PROPOSED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

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

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: AFRICA REGIONAL

3. PROJECT NUMBER: 698-0462

4. BUREAU/OFFICE: AFR — 06

5. PROJECT TITLE (maximum 40 characters): Family Health Initiative II

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 94

7. ESTIMATED DATE OF OBLIGATION (Under "B" below, enter 1, 2, 3, or 4)
A. Initial FY 86 B. Quarter 4 C. Final FY 91

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

A. FUNDING SOURCE	FIRST FY B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	500		500	87,000		87,000
(Grant)	(500)	( )	(500)	(87,000)	( )	(87,000)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country					33,500	33,500
Other Donor(s)						
TOTALS	500		500	87,000	33,500	120,500

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) PN	400			2,000		67,000		87,000	
(2)									
(3)									
(4)									
TOTALS				2,000		67,000		87,000	

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

11. SECONDARY PURPOSE CODE

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

A. Code	DEL	TNG	BRW				
B. Amount	32,000	35,000	20,000				

13. PROJECT PURPOSE (maximum 480 characters)

To assist African countries to formulate and achieve family planning objectives appropriate to their circumstances

14. SCHEDULED EVALUATIONS
Interim MM 09 YY 88 MM 09 YY 91 Final MM 09 YY 94

15. SOURCE/ORIGIN OF GOODS AND SERVICES
[X] 000 [X] 941 [ ] Local [ ] Other (Specify) _____

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

To increase the life of project funding by adding U.S. $67,000,000 for the planned population subproject for Nigeria.

17. APPROVED BY
Signature: Keith W. Sherper
Title:
Date Signed: MM 06 DD 12 YY 87

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

AID 1330-4 (8-79)

Original PP approved for reference

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ACRONYMS

AFR/DP	Africa Bureau, Office of Development Program
AFR/RA	Africa Bureau, Office of Regional Affairs
AFR/TR	Africa Bureau (of AID) Office of Technical Resources
AID/W	Agency for International Development/Washington
CA	Cooperating Agency
ESA	East and Southern Africa
FARS	Federal Acquisition Regulation System
FHI I	Family Health Initiatives I
FHI II	Family Health Initiatives II
FP	Family Planning
FPIA	Family Planning International Assistance
HPN	Health Population and Nutrition
ICP	International Conference on Population
IQC	Indefinite Quantity Contracts
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
LSGA	Limited Scope Grant Agreement
P/FP	Population/Family Planning
PVO	Private Voluntary Organization
RAPID	Resources for Awareness of Population and Development
REDSO	Regional Economic Development Support Office
S&T/POP	Bureau of Science and Technology, Office of Population
USAID	United States Agency for International Development
WCA	West and Central Africa

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EXECUTIVE SUMMARY

The Family Health Initiatives II (FHI II) project is an eight-year, $20.0 million, regional project to support a full range of population sector activities in Africa. The FHI II Project, like FHI I, is an umbrella project developed for flexibility and speed in meeting population/family planning needs in Africa beyond the scope of bilaterals.

The goal of this project is 1) to enhance the freedom of individuals in African to choose voluntarily the number and spacing of their children and 2) to encourage a rate of population growth consistent with the growth of economic progress and productivity. The purpose of this project is to assist African countries to formulate and implement population and family planning activities in ways compatible with their cultures, resources and development objectives.

Funding will be obligated through a process of identifying, documenting, and approving subprojects, each of which is designed to provide assistance in the population sector. Subproject priorities are based on those established in the 1983 AID Population Sector Strategy (Annex A), including emphasis on the four pillars of policy dialogue, technology transfer, institution building, and private enterprise development. Specific subprojects will finance activities relating to population and health which:

- promote policy dialogue and policy development in support of family planning and population issues;
- build public support for family planning and inform potential family planning users of available services and family planning options;
- provide training opportunities to ensure that essential program-related skills are available to plan, manage, implement and evaluate population/family planning programs.
- develop, strengthen and/or expand family planning information and service delivery systems to address unmet needs for services.
- collect and provide accurate demographic and health data in support of policy development, research and evaluations of family planning operations.

Several of these activities may be included in any country subproject. Proposals for activities may come from a variety of sources such as government agencies, public or private host country institutions, private sector for-profit companies and corporations, host country universities, statistical institutions, research centers, or international private voluntary organizations (PVOs) working in a country.

All Africa Bureau countries are eligible for assistance under the FHI II project, subject to current Agency support criteria.

I. INTRODUCTION AND PROJECT RATIONALE

A. African Population/Family Planning Background

Population growth rates in Africa are among the highest in the world. They are attributable to declining (but still high) mortality rates and sustained high fertility rates.

The 42 African countries included in accompanying Table 1 total 402 million in population and are growing at an average of 3.0 percent per year. If this growth rate continues, the population will more than double in the next 23 years. By comparison, countries in the Latin America/Caribbean and Asia/Near East regions are growing at 2.4 and 2.3 percent per year, with doubling rates of 29 and 30 years respectively.

Such high rates of population growth aggravate Africa's current economic hardships and dampen its prospects for economic and social progress.

Indirect effects of rapidly growing populations are felt in many parts of Africa through excessive demands placed on agricultural production. During the 1970s, agricultural output in 27 African countries failed to keep pace with population growth. In several others, only a slight increase in per capita food production was realized, according to the World Bank. While capacity to expand agricultural production still exists, attempts to intensify land use in many countries have led to overcultivation, overgrazing, and deforestation. In this way, the productivity of this renewable resource is diminished, perhaps permanently.

The effects of rapid population growth can be seen at a family level as well. Table 1 shows total fertility rates, which indicate the number of children a woman can expect to have over her childbearing years. On average, African women can expect to have 6.6 children. This compares to 4.3 children for women in the Asia and Near East region. Large numbers of children tend to strain the ability of families to provide adequate food, health care, and education. Large numbers may also affect the ability of mothers to secure non-home employment or reduce the productivity of mothers in non-home employment.

A more immediate implication of large numbers of children, however, is the health risk associated with high fertility. Many births to African women are high-risk births, defined as births occurring to women under age 20 or over age 40; births following a prior birth by less than two years; and births following the fourth child. Births under these conditions substantially increase the likelihood of deaths and illnesses of both children and mothers.

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TABLE 1.
DEMOGRAPHIC, POLICY, DEMAND AND PROGRAM INDICATORS FOR AID-ASSISTED REGIONS a

	DEMOGRAPHIC INDICATORS (1985)b			POLICY INDICATORS (1983)c				DEMAND INDICATORS (1975-84)d				PROGRAM INDICATORS (1982)e			
				GROWTH RATE	POL	FAM PLAN SUPPORT		% WOMEN WANTING:					SCORE COMPONENTS		
REGION	TOTAL POP (mil.)	POP GROWTH RATE	TOTAL FERT RATE	COUNTRIES (LOW:TOT)	% POP	COUNTRIES (DIRECT:TOT)	% POP	DELAY BIRTH	NO MORE BIRTHS	TOTAL	% USING CONTRAC	PROGR EFFORT SCORE	POLICY	SERVICE	RECORD-KEEP AC
AFRICA	402	3.0	6.6	(12:42)	39	(22:42)	71	34	10	44	7	13	6	5	1
West/Cent	230	2.9	6.4	(5:24)	51	(9:24)	57	34	8	42	8	12	5	4	1
East/South	172	3.0	6.8	(7:18)	23	(13:18)	91	51	15	66	6	15	7	5	1
ASIA/NE	1,479	2.3	4.9	(15:18)	97	(16:18)	97	21	45	66	32	57	17	23	6
Mid/So Asia	996	2.3	4.9	(5:5)	100	(5:5)	100	20	44	64	28	60	18	24	6
SE Asia/Ocn	319	2.2	4.5	(5:6)	88	(5:6)	88	22	46	68	44	60	16	26	7
Near East	164	2.8	5.6	(5:7)	94	(6:7)	98	21	47	67	28	33	13	11	3
LAT AMER/CAR	373	2.3	4.3	(11:23)	43	(17:23)	88	28	62	90	44	48	12	18	6
South Amer	252	2.2	4.0	(2:10)	19	(6:10)	84	31	63	94	48	43	10	16	6
Centr Amer	105	2.7	4.9	(4:8)	93	(6:8)	97	24	60	84	38	59	16	23	6
Caribbean	16	2.3	4.4	(5:5)	100	(5:5)	100	20	59	79	34	47	14	18	5

a: In some cases, regional summaries are based on incomplete data from constituent countries.
b: Population Reference Bureau, 1985 World Population Data Sheet, 1985.
c: United Nations, World Population Trends, Population and Development Interrelations and Population Policies, 1985.
Nortman, Dorothy, "Population and Family Planning", Population Council Factbook, 1985.
d: The Johns Hopkins University, "Fertility and Family Planning Surveys: An Update", Population Reports, Ser. M, No. 8, 1985.
Lapham, Robert and W. Parker Mauldin, "Contraceptive Prevalence: The Influence of Organized Family Planning Programs", Studies in Family Planning, Vol. 16, No. 3, 1985.
e: Lapham, Robert and W. Parker Mauldin, "Contraceptive Prevalence: The Influence of Organized Family Planning Programs", Studies in Family Planning, Vol. 16, No. 3, 1985.

Prospects for declining rates of population growth in Africa in the near term are dimmed by a number of factors:

- Contraceptive prevalence rates are extremely low and family planning programs, with few exceptions, have only recently been initiated in these countries. By and large, individuals and couples throughout Africa do not have accurate knowledge about, or access to, safe and reliable contraceptive methods. Indeed, there is a significant amount of misinformation.

- Crude death rates, which are extremely high in many of these countries, are likely to decline more rapidly than birth rates, thus contributing in the short-term to rising population growth rates.

- An early manifestation of modernization in developing countries is the abandonment of traditional de facto methods of contraception, such as prolonged breastfeeding and postpartum abstinence from intercourse. In Africa, such abandonment often takes place where access to modern contraceptive services is absent or limited.

- Deep-seated traditional attitudes are strongly pronatalist: parenthood proves fertility, strengthens marital bonds, enhances social and economic status within the community, and conforms to religious teachings. And with additional children, parenthood is thought to ensure old age welfare and strengthen the extended community (tribe) relative to rival communities. Additional children also are a safeguard against loss to childhood disease. As well, children contribute to the family as economic resources.

B. Current Situation

1. Policy

Twenty years ago, African countries did not perceive development to be hindered by population growth, nor family planning as an effective health measure. In many countries, rapid population growth was thought to be essentially advantageous. As recently as eleven years ago, African countries generally supported the position voiced at the 1974 World Population Conference at Bucharest that provision of

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family planning services was secondary to development advances in reducing rates of population growth. As more demographic information and data became available, government leaders have come to recognize both the economic and health value of offering effective family planning services.

During the past decade, and especially in the past five years, many countries have adopted policies promoting lower rates of population growth and have begun supporting family planning programs as a means of lowering growth rates and of improving maternal and child health. Policy indicators for African countries are displayed in the second panel of Table 1. Of the 42 African countries available for AID assistance, twelve (as of 1983) have formulated explicit policies for lowering high population growth rates. The populations in these twelve countries represent nearly 40 percent of all African populations. Many more African countries have formed population commissions to study population issues and direct formulation and implementation of national policies.

Eleven additional countries have no explicit policies to lower population growth rates but directly support family planning programs. Government support of family planning in these instances often reflects the acceptability of voluntary family planning programs as an important public health intervention.

Recently, growing numbers of African countries have demonstrated support for family planning services through statements at international fora. In preparation for the 1984 International Conference on Population (ICP) in Mexico City, African leaders met in Arusha, Tanzania, in January of that year. Forty countries adopted the "Kilimanjaro Program of Action" on population. This document recommends steps necessary for establishing effective population policies and family planning programs.

At the ICP itself, representatives of all African nations approved the World Plan of Action which encourages policymakers to "continue to promote and support actions to achieve an effective and integrated approach to the solution of population and development problems by arousing public awareness and working towards the implementation of national population policies and programs." African parliamentarians met in Harare, Zimbabwe, May 12-16, 1986, and issued a strong statement supporting population and family planning programs.

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2. Contraceptive Practice

Most family planning programs in Africa have a very short history and service limited areas. Use of contraceptive methods among women aged 15-49 is very low throughout the region. Statistics presented in the third panel of Table 1 confirm low levels of contraceptive practice. With three exceptions, the percent of women using modern or traditional methods is under 10 percent.* In contrast, 11 of 12 countries surveyed in the Asia and Near East region and 6 of 14 in the Latin America and Caribbean region have over 30 percent of women using some form of contraception. Clearly, expanded family planning service delivery is required before significant declines in fertility and improvement in maternal and child health status can be realized.

Traditional methods of birth spacing are widely accepted and practiced in many different societies in sub-Saharan Africa. A recent AID-funded survey in one region of Zaire, for example, showed over 90 percent of the women approving of family planning for spacing or limiting births and over 50 percent currently using a traditional method of contraception. These methods, however, are generally less effective than modern methods and may become abandoned as populations relinquish traditional attitudes and practices.

There is reason to expect that, once widely available, family planning services will be increasingly used in Africa. While prevalence rates in Africa are generally low, areas where family planning information and services have been made available have experienced high rates of contraceptive acceptance and use. Zimbabwe is a striking example. Results from a 1984 survey showed 39 percent of married Zimbabwean women practicing family planning, with 27 percent using modern and 12 percent using traditional contraceptive methods.

Finally, evidence from sample surveys suggests substantial demand for family planning services. Unmet demand for family planning has been measured from surveys in nine different African countries. In these surveys, between 30 and 64 percent of the women stated a desire to either limit family size or delay their next pregnancy.

Both policy considerations and understanding current contraceptive attitudes and practice lead toward official policies to reduce population growth and, in many more countries, into strengthened government commitment to family

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* Many of these estimates reflect prevalence rates in the early 1980s and late 1970s. Current rates, in most cases, would be somewhat higher.

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planning. AID, through its wide range of centrally funded projects and bilateral population programs, has made important contributions to the population/family planning sector. Nevertheless, the implementation of population policies and the institutionalization of high-quality, client-centered family planning services at the grass-roots level remain a formidable challenge.

C. AID Population Sector Strategy

AID has more than a 20-year commitment to family planning. AID's official population sector strategy statement includes key elements as follows:

- Conformity of sector strategy to current Agency priorities, e.g., emphasis upon host country policy development, the private sector, institutional development, and technology development and transfer.
- Two basic population policy objectives: (1) free personal choice of the number and spacing of children and (2) population growth consistent with economic progress and productivity.
- The view that, "service delivery, together with support for related research, are the highest priority population assistance activities."
- Recognition that efforts will be more effective if they are guided and supported by strong government policies and a combination of public and private sector programs.
- Acknowledgement that . . . "Efforts in all development sectors affect the demand for and use of voluntary family planning."
- AID support to programs to ensure the widespread availability of high quality voluntary family planning services through which couples who wish to do so can regulate their fertility.

The Agency Strategy is included as Annex A, as it serves as the basis for project design and a guide for subproject selection for this Family Health Initiatives (FHI) II project.

D. Previous AID-Sponsored Activities in Africa

Interest in population/family planning is relatively new in Africa. It is therefore not surprising that prior to 1983, proportionately few population resources, for the number of countries and populations involved, were allocated to Africa.

In FY 84, approximately $45 million or 18 percent of direct bilateral, regional, and central funds were allocated to African population projects. In FY 85, with Africa designated as a priority, the dollar figure increased to $58 million, representing 20 percent of all direct population funds. Overall population funding for FY 86 has dropped slightly. Regrettably, as African governments are becoming more aware of the population growth on development and are moving to adopt favorable population policies and to initiate family planning programs, donor support appears to be waning. AID funds for population activities for FY 87-88 are expected to be reduced due to Gramm-Rudman-Hollings; UNFPA funding to Africa has been cut; IPPF support is limited; and few African countries are willing to borrow from the World Bank for loans for FP activities.

To maintain the positive policy climate and momentum in support of population activities which has been building in Africa over recent years, it is imperative that sufficient funds be allocated to priority population activities. This FHI II project offers a convenient and flexible mechanism for channeling direct population funds to African countries. To sustain growth in population programs in Africa, funds for Africa must become an increasingly large part of the declining Agency total.

E. Basis for a Continuing FHI Project

As described above, there is good reason to believe that the pace of population activities in Africa will increase. Accordingly, the next five to ten years will be of critical importance in determining the size, character, quality, and success of African family planning programs which are essential to African development. It behooves both donors and recipients to take full advantage of family planning program opportunities during this period.

As noted above, this increased interest coincides with stringent U.S. budget-tightening measures. AID faces the healthy challenge of making best use of limited funds by carefully selected support of deserving programs. Experience with the predecessor project, FHI I, supports the continuation of this approach.

In the period FY 80-85, the FHI I project supported some 30 activities with a cumulative value of $17,375,000, benefitting virtually every developing country of the Africa Region to some degree. (A list of FHI I projects is included as Annex B.) A comprehensive mid-1985 evaluation of this effort is reported in Evaluation of Family Health Initiatives. A summary of evaluation recommendations and the AFR/TR response is attached as Annex C. Of principal note is the team's

advocacy of: FHI project continuation; project flexibility to respond to changing field conditions, and expanded field role. Specific evaluation recommendations have been incorporated into this successor project FHI II.

The umbrella-project approach has worked well in the FHI I Project. With modifications, clarification of goals, clear project selection criteria, and delineation of AID/W and field responsibilities, FHI II is expected to be even more effective. FHI II affords an exceptional opportunity to apply scarce population/family planning resources to best effect, at a critical time in the evolution of African population/family planning programs. It makes effective use of AID field expertise for program design and implementation. It provides essential flexibility, to accommodate changing conditions, including ready expansion or contraction of population/family planning support to Africa, as required by fluctuating availability of funds.

Its unique nature as an umbrella project, i.e., as a variety of subprojects dedicated to a common goal, will permit AID to identify and seize program opportunities whenever and wherever they may arise--subject to availability of funds. Hence, events such as improved population/family planning climates arising through a change of ministers, promulgation of a new population policy, or incorporation of family planning instruction in a medical/nursing school curriculum could provide opportunity for prompt, custom-tailored assistance.

Another advantage of the FHI mechanism is the opportunity it affords for trial activities--low-cost demonstrations and introductory activities which, if successful, could lead to the development of bilateral programs. In this case, the FHI project can "bridge" between seeding, developmental activities and a full-fledged bilateral. Examples: Support to local women's groups in promoting FP; establishing linkages with child survival activities.

Still another FHI characteristic of substantial value to operational program success is the direct and continuing input of REDSO and USAID population advisors and other field personnel. The relative autonomy extended to the REDSOs and Missions under FHI II delegations of authority contained in the paper will effectively place, subject to broad AID/W guidelines and fund allocation, subproject design, review, approval, and implementation in the field. In effect, to the greatest feasible extent, project identification, design and management will be vested in field organizations with intimate knowledge of subproject conditions.

II. THE PROJECT

A. Project Description

The FHI II project is an eight-year, $30.0 million project, of which AID is contributing $20.0 million from various sources. It is a regional project to support a full range of population sector activities in Africa. The FHI II project, like FHI I, is an umbrella project developed for flexibility and speed in meeting population/family planning needs in Africa beyond the scope of bilaterals.

Funding is obligated through a process of identifying, documenting, and approving subprojects, each of which is designed to provide assistance in the population sector. Subproject priorities are based on those established in the 1983 AID Population Sector Strategy, including emphasis on policy dialogue, technology transfer, institution building, and private enterprise development.

All Africa Bureau countries are eligible for assistance under the FHI II project, subject to current Agency support criteria.

B. Project Goal and Purpose

Consistent with the AID 1982 Population Policy Paper and the 1983 Population Sector Strategy, the goal of this project is 1) to enhance the freedom of individuals in African countries to choose voluntarily the number and spacing of their children and 2) to encourage a rate of population growth consistent with the growth of economic progress and productivity.

Within the above context, broadly interpreted, the purpose of this project is to assist African countries to formulate and implement population/family planning activities in ways compatible with their cultures, resources and development objectives.

C. Output Targets

By the very nature of this regional umbrella project, its outputs are the summed results of its discrete subprojects. In each case, outputs will be stated and agreed upon, in the subproject design and approval process. Overall project achievement will be evaluated against subproject-specific output indicators as developed over the life of the project.

The FHI II Project offers a mechanism to initiate population and family planning activities in those African countries which do not currently have bilateral programs in the population sector and to provide funds for complementary activities in those countries which do have such bilateral programs either ongoing or under design.

The FHI project addresses the four priority emphases of the Agency: policy dialogue, institutional development, technology transfer, and the use of the private sector. The FHI Project encourages achievement of these policy objectives through a balanced mix of activities. First, the project intends to assist African countries to formulate or strengthen population policies and to assist them in reviewing laws and directives affecting family planning service delivery. Second, the project will build or strengthen host countries' public and private institutions by providing management-oriented, short- and long-term technical assistance and training for development planners, and service delivery system managers and by supplying basic equipment and supplies, such as examining tables and contraceptives. Complementary technology transfer will be provided through P/FP information, training, and operational program review, furnished by direct hire and cooperating agency FP advisors. Finally, the project will investigate ways to encourage the effective use of the private sector as a channel to increase the delivery of safe, effective, and voluntary contraceptives in Africa. Overall project emphasis will be on increasing the acceptability and availability of affordable family planning information and services in Africa.

Based on priorities established in the 1983 AID Population Sector Strategy, the FHI II project intends to finance subproject activities relating to population and family health which:

- promote policy dialogue and policy development in support of family planning and population issues;
- build public support for family planning and inform potential family planning users of available services and family planning options;
- provide training opportunities to ensure that essential program-related skills are available to plan, manage, implement and evaluate population/family planning programs.
- develop, strengthen and/or expand family planning information and service delivery systems to address unmet needs for services.

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- collect and provide accurate demographic and health data in support of policy development, research and evaluations of family planning operations.

Depending upon case-by-case circumstances, subproject output targets may be as precise as ". . . to increase contraceptive prevalence from 7 to 15 percent in country X within two years . . ." or as general as ". . . to enhance population/family planning knowledge and perspective . . .", in the case of invitational travel by key Ministers. Illustrative lists of subproject activities are included in Annex D.

Provision is also made for mini-grants not classified as subprojects, to satisfy small, ad hoc requirements or targets of opportunity arising during the operational year.

D. Project Inputs

Project inputs will be identified on a case-by-case basis in subproject documents and financial plans. Judging by the predecessor project FHI I, initial inputs will relate to elementary needs of start-up population/family planning activities with especially significant contribution to technical assistance, training, information education, equipping and upgrading costs, as well as medical and contraceptive supplies.

Specific AID inputs are anticipated to include the following:

- Short- or long-term advisory services.
- Short- or long-term training in the U.S. or third country.
- Renovation, upgrading, or expansion of existing facilities, where justified, but no new construction.
- Purchase of basic medical equipment/supplies and contraceptives; provision of audio-visual and other training aids; procurement of vehicles, where necessary.
- Local direct costs (per diem, travel/transportation, production of education and training materials, records and forms, materials and supplies) for policy development, information and education, training, service and operations research activities.
- Recurrent costs and local salaries will be financed only with exceptional justification and where a phase-out plan is included.

Cooperating-country and other-donor contributions will be required to the greatest feasible extent, including personnel and in-kind contributions (office space, clinic facilities, transportation, clerical and professional services, etc.). Also, projects which offer prospects of cost recovery (through fee-for-services, sale of contraceptives, etc.) will receive priority consideration.

E. Criteria for Subproject Selection

Subprojects, with a LOP funding level not to exceed $3 million, will be authorized by REDSO or AID/W. (See Section III.B for further elaboration). Subproject proposals may include activities from government agencies, public or private host country institutions or companies, host country universities, statistical institutions, or research centers, or from international private voluntary organizations (PVOs) working in a country.

The selection of countries in which to carry out subprojects will be based on the following criteria (Given anticipated funding levels of approximately $4 million annually, it is not anticipated that over 3-4 new projects can be undertaken in any year):

- Agency priorities. Countries which have high overall priority for AID. These priorities are developed periodically in collaboration with the State Department.

- Demographic importance. Countries with large populations and high growth rates.

- Stage of population/family planning activities. Countries in their early stage of program development.

- Lack of bilateral program. Countries not having, or not eligible for, bilateral programs in population. FHI assistance is not necessarily precluded if a bilateral exists, but activities must be complementary and not duplicative.

- Potential for impact. Subjective judgement of mission and REDSO as to the readiness of the country to make a significant gain in policy development or service commitment. This criterion will consider

the scale of activities and absorptive capacity.

- Indication for self-help. Countries evidencing commitment to population/family planning objectives through such measures as (a) official population policy and public announcements; (b) public information and education programs; (c) appropriate laws, regulations, tariff exemptions (on family planning supplies); (d) funding of population/family planning activities, to include indirect and in-kind contributions, acceptance of private sector as a partner in FP service delivery.

Subproject selection will also depend in part on the stage of AID programming in candidate countries:

- Regional funding for missions which are not eligible for bilateral funds or do not anticipate substantial bilateral population activities.

- Seeding activities for missions which would like to initiate population activities but are constrained from full-fledged bilateral programs at the current time.

- Bridging activities for missions which would like to lay preliminary foundations before embarking on larger, more substantial bilateral activities.

- Complementary activities for missions with bilaterals which would like to complement their bilateral activities with additional, discrete and specific project activities.

Priorities for specific countries are tentatively identified in Table 2. Given changes in mission preferences and possible changes in host country political and social support for population activities, this categorical ranking is subject to revision. Also to be considered are backlog activities from FHI I--activities deemed premature or otherwise unsuitable under the earlier project. Examples: buy-in to Family Planning International Assistance activities in Zambia; contraceptive support to Mauritius; establishment of a bilateral program in Lesotho; support to ESAMI regional FP logistics project.

Table 2
Initial Country Priorities for FHI II Projects

Country Priority	Regional Funding Only	Seeding for Bilateral	Bridge to Bilateral	Complementary to Bilateral
High	Nigeria Ivory Coast Chad		Cameroon	Zaire Ghana Burkina Faso Kenya Niger
Medium	Mauritania Benin Sierra Leone Gambia	CAR Congo Guinea	Liberia	Senegal Mali Togo
Low	Gabon Guinea-Bissau Equat. Africa Cape Verde Sao Tome et Principe			

The content of activities to be included in a subproject will depend on the status of the country's population policy development. AID's population sector strategy (Annex A) recognizes that countries fall into three categories for population activities --those characterized by initial program development; those characterized by broad program assistance and those in the phase-out of population assistance. All the countries in Africa fall into the first two categories.

In all cases, specific subproject activities will consider what other donors and centrally-funded CA's are doing as well as the potential of the activities for programmatic impact, replication, and cost-effectiveness. Organizations carrying out these activities must have documented commitment and management capacity to carry out subproject activities.

As noted above, major country subprojects are not expected to be more than 3 or 4 in number per year, each selected for programmatic value and feasibility. The anticipated completion date of subprojects will be coordinated with the anticipated FHI II completion date.

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In addition to subprojects, and within allotted funds, REDSO directors will be authorized to approve, with minimal formality, expenditures of up to $10,000 per activity for mini-grants in support of this project. Each mini-grant will be fully documented, with respect to justification, conformity to applicable directives, and program results. Examples of the types of activities under this category include: purchase order for printing of report, films, materials, and books/supplies; travel and per diem support for conference/meeting attendance or participation; one time technical assistance or consultant support; and small, discrete activities.

Country specific illustrations.

Please note: these examples are purely illustrative; The strategies are hypothetical, and have not been cleared by the missions.

Cameroon. Because of its high population size, and early stage of program development, Cameroon would be a high priority for FHI II subproject development. Currently there is a limited amount of population activity through centrally funded activities: RAPID II in the policy development area, JHPIEGO in training and FPIA in support of a family planning clinic. Through centrally and regionally funded projects, AID is participating in the funding of a fairly large survey of attitudes and contraceptive practice.

In the meantime, the mission will continue to identify individuals to go outside for training in family planning, reproductive health, and policy development.

In order to follow-up on these seeding activities already underway, an FHI II subproject will be developed to bridge to an eventual bilateral program in family planning.

Given the early stage of population policy development, the project would emphasize

- -- continued policy development with Ministry of Plan
- -- development of IEC messages
- -- Pilot testing of service delivery approaches (based on results of Family Life Survey and using Ministry of Social Affairs, Ministry of Health as well as private providers).

The specific subactivities, would be developed jointly with the mission and REDSO through a needs assessment and strategy. The ability of the mission to staff and manage the project would be explicitly considered in the subproject development. If anticipated staffing were judged insufficient, funding for a PSC would be included in the subproject. Procurement will depend on the specific activities selected, a combination of buy-ins and grants for local costs.

Congo. The Congo falls into a medium category country given its population size and growth rate. As it has no bilateral program, and is dependent on USAID/Zaire for backstop, it will not become a bilateral country; all population activities will be centrally and regionally funded. An assessment was carried out in 1983 which indicated that it would be appropriate for AID to fund service delivery in areas not served by UNFPA projects. This report would need to be updated by USAID Kinshasa staff with help from REDSO and other experts as needed, and submitted for approval. Obligations would be carried out through a limited scope grant agreement. The grant would provide funding for a PSC in Congo, with technical backstop in USAID/Zaire.

AID/W managed subprojects will be limited to those which benefit both subregions (ESA and WCA) and which require US-based management. Authority will be delegated to the Director of AFR/TR to approve subprojects up to one million dollars life of project costs, according to the following criteria:

1) Activity is proposed or concurred in by both REDSOs.

2) Activity contributes to bilateral and centrally funded programs.

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3) Activity strengthens local institutions in LDCs.

4) Activity provides training and short-term technical assistance to field missions.

F. Programming and Budget Considerations

The expiring project, FHI I, is expected to complete current FHI activities within existing funds (through FY 86), leaving FHI II free to undertake new population/family planning activities. For FHI II, $20.0 million of A.I.D. funds will be required for an eight-year period. Adequate financing for the FHI II project assumes that the Africa Bureau will receive an increasing proportion of scarce Agency population funds.

Table 3:

FHI II Funding
Requirements and Sources ($000)

	SOURCES	Requirements
I	AID	20000*
II	INTERNATIONAL AGENCIES	0
III	HOST COUNTRY	10000
	TOTAL	30000

* INCLUDES 500 FY 86

Budgetary constraints and growing demand for population/family planning program assistance will necessitate exceptionally high subproject selection standards and careful money management for FHI II.

Apportionment of funds between REDSO/ESA and REDSO/WCA, and AID/W-initiated activities will be determined by AID/W based upon projected availability of funds and field submission of plans for the forthcoming budget year. These plans will provide a brief description of each activity and its estimated LOP cost. Preliminary apportionment of budget year funds will be determined annually on the basis of selection criteria. Approximately half of field resources will go to each region .

As a preliminary estimate, it is anticipated that 25 percent of the funds will be devoted to AID/W-managed subprojects and 75 percent to field managed subprojects. FHI II will be treated as a field project, governed by established guidelines for REDSO and USAID activities. Separate financial control and accountability will be maintained for each subproject. The FHI II contribution levels reflect a balance between program needs, absorptive capacity, management capability, and budgetary constraints. They assume continuation of AID's long standing commitment to population programming costs including establishment of new bilateral projects.

Table 4 illustrates the proposed FHI II budget requirements by fiscal year. Total A.I.D.budget requirements for the FHI project are estimated at $20.0 million. It is anticipated that program focus will be allocated for funding as follows: policy development, 10 percent; information/education programs, 15 percent; training and human resource development, 20 percent; public and private sector service delivery, including contraceptive commodities, 50 percent; operations research and data collection, analysis, and dissemination, 5 percent.

TABLE 4

AID FHI BUDGET REQUIREMENTS BY FISCAL YEAR (000's)

87	4000
88	4000
89	4000
90	4000
91	4000
Total	20000

G. Measuring Performance

It is difficult to measure the performance of an umbrella project which differs from the classic project design by having a series of subprojects with unknown but highly variable content. As described in Section IIC, performance will be measured at the subproject level in terms of performance criteria established within each subproject at the time of approval.For example, a subproject in policy development might

be measured as follows:

Subgoal	assessment of political climate in support of family planning
Subpurpose:	institutional improvements for policy analysis; increased organizational skills
Outputs:	number of policy analyses, reports, procedural seminars held and persons trained
Inputs:	technical assistance, lowered costs, training, computer hardware and software.

A subproject in service delivery would have a different set of criteria. Illustratively, it might be as follows:

Sub Goal:	to increase access to voluntary family services
Sub Purpose:	improved institutional capability and more efficient service delivery
Outputs:	number of family planning acceptors, persons trained; cost per user
Inputs:	contraceptives, technical assistance, training, local costs.

Clearly expressed evaluation criteria and outputs will be required for subproject approval.

At the project level, subprojects will be approved and monitored according to their ability to contribute to the regional goal of improving access to family planning services and encouraging a rate of population growth consistent with economic development. It is the sum of the country specific and AID/W managed subprojects which will have to be assessed against this goal.

III. IMPLEMENTATION

A. Management

The mid-1985 evaluation of predecessor project FHI I stated that "AFR/RA has done a laudable job in managing the FHI project. AFR/RA, however, operates under several constraints that inhibit the staff with expertise in the field of population and family planning and the lack of travel funds to

visit cooperating agencies and subprojects, as necessary."

In this context, as reported by 86 Abidjan 16332, discussions were held at a REDSO/WCA scheduling conference in Abidjan, concerning feasibility and desirability of transferring future FHI funds, technical and financial management to the REDSOs. The cable noted staff cuts in AFR/TR, the presence of technicalexpertise in both REDSOs, and the need to give greater emphasis to direct field activities. It concluded that ". . . REDSO/WCA agrees it could assume management responsibility for the FHI project for West and Central Africa as an extension of the service REDSO is already providing in the field." Concurrence was also expressed by REDSO/ESA in 85 Nairobi 40214: "Based on discussions with AFR/DP . . . during scheduling workshop in September 1985, REDSO/ESA concurs in transferring the Family Health Initiatives Project funds to REDSO/ESA."

Thus, a major feature of FHI II is the decentralization of management of the project. Overall project coordination and fund allocation will reside in AFR/TR. Authority to approve, authorize, and obligate subprojects except those AID/W authorized subprojects will reside with the REDSOs. Specific responsibilities follow:

<u>AID/W</u> will be responsible for:

- Overall management of the FHI umbrella, although most subprojects will be managed in the field, primarily by REDSO's.

- Coordinating FHI II affairs in AID/W including annual budget submission, project-wide reporting, and inter-Bureau communications.

- Budgeting and allocating annual FHI II funds on the basis of selection criteria.

- Responding to REDSO and mission requests for AID/W assistance in project implementation, including provision of information, facilitating communication, coordination of activities, provision of technical advice and services, evaluation, etc.

- Providing contracting, procurement, and other AID/W support services, for AID/W sponsored subprojects according to established agency usage.

- Arranging, funding, and managing AID/W-sponsored subprojects to include goods and services best provided and managed from the U.S., e.g., cooperating agency services benefitting both REDSOs; contraceptives through S&T/POP's central procurement contract; bulk purchase of equipment, materials, and publications for general African distribution.

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- Monitoring overall project performance on the basis of periodic field reports, subproject and project aluations, and field visits.

2. <u>REDSO (WCA and ESA)</u> will be responsible for:

- Working with missions to develop annual country work plans for FHI subprojects.
- Submitting annual budget requirements to AID/W.
- Once budget reservation is approved by AID/W, assisting missions in preparing field subprojects, and developing necessary supporting documents in the format and content prescribed by the REDSOs and by the method of obligation.
- Formally reviewing field subprojects against standard selection criteria and procedures.
- Approving and authorizing subproject activities.
- Obligating funds, or assisting missions, according to existing delegations of authority, in obligating funds for field activities.
- Monitoring and supervising overall progress of field subprojects.
- Taking the lead in evaluation of umbrella project and subproject perfomance.
- Reporting to AID/W at least biannually the status of subproject activities with necessary documentation, including obligations, expenditures, and dates.

3. <u>USAID Missions</u> will be responsible for:

- Identifying potential subprojects for FHI II funding (with REDSO providing assistance if necessary) and submitting requests to REDSOs.
- Preparing necessary documentation for subprojects and submitting it to REDSO for review.
- Once subprojects are approved, obligating funds, as appropriate.
- Monitoring specific subproject(s) in country.
- Reporting to REDSO and/or AID/W as required on status of the project.

In order to carry out the above responsibilities, the Director of AFR/TR will require authority, within Africa Bureau guidelines, for approval and implementation of U.S.-based subprojects for projects up to $1 million over the life of the project. This authority is additive to existing agency and Bureau directives.

The directors of REDSO/ESA and REDSO/WCA will require authority to approve, authorize, obligate, and manage certain subproject funds.

The USAID mission directors, as appropriate, will require ad hoc authority to obligate and manage field subproject funds.

B. Implementation Plan

1. AID/W-Managed Subprojects

The REDSO's and AID/W may find that specific activities are desirable for all of Africa, leading to subprojects benefitting both REDSO's. Examples would include custom-designed training for African participants, central procurement of medical equipment or a special study or evaluation. Such projects would be undertaken by AID/W, in consultation with the REDSO's.

As subprojects are identified, AID/W will be responsible for proposal, review, and approval and for fund obligation, in close collaboration with the REDSOs. Obligation modes include a) Buy-ins to existing AID cooperative agreements and contracts; b) direct procurement through 8(a) firms, Indefinite Quantity contractors (IQC), and/or purchase orders; and c) competitively procured contractors through Requests for Expressions of Interest; Request for Proposals or Request for Applications. All existing FARS will be carefully observed.

Both REDSO directors have examined the additional management burden on their staffs as a result of management responsibilities of FHI II. This burden is viewed as an extension of the service currently provided to field missions. Population officers are expected to provide technical advice, design, monitoring and evaluation support as needed. Contracting authority will fall to REDSOs or USAID missions according to existing Class A, B and C designations.

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2. REDSO-Managed Field Subprojects

Subproject Approval Process:

The kinds of field subprojects to be funded under the FHI II are for the most part short term discrete activities. Because population sector work is just beginning in Africa, direct interventions are considered the most productive. Within the flexible framework of FHI, USAIDs and host country governments are expected to make use of the funds in a targeted fashion, taking into account the particular needs and stage of program development in each country. Accordingly, each mission which wants to be considered for funding under FHI-II will prepare a yearly plan outlining how they propose to take advantage of the FHI project. This submission should include not just specific subproject ideas, but also a general operating framework and goals. For example, in those countries where population activities are just being initiated, USAIDs should justify the steps chosen to be carried out first. In those countries which are ready to move forward more actively on a larger scale service delivery, the plans should outline broad service targets. And finally, in countries with bilateral population projects, the role of proposed FHI subprojects in enhancing overall progress in the population sector will need to be justified. These submissions will be the basis on which country funding levels are decided.
Technical and managerial support to prepare such a yearly workplan will be provided as needed by the REDSO regional population officer(s), with back-up as needed by AFR/TR/HPN and S&T/POP. To insure adequate time for preparation and review of the plans, FHI II planning cycle will follow the time frame on the following chart:

Deadline	Action
July 1	REDSO cable requesting preparation of annual workplan
July-October	REDSO Technical Assistance visits, as required
Mid-September	Estimate of REDSO needs to develop workplan/subproject presented at scheduling conference or Draft workplan available for review with population officers at scheduling conference
October 15	Submission of workplans

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October-November 15	REDSO review of workplans
November 15	REDSO present budget request to AID/W on which AID/W makes decision on field subproject budget alllocation.
December 15	AID/W advises of budget allocations
December-May	REDSO works with missions to develop specific subproject documentation to be submitted and approved by REDSOs
January-July	REDSO and/or Mission obligate funds as appropriate

The planning cycle for FY 87 will begin in July 1986. Two or three days before the REDSO September scheduling conferences, the population officers will meet with officers from those missions who are interested in taking advantage of FHI to explain who to best make use of the project's various obligation modes, to outline in more detail what kinds of subprojects can be supported under the various S&T/POP programs, and to review or help Missions prepare their FY yearly plans.

The planning cycle for FY 88 will focus not only on the yearly plans, but also serve as a management review of the subprojects underway. The management review will examine both whether the FHI project is being fully utilized and whether the inevitable increase in management time created by FHI subproject activities is acceptable to USAIDs. The management review will also set the stage for a project evaluation toward the middle of FY 90, discussed in more detail in Section III.C.

Subproject Implementation:

Although field aspects of the FHI project will be managed out of the REDSOs, Missions will be able to choose the extent to which REDSO will be involved in their individual country activities. This flexibility is built into the project not only via the availability of REDSO technical assistance, but also by providing several different obligation modes, as indicated below:

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- Mission or REDSO add-ons ("buy-ins") to ongoing S&T centrally-funded activities. These will be accomplished through PIOs which outline Mission or REDSO requirements from the centrally-funded projects but do not change the scopes of work from those originally competed in the already approved activity. (Most S&T projects have been designed with ceilings high enough to accommodate the add-ons and have been encouraged by S&T/POP to do so.)

- Mission or REDSO direct procurements. Missions will prepare and sign Limited Scope Grant Agreements (LSGAs), and REDSO and/or USAIDs will prepare and sign cooperative agreements or contracts, as appropriate, for sub-activities under this project and depending on Mission's preferences as to the extent of REDSO involvement in subproject management. This process will conform to existing delegations of contracting authority.

- Regional activities funded and managed by REDSO. Regional projects can be identified for FHI subproject for which REDSO (either REDSO/WCA or REDSO/ESA) management is appropriate and necessary. Examples of such projects would be a regional conference, workshop, regional institutes study tour, special study. In such cases, REDSO will manage these activities and will obligate funds for them on an individual basis either through an S&T/POP centrally-funded "buy-in" or through direct contract mechanisms.

2C. Evaluation Plan

1. Ongoing Monitoring

Field performance monitoring will be provided principally by USAID field personnel in subproject countries and augmented by REDSO population officers who travel extensively in the region to support population/family planning program design and implementation. It is estimated that REDSO population officers will visit the more active FHI II programs two times per year, spending an average of three to four days per location -- more if necessary.

2. Management Reviews

This project is designed for an eight-year period. It is important to review it reasonably early, in order to determine progress and fine tune or make adjustments. However, it would be counterproductive to field a full-scale project evaluation before the project has had an opportunity to demonstrate its ability to achieve its purpose. Therefore, as discussed above, a management review by the REDSO and the concerned Missions will be undertaken during the FY 87-88 planning cycle, and annually thereafter, to determine what, if any, mid-course changes are required. At the time of the annual management review, special attention will be paid to the question of management of subproject activities, to ascertain whether they are creating unacceptable management burdens for USAIDs. Also, a determination should be made whether or not to proceed with plans for bilateral activities. AID/W will also conduct biannual management reviews to assess status of budget allocations and obligations.

3. Project Evaluation

A final project evaluation will be made at the end of the last project year. The purpose of the evaluation will be to assess project performance and impact of the subprojects individually and collectively. The output indicators of the various subprojects will serve as the quantifiable measures to be evaluated for overall project performance. A major evaluation question will be whether to proceed with a follow-on project and if to determine what improvements might be made in project design.

4. Cooperating Agency Evaluations

It is anticipated that a substantial amount of the FHI II funds will be obligated through "buy-ins" to existing S&T projects which already include evaluation plans. It will, therefore, be appropriate to rely on those efforts for evaluation for qualifiable review of subproject activities, general agency performance, and impact of subproject activities.

ANNEX A

AID POPULATION SECTOR STRATEGY

This strategy provides guidance on implementation of the Agency Population Assistance Policy. It is based on recent scientific knowledge and program experience, and stresses the priority emphases of the Agency: host country policies, the private sector, institutional development and technology development and transfer.

AID has two basic population policy objectives: 1) to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children, and 2) to encourage a rate of population growth consistent with the growth of economic progress and productivity. Service delivery, together with support for related research, are the highest priority population assistance activities. Implementation of AID's population policy involves both:

- programs in other development sectors which influence parents' desire to space or limit the number of children and enhance their ability to understand and use effectively modern methods of contraception; and

- programs to ensure the widespread availability of high quality voluntary family planning services through which couples who so wish can regulate their fertility.

In most cases, both types of effort will be more effective if they are guided and supported by strong government policies and a combination of public and private sector programs.

Neither the causes nor the consequences of rapid population growth are sector specific. Thus, efforts in all development sectors affect the demand for ar use of voluntary family planning. For this reason, AID's population strategy is necessarily broader than those activitie directly covered by the population account, e.g., support for family planning programs; demographic, social science, operations and bicmedical research, and policy analysis.

Identification of social, cultural, and economic conditions that contribute to high birth rates and affect the implementation of voluntary family plannin programs provides tha context fo a country-specific population strategy; these factors also suggest policy reforms and programs funded by other development sector accounts. These initiatives should be encouraged by AID, whether or not they receive AID assistance. These conditions an the strategy options to address them should form part of mission policy discussions with host governments. Below is a list of social and economic conditions and strategy options which, in addition to availability of family planning information and services, affect fertility. These areas of strategy are principall justified as initiatives to promote improved health, education, etc.; they are included in the population sector strategy because of their additional impact on the desire and ability of individuals to use family planning services effectively.

I. Social and Economic Conditions That Contribute to High Birth Rates and a Low Prevalence of Family Planning Use, including:

A. High Infant Mortality

Strategies:

- policy discussion with host government on the links between infant mortality and high birth rates, and the contribution of population programs to the reduction of infant mortality;
- health and nutrition interventions (including breastfeeding) to reduce infant mortality; and
- integrated family planning and maternal-child health services to promote child-spacing.

B. Status of Women Based on Low Educational and Income Earning Prospects, Early Age of Marriage, and High Preference for Sons

Strategies:

- programs to encourage female attendance at school through the primary grades; programs to encourage girls to return to school and consider family planning after an early pregnancy;
- training for women (particularly vocational) leading to expanded employment or income earning prospects, with emphasis on employment areas associated with lower fertility;
- family planning information and services adapted to adolescents (both sexes) where adolescent pregnancies are prevalent; family planning information and services for adult women to facilitate employment outside the home;
- programs that encourage male involvement in family planning and identify male attitudes and program biases that block changes in female roles; and
- community development programs that stress full participation of women and provide alternatives for the traditional role of child bearing in establishing female status in some communities.

C. Cultural and Social Barriers to Limiting Births

Strategies:

- policy discussion with host governments and dialogue with local community (and, where appropriate, religious) leaders on current laws and community values that discourage spacing or delaying of births;
- integration of family planning information and services and maternal-child health care;
- health services which treat infertility as well as provide family planning;
- use of a variety of family planning methods and delivery systems that respect cultural preferences.

D. Dependency on Children for Old Age Security

Strategies:

- encourage skills training and income earning opportunities, especially for women who are the most dependent in old age.

E. Institutional Barriers to the Provision of Family Planning Services

Strategies:

- identify the improvements in human and financial resources, delivery infrastructure and management skills required for a broad range of family planning information and education activities directed at both women and men.

II. Voluntary Family Planning Programs:

High birth rates will continue in the absence of safe, effective, reliable, accessible, and affordable methods of family planning. Voluntary family planning programs provide the means by which individuals who want to space or limit the number of their children can do so. Strategies to institutionalize voluntary family planning information and service programs vary with each country's specific development needs.

More particularly, country-specific strategies must consider the relative priority of efforts addressed to (1) strengthening government commitment to voluntary family planning; (2) developing effective public and private family planning information and service delivery systems, especially private initiatives and initiatives which are designed to maximize cost recovery; (3) increasing utilization of family planning services; and (4) decreasing dependence on external donors for population program assistance. Establishment and institutionalization of such programs require a number of strategic choices.

In designing country-specific strategies, AID and host government planners should consider the lessons of recent program experience and a number of factors which may limit currently available options, such as:

- demographic patterns, defined by birth and death rates, migration patterns, and population composition;

- host-country political and financial decisions which determine levels of funding for population programs;

- local fertility regulation practices and attitudes towards family size and family planning, and social and economic conditions affecting the status of women;

- the availability of private and public infrastructure, management capability, and trained personnel needed for the delivery of family planning information and services;

- the capacity and willingness of family planning users to pay for services; and

- the availability of population assistance from other donors and their special capacities. Population program strategies involve assistance related to one or more of three main stages of program development; while these "stages" are useful descriptions of the process of program development, in particular countries they often overlap.

A. Initial program development, characterized by:

- relatively high birth and growth rates;
- weak or non-existent population policy;
- no significant availability of family planning services;
- few health sector professionals with family planning skills; and
- absent or weak public consensus that population growth is a problem or that family planning programs are needed.

B. Broad program assistance, characterized by:

- relatively high birth and growth rates;
- established population policies and national delivery systems for family planning services;
- an evident demand for fertility regulation;
- inadequate professional or related program resources to permit significant expansion of service delivery; and
- inability of a host country to finance the needed expansion of service delivery without external resources.

C. Phase out of external assistance, characterized by:

- birth rates approaching the low 20s and annual growth rates approaching 1 percent;
- local institutions established as sources of family planning training, service delivery and other elements of program implementation and evaluation; and
- evidence of commitment to and progress toward the support of family planning programs with host country resources.

A. In the initial stages of program development, priority should be given to AID strategies that:

- provide information about the country's demographic situation;
- build public consensus that couples have the right to choose voluntarily the number and spacing of their children;
- strengthen existing family planning information and service delivery facilities to address unmet needs for services; and

- provide training opportunities to ensure that essential program-related skills are available when a policy decision is made to expand local services.

Priority strategies:

1. Establish awareness and create consensus on the importance of population and family planning issues through:

- demographic data collection and analysis;
- studies of fertility consequences and determinants;
- studies that identify and measure the health benefits of birth spacing, fertility limitation, and the adverse consequences of current pregnancy patterns;
- observational travel by government officials to LDCs where successful family planning programs are operating, and participation in regional and international population workshops and seminars;
- increased access to information on population issues and experience in other countries;
- policy discussions to identify national health priorities and determine ways to provide family planning information and services within existing health policies and programs;
- technical assistance for development of national population policies and the identification of legal and cultural barriers to family planning; and
- policy discussions to relate demographic changes to economic and social development strategies.

2. Assist existing family planning information and service delivery systems through:

- establishment or expansion of local family planning associations, emphasizing private voluntary organizations and other private sector resources;
- support for non-clinical approaches to family planning service delivery, using local lay personnel, and demonstration family planning programs;
- training for physicians and other health personnel (modern and traditional) in family planning; and
- training for administrators in management skills.

B. In the stage of broad program assistance, priority should be given to AID strategies that:

- encourage and assist the institutionalization of broad public commitment to voluntary family planning programs; and
- support the development of effective family planning information and service delivery infrastructure in both public and private sectors, with successful implementation normally measured by an increasing prevalence of contraceptive use.

Priority Strategies:

1. Encourage and assist the institutionalization of broad public commitment to voluntary family planning programs through:

- demographic data collection and analysis, and planning studies to estimate resource needs for family planning programs;
- studies of the implications of rapid population growth for national development objectives;
- observational travel for host country opinion leaders and program administrators to study different family planning approaches in other LDCs;
- assistance to the planning ministry or other national ministries in establishing an effective national coordinating process for population programs; and
- assistance to national governments in involving subnational levels of government in the country's population policy and programs.

2. Support the development of effective family planning information and service delivery infastructure in the public and private sectors through:

- support to existing public and private health delivery systems to provide family planning services;
- design, implementation, and evaluation of community-based family planning delivery systems for urban poor and rural populations not adequately served by existing public service systems;
- expansion of non-clinical contraceptive information and services through commercial institutions;
- identification of development activities in other sectors into which family planning information and services can be integrated;
- provision of subsidized commodities that permit the sale of contraceptives at affordable prices, and adaptation of modern marketing techniques;
- provision of funds for commodities, including contraceptives, surgical equipment, communications equipment and vehicles where local resources do not permit purchase of such commodities;
- strengthening local institutional capacity to develop and produce family planning information, education and communications materials and programs; and
- establishment or strengthening of in-country training institutions for all types of personnel involved in the implementation of family planning programs, including training in financial and other management aspects of service delivery programs.

3. Improve existing services which are underutilized or where there are high discontinuation rates through:

- operations research to improve the efficiency and ef-

fectiveness of family planning service delivery systems; evaluation of causes of discontinuation rates;
- enhanced client counseling and improved contraceptive use monitoring; assessment of client needs and evaluation of whether services satisfy them;
- provision of a wider range of contraceptive choices, including, where appropriate, natural family planning and voluntary sterilization;
- when appropriate, combination of family planning services with other, well accepted; development activities in other sectors and peer group networks (e.g., mothers' clubs, agricultural coops) which support interest in and ability to use available family planning services;
- education and services directed toward men as well as women;
- distribution of some types of contraceptives by familiar, trusted community members with medical back up and appropriate training consistent with host country medical norms; and
- distribution of contraceptives through the commercial sector, where legal and culturally acceptable.

C. In the stage of <u>phase-out of external assistance</u>, priority should be given to AID strategies that:

- facilitate a transition to national program selfreliance, without damaging family planning service delivery during the transition period; and
- encourage host country institutions and population professionals to share local program expertise with other developing countries.

<u>Priority Strategies</u>:

- development of a mutually agreed-upon plan with the host country for the phase down of external assistance, including identification of conditions that facilitate phase out;
- formulation of a feasible schedule for increased local funding of program components receiving external assistance;
- involvement of the private sector in expansion of community-based distribution and commercial sale of contraceptives, fee-for-service, local fund-raising, and other cost recovery mechanisms;
- technical assistance to program administrators to help them allocate resources more effectively;
- initiation of loan funding for population programs;
- identification of potential for local contraceptive manufacture and/or processing, which prove feasible and will contribute to self-reliance;
- adaptation of U.S. technology for local production of contraceptives; and
- support for increased technical cooperation among LDCs.

:II. Strategies to Advance ;cientific and Technological .nowledge in Support of Voluntary 'amily Planning Programs:

.. Research

a. Biomedical research:

- give priority to contraceptive research for products in the final stages of development i.e., where a usable product may become available for use in programs within about 5 years;
- involve local research institutions and universities in international fertility regulation research to test the acceptability, effectiveness, and use of new and improved contraceptive methods in LDC settings; and
- include consumer needs and preferences in decisions on contraceptive development and the adaptation of information materials on new contraceptives.

b. Social Science and Demographic Research:

- study of local patterns of fertility regulation and country demographic indicators;
- study the determinants of contraceptive use at the local level;
- study the impact of different government policies and development efforts in other sectors on fertility attitudes and behavior; and
- study the consequences of long-term population growth on social and economic development.

c. Operations Research:

- examine management and supervision issues and alternative means to provide more cost effective and accessible family planning services;
- study factors affecting service demand, e.g., contraceptive pricing policies, and the capacity and willingness of users to pay for services;
- analyze contraceptive use problems as a function of service delivery, user needs and preferences; and
- determine effective strategies for the provision of contraceptive services, including natural family planning methods.

2. Technology Development and Transfer:

- develop and transfer technology and methodologies for data analys's, program management and evaluation;
- transfer new technologies and training methodologies associated with new fertility regulation methods, such as improved methods of surgical contraception; and
- encourage U.S. private firms to develop the manufacturing and distribution of contraceptives in LDCs where there are long-term commitments for procurement and resources for local production.

Concluding Overview:

The preceding population sector strategy offers comprehensive and flexible guidelines for the design of specific country assis-

tance strategies. Country needs and assistance opportunities vary widely. AID experience shows that, at all stages of country program development, some useful forms of assistance can be offered that will contribute to the implementation of AID population assistance policy.

FAMILY HEALTH INITIATIVES
698-0662
REGIONAL POPULATION & FAMILY PLANNING SUBPROJECTS
BUREAU FOR AFRICA

The Bureau for Africa regional population project, Family Health Initiatives (698-0662) was authorized in FY 1979 at a Life-of-Project (LOP) level of $9,000,000. It funds a series of subprojects dealing with various population and family planning topics. In July 1983 the LOP funding level was increased to $15,000,000; obligations were extended through FY 1985; and the Project Assistance Completion Date (PACD) was extended through FY 1987. Activities funded and amounts obligated from inception through FY 1984 are as follows:

FY 1980

1. Name of Subproject: Rwanda FHI
Subproject Number: 698-0662.01
Project Agreement Number:
Authorized Amount: $ 500,000
Life-of-Project Amount: $500,000
PACD 12/31/83 COMPLETED

2. Name of Subproject: Census Training Workshop
Subproject Number: 698-0662.02
RSSA Number: [illegible]
Authorized Amount: $ 60,000
Life-of-Project Amount: $60,000
Where Implemented: Senegal - Africans from various countries
PACD 9/30/83 COMPLETED

3. Name of Subproject: Somalia FHI
Subproject Number: 698-0662.03
Project Agreement Number:
Authorized Amount: $ 500,000
Life-of-Project Amount: $500,000
PACD 9/23/83 EXTENDED to 12/31/84

4. Name of Subproject: Battelle African Leaders
Subproject Number: 698-0662.04
Contract Number: AFR/ARP-0-1702
Authorized Amount: $ 152,000
Life-of-Project Amount: $152,000
Where Implemented: Togo, Tanzania, Senegal, Lesotho
PACD: 4/1/81 COMPLETED

Total FY 1980 $1,212,000

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FY 1981

5. Name of Subproject: Training of Franco-phone women in health & family planning (CEMPA)
Subproject Number: 698-0662.05
Cooperative Agreement No.: AFR/0062-A-00-1088-00
Authorized Amount: $494,816 — $ 494,816
Life-of-Project Amount: $494,816
Where Implemented: Wash., D.C., Togo, Senegal, Mali
PACD: 9/30/84 EXTENDED TO 3/31/86

6. Name of Subproject: U of Chicago Training
Subproject Number: 698-0662.06
Grant Number: AID/pha-G-1177
Authorized Amount: $155,000 — $ 155,000
Life-of-Project Amount: $155,000
Where Implemented: Senegal, Rwanda, Nigeria
PACD: 9/30/83 COMPLETED

7. Name of Subproject: Battelle Regional Office - Lome
Subproject Number: 698-0662.07
Contract Number: AID/ISPS-C-0075
Authorized Amount: $135,000 — $ 135,000
Life-of-Project Amount: $135,000
Where Implemented: Togo
PACD: 2/28/83 COMPLETED

8. Name of Subproject: CHECCO Training
Subproject Number: 698-0662.08
Cooperative Agreement No.: AID/ISPS-A-0083
Authorized Amount: $500,000 — $500,000
Life-of-Project Amount: $500,000
Where Implemented: Burundi, Cameroon, Uganda, Zimbabwe, Nigeria
PACD: 9/30/82 COMPLETED

Total FY 1981 — $1,290,000

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FY 1982

9. Name of Subproject: U. of Chicago Training
Subproject Number: 698-0662.06
Grant Number: AID/pha-G-1177
Increased Authorized Amount: $ 262,000
Life-of-Project Amount: $417,000
Where Implemented: Senegal, Rwanda & Nigeria
PACD: 9/30/83 COMPLETED

10. Name of Subproject: Battelle/Nigeria Pop Development Program
Subproject Number: 698-0662.09
Contract Number: AID/DSPE-C-0076
Increased Authorized Amount: $ 96,000
Life-of-Project Amount: $231,000
Where Implemented: Nigeria
PACD: 9/30/83 COMPLETED

11. Name of Subproject: Columbia U. Training
Subproject Number: 698-0662.10
Cooperative Agreement No. AFR-0062-A-00-2066-00
Authorized Amount: $ 497,300
Life-of-Project Amount: $497,300
Where Implemented: New York, Kenya, Senegal & Tanzania
PACD: 12/31/84 EXTENDED TO 09/30/85

12. Name of Subproject: Census & Data Processing Training
Subproject Number: 698-0662.11
RSSA Number: [illegible] SDB-2266-R-OA-2056-00
Authorized Amount: $ 265,000
Life-of-Project Amount: $265,000
Where Implemented: Ivory Coast, Gambia Zimbabwe & Togo
PACD: 12/31/83 COMPLETED

13. Name of Subproject: Ghana Contraceptives
Subproject Number: 698-0662.12
Project Grant Agreement No.
Authorized Amount: $ 500,000
Life-of-Project Amount: $500,000
Where Implemented: Ghana
PACD: 6/30/85

Total FY 82 $1,620,300

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FY 1983

14. Name of Subproject: Sierra Leone PHC
Subproject Number: 698-0662.13
Project Agreement No.:
Authorized Amount: $ 300,000
Life-of-Project Amount: $500,000
Where Implemented: Sierra Leone
PACD: September 30, 1986

15. Name of Subproject: Training of Francophone Women in Health & Family Planning (CEMPA)
Subproject Number: 698-0662.05
Cooperative Agreement No.: AFR-0062-A-00-1028-00
Amendment Number:
Increased Authorized Amount: $ 200,000
Life-of-Project Amount: $694,316
Where Implemented: Wash. D.C., Togo, Senegal, & Mali
PACD: March 31, 1986

16. Name of Subproject: The Program for International Training in Health (INTRAH) UNC
Subproject Number: 698-0662.14
Contract Number: AID/DSPEC-C-0058
Amendment Number: 3
Authorized Amount: $ 500,000
Life-of-Project Amount: $500,000
Where Implemented: Nigeria, Uganda & Kenya
PACD: September 29, 1984

17. Name of Subproject: Population Communication Services (PCS) - Johns Hopkins University
Subproject Number: 698-0662.15
Cooperative Agreement No.: DPE-3004-A-00-2013-00
Amendment Number: 2
Amount Authorized: $ 500,000
Life-of-Project Amount: $500,000
Where Implemented: Botswana, Burundi, Malawi, Lesotho, Uganda, Swaziland, Sierra Leone, & Upper Volta
PACD: September 30, 1985

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18. Name of Subproject: RMC - Integrated POP & Development Planning (IPDP)

Subproject Number: 698-0662.16
Contract Number: AID/DSPE-C-0062
Amendment Number: 10
Amount Authorized: $ 500,000
Life-of-Project Amount: $500,000
Where Implemented: Various Countries
PACD: September 30, 1984

19. Name of Subproject: Worldwide Training Fund (WWTF)

Subproject Number: 698-0662.17
Amount Authorized: $ 100,000
Life-of-Project Amount: $100,000
Where Implemented: Congo, Mauritania Mali, & Upper Volta
PACD: September 30, 1985

20. Name of Subproject: Family Health International (FHI) - previously International Fertility Research Project (IFRP)

Subproject Number: 698-0662.13
Grant Agreement Number: AID/PHA-G-1198
Amendment Number: 15
Authorized Amount: $ 200,000
Life-of-Project Amount: $200,000
Where Implemented: Nigeria & 1 other
PACD: September 30, 1985

21. Name of Subproject: Westinghouse/Reproductive Health Surveys (Contraceptive Prevalence Studies)

Subproject Number: 698-0662.19
Contract Number: AID/DSPEC-C-0052
Amendment Number: 5
Authorized Amount: $ 400,000
Life-of-Project Amount: $400,000
Where Implemented: Uganda & Botswana
PACD: September 29, 1984

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22. Name of Subproject:	Contraceptive Commodities	
Subproject Number:	698-0662.20	
Authorized Amount:		$2,090,000
Life-of-Project Amount:	$2,090,000	
Where Implemented:	Nigeria & other countries	
PACD:	September 30, 1987	
	Total FY 1983	$4,990,000

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FISCAL YEAR 1984

23. Name of Subproject: Columbia U. Extension
Subproject Number: 698-0662.10
Increased Authorized Amount: $ 395,000
Cooperative Agreement No. AFR-0662-A-00-2068-00
Life-of-Project Amount: $892,800
Where Implemented: New York, Kenya, Senegal & Tanzania
PACD: September 30, 1985

24. Name of Subproject: Nigeria PHC
Subproject Number 698-0662.20
Authorized Amount: $1,850,000
Cooperative Agreement Nos.

AFRICARE	620-0062-A-00-4072-00	$ 334,613
Fertilizer Fund	620-0062-A-00-4079-00	$1,260,387
Johns Hopkins	AID/DSPE-CA-0083 (AMEND 13)	$ 255,000

Life-of-Project Amount: $1,850,000
Where Implemented: Nigeria
PACD: August 30, 1986

25. Name of Subproject: Center for African Family Studies (CAFS)
Subproject Number: 698-0662.22
Cooperative Agreement No. AFR-0002-A-00-4011-00
Authorized Amount: $ 273,910
Life-of-Project Amount: $ 273,910
Where Implemented: Nairobi, Kenya
PACD: December 31, 1984

26. Name of Subproject: East & Southern Management Institute (ESAMI)
Subproject Number: 698-0662.23
Cooperative Agreement No. 698-0002.23
Authorized Amount: $1,000,000
Life-of-Project Amount: $1,000,000
Where Implemented: Arusha, Tanzania & Botswana, Kenya, Lesotho, Malawi, Swaziland, Uganda, Zambia & Zimbabwe.
PACD: September 1, 1987

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27.	Name of Subproject:	America College of Nurse/Midwives (ACNM)	
	Subproject Number:	698-0662.24	
	Cooperative Agreement No.	AFR-0002-A-00-4043-00	
	Authorized Amount:		$ 497,675
	Life-of-Project Amount:	$497,675	
	Where Implemented:	TBD	
	PACD:	July 31, 1987	
28.	Name of Subproject:	Centre for Development & Population Activities CEDPA/Nigeria	
	Subproject Number:	698-0662.25	
	Cooperative Agreement No.	AFR-0002-A-00-4043-00	
	Authorized Amount:		$ 495,557
	Life-of-Project Amount:	$495,557	
	Where Implemented:	Nigeria	
	PACD:	August 14, 1987	
29.	Name of Subproject:	Margaret Sanger Center	
	Subproject Number:	698-0662.26	
	Cooperative Agreement No.	AFR-0002-A-00-4027-00	
	Authorized Amount:		$ 499,950
	Life-of-Project Amount:	$499,950	
	Where Implemented:	Sierra Leone, Nigeria and one other country	
	PACD:	September 9, 1987	
30.	Name of Subproject:	PHC Evaluation	
	Subproject Number:	698-0662.95	
	Cooperative Agreement No.		
	Authorized Amount:		$ 100,000
	Life-of-Project Amount:	$100,000	
	Where Implemented:	USA & Africa	
	PACD:	September 30, 1987	
		TOTAL FY 1984	$5,112,092

Total obligations through FY 1984	$14,224,392
Number of activities funded from inception through FY 1984	29
Number of activities reaching their PACD on or before the end of FY 1984	12
Number of activities carried into FY 1985	17

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Summary of Family Health Inititiatives I Evaluation

Evaluation Report Recommendations	Technical Office Response
1) A planning conference should be convened by AFR/RA to design a follow-on activity. The conference should include appropriate Washington and field staff.	Meeting held on Jan 14 with Pop. Offs from both REDSOs. Follow-up meeting on Jan 17. Proceedings recorded on tape.
2) A decision should be made early on whether to utilize a project paper or some other mechanism for the follow-on Project design. Whatever mechanism is used, the Project must retain its capability to respond flexibly to changing field conditions.	Project paper option selected. Flexibility reserved.
3) A mechanism must be designed to establish priorities among a growing number of requests for assistance through the FHI Project. Priority should be given to field-managed sub-projects. Management guidelines will need to be clarified. Provision should be made for technical assistance to the field for design and implementation of sub-projects and for the possibility of utilizing ongoing Washington managed cooperating agency activities, as needed. Unsolicited proposals, when funded should arise from needs identified in the field.	Priority between the REDSOs is determined by AID/W, on the basis of annually funding reviews. Priority at the REDSO level is determined by the REDSO Director, with the advice of the REDSO project review committee and the REDSO population officer. Field assistance for design and implementation of sub-projects is given by traveling population officers, supplemented by consultant assistance as required.
) The design should allow for sub-projects to be funded for up to $2 million and to have a three-to five-year life.	Agreed. Activities exceeding $2 million or three years will require extraordinary justification and AID/W approval.
) The Sahel should be included in a follow-on project, although Sahel Development Funds should be used and accounted for separately.	While it is not feasible to mix Sahel Development Funds or activities with their FHI counterparts, REDSO Pop officers' travels provide a means of exchanging information and perspective.
) Whenever possible, sub-projects should be designed to be integrated into existing MCH and other service delivery programs.	Agreed. Further, subprojects should be structured to initiate new activities to be taken over fully by local public or private entities on project termination.

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7) The FHI Project should be promoted wherever possible, through cables and briefings.	Agreed. Such promotion should come from Mission management in the broad content of economic and social development, as well as from health and population professionals.
8) The existing Project Review Committee should be retained, but procedures must be developed to include on a fuller basis the views of the field. Minutes of the meetings should reflect major issues discussed.	FHI II adheres to the spirit of this recommendation by vesting project review committees. They off the combination of field perspective, multidisciplinary analysis, and direct field field population officer participation.
9) Sub-project monitoring and reporting needs attention. The Africa Bureau must decide what information it needs from S&T/POP-managed sub-projects for accountability. Copies of field-prepared subproject status reports should be sent to the Project Officer.	Subproject reports, normally quarterly, will be required of aid recipients. Reports will go to REDSO project officers (population officers) who will discuss them, as appropriate, with their review committees. Semiannual reports will be made to AID/W.
10) Evaluation procedures should be tightened. For both field-managed and AFR-managed sub-projects, Project Evaluation Summaries (PES) should be prepared. S&T/POP-managed sub-projects should be evaluated as part of the normal evaluations of the cooperating agencies involved.	Agreed in principle, with the stipulation that evaluation of simple, minor activities be correspondingly simple.
11) The Team was divided on the appropriate strategy to strengthen Project management, although all agreed that something should be done. The majority view was that either additional staff should be assigned to the Project or that a cooperating agency could assist in project management. The minority position agreed the two alternatives proposed should be considered but suggested a third preferred option: that Project management be transferred to the (AFR/TR/POP), again with the proviso that adequate staff and travel funds be provided.	Project management of FHI II will be vested in AFR/TR, as recommended. Moreover, the bulk of day-to-day management will be vested, by mutual consent, in the REDSOs.

ILLUSTRATIVE LIST OF POTENTIAL FHI II ACTIVITIES

POLICY DEVELOPMENT

Relevant research on population policy consideration.

Legal/policy analysis and drafting of model legislation.

Incorporation of population considerations in development planning.

Observation tours/conferences for lawyers, policy makers and public policy groups.

Educational activities to raise awareness of CDC leadership of the basic relationship between population growth and development.

Dissemination of population information and research findings to policy makers in developing countries.

Development of national population policies.

Strengthening of CDC leadership capability, both public and private, to support, plan, organize and coordinate population/family planning activities mandated by national population policies.

TRAINING

Management training for family planning coordinators, clinic administrators and supervisors.

Clinical and communication skills training for various levels of service providers including both clinic and outreach workers.

Training for support service systems personnel such as statisticians, commodity supply managers, store keepers/inventory clerks, financial managers and record keepers.

Training of researchers in the collection, evaluation, and analysis of demographic, census, and survey data.

Educational programs for LDC leadership to increase awareness of the relationship between demographic realities and development.

Specialized out-of-country training in specific technical fields (clinical, information/education, systems development/management, data collection, etc.).

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Development and monitoring of national IEC strategy plans.

Design and monitoring of IEC action programs for individual, community, and mass audiences.

Development, testing, production and distribution of clinic-based materials (posters, flipcharts, pamphlets) for motivating and informing clients of contraceptive choices.

Design, testing and production of community education programs and distribution of community education materials (flyers, sample displays, slide shows, films, theatrical presentations, etc.) to introduce and encourage family planning practice.

Development and training for community education programs directed toward political, religious and special interest audiences (educators, religious leaders, traditional leaders, women's groups, agricultural cooperative leaders, teachers, etc.).

Design, testing and production of prototypes for mass education using television, radio and various commercial media as well as the adaptation, reproduction and distribution of appropriate mass media materials for use at national and state levels.

Incorporation of family life education into the curricula of teacher colleges and urban secondary school curriculum.

Training of various levels of education personnel in necessary communication skills for effective clinic, community, school, or mass education.

SERVICE DELIVERY

Development and/or expansion of high quality family planning services.

Development and/or expansion of the commercial wholesale and retail sales programs using pharmaceutical companies, pharmacists, and patent medicine shopkeepers as product distributors.

Development of new commercial initiatives using market women, street vendors and traditional birth attendants as distributors.

Development and/or expansion of factory-based distribution programs using work place clinics and work place distributors.

Development and implementation of private maternity-based programs using private physicians and midwives as educators/service providers.

Development of standard protocols and procedures for clinical/community services.

Design of standardized supervision models for monitoring program progress and clinical quality control.

Development of management systems for projecting, ordering, storing, distributing and resupplying contraceptives.

Development and printing of necessary standardized forms and materials for program activities, data collection and analyses.

Development of on-going systems for program and impact evaluation of the nationwide family planning effort.

Provision of essential equipment for family planning service delivery.

BIOMEDICAL/SOCIAL RESEARCH AND OPERATIONS RESEARCH

Application of innovative social science approaches to fertility determinants.

Assessment of relationship between population growth and economic development.

Technical assistance and support of national census activities.

Collection, processing, evaluation and analysis of demographic and family planning data.

Sample surveys of contraceptive knowledge, availability, and use.

Biomedical research to develop new improved methods of fertility control especially for use in LDCs.

Operations research on innovative service delivery systems in LDCs.

ANNEX E

INITIAL ENVIRONMENTAL EXAMINATION

OR

CATEGORICAL EXCLUSION

Project Country: Africa Region

Project Title: Family Health Initiatives II (698-0462)

Funding: $56,500,000 FY(s) 1987-1992

IEE Prepared By: R. J. Metcalfe

Environmental Action Recommended: Categorical Exclusion

Positive Determination _____
Negative Determination _____

Categorical Exclusion:

This activity meets the criteria for Categorical Exclusion in accordance with 22 CFR 216.2(c)(2)(viii) and is excluded from further review because it is an activity involving population and family planning services and includes no components directly affecting the environment.

Concurrence: B. Boyd
Bureau Environmental Officer
Bessie L. Boyd, AFR/~~TR/SDP~~

Clearance: GC/AFR _____

APPROVED _____

DISAPPROVED _____

DATE June 18, 1986

DATE _____

Initial Environmental Examination

1.0 Project Description.

The FHI II project is a six-year, $56.5 million regional project to support a full range of population sector activities in Africa. Actual subproject content will be determined on a case-by-case basis by REDSOs and AID/W.

2.0 Issues.

There are no environmental issues associated with this project since it will not involve construction or other activities having a direct impact on the environment.

3.0 Recommended Environmental Action

The project is recommended for Categorical Exclusion pursuant to CFR 216.2(c)(2)(viii) since it is an activity involving population and family planning activities exclusively and includes no components directly affecting the environment.

ANNEX F

Work Plan Checklist

Annual work plans at all levels should include the following. Brevity is encouraged.

1. Project Purpose.
2. Project Description.
3. Relationship to Country Strategy.
4. Relationship to Other AID Projects.
5. Course of Action/Schedule.
6. Progress to Date.
7. Funding.

Contributors	Prior Years	Budget Year	All Other Years	Total
AID				
Host Country				
Other Donors				

8. Beneficiaries.
9. Major Inputs and Outputs.

AID/W and the REDSO's should also prepare summary tables for proposed activities, indicating priorities and rationale.

Within the above general framework, REDSO's may establish more detailed workplan guidelines to meet their individual requirements.

ANNEX G

Approval Documentation Guidelines

Mini-PP's are required for subprojects at all levels. These are standard PP's, modified under flexibility guidelines of Handbook 3, Chapters 3 and 4, to fit individual FHI subproject circumstances. They may range from full-scale and detailed (e.g., multi-year bilateral assistance) to simple and brief (e.g., contraceptive donation). Subproject design and subproject documentation should be cleared by appropriate staff offices, e.g., Regional Legal Officer, Controller, Contracts Officer, or Supply Management Advisor, to ensure conformity to applicable regulations and management standards. In so far as feasible, existing REDSO and AID/W practices should be followed.

The Project Issues Paper should "...guide the review and be a record of salient design features, risks or other issues which need attention during the review (the scope of the review should be tailored to the character of the project.". (HB 3: p.3-37). It is reviewed by the Review Committee as a basis for recommendations to the approving authority, in the form of an Action Memorandum.

The authorizing official's signature on the Subproject Authorization then constitutes formal approval of the subproject and of any departure from standard documentation requirements prescribed by Handbook 3. Two copies of the final PP, to include the Subproject Authorization, will be sent to AFR/TR, in addition to the two copies routinely sent to S&T/DIU.

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B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(a), 111, 113, 281(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status, (e) utilize and encourage regional cooperation by developing countries?

(a) Projects will enhance participation of the poor in benefits of development through access to family planning, to include improved mother and child health, expanded participation of women in paid employment, and more highly trained and productive work force.

(b) Cooperatives will be assisted to extend family planning information and services to their members.

(c) Self-help measures well be strongly encouraged through subproject selection criteria and institutional development.

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

(e) The sharing of family planning experience and resources promotes regional cooperation.

b.	FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used?	Yes
c.	FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?	Yes
d.	FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to whch the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed country)?	Each subproject will consider the 25% participation.
e.	FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?	Yes

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
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.	Project meets these criteria on regional basis through assistance to the family planning sector.

2. Development Assistance Project Criteria (Loans Only)

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

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

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of part I of the FAA? N/A

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

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

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

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

5C(3) - STANDARD ITEM CHECKLIST

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

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

A. Procurement

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

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?? N/A

3. FAA Sec. 604(d). If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company? N/A

4. FAA Sec. 604(e); ISDCA of 1980 Sec. 705(a). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.) N/A

5.	FAA Sec. 604(g). Will construction or engineering services be procured from firms of countries which receive direct economic assistance under the FAA and which are otherwise eligible under Code 941, but which have attained a competitive capability in international markets in one of these areas? Do these countries permit United States firms to compete for construction or engineering services financed from assistance programs of these countries?	N/A
6.	FAA Sec. 603. Is the shipping excluded from compliance with requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates?	N/A
7.	FAA Sec. 621. If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable?	Yes
	If the facilities of other Federal agencies will be utilized, are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?	N/A

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? N/A

9. FY 1986 Continuing Resolution Sec. 504. If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States? N/A

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)? N/A

C. Other Restrictions

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

2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? — N/A

3. FAA Sec. 620(h). Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries? — N/A

4. Will arrangements preclude use of financing:

   a. FAA Sec. 104(f); FY 1986 Continuing Resolution Sec. 526. (1) To pay for performance of abortions as a method of family planning or to motivate or coerce persons to practice abortions; (2) to pay for performance of involuntary sterilization as method of family planning, or to coerce or provide financial incentive to any person to undergo — Yes; Yes

	sterilization; (3) to pay for any biomedical research which relates, in whole or part, to methods or the performance of abortions or involuntary sterilizations as a means of family planning; (4) to lobby for abortion?	Yes Yes
b.	FAA Sec. 488. To reimburse persons, in the form of cash payments, whose illicit drug crops are eradicated?	Yes
c.	FAA Sec. 620(g). To compensate owners for expropriated nationalized property?	Yes
d.	FAA Sec. 660. To provide training or advice or provide any financial support for police, prisons, or other law enforcement forces, except for narcotics programs?	Yes
e.	FAA Sec. 662. For CIA activities?	Yes
f.	FAA Sec. 636(i). For purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained?	Yes

g.	FY 1986 Continuing Resolution, Sec. 503. To pay pensions, annuities, retirement pay, or adjusted service compensation for military personnel?	Yes
h.	FY 1986 Continuing Resolution, Sec. 505. To pay U.N. assessments, arrearages or dues?	Yes
i.	FY 1986 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 1986 Continuing Resolution, Sec. 510. To finance the export of nuclear equipment, fuel, or technology?	Yes
k.	FY 1986 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 1986 Continuing Resolution, Sec. 516. To be used for publicity or propaganda purposes within U.S. not authorized by Congress?	Yes

5C(2) PROJECT CHECKLIST

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

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

A. GENERAL CRITERIA FOR PROJECT

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

   Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project. — This project appeared in the FY 86 Congression Presentation but was deferred until FY 87.

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

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

4.	FAA Sec. 611(b); FY 1986 Continuing Resolution Sec. 501. If for water or water-related land resource construction, has project met the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See AID Handbook 3 for new guidelines.)	N/A
5.	FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project?	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.	Yes, there is a regional, umbrella project
7.	FAA Sec. 601(a). Information and conclusions whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.	(a) yes (b) yes (c) yes (d) yes (e) yes (f) yes All answers based on experience with earlier FHI I umbrella project.

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).	U.S. private organizations will participate in subproject implementation, based on experience with earlier FHI I umbrella project
9.	FAA Sec. 612(b), 636(h); FY 1986 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.	Each subproject will be required to state the extent of host country participation in local currency and in-kind contributions.
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?	To be determined on case by case basis.
11.	FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?	Yes
12.	FY 1986 Continuing Resolution Sec. 522. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?	N/A

13. FAA 118(c) and (d). Does the project comply with the environomental procedures set forth in AID Regulation 16. Does the project or program take into consideration the problem of the destruction of tropical forests?	Yes, Categorical exclusion approved for the project by by the Bureau Environmental officer.
14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate sysem for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)?	N/A
15. FY 1986 Continuing Resolution Sec. 533. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution?	No
16. ISDCA of 1985 Sec. 310. For development assistance projects, how much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?	Gray amendment provisions will be considered in design and approval of each subproject

APPROVED FY 87 FAMILY HEALTH INITIATIVES II PROGRAM (698-0462)
AFRICA BUREAU FY 87 REGIONAL POPULATION FUNDS ($000)
(as of 09/30/87)

PROJECT SUFFIX (686-0462)		In-Country Program	Contracepts	Bureau of Census	Dem/Hlth Surveys	Rapid	Impact	CAPS/ PCS	Options	Total
	A. REDSO/ESA									
.32	Lesotho	1175								1175
.13	Zimbabwe		609		250					859
.23	REDSO/EA			175	200	70	130	110	160	845
	(Botswana)			(50)					(80)	(130)
	(Burundi)			(125)						(125)
	(Madagascar)						(80)		(80)	(160)
	(Uganda)				(200)	(70)				(270)
	(Zimbabwe)						(50)			(50)
	Regional							(110)		(110)
Sub-total		1175	609	175	450	70	130	110	160	2879
	B. REDSO/WCA									
.57	Guinea-Bissau	100								100
.41	Ghana	523*						475		998
.20	Nigeria	20590**								20590
.93	Togo	1500								1500
.24	REDSO/WCA							271		271
	Rounding Diff.	2								2
Sub-total		22715						746		23461
	C. Total(A+B)	23890	609	175	450	70	130	856	160	26340

( ) NON-ADD

* American College of Nurse-Midwives; REDSO/WCA RCO Grant; ($522,500 exact)
** ($20,589,889 exact)

AFR/TR/HPN: R. METCALFE: rjm: 09/30/87. Supersedes 08/31/87 and earlier revisions.

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