relations Extérieures et de la Coopération de la République du Burundi présente ses compliments à la Représentation de l'Agence Américaine pour le Développement International au Burundi et a l'honneur de lui adresser une requête du Gouvernement du Burundi au Gouvernement des Etats-Unis d'Amérique pour le financement du "Projet Population au Burundi".

Ce projet a pour but d'appuyer les efforts du Gouvernement de la République du Burundi dans sa lutte contre les effets négatifs du galop démographique sur le développement socio-économique et la santé de la mère et de l'enfant.

Le projet se propose de renforcer le Programme National de Planning Familial en intensifiant l'éducation pour la santé en vue d'accroître la demande en contraceptifs.

Pour assurer une meilleure prise en charge des bénéficiaires, le Projet va également s'occuper de la formation en Planning Familial du personnel médical et para-médical et aider le Gouvernement de la République du Burundi à mettre en place un programme de formation en Information, Education et Communication sur le Planning Familial intéressant tous les secteurs de la vie nationale.

A cet égard, le Gouvernement du Burundi saurait vivement gré au Gouvernement des Etats-Unis d'Amérique de bien vouloir approuver le budget dudit projet qui s'élève à 4,5 millions de dollars américains et de permettre son démarrage aussitôt que possible.

Le Ministère des Relations Extérieures et de la Coopération remercie d'avance la Représentation de l'Agence Américaine pour le Développement International pour sa diligence et saisit cette occasion pour lui renouveler les assurances de sa haute considération.

Bujumbura, le 10 janvier 1988

REPUBLIQUE DU BURUNDI

REPRESENTATION DE L'AGENCE AMERICAINE
POUR LE DEVELOPPEMENT INTERNATIONAL
à BUJUMBURA.

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ANNEX E

PROJECT ANALYSES

E.1 TECHNICAL ANALYSIS

A. Overview - The Burundi Population and Family Planning project (BPFP) represents an integrated training effort in family planning. Total multilateral population assistance in Bunundi is estimated to be $7,235,359. The majority of this effort will be supported by the OAR/B (63%) i.e. training technical assistance (TA) and equipment. Additional inputs include assistance from the UNFPA (17%) (TA, training, equipment and contraceptives), and UNICEF (7%) (TA, medical supplies, equipment). The Government of Burundi (GRB) contribution represents 11% of the total investment, all of which is local currency and is primarily in-kind contributions for staff salaries, training facilities, service delivery logistics and media use (radio). The Pathfinder Fund (Pathfinder) will contribute $50,000 (0.7%) for contraceptive procurement.

Burundi is the second most densely populated country in Africa with a population density estimated to be 180 persons/sq.km. It is 94% rural and three-fourths of the urban population dwell in Bujumbura. The total fertility rate is 6.5 and the population growth rate is estimated to be 3.0% per year. Given the enevitable ecological pressure which will ensue due to the high population growth rate and limited availability of aerable land, a sound and ambitious population program is required in order to foster economic development over the long-term.

Endorsed voluntary family planning and called for its availability nationwide. The policy stated that: "birth control be recommended to the population, but not imposed as yet." Unfortunately, a detailed population policy and program still remain at an early stage of development. It is anticipated that the GRB will shortly establish a national MCH/FP committee to coordinate and monitor all multisectoral activities related to family planning. Although the MOH will play a leading role in this committee, it is essential that the national committee truly be interministerial. The OAR/B is considering the formation of an Interministerial Committee as a requirement for disbursement of funds for the OAR/B's BPFP.

The contraceptive prevalence rate (CPR) is minimal with an estimated CPR of 1.2% in rural areas and 7.1% in Bujumbura

province. Favorable trends exist and it appears that Burundians are becoming more aware and compliant with options for voluntary contraceptive practices. According to UNFPA information, the contraceptive mix is as follows: a) injectables (Noristerat) 52%, b) pills (33%), c) IUDs 6%, d) condoms (2%), and e) billings, abstinence, and/or sterilization (7%). Insufficient staff, inadequate training, supply shortages, disrepair of health facilities, and lack of institutional support contribute to the difficulties facing sound family planning in Burundi. Critical needs include IEC, logistics management, supply, data analysis and management, planning, and last, but not least, training.

Probably the most severe constraint to successful family planning in Burundi is the lack of a mature and well implemented national population policy. The lack of investment in population policy development is a notable shortcoming of the proposed Pathfinder project. However, the OAR/B will continue to pursue a dialogue with the GRB to encourage attention to the development of a detailed population policy. The OAR/B will also explore the options for technical assistance from S&T/POP to assist the GRB in policy development and intitial implementation.

The approach of the OAR/B to family planning in Burundi is well-suited to the melieu of present and planned activities in the population sector. Pathfinder is an experienced entity in East Africa and their Nairobi coordination will undoubtedly prove very valuable. The social, cultural and political constraints which exist in the country demand that investments proceed slowly and that a firm base is established prior to the implementation of comprehensive national programs. Pathfinder and the OAR/B are in a position to complement other donor activities in family planning. Jointly, they will be able to provide a needed improvement in trained person-power, continue to discuss the development of a sound population policy and encourage the GRB to enhance it's commitment to reducing population growth as a means to improved economic development. The project is technically sound as presented, but will require annual monitoring/assessment by AID technical and administrative officers.

B. <u>Goal and Purpose</u> - The goal of the project is to promote economic and social development in Burundi through the implementation of an effective family planning program. The rationale for this project is based on the assumption that economic development requires attention to population growth

rates over the long-term in order to maximize the effect of other development activities. The purpose of the project is to increase the use by and significantly expand the availability of family planning information and services to the Burundian population. By the 1993 PACD, it is anticipated that the contraceptive prevalence rate will have increased to 8.0% (an increase of 467% over the 1.2% 1988 CPR). In order to achieve this objective, the following national family planning (FP) program components must be institutionalized by the 1993 PACD:

- o Family Planning Services and Information - high quality, culturally appropriate family planning services and information are widely available in GRB and selected private sector facilities throughout Burundi;

- o National FP Capability - the GRB will have established, and will fiscally support, a national system for planning, conducting, managing and evaluating an effective nation-wide information, education and communication (IEC) program;

- o Training of Trainers - 47 national trainers will be available to train family planning providers in all aspects of FP service and information;

- o Active Users - 90,000 active users of FP services provided by trainied personnel.

C. Technical Outputs - The overall BPFP project objectives concern the strengthening and institutionalization of technical and administrative capabilities of the GRB in FP service delivery and information transfer. The OAR/B-supported Pathfinder component focuses on:

- o strengthening technical training capabilities of the GRB and the establishment of standardized training curricula for clinical FP services and IEC interventions;

- o providing refresher and updated training for 450 health/FP personnel (service delivery target 170,000 individuals);

- o providing training in voluntary surgical contraception (VSC);

- o training of at least 350 IEC extension agents from the public sector and political party;
- o proivding FP management to 15 provincial medical officers;
- o disseminating posters (4), handouts (7), flipcharts (2), radio messages (6), and radio talk shows (3) on FP interventions;
- o improving the skills and capabilities of the Health Education Unit (HEU) to conduct research on and evaluation of IEC activities;
- o developing and operationalizing a family planning information system to improve record keeping and establish a monitoring system for CPR and other evaluation criteria for FP program impact;
- o encouraging further integration of FP services and information transfer into the existing health service delivery infrastructure;
- o providing logistic and administrative support for two long-term MPH degree candidates;
- o developing and testing alternative distribution channels.

D. Technical Assistance (TA) - A total of 56 person-months (PM) of long-term TA and 40 PM of short-term TA will be provided by Pathfinder. TA will be provided in the following areas; training of trainers (TOT), management and administration of FP programs, IEC techniques (materials development and production, logistics), and development of alternative FP service delivery channels.

E. Training - Over the LOP, Pathfinder will focus on the establishment of a cadre of trained individuals who will support the MOH's FP activities. Initial focus will be on the revision of training curricula for the four regional paramedical schools. The formation of a core team of 12 master trainers for IEC is another early priority of the project. Pathfinder will also assist in the conduct of a variety of other training courses concerning contraceptive technology IUD insertion, and VSC. Pathfinder will focus their training

activities on the most popular and culturally acceptable activities (i.e. injectibles and pills). However, instruction will include, but not emphasize less popular, more logistically difficult methods. An additional investment will be to train medical personnel on the management of FP service delivery and effective IEC programs.

Throughout the LOP, Pathfinder will pursue coordinated training and IEC activities with UNICEF and UNFPA. The avoidance of duplication of effort will be considered an evaluation criteria for both the internal and external evaluations. Pathfinder will endeavor to develop and cultiviate a working relationship with other donors and will document progress via memoranda to the OAR/B. Tangible steps towrard training program sustainability and indigenous program management capability will also be viewed as evaluation criteria. Pathfinder will document progress in sustainability and management via semi-annual memoranda to the OAR/B.

F. Supplies and Equipment - The OAR/B will provide to Pathfinder the supplies and equipment needed to achieve the project's objectives. These include commodities to establish an office for the long-term advisor at the MOH, two vehicles, and two computers, among miscellaneous expendible items. Appropriate amounts of contraceptives will be provided by the various donors to support the BPFP project.

G. Service Delivery - The BPFP will strengthen the BRB's capability to provide FP services over the long-term because of its strong training component. The increased capability to provide counsel should enhance participation in FP and discourage discontinuation. Pathfinder will provide a spectrum of FP services, however, emphasis will be placed on popular commodities such as injectibles and pills. Although IUD and AVC will be included in the training plans, in the near term, these interventions will receive less emphasis that the more easily administered interventions. IEC will be the primary FP intervention pursued by Pathfinder. The indigenous capability to provide accurate counselling to public inquiry will be an important evaluation criteria for the BPFP project. Standard protocols for interviews and counselling will be established and evaluated in the field. Medical officers will ensure that routine standards and procedures are adhered to during routine supervisory visits. The Pathfinder resident advisor will accompany medical officers on routine visits at least quarterly and provide the OAR/B with a written trip report (inclusive of counselling, logistic, service, and provider skill criteria).

H. Contraceptive Supply and Logistics - Pathfinder will assist in the development of an inventory and reporting system for supply and distribution of FP commodities. The development of the inventory and reporting system will be a first year priority for Pathfinder. A detailed design and implementation plan for the inventory/monitoring system will be provided in the first annual workplan by Pathfinder. The OAR/B reserves the right to approve the plan prior to its implementation. The approval process may involve review by AID/W, REDSO/ESA and the Burundi donor community in order to ensure the sustainability, donor complementarity and functionality of the plan. Pathfinder will also develop evaluation critieria for the implementation of the inventory/monitoring system, and submit these criteria as a component of the first annual workplan.

I. Alternative Contraceptive Distribution Channels - Pathfinder will outline the options for investments in alternative distribution channels in the first annual workplan. A detailed description of the most feasible approaches will be presented. Pathfinder will also describe its first year activities concerning the identification of the most practical and effective delivery channel(s). A detailed technical protocol will be developed to assess the efficacy of the selected approach and that protocol will be formally reviewed and approved by the OAR/B. A pilot project will be implemented in the second (or early in the third year) of the project. All efforts concerning the feasibility of alternative distribution channels will require close technical review by the OAR/B and/or REDSO/ESA or AID/W. The implementation of the alternative channel assessment will be included the internal and external evaluations of the project.

J. Coordination - Prior to approval of the annual workplan, Pathfinder will be required to present a detailed rationale within the workplan which describes Pathfinder's complementarity with other donor efforts. The Pathfinder workplan should identify gaps in donor FP assistance and describe what Pathfinder will do to fill those gaps and promote sustainability within the GRB's FP program. Pathfinder will participate in the proceedings of the Inter-Ministerial Coordinating Committee as an observer. Pathfinder will take direction from the Committee in order to ensure that their activities are complementary to other donors' and in concert with the goals of the GRB. Pathfinder staff in Nairobi and/or

Boston will participate in meetings called by major donors only at the specific written request of the Donor Committee and formal approval of the GRB. Pathfinder will inform and include the OAR/B in all discussions with donor agencies and with the GRB when policy (and other substantive) issues are on the agenda.

K. Workplan - Pathfinder will provide the OAR/B with a detailed annual workplan within sixty days of the CA award and no later than sixty days after the beginning of each subsequent USG fiscal year. The workplan will outline the training components and contain specific budget analyses for the training activities. The workplan will identify priority training activities and provide rationales for each undertaking. Pathfinder will also include in the annual workplans a detailed description of the short-term TA planned for the year, inclusive of scopes of work and reporting requirements. Pathfinder will provide the OAR/B with a schedule for quaterly review meetings and suggest topics and agenda items for donor coordination meetings. Concerning donor coordination, Pathfinder will provide a description of the donor coordination/complementarity aspects of each of its planned activities within the rationale section of the annual workplan.

L. Project Management - The Pathfinder resident advisor (RA) will be the Chief of Party in Burundi for Pathfinder and he will report to the Pathfinder Assistant Regional Advisor in Nairobi. The Pathfinder RA will act as the OAR/B liaison and keep the mission up-to-date on Pathfinder activities. He/She will coordinate activities and be responsible for the overall administration of the project. Within the first six months of the project, the RA will develop, and present for technical review, a detailed national training plan which coordinates and integrates activities by UNICEF, UNFPA, CCCD and the World Bank. This national plan will serve as a template for Pathfinder training activities over the LOP and will necessarily require formal GRB review and approval.

M. Reporting - In addition to the annual workplans, Pathfinder will conduct quarterly meetings to brief the OAR/B on their activities, progress and problems. The quarterly meetings will be announced via a reporting memorandum from the Resident Advisor to the OAR/B. The quarterly memoranda will contain an agenda including an update, planned quarterly

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activities, problems, and major issues. The meeting will be open to the GRB, and other donors as appropriate. Pathfinder will be required to submit an annual report no later than August 31st of each year. Pathfinder will also be required to prepare two in-house project reviews to serve as background material for the interim and final external evaluations. The annual workplan will be submitted to the OAR/B for review and approval no later than sixty days after the beginning of each fiscal year. A detailed monitoring and evaluation plan will be developed and approved by the mission within sixty days of the CA award.

vkb/7/25/88/1104h

2. INSTITUTIONAL ANALYSIS

A. Overview

Organization and Management of MOH In 1985 the MOH began a reorganization of its administrative and managerial structure, focusing mainly on improvement in health planning, manpower management and training and support systems. The MOH is presently divided into two main departments: Public Health, and Logistics. The Department of Public Health is responsible for curative and preventive care at each level of the health system. The Department of Logistics is in charge of health infrastructure development and maintenance, procurement and distribution of medical supplies and equipment, transport and vehicle maintenance, and overall budgeting. In 1985 two new offices were created and staffed at the ministerial cabinet level: the Bureau of Inspection and Planning and the Bureau of Personnel Management and Training.

The reorganization and decentralization have entailed the establishment of 15 public health offices at the provincial level. Provincial chiefs of medicine have recently been appointed who are in charge of supervising all medical and public health activities in their province, including in-service training, health education, FP and drug supply management.

In addition, there are four supervisors for family planning services and four supervisors for the expanded program of immunization, based at the old provincial levels. The plan is to have this personnel responsible for supervising all aspects of MCH/FP, which would relieve some of the burden on the provincial medical officers.

The health provinces are to administer 25 health sectors which in turn will supervise 114 health zones at the communal level. (The provinces and zones correspond to other administrative territoral units.) The health zones will cover all health centers and dispensaries. The health sector structure, however, is not yet operational.

Service Delivery: Health services are offered from four different levels: a) at the central level, a teaching hospital, a private clinic, a general reference hospital, a psychiatic center and a TB center, b) at the regional level, three reference hospitals (Gitega, Nogzi and Bururi), c) at the provincial level, 21 rural hospitals (17 public and 4 mission-run), and at the commune level, 210 health centers and dispensaries (165 public and 45 mission-run). About 20% of the primary health care facilities are run by religious missions and are centrally supported by CARITAS which is the coordinating agency for the Catholic and Protestant missions. It is estimated that these provide 30 - 40% of the health care services.

About 60% of the population live within 5 km of a health facility and approximately 90% within 6.5 km. Information for 1987 shows that over 90% of the health centers offer prenatal and postnatal services, nutritional consultations, and family planning services and 83 percent offer maternity services. In terms of FP, however, almost all of the religious missions since they are primarily run by Catholics, offer only natural family planning

methods. The private health centers do offer premarital counseling for young couples, in which they include family life education and human reproductive biology.

Family planning services are available in the urban centers. The services are provided by private practitioners and obstetrician gynecologists at the Prince Rwagasore Clinic and at the University Hospital of Kamenge. Contraceptives are available for purchase in pharmacies, 55% or 13 of which are in the capital.

Health Personnel There are less than 4000 employees in the system compared to an estimated 9000 for which the facilities were designed. The system contains some 241 doctors of whom 96 are foreign. (Several of the Barundi doctors received their training at the Faculty of Medicine, which opened in 1982 at the University of Burundi.) There are approximately 1,095 paramedical staff currently active; this category covers medical technicians, nurse-auxiliaries, laboratory technicians, sanitary technicians and sanitary assistants. Of these, only medical technicians and nurse auxiliaries provide services in MCH/FP.

The personnel distribution results in the under staffing of rural hospitals and primary health care facilities. The distribution (1986 data) is as follows:

Bujumbura Hospitals	798	22%
Interior Hospitals	1383	38%
Health centers & dispensaries	1481	40%
Total	3662	100%

Source: L. C. Philips, Socioeconomic and Institutional Analysis: USAID Assistance for Family Planning in Burundi, 1987.

It is estimated that at least 50% of the health centers and dispensaries are understaffed. The national average number of staff per health center is 8 (including support staff), with 13 for mission health centers, and 6 for public health centers. Under the World Bank financed project, the MOH is to increase the number of staff at its health centers.

Drug and Contraceptive Supply: Pharmaceuticals are imported by the MOH, private pharmacies (13) and international agencies. A local production unit produces 27 essential drugs. Contraceptives are provided by UNFPA and AID. Drugs and contraceptives are distributed through the public health facilities and clients pay for services unless they have insurance. For civil servants, 20% of the total cost is paid by the client.

B. Health Education

The MOH Health Education Unit has responsibility for IEC on MCH/FP. Of the unit's seven staff, three have received out of country training in

public health and in communications and audiovisual techniques and four are medical technicians with on the job training. In keeping with the conditions of the World Bank assisted Population and Health Project, the MOH has appointed one as Director. Two people will be identified deputies and be sent for additional training. The Population and Health Project also calls for long term technical assistance to the Unit to help strengthen planning and implementation. Discussions are underway for UNICEF to provide a part time technical assistant for two years who will assist the Director of the HEU in planning and managing all IEC activities. Also, UNICEF will provide an expert for 18 -24 months who will be in charge of in service training in technical aspects of production.

To date the unit's major function has been conception and script-writing for weekly radio and television broadcasts, with little work on conceptualization and development of print materials. Basically the health education staff have not considered themselves responsible for pretesting messages or materials nor have they had financial resources to facilitate testing and evaluation of their work. Two members of the unit were involved with UNICEF staff in some pretest efforts and are willing to do pretesting if they have the means. They lack training and skills in pretesting and have an interest in gaining these.

The Unit has not established links with resources in the private sector. To date the experience of donors has not been positive in contracting with a private organization to develop or produce brochures/booklets according to the specifications of the donor and in a timely manner. However, contracting out art work seems promising and several materials exist which have been conceived and developed outside the MOH Health Education Unit. A private missionary group in Gitega has produced flip charts on a varity of health topics, including one on the effects of rapid population growth. The African Institute for Social and Economic Development (INADES) produced two booklets on family planning in response to the request of its clients from correspondence courses. The one in Kirundi is for the general public and the one in French was developed for facilitators in the MOSA and the Ministry of Women's Affairs. CARITAS produced a book on FP as well.

The government has a policy of involving other ministries in IEC for FP but there has not been any formal linkage between these organizations and their activities and the Health Education Unit. This is expected to be rectified through the Interministerial and Donor MCH/FP Coordination Committee.

C. Training

The MOH has established a Bureau of Personnel Management and Training. It reports directly to the Minister and has a general supervisory role over the technical divisions in MOH's two main departments. The Bureau contains a two person training unit responsible for coordinating medical and paramedical basic training and continuing education. The head of the unit, universally acknowledged as capable and well-qualified, has been sent for long term training. He is scheduled to return in April 1989. Meanwhile someone has been filling the position.

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Currently if a person wishes to be sent for out of country training, she/he sents a letter to the Minister, the request is recorded in a book and each year the Ministry reviews the requests and availability of funds. Information is available on number of training sessions per year and number of persons trained. There are plans to computerize information on each MOH staff member which would include training received. The problem is the lack of a comprehensive plan and management of training opportunities.

In service training has been facilitated by the training and organization of four regional teams of trainers. Each team is associated with one of the paramedical schools, where they can take advantage of accommodations and ample space for training activities, particularly during school holidays. Each team consists of 5 to 7 trainers drawn from among regional and sector medical chiefs, hospital medical directors and the directors and instructors of each paramedical school. Each team has a coordinator responsible for bringing them together to plan and conduct further training. The teams began training in the summer of 1987 under the supervision of the MOH training unit in collaboration with the department responsible for health science.

Other job responsibilities of the regional training team members limit the amount of time which each can devote to MCH/FP training activities. Moreover there are competing training needs of various health programs and their donor agencies. And, often the same personnel are to implement the different projects.

D. Health Information System

Vaccination, nutrition, health monitoring and family planning all have separate patient forms that the nurse is expected to fill out and from which she/he is to compile monthly reports. Site visits by AID consultants in 1986 revealed that although there is a standard FP form for all health centers for individual acceptors, there was no standard tallying of daily and weekly clients. Also there was no system at the health centers to identify women who had not returned for contraceptives.

Seven reporting systems make up the Burundi health information system. Three of these systems pertain to the CCCD target diseases and are managed by the EPI/CCD Office: Monthly Epidemiologic Bulletin Report, Monthly Vaccination Report, and Monthly Sentinel Disease Surveillance Sites Reprot. Other reports prepared in the MOH are: the Monthly Maternal and Child Protection and Family Planning Activities Report, Monthly Leprosy and Tuberculosis Control Activities Report, and the Quarterly and Annual Activities Report of Medical Care Facilities. This large number of separate and distinct reports requires a significant amount of time on the part of the reporters and has presented difficulties for the creation of a single integrated health information system. The respective donors and administrators of the different MCH/FP programs have agreed to cooperated in simplifying the reporting requirements. Implementation awaits a new integrated and computerized MCH/FP supply and reporting system .

The Monthly MCH/FP Activities report is sent directly to the Department of Hygiene and Prevention and the Monthly Leprosy and Tuberculosis Control Activities Report is sent to the Leprosy and Tuberculosis Integrated Service. The quarterly and annual Activities Report of Medical Care Facilities are sent directly from the 27 hospitals to the Sub-Directorate of Epidemiology and Health Statistics. The latter reports include numbers of cases and deaths on over 300 illnesses. During the last 7 years the percentage of completed quarterly reports received from hospitals averaged less than 50% and the data have not been examined since 1984.

The health information system has been evaluated by the World Bank, WHO and CCCD. Various recommendations have been made. The Health and Population Project provides short term technical assistance to help the MOH with revitalization and revampling of the statistical services of HIS.
The HIS is expected to include key aspects of management, such as drugs and contraceptives.

E. Population Department of MOI

The Population Department of the Ministry of Interior is responsible for the national population census which is planned for August 1990. Under the Population and Health Project, the Department is charged with the collection of a comprehensive set of data on the population characteristics and its living conditions, analysis and dissemination of the results of these studies, use of these data to develop a more specific population policy and integration of demographic factors into the national intersectoral planning process.

The Population Department is composed of a Director, Assistant Director, a Technician, four demographers, 4 assistant technicians, 4 cartographers, two data processors, and related professional and support staff. Most of the professional staff have received post university training in demography. The department has been using 4 IBMs to record data and analysis has been done by using one IBM PC and an Apple. However, the department lacks an adequate amount of equipment for the volume of work which the census entails.

To undertake a census and get the data disseminated within a relatively short period of time requires good organization and management. As with other developing countries, the Population Department and the GOB in general do not have the capacity and capability to carry out this responsibility on its own. Training, technical and financial assistance are required. The last census was done in 1979 and although this one was initially scheduled for 1989 it has been postponed by a year in order to allow for adequate training and preparatory work.

Unlike the previous census this one includes three subject matter areas not covered in the first census of population of Burundi taken in 1979. The 1990 census will include information on migration patterns, fertility and mortality, and housing. The draft questionnaire contains 28

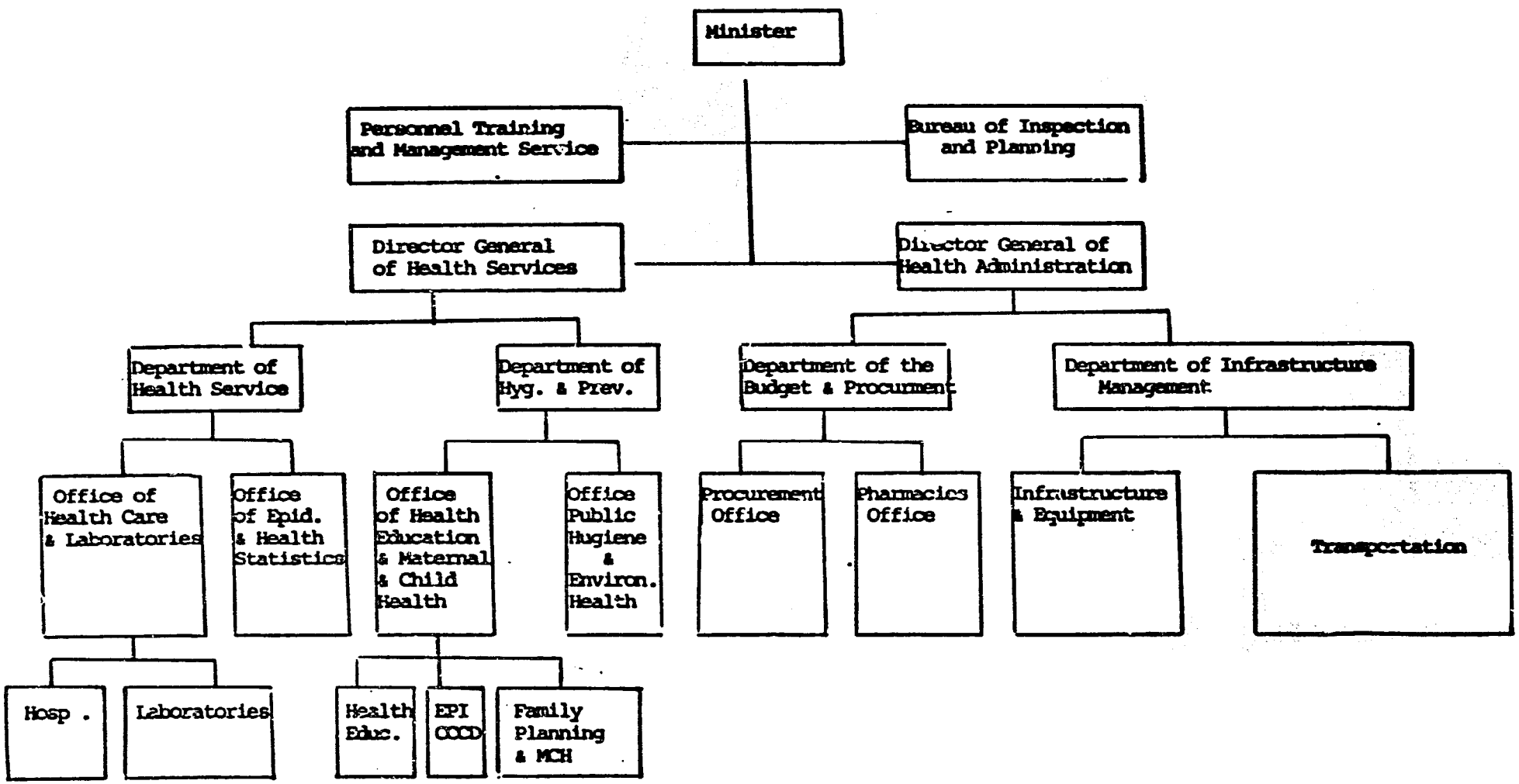
questions on population characteristics and 10 questions on housing characteristics. The additional questions increases the volume of work in data processing and analysis. The analysis will be complicated due to a change of administrative units between the two census. During the 1979 census of population, the country was divided into 8 provinces, 18 arrondissements and 79 communes. Nowadays there are 15 provinces and 114 communes, with the arrondissements having been eliminated. Therefore it will take additional time to make intraregional comparisons between the two census.

The Ministry of Social Affairs will assist the Population Bureau by being responsible for the precensus IEC campaign. The campaign will be targeted at administrative authorities and the population in order to enlist their cooperation. UNFPA will provide short term technical assistance to assist the Ministry to prepare and test an IEC plan.

F. Conclusion

The personnel with responsibilities related to family planning, e.g. training and supervision, have additional responsibilities linked with AIDS, MCH and other aspects of health. The competing demands on the officers and staff expected to be active in the project have to be factored into this project. The project emphasis on the establishment and functioning of an Interministerial and Donor Coordination Committee and the development of a national MCH/FP training plan should assist in a rational allocation of resources to this and other projects.

CURRENT ORGANIZATIONAL CHART
Ministry of Public Health



SOCIAL SOUNDNESS ANALYSIS*

I. Sociocultural Context

A. Setting

Burundi contains about 5 million people, with 94% of them living in rural areas. With a population density of 180 people per square kilometer, Burundi is Africa's second most densely populated country. The population is concentrated in the north-central highland provinces, where densities reach 270 - 350 people per square kilometer. In the highly populated central plateau farm sizes average half a hectare per family of five. Nearly half of the population lives in the three heavily settled north-central highland provinces and Bujumbura province (including the city) accounts for another 11%..

The economy is dominated by subsistence agriculture plus production of coffee, tea and cotton for export. Agriculture accounts for 85% of the employment and this is primarily on small-scale family homesteads. It is estimated that 75% of the arable land is already cultivated and the remaining land is of uncertain quality.

A very small proportion of the country's population are engaged in formal sector employment. Salaried personnel account for only some 185,000 persons. About 6% of these are women. Employers are responsible by law for the full health care costs of permanent employees and their families (46% of their total number of employees).

The nation's capital, Bujumbura, is the only relatively large city, with a population of about 230,000 inhabitants. Although the capital city grew rapidly during the 1950s and 1960s, its growth slacked during the 1970s to a current level of 3 - 5% a year. Bujumbura contains approximately 2/3rds of the total urban population. The second largest city has only about 20-25,000 people.

B. Values and Beliefs

Burundi society is strongly pronatalist, in urban as well as in rural areas, among rich and poor families and irrespective of religious affiliation. Children are valued in and for themselves, for their labor and support to aged parents. Male children continue the lineage of their father.

Dowries entitle the husband to the children borne by the wife. The close link of dowry with rights over children is indicated by the acceptance of

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*This section is based in part on "Socioeconomic and Institutional Analysis: USAID Assistance for Family Planning in Burundi," (1987) by Lucie C. Philips.

childlessness as grounds for divorce and repayment of the dowry. Also, if a couple separates or divorces, the wife generally must leave the children with the husband.

The ideology of gender emphasizes maleness and femaleness in terms of the number of children produced. This value has shaped women's sense of identity and self image as well as the expectations accorded females by males. Also, a high value is placed on a woman's organization in the home, her ability to grow, store and prepare the family food supply, and her good relations with the husband's family.

The traditional value accorded the spacing of children still exists. Children are typically spaced two years apart - any closer spacing or pregnancy while nursing a baby less than 15 months old encounters disapproval. But, despite the economic prospects for today's children and despite a general acceptance of the social value of family planning, when Baruhdi are asked which are poor families, they point to those with no or few children. When they see a large family, they assume it is rich, regardless of the level of material possessions.

C. Social Organization

The social structure is based on monogamous nuclear families, living in dispersed homesteads on hillsides. In the past peasant and craftsmen's families were linked to cattle-keeping nobles by feudal ties based on land, cattle and labor, but these gradually eroded and the vestiges were finally legally suppressed in 1977. Individual family land tenure is now the rule, and ethnic discrimination based on previous family status is illegal. The Barundi have a single national language (Kirundi) which is the basic language in the school system at all levels.

Within the household there is a general pattern of organization of labor. Various studies show that women work most of the day and participate in all kinds of economic and household maintenance activities (including those traditionally designated as male tasks), while the work of men tends to be focused on certain types of activities. A certain division of labor appears: men tend to work more outside the household than do women and when men labor on the household land they tend to devote time primarily to cash crops. Food crop production for household consumption is largely a woman's task (Overbeke et. al, 1985).

The contribution of male and female children to ec[illegible] activities and household maintenance is significant. Similar to [illegible] African countries children help fetch wood, carry water, and look af[illegible]blings. They also help in taking care of the livestock, in small-scale ma[illegible]g activities and in crop producting and harvesting. The 1979 census r[illegible]d that in the 10 - 14 age group 54% of the males and 61% of the females [illegible]conomically active. Studies conducted in specific regions show that a [illegible] in this age group averages 3 - 4 hours a day on economic activities ([illegible]eke et. al., 1985). (Information on the economic participation of chil[illegible]ged 10 - 14 will be updated in the forthcoming population census.)

A high proportion of the population are Catholic. It is estimated that 80% of the Barundi are Catholic, 15% Protestant, and 5% Muslim or traditional religions. The churches provide several social services, such as education and health care. Although the government of the Second Republic tried gradually to secularize social services, closing church presses, radio stations and prayer literacy classes , under the Third Republic which commenced in September 1987, church and mission sponsored activities were authorized to resume.

The political structure of Burundi has been a one-party state since the first Republic ended the monarchy in 1965-66. The party and its affiliated women's union, youth wing and labor union touch every area of community life. The Chief of State presides over its central committee and political bureau. The party UPRONA, currently operating under provisional statutes issued February 1988, is organized at the following levels: nation, province, commune, hill, and cell. The smallest unit, the cell is composed of at least 30 party members and is led by a committee of 5 members who are elected for a two year period and the hill level is led by a committee of ten members for a two year period. During the transitional period the communal committee is composed of 15 members nominated by the Coordinator of the Permanent National Secretariat of UPRONA on the advise of the provincial committee. The provincial committee, during the transition period, is composed of 20 members nominated by the President upon the advise of the Coordinator of the Permanent National Secretariat of the party.

While the provincial committee is overall responsible for activities in the province, the communal committee participates in identification and execution of its socioeconomic program and follows the activities of government administrators and technicians and supervises the social, economic, administrative and political activities in the commune. Cell level meetings are held once every two months for all the party members in the cell and the hill level meetings are also held once every two months. Moreover, every Saturday morning rural people report for a meeting or to provide community labor at the hill level. In urban areas, people report once a month.

D. Marriage, Childbirth and Childcare Practices

Monogamous marriages are the rule, polygamy having been discouraged throughout the colonial period and outlawed in 1977. The average age at first marriage for women is 21 years, in both urban and rural areas. Traditional taboos against premarital pregnancy are still strong, particularly in rural areas, thus the problem of teenage pregnancies is much less than in many countries.

On average the completed fertility is 6.44 live births per woman. No national statistics are available on maternal mortality and on perinatal infant mortality. According to a 1974 study, one woman out of three had experienced one or more miscarriages by the end of her reproductive life, and one out of four had delivered at least one dead child, thus resulting in a prenatal mortality (miscarriage and stillbirths) of about 10 per 1,000 live births.

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Only 18% of the deliveries are medically assisted; most women deliver at home with the help of an older woman, usually a relative. Such women consider themselves traditional birth attendants (TBS) but are not paraprofessionals as they only assist a delivery when birth occurs in the family or immediate neighborhood. A study of their practices shows that complications of childbirth rarely receive an adequate response and infection rates are high for both mother and child. Twenty-seven percent of the women interviewed reported an infection following her most recent delivery. Less than 15% of the TBA respondants referred the patient to medical personnel when faced with hemorrhaging, prolonged labor, breach presentation, placental retention or other serious complications.

Through the prenatal and infant monitoring programs introduced into government health centers starting in 1982, maternal and child health care services have been popular. By 1987 it was estimated that 79% of pregnant women came for prenatal consultations, and 47% brought in the baby afterwards (1986 data). Vaccination coverage improved from about 25% to 50% in five years. Family planning was introduced on a pilot basis in 1983 and expanded nationwide in 1987. By the end of 1987 there were 13,000 users.

There is a child rearing practice which favors an even number of children and lessens the time the mother spends in caring for the infant.
Within the first two months after birth the second child older than the newborn - who is normally about four years old, begins carrying the baby on his/her back and takes on the role of the mother's helper with that child.

E. Knowledge and Attitudes Related to Use of FP Methods

The recent Demographic Health Survey (DHS) shows that there is a slight difference between the number of children desired by older and younger women: the number desired is between 5 - 5.5 for women aged 15 - 29 and between 5.5 - 6 for women over 30 years old. No significant differences appear between the number of children desired nor the sex composition of the offspring between men and their wives covered in the desired DHS. In the survey 53% of the women wished to space children. A rural study by Ngendabanyikwa in 1985 and 1986 showed that women wished to space children on a average of three years apart.

Most men and women know at least one method of family planning. Seventy percent of the women in the DHS know at least one method and 62% know at least one source. The modern methods most widely know are injection and the pill. In the survey 1.9% of all the women and 2.2% of the women currently in a union had tried a modern method of contraception, whereas only 1 % and 1.2% respectively were currently using a modern method. The usage rate is much higher for natural family planning methods: 21% of all the women and 29% of those currently in a union had used a natural method, whereas 5.3% and 7.4% respectively were currently following the method.

II. Beneficiaries and Distribution of Benefits

The direct beneficiaries will primarily be those who receive training by the project, and the indirect beneficiaries will be those reached with IEC and users of FP services.

Approximately 860 people will be trained under the project. Staff within the Ministry of Health will receive on the job and in service training. The largest group will be the some 430 family planning service providers who will attend short term courses. In addition 24 regional trainers will participate in a Training of Trainers course and be eligible for the short term training opportunities offered by the project, and 15 provincial medical supervisors will attend a special management course. Seven people from the Health Education Unit will receive on the job training. Approximately 20 service providers from participating private health clinics will attend short term FP courses. Thirteen people, from various organizations, will be trained as IEC trainers and receive an honorarium for their work. Three hundred and fifty people, from various ministries and the party, will be selected and trained as FFP IEC agents. All of these people are expected to receive benefits in terms of upgrading of their skills and knowledge. Furthermore, from these different groups two people will be selected for masters degree training and 12 will receive short term out of country training. Selection of the participant trainees is expected to be based on performance, and at least one-half of the short term training opportunities will be allocated to females. In selection of the candidates for degree training, preference will be given to women.

The indirect beneficiaries will be the men and women reached with the FP IEC messages. Approximately 30% of the adult population are expected to be reached, with a higher percent in urban than rural areas. Moreover, approximately 90,000 women are expected to be new users of modern family planning methods which are supported under the project.
It is anticipated that a greater proportion of the urban than rural women will be new adopters.

III. Participation

Since this project aims at creating the demand for family planning services and improving the delivery of family planning services, the major thrust is on institution building. In the conceptualization and design of the project key people at different levels in the main institution - the Ministry of Health - have been consulted. Also, people within the non-governmental health centers and other ministries were contacted. Studies and statistics were used to gain insights into the needs and concerns of the target population - Barundi men and women.

Participation in project implementation has been built into the project design in several ways and at different levels. It is anticipated that at the policy level, coordination and monitoring of the National MCH/FP program, of which this project is a part, will be done by the party (UPRONA) which will inform all ministries and give recommendations regarding program implementation. At the technical level, a MCH/FP coordination committee is to be created with representatives from MOH, MSA, MOE and MOI, and from international and bilateral agencies (UNDP, UNFPA, UNICEF, WHO AND USAID) charged with agreement of strategies and general resource allocation.

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Barundi men and women will indirectly participate in the direction of the project through information they provide in special evaluations and the national Population Census. Some data from the USAID-financed DHI study have already served to guide the project design and when the final report is completed it is expected to provide some of the project baseline data as well as to lend insights into the implementation of the FP IEC component. Special studies and evaluations of potential and actual users of modern contraceptives to be financed by this project and other donors will also be used in directing the FP IEC component and the training related to service delivery.

Because most of the studies/ evaluations already carried out and those anticipated to be done rely on survey techniques and one-time contact with the interviewee, the project FP IEC component places attention on informal feedback from IEC agents and communities. This will compensate for the tendency of respondents in formal surveys to provide the answers they think they are suppose to give or are wanted to give, rather than responding openly and honestly, especially on questions of a very personal nature, to a stranger.

The project entails the pilot testing of an FP IEC agent activity to allow for feedback from the agents and communities. In this way it is expected that the activity will be developed taking into account local dynamics in terms of who are potentially the most effective agents and the most suitable techniques for them to use. A small amount of funds will be available to support FP IEC initiatives at the local level, such as plays and music groups.

Ultimately the soundness of the project depends on the active participation of women and to a lesser extent men in utilizing family planning services. Since the environment of the service delivery facility may impede women from seeking services and may contribute to discontinuance of family planning methods, the project will involve a special study on the knowledge and attitudes and degree of satisfaction of clients with FP services offered at health facilities.

IV. Sociocultural Feasibility

A. Political

After much debate in government and party circles, in 1983 UPRONA announced a new policy which stated that fertility must be reduced in order to avoid the detrimental impact of population growth on economic development and that birth control be recommended to the population. The Ministry of Health was given overall responsibility, but it was acknowledged that the message ought to be reinforced by other ministries and that family planning should be introduced into the school curricula and into the armed forces. Soon after issuing this policy the party launched an intensive information campaign and meetings were organized at the community level that reached all households. In some instances the message was misinterpreted as a government decree to control births and it provoked some sharp backlash.

Since then the policy has been to weave family planning into a comprehensive program of maternal and child health care. While there is always a possibility of a backlash from a new IEC effort, Burundi seems to have learned some lessons from its 1983 experience and the initial setback has not discouraged the government to deal with the population issue. The 1983 experience appears to have taught people that sensitivity is crucial in dealing with FP issues and the government repeatedly stresses the voluntary nature of the program.

Because a very high proportion of the population are Catholic and due to the importance of mission run facilities in the overall delivery of health services, religious factors can not be ignored in any FP program. Many of the Catholic missions provide instruction in the use of natural methods. These missions should be considered for the receipt of project or other AID financed FP assistance. For example the project might provide funds to support the production of more materials and for classes to teach natural child spacing methods. The pressures of poverty and land scarcity and the drama of the spread of AIDS have led some Catholics to think carefully about the value of modern family planning methods. However, within the past year a statement was issued from Rome directed at Rwanda and Burundi against the use of modern contraceptives and the use of condoms to prevent the spread of AIDS.

Thus, the IEC strategy must be culturally sensitive and not neglect mention of natural family planning. At the same time the IEC activities need to give priority attention to dispelling false information about modern methods of contraception.

B. Gender Factors Influencing Lower Fertility Rates

An extensive literature argues that women's and men's social roles and power relations have important implications for fertility but it remains more unclear how gender affects reproductive decision-making (Mason and Taj, 1987). The preference for high fertility can be found and explained in terms of cultural and social structural realities and the individual economic and demographic interests they give rise to when there is a cleavage in male/female, husband/wife relationships (Frank and McNicoll, 1987).

In Burundi society the main economic resource - land - is controlled by men, although wives have use rights. Subsistence production is largely the responsibility of women who depend on their children to assist. Women are responsible for the basic subsistence needs of the children, although husbands usually meet school and health expenditures while the wives feel the opportunity cost in terms of foregone farm and household work. Because of women's lack of control over land, children are probably more important to them than husbands as assurance of assistance in old age and in case of marital disruption. Bride-wealth, as explained above, implies control over the reproductive capacity of women.

The 1982 Family and Personal Law declared equal status before the law and equal educational and employment opportunity regardless of sex and social origin. The traditionally male inheritance of real property was not touched. Married women are still under the authority of their husbands in key areas such as choice of residence, and access to employment and banking. The structural and status dependency of women may lead to a woman using fertility as a major instrument to guarantee that she has economic security.

The DHS reveals a slight variation in the number of children desired by men under 30 years old and their wives. The men desire an average of 4.8 children, while their wives desire an average of 5.2 children. This may indicate that the economics of child-rearing is beginning to be recognized by younger men.

Given the economic and social context, it is unlikely that women will gain economic autonomy through informal or formal sector employment or through increases in cash income controlled by them from farming activities. At the same time it is just as unlikely that off-farm employment opportunities for men will rise considerably. Thus, most husbands and wives may be forced to acknowledge that a large number of children with a future dependent on their household land is unreasonable.

The discussion above implies that attention needs to be given to reaching men as well as women with IEC about family planning. It is important that men be informed and encouraged to discuss family planning in terms of their personal values and behaviors. Also, policies which contribute to reinforcing women's dependent status especially their economic situation ought to be acknowledged for their negative impact on the goal to reduce the nation's fertility rate.

C. Targets of Opportunity

While the project is mainly focused on institution building, this will be done within the context of taking advantage of the most likely targets of opportunity for effective IEC and FP service delivery. First, the activities will be integrated into the comprehensive MCH/FP program of the MOH. Although the MOH has a policy of MCH/FP integration, this has been not been achieved at the point of service delivery. Some health facilities still have special times and lines for those wanting FP services, because of staff and time constraints which impedes the willingness of women to seek such services. The in-service training of FP service deliverers and of managers of health facilities will both include an emphasis on the integration of FP with other MCH services and help identify improved ways of organizing services at facilities which are understaffed.

Also some of the IEC messages are expected to center on the advantages of FP to maternal and child health care. The prevalent pattern of fertility suggests that the IEC activities should emphasize the dangers of closely spaced and frequent pregnancies on older women and their babies. Pregnancies in Barundi women over thirty years old often entail high risks for more than one reason:

- the age of the mother is a factor, with mortality of both mother and baby increasing after thirty and sharply after thirty-five,

- most of the births in women over thirty are also high parity, the mother typically having born her first three or four children in her twenties,

- large families, particularly those with more than one child under five years old, have higher rates of young child malnutrition.

Second, the IEC messages are expected to reinforce the traditional value placed on child spacing. The DHS indicates that there is an unmet demand for modern contraception to facilitate the spacing of births. Third, a significant proportion of the women appear to want to cease bearing children. These women tend to be over 35 years old and most likely already have several children. Attention should be given to identification of culturally appropriate messages for women in this category and for their husbands to encourage adoption of modern FP methods. Fourth, similar to other countries the rate of contraceptive prevalence is higher in urban than in rural areas. Since about 2/3rds of the urban population live in the capital, attention will be given to reaching men and women in Bujumbura. This will be effected through radio broadcasts and print materials.

Fifth, and maybe foremost, the project will focus primarily on those methods which are the most popular in Burundi as well as other African countries. Injectables are the most preferred method of contraception (65% of the FP users in 1987 compared with 52% in 1986), and oral contraceptives are the second most common method (21% in 1987) in Burundi. IUDs and voluntary sterilization are not commonly acceptable and difficulties with IUDs by rural women without easy access to doctors can create a general backlash to modern contraceptive methods. Although natural family planning is practiced by only some 5% of all contraceptive users, since this method is the only one acceptable to the Catholic Church it will not be ignored in the IEC activities. The use of condoms will not be promoted; however, this will occur more within the context of prevention of AIDS. The project focus on the most popular methods will be in terms of ensuring an adequate supply of these contraceptives, providing adequate information to IEC agents about them, and training emphasis.

D. IEC Component

Because health centers effectively reach only 30 - 35% of the potential participants and at least one-third of the women patients frequent Catholic clinics where modern FP methods are not available, other channels have been sought for IEC. While the Ministry of Social Affairs through its socio-education centers (one in each commune) is an appropriate channel, its outreach is limited. The Ministry of Family and Women's Affairs has an important advocacy function but it does not have regional staff. Moreover a recent UNICEF sponsored KAP and communications study relating to child rearing practices shows that meetings called by communal administration and the party have been important ways of receiving information. Because FP is a more

sensitive subject than MCH the project aims at identification of the best cadre to be involved in local level FP IEC which shall be facilitated by communal and party meetings. The project is aware of the effort to establish health committees at the commune level and shall work with those which exist to select IEC agents and to use them in facilitating the work of the agents.

Attention to interpersonal communication is based on data which show that it is a significant communication channel in Burundi. Besides talks and discussions, the IEC agent activities are expected to encourage the creation of appropriate songs and plays by local talent which would be part of the communal FP IEC effort.

Health broadcasts on the radio are listened to regularly by 35% of the respondents to the UNICEF KAP study. The IEC component will investigate the possibility of inserting FP messages into the popular radio program "Ni Nde" or to create similar programming with FP messages. Printed posters and picture brochures will also be used. Because literacy is only about 33%, with 17% for women, emphasis needs to be placed on pictures rather than words.

Emphasis is given in the project to choosing appropriate and culturally sensitive messages. Moreover, it is felt that some messages should be indirect, that is stimulate reflection and discussion rather than a "hard sell". Barundi are to be intimately involved in the development and testing of the messages. It is expected that the Ministry of Defense will be involved in the TOT and IEC activities. This is considered important and feasible since a large number of men are in the army which should be reached with FP and AIDs information.

E. Family Planning Service Delivery

The project incorporates features into its design that take into account the general lack of acceptance of family planning at a personal level. The course for the training of medical personnel and the development of curriculum for the health training schools both incorporate information on population dynamics and the demographic, economic, social and health effects of current rates of population growth in Burundi. In this way the trainees will become aware of the negative macro-level effects of a continuing high birth rate. Information contained in Ngendabanyikwa's study in 1985 and 1986 implies that greater attention should be given to the health benefits from spacing and limiting the number of children.

Special training in communication and counselling skills will be given to the medical personnel. This is important since the interpersonal dynamics at health facilities can encourage or discourage women and men from seeking services. Furthermore, health personnel ought not to neglect explaining the options to women and the possible side effects. They must show respect for individual choice and right to information. Unfortunately this is not always the case when health personnel are dealing with poor people and because of their heavy work load.

A study of the knowledge and attitude and degree of satisfaction of clients with FP services will be conducted. Because of the sensitive nature of the study and the need not to publically disclose users, attention will be given to the quality of the interviewing and qualitative techniques for obtaining valid and reliable information. The services of an anthropologist will be procured as a short term consultant by the project to design the study and work with local researchers. It is anticipated that this study will be conducted during the second year of the project and the results used in developing the refresher courses for FP service delivery personne.

The project includes the identification and testing of an alternative contraceptive distribution channel. This activity will test the viability and relevance of another way of making FP methods available. The feasibility studies and pilot activity will include attention to sociocultural feasibility and distribution of benefits.

F. Incentives and Rewards

Since this project focuses on strengthening key institutions through enhancement of the skills of the staff as well as installation of improved management practices and procedures, attention has been given to the incentives and rewards for improved performance. The project will use the out of country training, especially the short term opportunities, to reward people on the basis of performance. Furthermore, the overall national training plan, to be developed with the help of the long term technical assistant, is expected to incorporate performance criteria as a basis for selection.

The IEC agent activity will draw on people who are not part of the Ministry of Health. Since FP IEC is unlikely to be part of their job description and hence an additional duty, the project will provide an honorarium for the trainers. The testing of the IEC agents' performance and identification of problems will include attention to the need to provide an honorarium in order to secure services over an extended period of time. A travel allowance will be provided to facilitate the work of IEC agents. In addition, a minimum of five short term training opportunities are reserved for IEC staff, trainers and agents in PYs 4 and 5. The trainees will be selected on the basis of performance. Also, successful and good IEC agents are expected to be asked to speak at IEC agent training sessions to share their experiences and hence receive acknowledgment of their work.

VI. Impact

The project seeks to establish good training methods and operating procedures which ought to be transferred to other MCH, FP and AIDs activities. The officers and staff who will be involved in this FP project have other responsibilities as well. In particular, the output of the Health Education Unit is expected to improve in quality through the establishment of good procedures for developing, testing and evaluating its printed output and radio programs.

The development of a cadre of IEC agents for FP can be extended to include MCH activities. The agents will have acquired the fundamental basis in communication and operating methods.

Overall, it is intended that this activity will provide a foundation for an improved and expanded family planning program based on an increase in the demand for modern family planning services.

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Annex F - Procurement Plan

BURUNDI - FAMILY PLANNING PROJECT

Procurement Plan for Contraceptives Procured by USAID/Burundi

Contraceptives purchased with AID funds will include IUD's, oral contraceptives, condoms and spermicides. USAID will draw on the services of S&T/POP as the supply agent of these contraceptives, although Pathfinder will be responsible for assisting the GOB to program orders, arrange delivery, inventory control, and restocking of distribution points. Technical assistance will be provided, as needed, by the REDSO/ESA Regional Commodity Management Office. Procurement of contreceptives will likely commence in year three. UNFPA will supply all contraceptives during the first and second year of the project.

Method of Procurement

The procurement policies and procedures applicable to contraceptives and related supplies for projects are outlined in Handbook 15, Chapter 6. As indicated in HB 15, these commodities must be procured under consolidated procurement contracts in accordance with the procedures outlined below. Responsibility for ensuring that the procedures are complied with rests with the mission.

Procedures

a) Oral Contraceptives

The USAID must advise AID/W by cable by October 15 of each year of its requirements for oral contraceptives for shipment from the U.S. during the next contract year (e.g., by October 15, 1988, for shipment from July 1, 1989 through June 30, 1990).

USAID/Burundi will submit a non-funded PIO/C worksheet and AID Form 11-94 (Document Distribution and Shipping Instructions) to arrive in AID/W (S&T/POP) no later than December 31. The PIO/C worksheet shall specify: (1) the quantity of oral contraceptives required; (2) the approximate dates the shipments from the U.S. are required, and (3) that the contraceptives will be purchased and shipped with funds allotted to AID/W.

b) Condoms

The mission must cable AID/W by September 15 of each year regarding its condom needs from the U.S. during the contract year (e.g., by September 15, 1988 for shipment from April 1, 1989 through March 31, 1990). The mission will submit non-funded worksheet PIO/C(s) to AID/W together with a completed Form AID 11-94 specifying

the quantity (units of 6,000 pieces), sizes and colors desired, and the approximate dates for delivery. The PIO/C is due in S&T/POP no later than December 31 of each year. Shipment shall be in accordance with the instructions indicated on Form AID 11-94.

c) Related Family Planning Equipment

For the procurement of medical kits, Lippe Loops, contraceptives jelly, vaginal foams and applicators, and diaphragms and vaginal ring fitting sets, PIO/C worksheets are submitted to AID/W for issuance to GSA for procurement action. The mission shall be advised of contract awards by circular messages and provided with item purchase description and specifications, unit cost, name of supplier, and ordering and shipping instructions. Time deadlines as described above for oral contraceptives and condoms do not apply.

d) AID Emblems

AID marking requirements for the shipment of contraceptives and related supplies have been waived. The mission should specify in PIO/C worksheets that AID emblems are not required.

CONTRACEPTIVES LIST

Category	Quantity (000's)	Source/Origin	Cost $1000s
Contraceptives			
-Oral	1,096	000	$131,520
-Condoms	7,434	000	$371,700
-IUD	18	000	$ 37,600
-Vaginal foams	850	000	$120,000
			$642,820

COMMODITY EXPENDITURE SCHEDULE BY YEAR ($1000s)

	Year 2	Year 3	Year 4	Year 5	Total
Contraceptives	80	100	200	270	650

DELIVERY SCHEDULE FOR CONTRACEPTIVES PROVIDED BY USAID/BURUNDI

Commodity	Mode of Proc.	Procurement Sup. Agent	Project Mos. to Order	Estimated Mos. to Arr.	Commodity
Contraceptives					
-Oral	PIO/C	S&T/POP	By 10.15 of ea/yr	7	GOB
-Condoms	PIO/C	S&T/POP	By 9/15 of ea/yr	7	GOB
Medical Equipment		S&T/POP	1-3	7	GOB

ANNEX F

COMMODITIES LIST

A.	Possible EQUIPMENT/NON-CONTRACEPTIVE MATERIALS		Source/Origin
1.	IEC Materials - media materials printing materials posters	$125,000	000/941 (50% each)
2.	Vehicles 4WD vehicles	$ 30,000	935
	station wagon	$ 30,000	935
3.	Photocopier	$ 12,500	935
4.	Typewriter	$ 1,000	000
5.	Computer x 2 incl. printers	$ 10,000	000
6.	Computer peripherals	$ 2,500	000
7.	Computer software	$ 2,000	000
8.	Office supplies/equipment	$ 28,000	935
	Sub-Total	$241,000	
B.	CONTRACEPTIVES		
1.	All types	$642,820	000
	Sub-Total	$643,000	(rounded)
	Total	$884,000	

An estimate that 80 percent of total procurement will be sourced Code 000 (U.S.A) which includes 100% of the contraceptive supply.

ANNEX F: CONTRACEPTIVE PROCUREMENT

Contraceptives Purchased by Project Year

	Unit Cost	PY-2	Cost	PY-3	Cost	PY-4	Cost	PY-5	Cost	Total Items	Total Cost
Pills	.12	100000	12000	170000	20400	326000	39120	500000	60000	1096000	131520
Condoms	.05	114000	5700	880000	44000	2900000	145000	3540000	177000	7434000	371700
IUD	2	2000	4000	3600	7200	5200	10400	8000	16000	18800	37600
Foam Tablets	.12	90000	10800	200000	24000	220000	26400	340000	40800	850000	102000
TOTAL COST PER YEAR			32500		95600		220920		293800		642820

NOTE: No contraceptives to be purchased during the first year.

DO NOT REMOVE FROM BACKING SHEET UNTIL READY FOR FILE

UNCLAS

VZCZCTAB004ES A018
DD RUTADK
DE RUEHC #7132 2300043
ZNR UUUUU ZZH
O 170043Z AUG 88
FM SECSTATE WASHDC
TO RUTADK/AMEMBASSY BUJUMBURA IMMEDIATE 5887
INFO RUEHNR/AMEMBASSY NAIROBI IMMEDIATE 4039
BT
UNCLAS STATE 267132

AID - 2
AMB
DCM
ECON

AIDAC NAIROBI FOR REDSO/ESA

E.O. 12356:N/A

SUBJECT:BURUNDI FAMILY PLANNING AND POPULATION PROJECT (695-0123) WAIVER OF HOST GOVERNMENT CONTRIBUTION

1. THE SUBJECT WAIVER WAS APPROVED BY AA/AFR GLADSON ON AUGUST 15, 1988. FYI: THE CN FOR PROJECT EXPIRED ON AUGUST 16, 1988.

2. AFRICA DP WILL PROCESS BUDGET ALLOWANCE FOR DOLS 4.850 MILLION. MISSION MAY OBLIGATE WHEN ALLOWANCE RECEIVED. WHITEHEAD
BT
#7132

NNNN

UNCLAS

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ACTION MEMORANDUM FOR THE AID REPRESENTATIVE, BURUNDI

FROM : Cam Wickham, Program Officer

SUBJECT: Burundi - BURUNDI POPULATION PROJECT (695-0123): Waiver of A.I.D. Policy Concerning Host Country Payment of International Travel Costs for Participant Training

PROBLEM: Your approval is required to waive the policy stated in A.I.D. Handbook 10, Chapter 15, Section 15B, that the host country pay the costs of international travel for participant training.

(a)	Cooperating Country:	Burundi
(b)	Nature and Amount of Funding:	Grant, $4,500,000
(c)	Project:	Burundi Population Project (695-0123)
(d)	Estimate of Waiver Portion of International Travel Expense:	$50,000

DISCUSSION: Under the Burundi Population Project, A.I.D. will provide Burundi a grant of $4,500,000 to be obligated over the years FY 1988-1993. This project seeks to promote economic and social development in Burundi through the implementation of an effective family planning program that will improve the health and well-being of mothers and children. The purpose of the project is to expand the availability and use of family planning information and services in Burundi.

As a result of this project, high quality culturally appropriate family planning information and services will be widely available in government facilities and in selected private sector facilities throughout Burundi. Approximately 90,000 active users of family planning services will be served by 450 trained personnel. A cadre of 47 trainers will be available to train clinical family planning service providers and providers of family planning, conducting, managing and evaluating an effective nationwide IE&C program.

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A.I.D. Handbook 10, Chapter 15, Section 15B, provides that it is A.I.D. policy that the cost of international travel, including incidental costs enroute as well as the cost of travel between participant's city and the points of departure and return to the participant's home country shall be paid by the host country unless the responsible Mission Director has justified and authorized a full or partial waiver of this requirement.

Because of budgetary limitations and a shortage of foreign exchange, the GRB has requested that A.I.D. finance the costs of international travel for those participants who leave Burundi for short term training in the U.S. or third countries. This includes a total of about 16 participants, as follows: 12 short term (U.S. or third country) trainees in Family Planning Service Delivery; 2 short term (U.S. or third country) trainees in training of trainers: management of family planning programs; and design and management of IEC programs; also included will be 2 long term academic programs in the U.S. for M.P.H. or M.S. degrees in public health, family planning or health education.

The requirement that the cooperating country pay for travel costs is to ensure significant cost-sharing by the recipient country. This cost-sharing principle will be satisfied by the host country through other contributions. Elements of the host country contribution include continuation of participants' salaries and benefits during training, and some pre-departure costs for participants. The host country will also support in-country training activities through payment of participant salaries, and provision of some training facilities and materials.

Burundi is a relatively least developed country. Its per capita income of $240 per year is decreasing annually, its resource base is limited, and it has the second highest population density in Africa. Under the leadership of the IMF and the IBRD, the GRB has recently undertaken a program of economic policy reforms, and has agreed to keep public spending down. Burundi's foreign exchange earnings have decreased due to a significant devaluation of its currency. A waiver of the requirement of Section 110 of the Foreign Assistance Act has been issued by AA/AFR. The host country contribution which will be provided is, at approximately 10 percent of total project costs, the maximum contribution possible for this project which is consistent with Burundi's current economic situation and its prognosis for growth.

Pursuant to Handbook 10, Chapter 15, Section 15B, you may as AID Representative for Burundi, authorize a full or partial waiver for international travel costs and so notify the Office of International Training of the Bureau for Science and Technology (S&T'IT) of this

authorization. In this instance a partial waiver covering international airfare and per diem for short term participants only is required.

RECOMMENDATION: Based on the above justification, it is recommended that you authorize a full waiver of the requirement that the host country pay all costs of international travel of participants under the Burundi Population Project.

APPROVED: [signature] A/AID REP

DISAPPROVED: _____

DATE: 8/5/88

Clearances:
REDSO/ESA/RLA:BBarrington (Draft) Date: 8/1/88

7402D

695-0123

ACTION: AID-3 INFO: ECON RLO

VZCZCNA0645
PP RUEHNR
DE RUEHC #0077 1320307
ZNR UUUUU ZZH
P R 110308Z MAY 88
FM SECSTATE WASHDC
TO RUTAOK/AMEMBASSY BUJUMBURA PRIORITY 5306
INFO RUEHNR/AMEMBASSY NAIROBI 9968
BT
UNCLAS STATE 150077

11-MAY-88 TOR: 03:15
CN: 22959
CHRG: AID
DIST: AID
ADD:

MAY 11 1988

AIDAC, NAIROBI FOR REDSO/ESA

REDSO	Action	Info
DIR		✓
D/DIR		
AGR		
ANA	✓	✓
RCMO		
RCO		
ENGR		
FFPO		
PRJ		✓
RLA		✓
LIBRARY		
KAGAI		
RFMC		✓
EXO/PER		
ADMIN		
CHRON		✓
REPLY DUE	5/1	
ACTION TAKEN	NA	
DATE	5/5	
INITIALS	NA	

E.O. 12356: N/A

SUBJECT: BURUNDI POPULATION PROJECT AND AEPRP STUDY TEAM PREPARATIONS

REF: (A) NAIROBI 01429, (B) BUJUMBURA 1837, DAHLGREN/WICKHAM PHONECONS ON (C) 4/27, (D) 4/29, (E) MEETING BETWEEN AFR/PD, GC/AFR AND DON MILLER ON 4/15/88, (F) STATE 105189

BELOW ARE THE RESPONSES TO QUESTIONS POSED IN REF (B):

1. A. THE DIRECTOR OF AFR/PD APPROVED A WAIVER ON 4/25 ALLOWING THE GRANT OFFICER TO NEGOTIATE WITH A SOLE ENTITY, THE PATHFINDER FUND, FOR IMPLEMENTATION OF THE BURUNDI POPULATION PROJECT, 695-0123. COPIES POUCHED TO REDSO AND OAR/BURUNDI.

B. AS TO DESIGN AND IMPLEMENTATION, GC/AFR HAS ADVISED THAT PROCUREMENT OF DESIGN SERVICES AND PROCUREMENT OF IMPLEMENTATION SERVICES FROM PATHFINDER FUND MUST BE SEPARATE (SEE REF (F)). UNDERSTANDING REACHED IN MEETING IN REF (E) IS THAT PROCUREMENT OF DESIGN SERVICES WOULD BE MADE WITH PATHFINDER THROUGH EXISTING CENTRALLY-FUNDED COOP AGREEMENT WITH S AND T/POP, AS DISCUSSED IN PID.

C. AIDREP MILLER HELD DISCUSSIONS WITH GC/AFR AND PD STAFF AND HAS RESOLVED QUESTION OF WHETHER AN MOU OR PROAG WILL BE USED. HE WILL CONSULT WITH REDSO STAFF DURING NAIROBI STOPOVER ON RETURN TO BURUNDI.

D. IN FIRST OPTION, PROAG WOULD BE OBLIGATING DOCUMENT. IN THIS SITUATION, A PP WOULD BE REQUIRED AND A COOP AGREEMENT WOULD BE A SUB-OBLIGATING DOCUMENT. A SECOND OPTION WOULD BE TO USE AN MOU. IN THIS CASE, A COOP AGREEMENT WOULD BE THE PRINCIPAL OBLIGATING DOCUMENT.

E. ACCORDING TO AFR/DP GUIDELINES, FUNDS MUST BE 85 PERCENT OBLIGATED BY 6/3 IF NON-COMPETITIVE COOP AGREEMENT IS OBLIGATING DOCUMENT. IF PROAG IS

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8/23

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

ACTION MEMORANDUM FOR THE DIRECTOR OF THE AFRICA BUREAU, OFFICE OF PROJECT DEVELOPMENT

FROM: AFR/PD/EAP, Joel Schlesinger

SUBJECT: Request for Approval for an Invitation to a Single Entity for a Cooperative Agreement to Implement the Burundi Population Project (695-0123)

Problem: Your approval is requested to authorize the grant officer to invite an application from a single entity, The Pathfinder Fund, for award of a cooperative agreement for approximately $3.6 million to implement the proposed Burundi Population Project (695-0123).

Background: Burundi is the second most densely populated African country, has an estimated 3% annual population growth rate, and suffers from severe environmental degradation and declining per capita food production. The new government has made family planning a priority in recognition of these problems. In support of this policy area, USAID is proposing a $4.65 million Population Project with a five year LOP. The project will establish an on-going family planning program; develop information, education and communication systems; train family planning personnel; provide procurement of contraceptives; and develop a contraceptive supply and distribution system. The project goal of implementing an effective national family planning program in Burundi is to improve the health and well being of mothers and children.

While Burundi's new government has made family planning a priority, the USAID has limited resources with which to respond. Therefore, it has been proposed that the project be implemented through a cooperative agreement with a U.S.-based PVO experienced in the management of national family planning programs in Africa. The PVO will undertake the following activities:

1) provision of short-term technical assistance, including experts, training advisors, and a logistic support system;

2) development of information, education and communication systems and resources;

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3) creation and maintenance of contraceptive supply and distribution systems,

4) assistance to the GRB in identification of appropriate candidates for external training, and development of a formal agreement to bind trainees to future teaching and training positions;

5) backstopping technical recruitment and commodity procurement;

6) consultation, planning and policy formulation with GRB officials on a regular and frequent basis.

Without the technical and management assistance of a qualified PVO, the USAID would not be able to provide the level of support needed to help the government in implementing its critical family planning program and, in so doing, promote our foreign assistance objectives in Burundi.

Discussion: There are issues of a social, political and religious nature which will affect project implementation. Burundi is a strongly pro-natalist society, where wealth is measured by large family size. The initial announcement of the 1983 population policy provoked a backlash of resistance and dissent which tempered subsequent policy initiatives. The strong role of the Catholic Church in Burundi and a related opposition to modern methods of family planning further complicates the situation. Finally, Burundi suffers from an exceptional AIDS infection rate and the government and the people of Burundi have been slow to face the terrible threat it represents.

These problems, while not insurmountable, will present challenges to the project implementing organization. The USAID, REDSO/ESA and Africa Bureau staff reviewed the capabilities of PVOs working in the population field based on the following criteria:

1) Technical project implementation capabilities: This includes experience in training; information, education and communication; ability to procure contraceptives and establish supply and distribution systems.

2) Project management abilities: Included in this would be experience in sensitive social, political and religious environments.

3) National family planning program capabilities: This includes successful experience with policy formulation, planning and government consultation at the ministerial level, as well as overall national program coordination. Ability to manage the program to minimize USAID responsibilities is a key requirement.

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Judged on the first criterion, technical implementation capabilities, only two organizations, The Pathfinder Fund and FPIA, meet the broad needs of the project. FPIA, however, is currently ineligible to receive A.I.D. funding for projects with PACD's after 1989, under an agreement currently in force between A.I.D. and FPIA. This eliminates FPIA's consideration for the Burundi project, which has a PACD of 1993.

With regard to the second criterion, experience in sensitive implementation environments, Pathfinder has an advantage regardless of FPIA's ineligibility to receive Agency funding. While both organizations have implemented projects under complex and sensitive African conditions, FPIA has not expressed an interest in doing a family planning project in Burundi. Pathfinder, on the other hand, has worked in Burundi and seeks to continue its activities. Pathfinder's previous experience and contacts are expected to facilitate implementation in an otherwise challenging environment. Furthermore, Pathfinder has a regional office in Nairobi with staff fluent in French and experienced in providing backstop services in East Africa.

Only The Pathfinder Fund met the third criterion, that of experience in managing a nation-wide family planning program. Pathfinder Fund has proven abilities in management of the A.I.D.-funded national family planning program in Zimbabwe, where mission management responsibilities have been minimal as a result of Pathfinder's project administration. Pathfinder also manages national family planning programs in Swaziland and Peru. FPIA, even should their elibility status change, has not managed a nation-wide program, so would remain at a distinct disadvantage in carrying out such a project.

It has been determined by the USAID, REDSO/ESA and the Africa Bureau that the Agency's best interests in carrying out its foreign assistance initiatives would be served by direct negotiation with the organization evaluated as best capable of project implementation. Based on The Pathfinder Fund's demonstrated experience and the absence of other PVOs with the required breadth of capability, it is requested that you approve this waiver to permit invitation of an application from a single entity, The Pathfinder Fund, for project implementation.

Authority: Pursuant to HB 13, Chapter 2B.2, and 2B.3.b.c, the Assistant Administrator, or you as his designee, must approve when the method selected to obtain applications restricts the invitation for applications to a single entity which the "technical office deems unique or most appropriate to undertake the effort which the office wants to support or stimulate".

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DOA No. 553, Section 4D, delegates authority from the Assistant Administrator for Africa to the Director of the Office of Project Development to approve the noncompetitive selection of a recipient for a field approved grant or cooperative agreement. Pursuant to the evaluation of PVOs working in the population field and the requirements of the Burundi Population Project, The Pathfinder Fund has been determined the only organization with appropriate project implementation capabilities.

Recommendation: In accordance with the requirements of HB 13, Chapter 2B.2-3, and pursuant to DOA No. 553, Section 4D, it is recommended that you approve the issuance of an invitation for application to The Pathfinder Fund for the negotiation and award of a cooperative agreement to implement the Burundi Population Project.

APPROVED: Carol Peasley

DISAPPROVED: _____

DATE: 26 April 1988

Clearances:

AFR/EA: DLundberg	(draft)	Date _____
AFR/EA: WRush	(draft)	Date _____
GC/AFR: AAdams	DBVolkmer	Date 4/25/88
AFR/TR: JThomas	(draft)	Date _____
AFR/TR: JThomas	(draft	Date _____
AFR/TR: KSherper	(draft)	Date _____
AFR/PD: CTerry	(draft)	Date _____

DMiller: AIDREP/Burundi: AFR/PD/EAP: KDahlgren
3437J: 4/25/88

ANNEX 1

UNCLASSIFIED STATE 237859

ACTION: AID-3 INFO: ECON RLO

VZCZCNAO059
PP RUEHNR
DE RUEHC #7859 2050636
ZNR UUUUU ZZH
P 230637Z JUL 88
FM SECSTATE WASHDC
TO RUTAOZ/AMEMBASSY BUJUMBURA PRIORITY 5753
INFO RUEHNR/AMEMBASSY NAIROBI PRIORITY 2936
BT
UNCLAS STATE 237859

25-JUL-88 TOR: 06:41
CN: 47661
CHRG: AID
DIST: AID
ADD:

JUL 25 1988

AIDAC NAIROBI FOR REDSO/ESA

E.O. 12356: N/A

SUBJECT: BURUNDI POPULATION PROJECT, 695-0123

REF: A) WITALA-SCHLESINGER TELECON 7/21, B) NAIROBI 05091

1. AFR/DP REPORTS THAT DOLS 1.5 MILLION BUDGET ALLOWANCE FOR SUBJECT PROJECT CABLED TO BURUNDI AND NAIROBI ACCOUNTING STATION ON APRIL 29. PLEASE CONFIRM RECEIPT.

2. CN COMPLETE AND WILL GO TO HILL WEEK OF JULY 25. WILL INFORM WHEN EXPIRED.

3. IEE WAS INSERTED IN THE PID PER REQUEST REF B AND CONSIDERED DURING PID REVIEW. BEO BESSIE BOYD CONCURS IN RECOMMENDATION OF CATEGORICAL EXCLUSION FOR THE PROJECT. RLA HAS AUTHORITY, WITH AID REP MILLER, APPROVE ACTION AS REQUIRED. WHITEHEAD
BT
#7859

NNNN

UNCLASSIFIED STATE 237859

REDSO	Action	Info
DIR		✓
D/DIR		
AGR		
ANA	✓	
RCMO		
RCO		
ENGR		
FFPO		
PRJ		✓
RLA		✓
LIBRARY		
KAGAI		
RFMC		✓
EXO/PER		
ADMIN		
CHRON		✓
REPLY DUE	07/27	
ACTION TAKEN		
DATE		
INITIALS		

ANNEX I
BURUNDI PROJECT - DETAILED BUDGET for COOPERATIVE AGREEMENT
BY PROJECT YEAR
ANNUAL INFLATION RATE = 5%

01-Jan-86

LINE ITEM DESCRIPTION	YEAR 1 DAYS	YEAR 1 RATE	YEAR 1 TOTAL $	YEAR 2 DAYS	YEAR 2 RATE	YEAR 2 TOTAL $	YEAR 3 DAYS	YEAR 3 RATE	YEAR 3 TOTAL $	YEAR 4 DAYS	YEAR 4 RATE	YEAR 4 TOTAL $	PY 5 DAYS	PY 5 RATE	PY 5 TOTAL $	TOTAL PROJECT
SALARY AND WAGES																
Resident Advisor	260	135.00	35,100	260	141.75	36,855	260	148.84	38,698	260	156.28	40,633	260	164.09	42,664	193,950
Regional Representative	26	202.69	5,270	20	212.83	4,257	20	223.47	4,469	26	234.64	6,101	20	246.37	4,927	25,024
Asst. Regional Rep	78	116.31	9,072	50	122.12	6,106	50	128.23	6,411	52	134.64	7,001	40	141.37	5,655	34,246
Program Officer	26	34.62	900	26	36.35	945	25	38.16	954	26	40.07	1,042	25	42.08	1,052	4,893
Program Manager AME	26	175.77	4,570	15	184.56	2,768	20	193.79	3,876	13	203.47	2,645	10	213.65	2,136	15,996
Regional Program Administrator	26	87.69	2,280	20	92.08	1,842	26	96.68	2,514	13	101.51	1,320	10	106.59	1,066	9,021
Director of Commodities	26	177.69	4,620	15	186.58	2,799	10	195.91	1,959	13	205.70	2,674	0	215.99	0	12,052
Medical Director	13	218.08	2,835	12	228.98	2,748	10	240.43	2,404	13	252.45	3,282	5	265.07	1,325	12,594
Associate for MIS	13	148.85	1,935	12	156.29	1,875	0	164.10	0	0	172.31	0	0	180.92	0	3,810
TOTAL PROFESSIONAL			66,582			60,194			61,285			64,697			58,826	311,586
TOTAL PROFESSIONAL PERSON-DAYS	494			430			421			416			370			
TOTAL PROFESSIONAL PERSON-MONTHS (21.67 days/month)	22.80			19.84			19.43			19.20			17.07			
Admin Assistant/Burundi	260	26.92	7,000	260	28.27	7,350	260.00	29.68	7,718	260.00	31.17	8,103	260.00	32.73	8,509	38,679
Secretary/Burundi	260	19.23	5,000	260	20.19	5,250	260.00	21.20	5,513	260.00	22.26	5,788	260.00	23.38	6,078	27,628
Admin Assistant	26	80.77	2,100	26	84.81	2,205	26.00	89.05	2,315	13.00	93.50	1,216	13.00	98.18	1,276	9,112
TOTAL SALARIES			80,682			74,999			76,831			79,804			74,689	387,005
BENEFITS @ 25% OF SUBTOTAL			20,171			18,750			19,208			19,951			18,672	96,751
Allowances for RA																
Post allowance/differential			7,020			7,371			7,740			8,127			8,533	38,790
TLA, Relocation, R&R			26,975			5,250			5,513			5,788			15,040	58,566
Housing allowance			12,600			13,230			13,892			14,586			15,315	69,623
Education allowance			8,300			8,715			9,151			9,608			10,089	45,863
			54,895			34,566			36,296			38,109			48,977	212,841
TOTAL SALARIES AND WAGES			155,748			128,315			132,333			137,864			142,338	696,598

Vehicle - fuel, maint & repairs			10,000			10,000			10,000			10,000			10,000	50,000
Insurance & Registration			2,000			2,000			2,000			2,000			2,000	10,000
IBM Insurance			1,275			1,109			1,086			1,073			955	5,498
Printing	12	100	1,200	12	100	1,200	12	100	1,200	12	100	1,200	12	100	1,200	6,000
Phones and telex	12	1,000	12,000	12	1,000	12,000	12	1,000	12,000	12	1,000	12,000	12	1,000	12,000	60,000
Courier	*12	500	6,000	12	500	6,000	12	500	6,000	12	500	6,000	12	500	6,000	30,000
Shipping and freight			14,000			0			0			0			0	14,000
TOTAL GENERAL ADMINISTRATION			47,275			32,309			32,286			32,273			32,155	176,298

TRAVEL AND ASSOCIATED EXPENSES

INTERNATIONAL TRAVEL:

S/T TAs: IEC consultant																
- Travel	3	3,000	9,000	4	3,150	12,600	2	3,300	6,615	1	3,473	3,473	0	3,647	0	31,688
- Per diem	58	116	6,728	88	122	10,718	39	128	3,837	15	134	2,014	0	141	0	23,297
Training: PF/Hq staff travel	3	3,000	9,000	2	3,150	6,300	1	3,308	3,308	1	3,473	3,473	2	3,647	7,293	29,373
- Per diem	30	116	3,480	20	122	2,436	7	128	895	7	134	940	14	141	1,974	9,725
- PF/Nairobi staff trav	4	350	2,100	3	368	1,103	2	386	772	0	405	0	2	425	851	4,825
- Per diem	54	116	6,264	36	122	4,385	14	128	1,790	0	134	0	14	141	1,974	14,413
Logistics: PF/Hq staff travel	0	3,000	0	1	3,150	3,150	1	3,308	3,308	0	3,473	0	1	3,647	3,647	10,104
- Per diem	0	116	0	14	122	1,705	7	128	895	0	134	0	7	141	987	3,587
- PF/Nairobi staff trav	0	350	0	2	368	735	1	386	386	0	405	0	1	425	425	1,546
- Per diem	0	116	0	14	122	1,705	14	128	1,790	0	134	0	7	141	987	4,483
Service Del'vr PF/Hq staff trav	0	3,000	0	0	3,150	0	1	3,308	3,308	0	3,473	0	0	3,647	0	3,308
- Per diem	0	116	0	0	122	0	14	128	1,790	0	134	0	0	141	0	1,790
- PF/Nairobi staff trav	0	350	0	0	368	0	1	386	386	4	405	1,621	2	425	851	2,857
- Per diem	0	116	0	0	122	0	15	128	1,790	49	134	6,580	22	141	3,948	12,318
Evaluations: PF/Hq staff travel	0	3,000	0	0	3,150	0	1	3,308	3,308	0	3,473	0	0	3,647	0	3,308
- Per diem	0	116	0	0	122	0	25	128	3,197	0	134	0	0	141	0	3,197
INTERNATIONAL SUBTOTAL			36,572			44,837			37,375			18,101			22,937	159,821

US TRAVEL:

Coordination trips			1,000			1,000			1,000			1,000			1,000	5,000

DOMESTIC TRAVEL:

- travel	12	200	2,400	12	210	2,520	12	221	2,646	12	232	2,778	12	243	2,917	13,262
- per diem	30	29	870	30	30	914	30	32	959	30	34	1,007	30	35	1,057	4,807
			3,270			3,434			3,605			3,785			3,975	18,069
TOTAL TRAVEL AND ASSOCIATED EXPENSES			40,842			47,271			41,980			22,886			27,912	182,890

Management training consultant	0	250	0	21	263	5,513	0	276	0	0	289	0	0	304	0	5,513
TEC Consultant	58	250	14,500	88	263	23,100	30	276	8,269	15	289	4,341	0	304	0	50,210
TOTAL CONSULTING FEES			14,500			23,100			8,269			4,341			0	50,210
EDUCATION AND TRAINING																
S/T external training	14		44,000			54,000			0			30,000			0	128,000
Workshops:																
- Workshops 3 PY1, 2 & 3 6 PY4, 4 PY5																
- Participants: 77 PY1, 196 PY2, 325 PY3, 387 PY4, 325 PY5																
- Travel	77	8	616	196	8	1,646	325	9	2,867	387	9	3,504	325	10	3,160	11,873
- Per diem	14	31	33,418	14	33	89,317	14	34	155,508	14	36	194,432	14	38	171,447	644,122
			34,034			90,964			158,374			198,016			174,607	655,996
Training materials			2,000			2,100			2,205			2,315			2,431	11,051
Resource materials			28,000			0			0			0			0	28,000
TOTAL EDUCATION AND TRAINING			108,034			147,064			160,579			230,332			177,038	823,047
SUBCONTRACTS																
IEL surveys			0			10,000			20,000			20,000			0	50,000
Leadership workshops	0	0	0	2	5,000	10,000	0	0	0	1	5,000	5,000	0	0	0	15,000
Service delivery			0			0			50,000			100,000			150,000	300,000
CPB			10,000			0			0			0			12,000	22,000
TOTAL SUBCONTRACTS			10,000			20,000			70,000			125,000			162,000	387,000
PURCHASED SERVICES																
Guard services			3,000			3,000			3,000			3,000			3,000	15,000
TOTAL PURCHASED SERVICES			3,000			3,000			3,000			3,000			3,000	15,000
TOTAL DIRECT COSTS			497,990			458,389			478,959			586,435			550,520	2,351,042
INDIRECT COSTS @ 28% of Direct Costs			139,439			128,326			134,109			164,216			154,146	720,236
GRAND TOTAL			637,437			586,635			613,068			750,701			704,666	3,071,278

ANNEX I
SUMMARY BUDGET - BURUNDI PROJECT

01-Jan-86

SALARIES	155,748	128,315	132,333	137,864	142,332	696,593
GENERAL ADMINISTRATION	47,275	32,309	32,286	32,273	32,155	176,298
TRAVEL AND ASSOCIATED EXPENSES	40,042	49,271	41,980	22,886	27,912	182,090
EQUIPMENT AND SUPPLIES	118,600	55,250	30,513	30,788	6,078	241,228
CONSULTING FEES	14,500	23,100	8,269	4,341	0	50,210
EDUCATION AND TRAINING	188,034	147,064	160,579	230,332	177,038	823,047
SUBCONTRACTS	30,000	20,000	70,000	125,000	142,000	387,000
PURCHASED SERVICES	3,000	3,000	3,000	3,000	3,000	15,000
TOTAL DIRECT COSTS	497,998	458,309	472,959	586,485	550,520	2,572,270
INDIRECT COSTS @ 28%	139,439	128,326	134,109	164,216	154,146	720,236
TOTAL COSTS	637,437	586,635	613,068	750,701	704,666	3,292,506

EQUIPMENT AND SUPPLIES

IEC materials - suppl,prod,print		25,000	50,000	25,000	25,000	0	125,000
Vehicles	2 30,300	60,600	0	0	0	0	60,600
Photocopier		12,500	0	0	0	0	12,500
Typewriter		1,000	0	0	0	0	1,000
Computer	2 5,000	10,000	0	0	0	0	10,000
Computer peripherals		2,500	0	0	0	0	2,500
Office supplies		3,000	5,250	5,513	5,788	6,078	27,628
Software		2,000	0	0	0	0	2,000
TOTAL EQUIPMENT AND SUPPLIES		118,600	55,250	30,513	30,788	6,078	241,228

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ANNEX J. Excerpts from the Central Committee of the Party (UPRONA) Policy on Population Control, July 1983.

"Burundi is confronted by a problem of demographic explosion. This demographic explosion would not be detrimental if we had a large territory and a strong economy based for example on a strong industry...

"Because socio-economic development has a direct relationship with population, a too rapid demographic growth risks seriously impeding socioeconomic development and wiping out the efforts authorized by the State and the people to increase production. The consequences of the demographic push are felt especially acutely in certain sectors such as agriculture, employment, education and health...

"The Central Committee has affirmed that population control must come about through family planning. But family planning does not mean only, as many people believe, the limitation of births. This is only one aspect of the problem. There is also the protection of the mother and the child, improvement in health care and nutrition, prevention of illness, assistance to couples with involuntary infertility, sanitation through the acquisition of potable water, health housing, through education in general and sex education in particular, and finally through the creation of a better environment that can permit families and the whole population to feel protected and so to have confidence in the action to follow...

"Limitation of births that particularly concerns families is thus necessary to achieve not only population control at the national level but also the protection of the health of the mother and the children.

"In effect, actually, the high fertility rate has particularly detrimental effects on the health of mothers: it is the principal cause of death and illness...
"Fertility reduction would alleviate the pressures put on the infrastructure of Burundi, the country could then concentrate its efforts on preventive medicine, and health education, necessary for a healthy and vigorous people to assure its development...

"The program of family planning education and activities must be an integral part of the medical and social activities of the Party and of all the social Ministries...It is necessary to proceed to the spacing of births, a stage preceding the limitation of births for better control of the demographic explosion that menaces the country...

"The success of family planning is a process that takes a long time, since it requires a fundamental change of attitudes and behavior. It consequently requires continuous, high quality services, provided with care and sensitivity...

"That is why, to guide this program well, it will be especially necessary:

- to consider integrating family planning into other sectors of socio-economic life (health and other development activities);

- to educate adults and their children about family planning and its importance for life;

- to hold education and information campaigns by radio, the press and all media;

- to organize seminar-workshops for health personnel on family planning;

- to anticipate the retraining of all health personnel to prepare them to manage such a program.

"The success of the family planning program for better demographic control lies with the involvement of everybody but especially of public powers through the appropriate services of the State.

"Thus,

- Families and the Burundian people are asked to space and to limit births, taking into account national realities and the explanations that have been given. Limitation of births is not, for the moment, obligatory, but it is recommended.

- The Government must carry out the reforms and research necessary so that this problem can be approached simultaneously from the educational and socio-cultural points of view.

- The Party and the Government must study the possibilities of educating the population concerning family planning. It is especially necessary that men know how they can help their wives to practice contraception.
- The Government must provide sex education for young people of different ages so that they know how to face this problem in time...

- It is also necessary that the Government consider integrating family planning in other socio-economic sectors of the country.

"It is necessary to expand family planning services with a view to extend them beyond the urban centers...Concerning the execution of the program, the Central Committee of the Party has asked the Government, especially the Ministers concerned, the Party and the Integrated Movements to collaborate closely for the success of this endeavor...It has recommended the creation of an organ or a commission charged with coordinating all activities releted to family planning and population control."
(SOURCE: REPUBLIC OF BURUNDI, 1983: Unofficial translation by DDD)